

TIP Prospectus for Concept Clearance ***Substance Abuse Treatment and Trauma***

Introduction

The events of September 11, 2001, have reminded Americans that they are vulnerable to international terrorism and large numbers of casualties in their own country. The unexpected nature of that tragedy and its deliberateness have added to the force of its effects. In the aftermath of natural disasters, wars, terrorist attacks, workplace shootings, school shootings, domestic violence, abuse (psychological, physical, sexual), and urban riots, the victims and witnesses can suffer physical injuries, deaths of loved ones, economic losses, relocation, and psychological damage.

The psychological effects of traumatic events can be severe and include anxiety, depression, emotional numbness, recurring images or dreams, insomnia, and increased consumption of alcohol, tobacco, and both prescription and illicit drugs. Psychiatric disorders that can result from trauma include acute stress disorder, posttraumatic stress disorder (PTSD), major depression, generalized anxiety disorder, adjustment disorders, and substance abuse disorders (Ursano et al. 1995). Emergency response personnel, primary care physicians, mental health workers, and substance abuse treatment counselors must be prepared to assist victims of trauma to provide immediate physical relief, to address problems that develop in the first weeks postdisaster, and to deliver services to those with chronic substance-related problems.

Within 3 months of September 11, 2001, 13 States (of the 41 responding to a survey) and four of eight major U.S. cities reported an increase in the demand for substance abuse treatment (National Center on Addiction and Substance Abuse at Columbia University [CASA] 2001). Four States and New York City characterized the increase as substantial (CASA 2001). Use of anti-anxiety drugs increased nationally (Okie 2001). Substance abuse treatment programs working with disaster survivors need personnel to perform triage for the effects of trauma as well as for substance use disorders, to respond to those with acute symptoms, to make appropriate referrals, and to contribute to the recovery of those with both posttraumatic symptoms and substance use disorders.

In many instances, the individuals with substance use disorders associated with trauma have co-occurring mental illness. Among the survivors of the Oklahoma City bombing in April 1995, nearly half met the criteria for at least one psychiatric diagnosis, and more than one third were diagnosed with posttraumatic stress disorder (North et al. 1999). Among men diagnosed with PTSD, alcohol abuse or dependence is the most common co-occurring diagnosis, with rates as high as 75 percent among combat veterans (Jacobsen et al. 2001).

The Substance Abuse and Mental Health Services Administration (SAMHSA) was among the government agencies that responded within days of September 11 with information about how to talk with children about the disaster, available senior services, and so on. On October 1, grants totaling \$6.8 million were awarded to support crisis mental health services and the substance

abuse treatment system (SAMHSA Press Office, October 1, 2001). Another \$10 million in grants has been awarded to improve services for children and adolescents exposed to traumatic events (SAMHSA Press Office, October 3, 2001).

Although the devastation that occurred on September 11 was extreme, other disasters can have similar acute and long-term consequences for those with substance use disorders and other psychological problems. The substance abuse treatment field can do a better job of training counselors and preparing communities to deal with the consequences of these tragedies. The "no wrong door" guideline from the National Treatment Plan Initiative announced by the Center for Substance Abuse Treatment (CSAT) (2000) implies that victims of traumatic events should be identified and assessed for possible substance use disorders. CSAT's "change attitudes" guideline calls for discussion and education among community members to reduce the stigma encountered by those with alcohol and illicit drug problems.

Orientation of the TIP

This TIP should contribute to the creation of a conceptual model for providing substance abuse treatment for individuals who have experienced trauma. It should provide guidance to substance abuse counselors on how they can best help these clients. Rather than offering specialized training for treatment of mental illness, the TIP should help counselors know how they can help those who abuse substances and have a traumatic event in their history. Substance abuse treatment programs should be aware of risk factors for such mental illnesses as PTSD, major depression, and general anxiety disorder; how to prepare to meet their clients' needs in the event of a disaster; how to screen for trauma effects; when to refer clients for mental health services; and how to address the effects of diverse kinds of trauma in substance abuse treatment.

The substance abuse treatment field should be concerned about

- Individuals who have never abused alcohol or drugs before a traumatic event and who might begin to use or abuse substances (including prescription medications) as a response to the event
- Those who have substance use disorders and might increase their consumption of alcohol and/or drugs or become less likely to seek treatment
- Those who were in recovery at the time of the event and who are vulnerable to relapse

Content

The TIP content will be organized in sections, as follows:

- Introduction. This section will explore the complex relationship between trauma and substance abuse. In what ways does the experience of trauma affect the consumption of alcohol and illicit and prescription drugs? In what ways do traumatic events contribute to relapse from substance abuse recovery? To what extent does a substance use disorder affect the likelihood that an individual will be vulnerable to traumatic events? The section

will indicate how people normally respond to a traumatic event and will describe the range of possible psychological consequences of trauma.

- *Factors affecting an individual's response to trauma.* Both the nature of the trauma and factors within an individual and her or his environment can affect how a person responds to a traumatic event. Different types of trauma have different impacts and different meanings to people: natural disasters have a very different character from combat, sexual abuse, or terrorism. Individuals with fewer economic resources, for example, are perhaps more likely to be severely affected by a traumatic event. Children and adolescents respond differently from adults. These differences have implications for treatment.
- *Screening and assessment for substance use disorders and effects of trauma.* Although appropriate instruments for screening and assessment of substance abuse problems are perhaps well known to the audience for this TIP, substance abuse counselors may be less familiar with how to introduce the topic of trauma and with instruments that explore a client's symptoms of current stress from traumatic events and trauma history.
- *Planning for different levels of treatment.* This section will address appropriate strategies for assisting those with subacute, acute, and chronic reactions to trauma who either have or are at risk of developing substance use disorders. It will include a discussion of recommended types and levels of training for treating the three groups of clients and indicate what additional services are likely to be of use to these individuals.
- *Treatment modalities.* This section will discuss a variety of treatment modalities that have been used with people who have substance use disorders and have experienced trauma. Substance abuse treatment providers need to be aware of these modalities in order to address the psychosocial issues related to trauma within the scope of their practice and make appropriate referrals for chronic psychological problems. Treatment modalities for those who have psychological problems related to trauma include imaginal and other desensitization techniques, cognitive-behavioral therapies such as the Trauma Recovery and Empowerment Model (TREM), and Eye Movement Desensitization and Reprocessing (EMDR). Techniques such as Crisis Incident Stress Management (CISM) can be used in the immediate aftermath of a disaster as a method of debriefing. This section will examine outcome studies for indications of which modalities are most effective with which clients.
- *Treatment issues.* Substance abuse counselors should be aware of the important issues that clients face in the treatment of their trauma-related disorders so that they can address these issues in treatment. A number of paradigms of recovery from the effects of trauma include the notion that different issues take precedence or shift in importance at different times during the course of recovery. Herman's classic work, *Trauma and Recovery* (1997), specifies three stages, which she calls the establishment of safety, remembrance and mourning, and reconnection with everyday life.

- *Vicarious traumatization.* First responders in a mass disaster, medical care providers, substance abuse counselors, and others assisting victims of trauma can become overwhelmed by the trauma experienced by those they are trying to help and become symptomatic themselves. This section will discuss ways in which this secondary victimization can be prevented or treated. Frontline workers sometimes face problems from also being primary victims in a disaster situation.
- *Planning crisis responses.* Schools, workplaces, substance abuse treatment agencies, the faith community, and other community groups are in a position to make positive contributions in the aftermath of a traumatic event. These efforts will be more effective with advance thought, planning, and preparation as to how the resources of these groups can best be allocated in a crisis. What are the necessary elements of a disaster plan? What kinds of outreach are most helpful in different types of disasters? What services can the group or agency provide to help lessen the impact of the trauma? What agencies in the community are available for referrals? Community disaster plans are often part of a complex State system.

An appendix will contain information about public and private sources for funding substance abuse treatment in emergency situations.

Target Audiences

The TIP will address a primary audience of substance abuse treatment providers, especially certified counselors and clinicians. Secondary audiences will include administrators, members of disaster planning or preparedness groups, and health care professionals who work with clients who have experienced trauma.

Support for Adoption

One of the goals of CSAT's Knowledge Application Program (KAP) is to facilitate the adoption of the knowledge developed and published in TIPs by substance abuse treatment providers. This goal will be met, in part, by conducting the marketing activities described in the Promotion Plan to be attached to HHS-615, *Publication Planning and Clearance Request*, for the TIP. In addition, the TIP will support knowledge adoption by

- Providing reproducible documents, treatment materials, assessment and screening tools, model guidelines, and plans
- Including an index, glossary, and brief summaries of highlights to enable readers to find important information quickly, thereby increasing the likelihood that the TIP will be consulted and used
- Including implementation guidance within the content

In addition, collateral products will be developed to support adoption of the knowledge contained in the TIP. It is also proposed that TIPs collateral products use adoption and implementation as a primary focus. Examples of this type of product include training guides and Microsoft PowerPoint slides or overheads for training.

Other Considerations

Information regarding goals and outcomes, market research, needs analysis, design and format, and marketing and dissemination plans will be contained in ***Attachment A*** to HHS-615, ***Publication Planning and Clearance Request*** for the Trauma TIP, as follows:

<i>Topic</i>	<i>Section</i>
Goals and Outcomes	Purpose Section, Line 9a
Market Research	Need Section, Line 9b
Design and Format	Utility Section, Line 9c
Needs Analysis	Uniqueness Section, Line 9e
Marketing Plan	Promotion Plan Section, Line 9h
Dissemination Plan	Distribution Plan Section, Line 9i

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