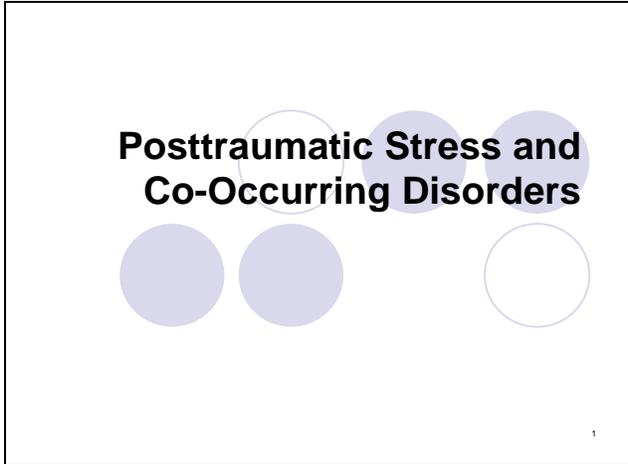


APPENDIX A.2: Posttraumatic Stress and Co-Occurring Disorders Slides



Posttraumatic Stress and Co-Occurring Disorders



- A national study (NCS) of individuals with co-occurring mental health and substance abuse disorders found that 60% of the men and 50% of the women with co-occurring disorders report at least one traumatic event in their lifetime.

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Posttraumatic Stress and Co-Occurring Disorders

- Trauma, addiction and mental health difficulties go hand in hand.
- Most individuals seeking mental health and/or substance abuse services DO NOT identify trauma as their major concern.



2

What is Trauma?

Trauma is the physical and emotional reaction to an event that is:

- Life threatening, or
- Seriously jeopardizes the physical, emotional or spiritual well-being of that person or someone close to them, and
- The person experiences intense fear, helplessness or horror.



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Traumatic Events include:

- War, battles, combat (death, explosions, gunfire...)
- Natural disasters (floods, tornados, fires...)
- Catastrophe (harmful/fatal accidents, terrorism)
- Violent attack (animal attack, assault with or without a weapon, battery and domestic violence, rape, threats of bodily harm with or without a weapon)
- Abuse (physical, sexual, mental and/or verbal)

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What is Trauma?

- Trauma is an experience that overwhelms our capacity to have a sense of control over ourselves and our immediate environment, to maintain connection with others and to make meaning of our experience.



6

How do people react to trauma?

PTS: Post Traumatic Stress

- PTS is the emotional and physical reaction from the memories of a traumatic event experience, and the shattered sense of personal safety. Symptoms can include:

- Anxiety
- Flashbacks
- Dissociation

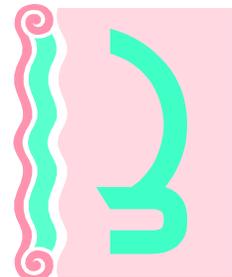


- While discomforting, these reactions do not disrupt the individual's overall ability to function.

7

How do people react to trauma?

- **PTSD: Post Traumatic Stress Disorder** – characterized by three clusters of symptoms . . .



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PTSD – Intrusive Symptoms

- **Intrusive memories and emotions** interfere with normal thought processes and social interactions.



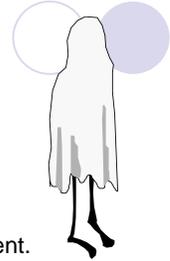
- **Flashbacks** feature auditory and visual hallucinations and can be triggered by ordinary stimuli such as the sound of an airplane flying overhead (combat), violent scenes on TV, the smell of a certain cologne.



1

Avoidant Symptoms

- Avoiding emotions
- Avoiding relationships
- Avoiding responsibility to and for others
- Avoiding situations that are reminiscent of the traumatic event.



- *People with PTSD commonly avoid stimuli and situations that remind them of the traumatic event because they trigger symptoms.*

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PTSD – Intrusive Symptoms

- **Nightmares and night terrors** also feature aspects of the traumatic event (*often literal, but can be figurative*).



- **Dissociative symptoms** include psychic numbing, depersonalization and amnesia.



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Hyper-arousal Symptoms

- Sleep disturbance
- Explosive outbursts
- Irritability
- Panic symptoms
- Extreme vigilance
- Exaggerated startle response



- *People experiencing hyper-arousal (constant “flight or fight”) are always on the alert for danger or threat, and are easily startled.*

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Types of PTS/PTSD

Type I or Simple PTS/D

- The response to one or more traumatic events that are NOT linked in any way (e.g., one rape, one car accident, one sudden loss).

Type II or Complex PTS/D

- The response to a combination of specific traumatic events that ARE linked to each other in some way (e.g., father is sexually abusive, child resists and the parent kills their cat, mother finds out about the abuse and blames the child and kicks her out of the house).



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Risk Factors for developing PTSD

- The severity, type and duration of the traumatic event.
- Repeated exposure to stress and/or multiple traumatic events.
- Lack of adequate and competent support for the person after being exposed to a traumatic event.
- A predisposing mental health condition.



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Types of PTS/D

PTS/D can also be classified as:

- **Acute** – symptoms last less than 3 months.
- **Chronic** – symptoms last more than 3 months
- **Delayed** – symptoms first appear at least 6 months after the traumatic event occurred (*this is very common with individuals who were sexually abused as children*)



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Prevalence

- Studies estimate that approximately 70% of people (adults and children) living in the US are exposed to one or more traumatic events during their lifetime.
- Approximately 61% of men and 51% of women have experienced at least one traumatic event in their lifetime.
- An average of 8 - 11% of adult Americans have/will have PTSD at some point in their lives.



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Gender differences

- For **women**, the most common events were rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse.



- **Women** not only experience a greater number of PTSD symptoms than men, but they also experience them more frequently and for longer durations.

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Posttraumatic Stress and Co-Occurring Disorders

- Depression precedes drug abuse more often for women
- Drug abuse appears to precede depression more often for men.
- Women more often than men are diagnosed with depression and other disorders well before they began using drugs or alcohol.
- Women are significantly more likely to have a diagnosis of panic disorder before the onset of substance abuse.



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Gender differences

- The traumatic events most often associated with PTSD in **men** were rape, combat exposure, childhood neglect, and childhood physical abuse.



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Posttraumatic Stress and Co-Occurring Disorders

- Trauma survivors often attempt to control their internal state of hyperarousal and emotional pain through the use of substances.
- All drugs of abuse affect many of the same receptors in the brain as do traumatic memories.
- While substances initially seem to restore a sense of control, they actually prevent the individual from accessing their memories and integrating the experience in a meaningful, resolving manner.



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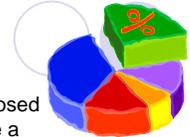
Posttraumatic Stress and Co-Occurring Disorders



- Co-occurrence increases the severity of trauma symptoms.
- Alcoholism and drug abuse can temporarily mimic PTSD, and can mask symptoms.
- Substance use/abuse increases a person's potential to be re-victimized and/or re-traumatized.
- Mental health difficulties also increase one's vulnerability for re-victimization and/or re-traumatization.
- The three conditions combined (PTSD, mental illness and substance abuse) if inadequately addressed and treated can result in a vicious, debilitating cycle of chronic, unmanageable distress.

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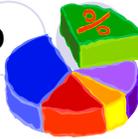
Posttraumatic Stress and Co-Occurring Disorders



- 48% of men and 70% of women diagnosed as chemically dependent will also have a co-occurring affective or anxiety disorder.
- 46% of women and 24% of men addicted to cocaine have lifetime PTSD.
- PTSD preceded the cocaine dependence in 77% of the women and 38% of the men.
- Victims of childhood sexual assault are twice as likely to become heavy consumers of alcohol than non-victims

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Connecting PTSD and COD



- People with PTSD are 2-4 times more likely to have an additional psychiatric diagnoses than people without PTSD.
- The NCS also found that 59% of men and 44% of women with PTSD also met criteria for 3 or more other psychiatric diagnoses.
- 56-63% of women seeking inpatient psychiatric services and 40% of women in outpatient mental health treatment report a history of childhood abuse.
- Between 1/3rd and 1/2 of depressed individuals also suffer some form of substance abuse or dependence.

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Posttraumatic Stress and Co-Occurring Disorders



- 1 in 4 women and 1 in 6 men will experience a sexual assault in their lifetime.
- Overall, studies indicate that 30-60% of treatment-seeking substance abusers have PTSD, and that as many as 2/3 of the men and women in substance abuse treatment experienced child abuse and/or neglect.
- The probability for developing alcohol problems in adulthood is 80% for men who have experienced sexual abuse.
- 55-99% of female substance abusers have been victimized and traumatized by physical and/or sexual abuse.

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Posttraumatic Stress and Co-Occurring Disorders

- A combination of psychotherapy, medication, bibliotherapy, self-help and support groups, skill-building and homework are commonly used to treat PTS/D alone, or when co-occurring with other mental health and/or substance use disorders.



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