

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

#### Seeking Connection: Trauma-Informed Substance Abuse Integrative Treatment 「創傷治療導向」戒毒輔導治療模式

#### 戒毒服務交流研討會2020 2020年6月3日

講員:張明燕女士 中心主任 林安佑博士 臨床心理學家



#### 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



3 Counselling Centre for Psychotropic Substance Abusers

Counselling and Treatment Centre for Gamblers with Gambling Disorder High comorbidity rate between Trauma and SA

- Working in CCPSAs has given us exposure to a large number of clients having experienced traumas in their life.
- Professionals working with substance misuse problems experienced compassion fatigue symptoms.





#### Trauma Exposure, PTSD and SA

- 25.3% 49% of SA population met PTSD criteria;
  89% 95% SA population had trauma exposure.
  (Gielen, Havermans, Tekelenburg, & Jansen, 2012).
- Women substance abusers suffered significantly more relational trauma (e.g. sexual victimization; domestic violence) than men. (Najavits, 2009; Stewart et al., 2006).





## Project C60



- Project C60 would be a pioneer project in Hong Kong adopting Trauma-Informed Treatment which is an emerging trend in the practice of psychotherapy, with strong evidence in its effectiveness.
- This therapy approach has a dual focus: care for clients and care for the professionals.

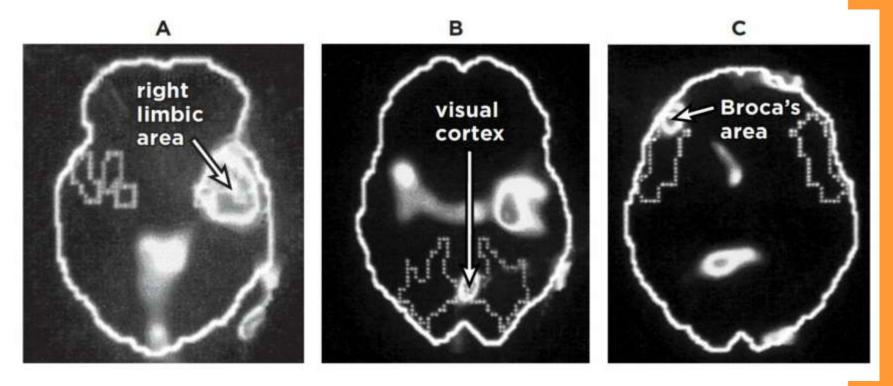




## Why Trauma-Informed

- High Comorbidity
- Increased treatment efficacy
  - Improved outcome with both Trauma and SA intervention than SA only intervention (Ouimette & Read, 2014; Najavitis, 2013)
- Reduce stigma, encourage help seeking
- Reduce relapse
- Self care of professionals

## - Fear without Words (Kolk, 2014)



#### Kolk, 2014, The body keeps the Score

Explicit Memory (Siegel, 2010)

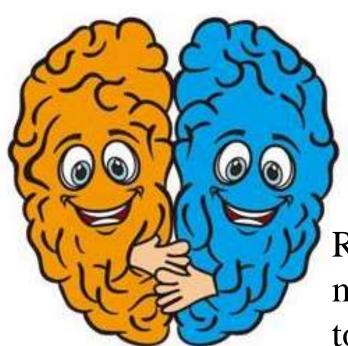
- Conscious, intentional recollection of past experience
- Examples: remembering appointments, memories of films, stories, or events some time ago.

Implicit Memory (Siegel, 2010)

- Only form of memory before language was formed (before 12 to 18 months of age)
- Creates anticipation of how life will unfold; below conscious awareness
- Guides our ongoing perceptions and actions; tends to reinforce past conclusions.

#### Left and Right Brain (Barthel, 2019)

Left Brain: more connected to cortical brain (cognitive); explicit memory



Right Brain: more connected to subcortical brain (instinctual); implicit memory Trauma Memory (Siegel, 2010)

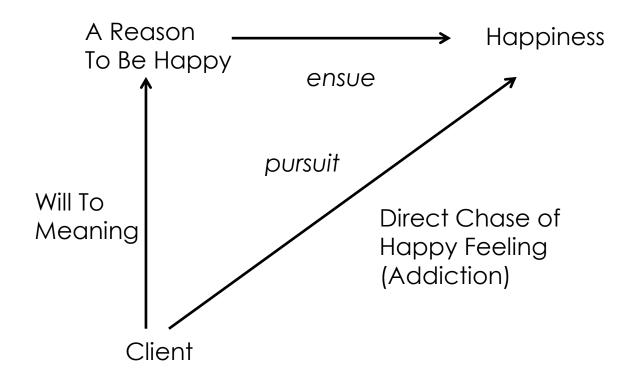
- During a traumatic experience, left brain (explicit memory)is inhibited; right brain (implicit memory) is activated.
- Highly emotional materials encoded in the right brain; lack of cognitive information in the left brain.
- Traumatic memories are primarily processed by implicit memory and are not available for cognitive interpretation or intervention;

#### PTSD – Features (DSM 5)

- Traumatic Event
  - -Single or Repeating
  - -Direct or Witness
- Re-Experiencing
- Hypervigilent
- Numbing Avoidant
- Negative mood and cognition

# Existential Analytical Model of Addiction

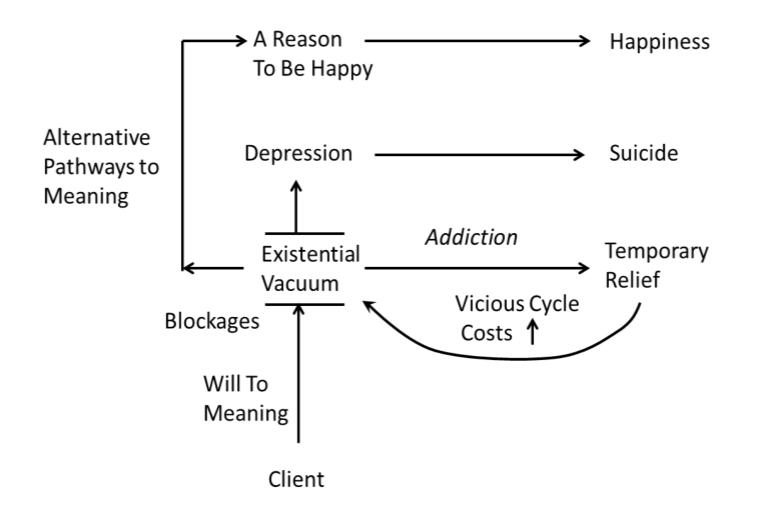
• Will to Meaning (Frankl, 1988)



#### What is Addiction? (Lewis, 2015)

- Habits learned through neuroplasticity
- Learning needs strong emotion
- Emotions are associated with survival needs
  - Positive emotion: things good for survival
  - Negative emotion: things harmful for survival
- Addicted Brain: less connection between Nucleus Accumben (NA) and preforntal cortex (PFC)

#### Existential Analytical Model of Addiction



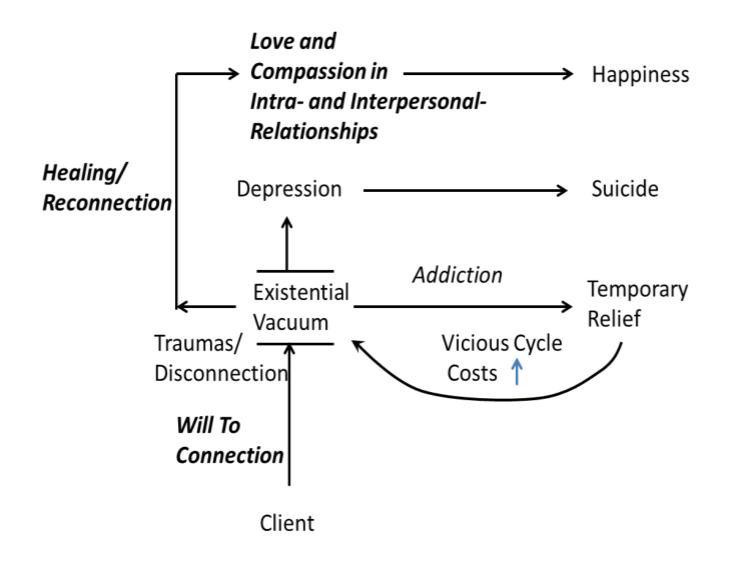
#### Polyvagal Theory-Neuroception (Porges, 2006)

Hierarchy of Nervous System Response

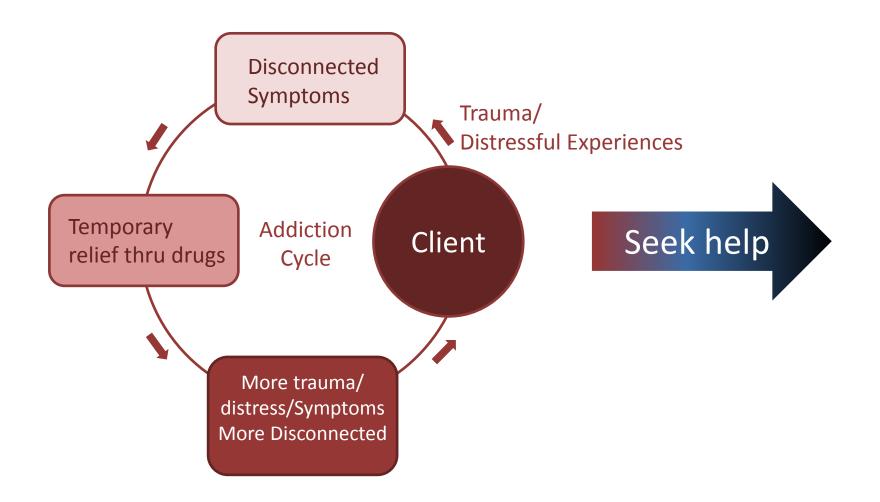
Fight/Flight Automatic Response \_ Bottom up – without thinking Danger Triggered by Signals from the \_ Nervous systems in the Body Social Engagement People seek **Relational** Safe Connection when feeling Shutdown Safe **Hopeless** 

Based on polyvagal theory by Stephen Porges Copyright 2015 Dee Wagner

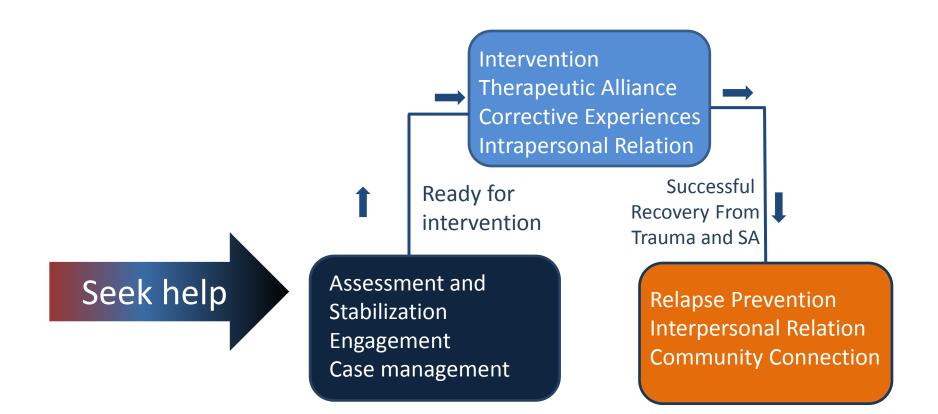
#### Relational Model of Addiction



#### **Overview – Addiction Cycle**



#### **Overview – Therapy Model**



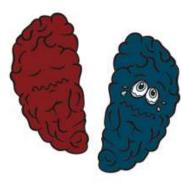
## Stages of Therapy

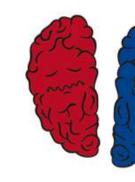
- Stage 1. Engagement and Assessment
  - Client feel safe about therapist and therapy
  - Engaging client with acceptance and understanding (assessment)
  - Case management if needed
- Stage 2. Intervention
  - Conceptualization and therapeutic alliance
  - Corrective experiences
  - Processing of trauma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

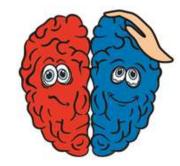
## Stage 1

- Stage 1. Engagement and Assessment
  - Client feel safe about therapist and therapy
  - Engaging client with acceptance and understanding (assessment)
  - Case management if needed

## Stage 2: The Intervention Process







Trauma, Fear without words, Implicit Memory only Drug Abuse, Self-Medicates the Painful Right Brain Therapeutic Relationship, Right Brain starts to feel safe, Left Brain opens up, Memory Reconsolidation

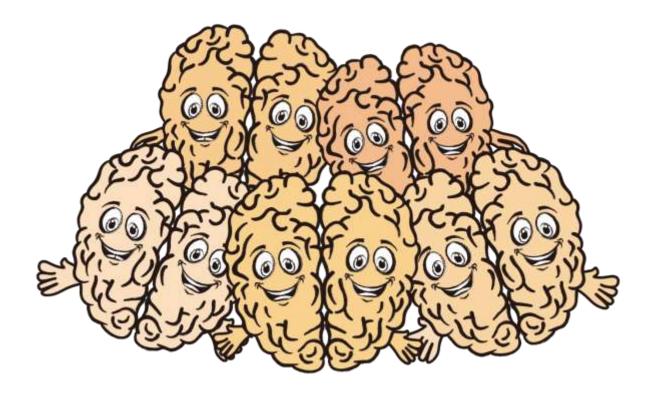


Integrated Left and Right Brain, Selfcompassion, Self Connections Intrapersonal Relational Connection

#### Stage 3: Relapse Prevention

#### Reconnect to Community

#### Interpersonal Reconnection





#### References

Gielen, N., Havermans, R., Tekelenburg, M., & Jansen, A. (2012). Prevalence of post-traumatic stress disorder among patients with substance use disorder: it is higher than clinicians think it is. European Journal of psychotraumatology, 3(1), 17734.

Lewis, M. (2015). The biology of desire: Why addiction is not a disease. Hachette UK.

Najavits, L. M., Weiss, R. D., Shaw, S. R., & Muenz, L. (1998). Seeking Safety: Outcome of a new cognitive-behavioral psychotherapy for women with posttraumatic stress disorder and substance dependence. *Journal of Traumatic Stress*, 11, 437-456.

Najavits, L. M., & Hien, D. (2013). Helping vulnerable populations: A comprehensive review of the treatment outcome literature on substance use disorder and PTSD. Journal of clinical psychology, 69(5), 433-479.

Ouimette, P. E., & Read, J. P. (2014). Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders second edition. Washington, DC: American Psychological Association.

#### References

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (DSM-5®). American Psychiatric Pub.
- Barthel, K. (2019). Psychosensory Intervention. Hong Kong: workshop notes
- Frankl, V. E. (1988). The will to meaning: Foundations and applications of logotherapy. Penguin.
- Porges, S. 2006. The polyvagal perspective. Biological Psychology 74, pp116–143.
- Schore, A. N. (2012). The science of the art of psychotherapy (Norton series on interpersonal neurobiology). WW Norton & Company.
- Siegel, D. J. (2010). Mindsight: The new science of personal transformation. Bantam.
- Van der Kolk, B. (2014). The body keeps the score: Mind, brain and body in the transformation of trauma. Penguin UK.

#### References

Najavits, L. M. (2009). Psychotherapies for trauma and substance abuse in women: review and policy implications. *Trauma, Violence, & Abuse, 10*(3), 290-298.

Stewart, S. A., Grant, V. V., Ouimette, P., & Brown, P. J. (2006). Are gender differences in post-traumatic stress disorder rates attenuated in substance use disorder patients?. Canadian Psychology/Psychologie canadienne, 47(2), 110.