



輔導服務中心組  
香港路德會社會服務處

Counselling Service Centre Division  
Hong Kong Lutheran Social Service, LC-HKS

# 《2019年全國藥物濫用防治研討會》匯報

## Trauma-Informed Integrative Treatment for Substance Misuse 「創傷治療導向」戒毒輔導治療模式

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## 3間戒毒輔導中心 Counselling Centre for Psychotropic Substance Abusers

## 1間戒賭輔導中心 Counselling and Treatment Centre for Gamblers with Gambling Disorder

# Project C60

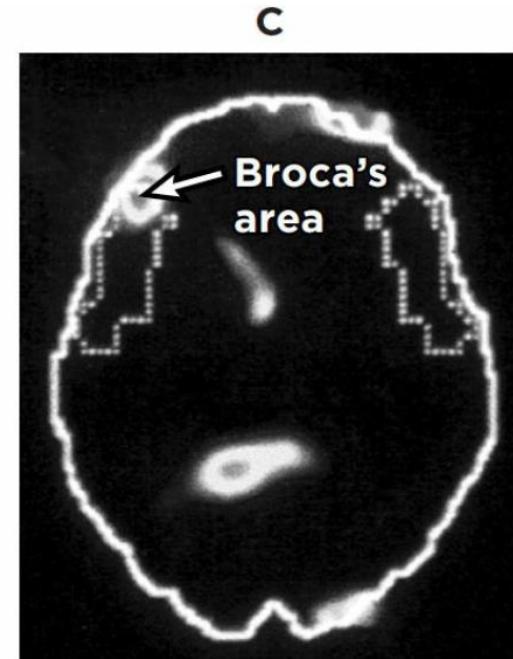
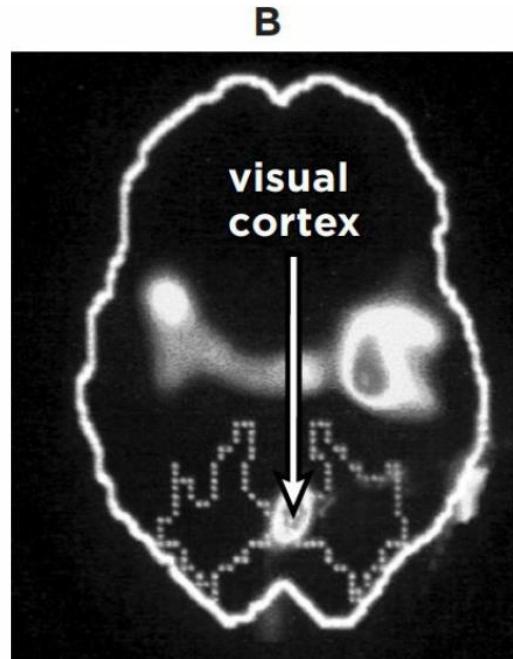
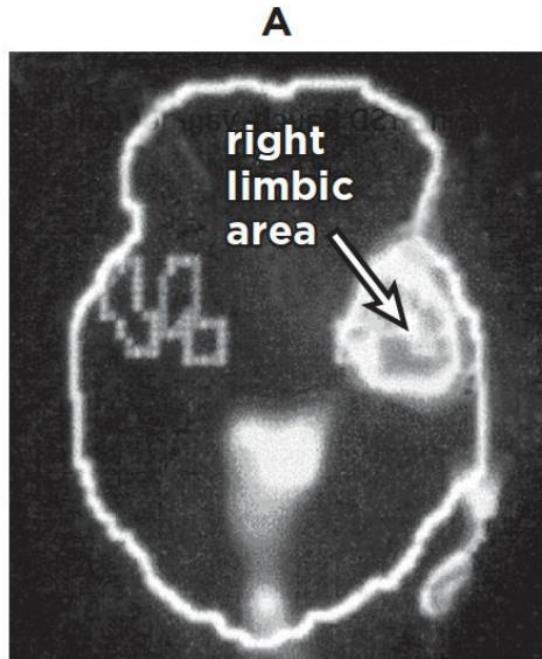
- 是本港首個以創傷治療為導向，集治療介入與專業培訓於一體的計劃，針對同時具創傷經驗和精神疾病的吸毒個案，設計相應的治療模式和戒毒服務專業人員的培訓。
- 「創傷治療導向」戒毒輔導治療模式  
**(Trauma-Informed Integrative Substance Misuse Treatment)**  
能有效提高吸毒人士接受治療的動機和戒毒的成效，創傷的康復也能大大減少對毒品的依賴和復吸的風險。



# Trauma

## - Fear without Words

(Kolk, 2014)





# Substance

is placed here

The fumes are inhaled through a straw inserted at the side

The fumes enter the space at the top of the bottle

# Substance

- Cocaine
- MDMA
- Amphetamine



# Neurotransmitters

- Oxytocin
- Dopamine
- Love and Energy



# Substance

- Cannabis
- Heroin



# *Neurotransmitters*

- Endorphins

- Pain Relief



# Substance

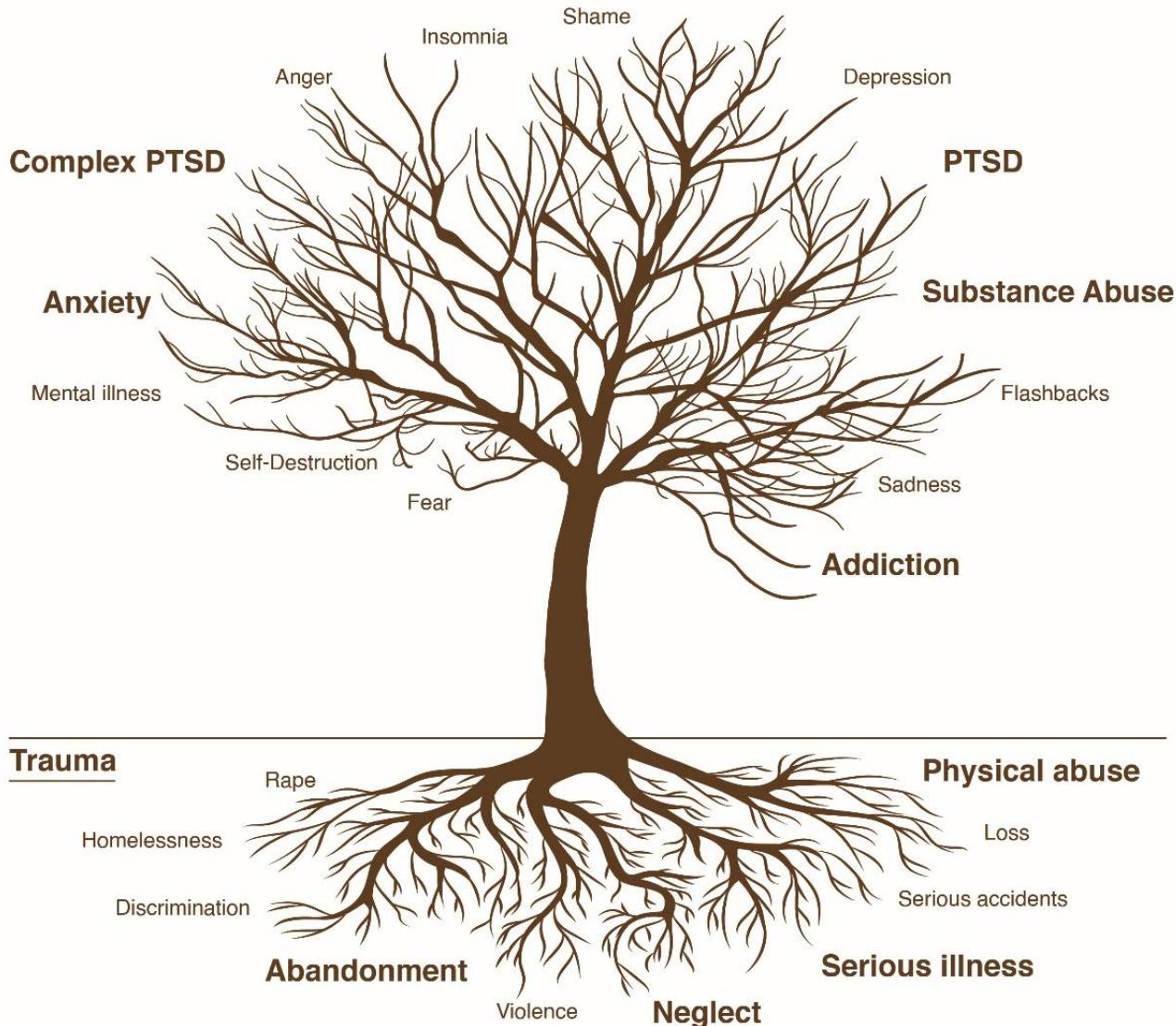
- Zopiclone
- Benzo
- Alcohol



# Neurotransmitters

- GABA
- Serotonin
- Calmness and Relaxation





**Trauma** involves feeling overwhelmed by difficult life experience that can lead to **Substance Abuse** problems.

# 心理創傷與腦神經科學

- 創傷不單是過去事件，它會在身體留下印記。這個印記是一個身心的狀態，儲存在神經系統組成的記憶網絡中，容易被觸發。
- 創傷記憶被觸發時，當事人會好像重新經歷那次體驗，最常見是緊張、焦慮、抑鬱、甚至解離的狀態。
- 假如創傷事件不斷地重複，可能會演變成複雜性的創傷後遺症 (Complex PTSD)。



# 創傷與複雜性創傷

創傷後遺症 ( DSM 5)

複雜性創傷後遺症 ( ICD -11)

# 心理創傷與吸毒

- 越來越多研究顯示吸**毒問題**和心理創傷有著密切的關係。
- 從前線服務中見到，約**30%個案**曾經歷不同程度**心理創傷**。當中包括被侵犯、被欺凌、被遺棄、受虐等。
- 外國研究估計約有**20%到33%**接受戒毒治療的服務使用者同時符合**創傷後遺症(PTSD)**的診斷。
- **女性吸**毒者****同時患創傷後遺症的比例是**30%到59%**，差不多是男性的兩倍。
- 研究發現**吸**毒者****患創傷後遺症的機會是**非吸**毒者****的**4到10倍**。



# 「創傷治療導向」戒毒輔導治療模式 理論與概念

- 多重迷走神經理論 (Polyvagal Theory; Porges, 2006)
  - 最新的創傷治療常用的理論
  - 三種自主神經反應狀態 (neuroceptive states):  
安全, 危險和無望
  - 從自主神經反應的狀態, 有效地解釋了創傷的症狀和成因, 啟示和促進了有效的治療進路的發展
  - 治療師和案主都必須在有安全和互信的狀態下才能有良好的治療效果

# Review Polyvagal Theory and Neuroception

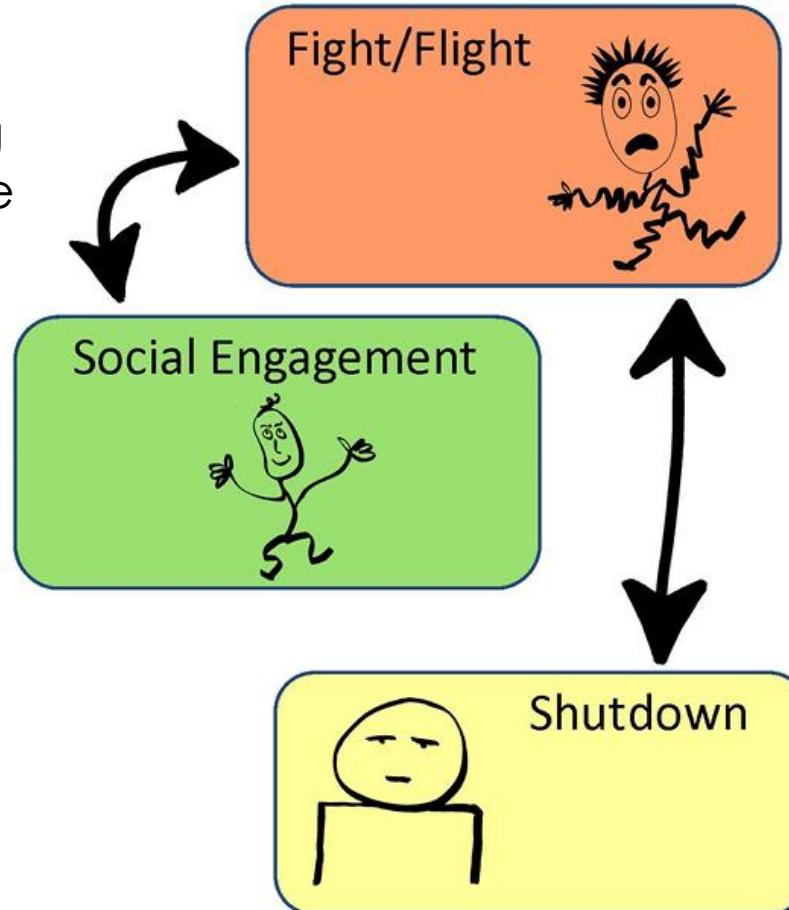
Hierarchy of Nervous System Response

- Automatic Response
- Bottom up – without thinking
- Triggered by Signals from the Nervous systems in the Body

情緒和感覺

先於

認知和想法



Based on polyvagal theory by Stephen Porges

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# 「創傷治療導向」戒毒輔導治療模式 理論與概念

- 依附理論 (Attachment theory)
  - 解釋了兒時受照顧的經驗，對日後人際關係模式的深遠影響
  - 安全(secure)的依附和不安全(insecure)的依附模式
  - 不安全的依附是在發展過程中受到關係和照顧的挫折和創傷的結果
  - 濫藥者多有不安全的依附模式，依附理論增加了我們對濫藥的成因和有效治療的認識



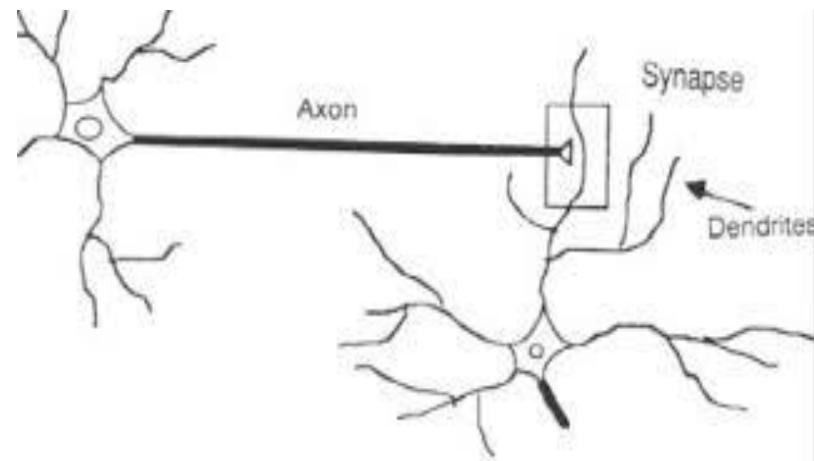
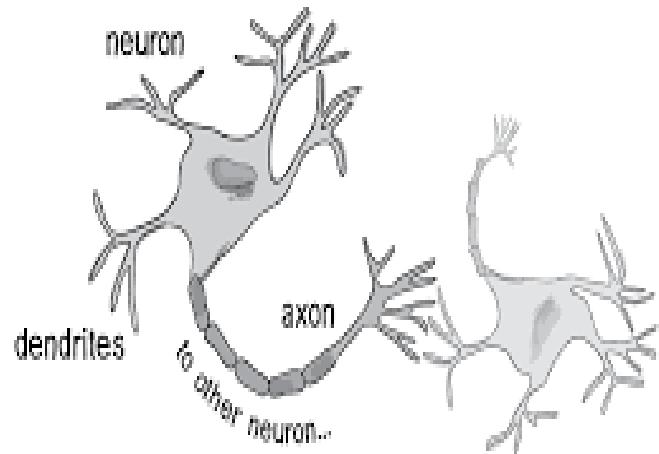
# ATTACHMENT

## Theory

# 「創傷治療導向」戒毒輔導治療模式 理論與概念

- 記憶重構 (Memory Reconsolidation; Ecker, 2012)
  - 創傷的記憶是如何被醫治的重要理論
  - 人的大腦神經網絡具有極高的可塑性 (neuroplasticity)
  - 在2000年，幾位腦神經科學家發現修正性的經驗 (corrective experiences) 可以重寫大腦創傷經驗的情緒反應 (Nader, Schafe, LeDoux, 2000)
  - 記憶重構是創傷治療的重要過程，為戒毒者提供修正性的經驗也貫穿了各個治療的階段

# Neuroplasticity



New experiences result in formation of new neural networks.



# Positive Neuroplasticity

(Hanson, 2016)



Rick Hanson, PhD  
Neuropsychologist

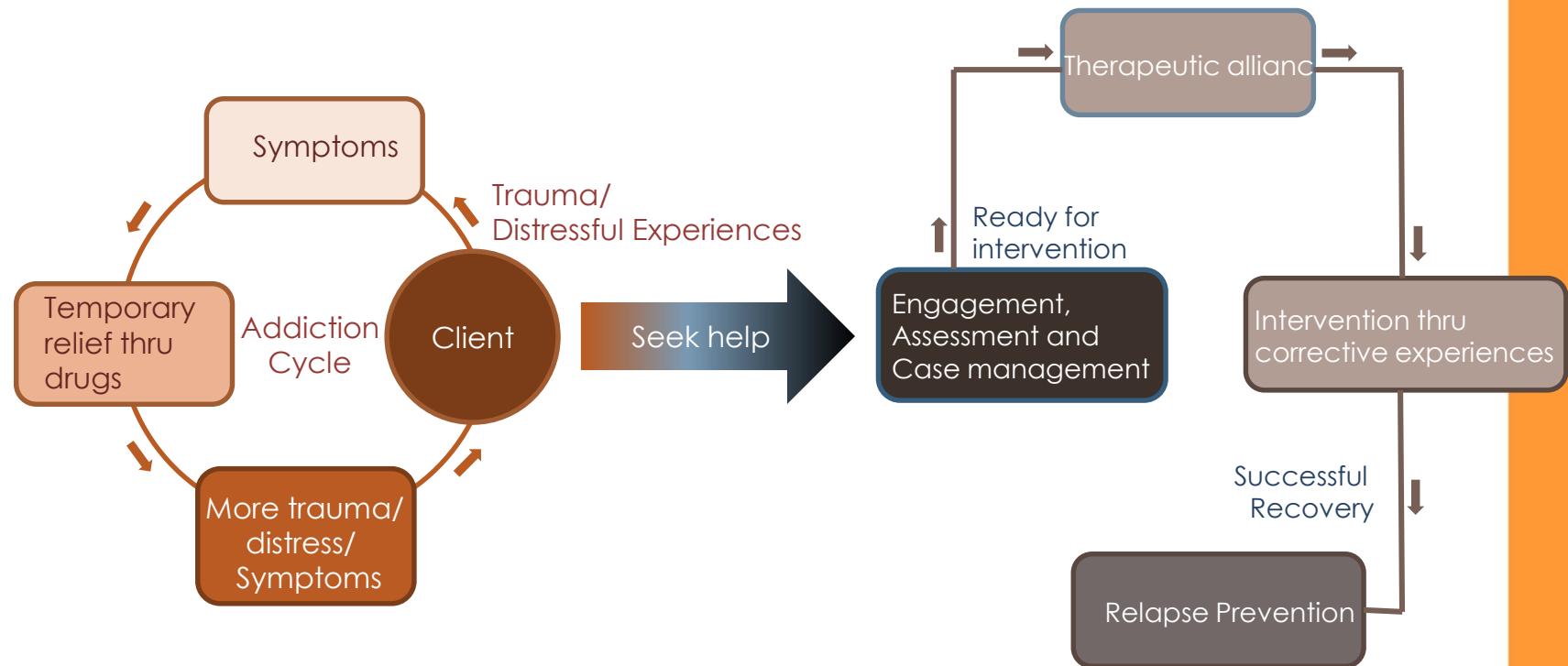


- Positive experiences build positive neural Networks
- Positive neural networks can change negative networks through merging
- Positive experiences can be generated and deepened mentally
- Body-Mind skills can make the process more effective

# Principles

- Communicate to the Right Brain first – implicit memory
  - clients remember how you make them feel
  - Relationship is the key to success
- Safety is in the core of treatment
- Substance abuse is a maladaptive way to regulate traumatic reaction
  - Treating trauma relieves the source of the substance problem
- Clients need corrective experiences to resolve the effects of trauma

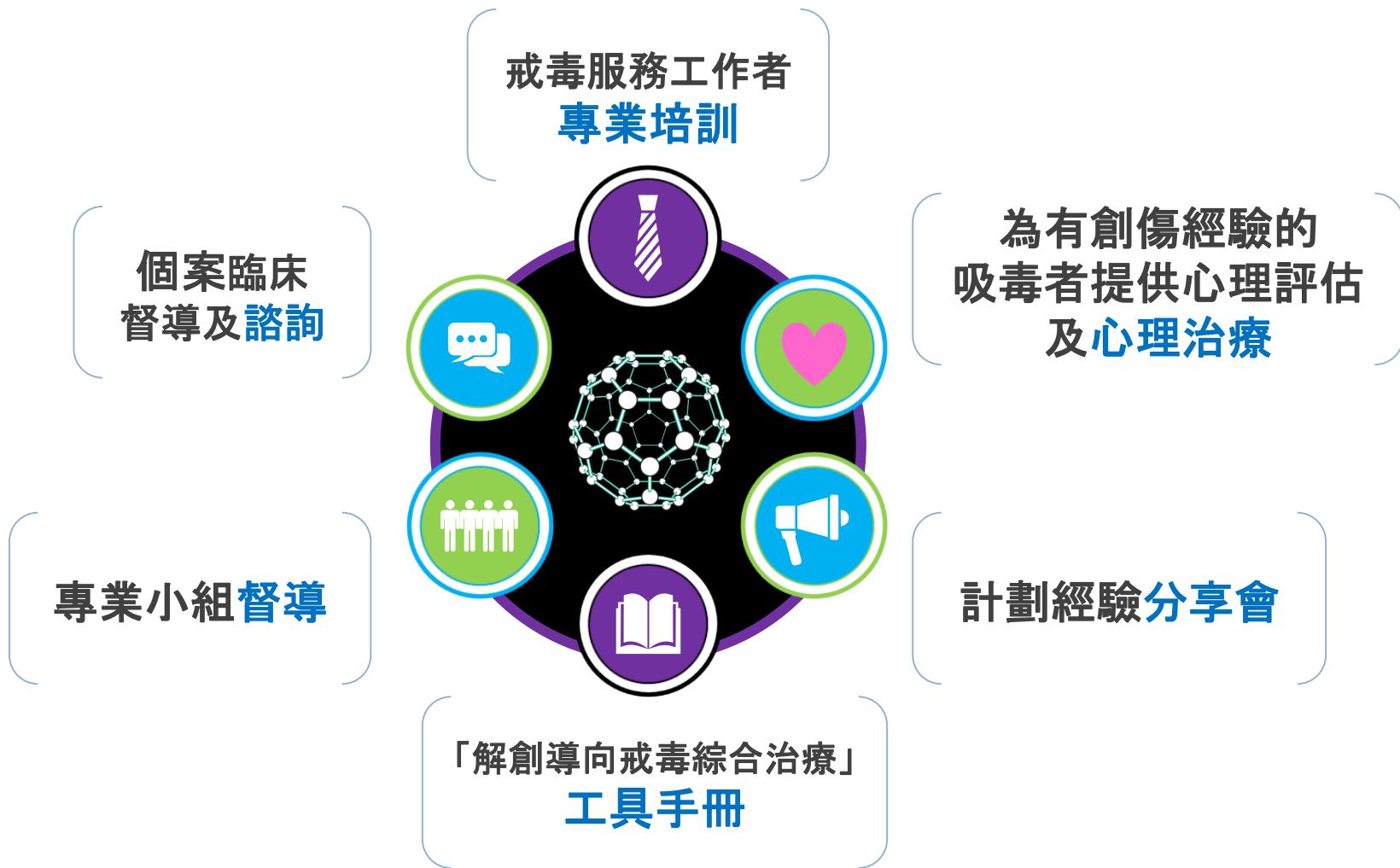
# Overview of Therapy Model



# Stages of Therapy

- Stage 1. Engagement and Assessment
  - Client feel safe about therapist and therapy
  - Case management if needed
- Stage 2. Intervention
  - Conceptualization and therapeutic alliance
  - Corrective experiences
  - Processing of trauma memory
- Stage 3. Relapse Prevention
  - Psychoeducation for mood management
  - Mastering of coping skills
  - Support for independence

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thank  
you