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Crisis, Trauma, and Substance Use

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Many individuals have experienced a type of crisis. This crisis could have occurred to them individually, someone they knew, or maybe even globally. We as a nation are experiencing a global crisis at this very moment in time with the Corona Virus and even though we all are witnessing this crisis, there are some that will see it as a traumatic experience as well. These individuals are those who have tested positive for the virus, has a loved one hospitalized by the virus and are unable to visit them. It could also be those who have lost income and finding it difficult to take care of themselves and their family members. This understanding brings us to the major similarities and differences between crisis and trauma. So often we see patterns of increased substance abuse after a major crisis. The turn to substance use tends to be a sign of trauma that the individual is experiencing. Erford and Jackson-Cherry (2018) stated:

“A meta-analysis of over 30 studies investigating substance use following terrorists’ attacks in the United States found an increased use of substances in the 2 years following terrorist events, and the rates of use were likely higher than estimated. One month following the September 11<sup>th</sup>, 2001, attacks on the World Trade Center, increased use of marijuana, alcohol, and cigarettes was reported in Manhattan.” (pg. 201).

This information gives us a better understanding of how a crisis could have a direct impact on a person’s life that causes them to turn to substance use/abuse. Another example would be veterans who have been exposed to crisis such as war, extreme poverty in other countries, and horrific deaths of fellow soldiers or friends. Post-Traumatic Stress Disorder (PTSD) is a common disorder for many veterans and unfortunately, we see a common increase of substance abuse in this population as well. “The symptoms of PTSD are particularly apparent to family members, who may be directly affected by the client’s anxieties, depressive mood, or angry outburst.” (Comer, 2014, p. 167). Many trauma symptoms have a great impact on not only the patient but

the family as well. The crisis itself has a different impact on individuals depending upon each one's own personal experience. "Among New Yorkers who witnessed the 9/11 attacks, PTSD was doubled for survivors who were inside rather than outside the World Trade Center." (Myers, 2013, pg. 617). The crisis in it of itself was the same for everyone, but the trauma each individual face could differ.

There are many individuals that with their drug abuse can also experience many other health issues after the trauma event. According to the International Society for Traumatic Stress Studies (2010):

"When a person is experiencing problems with both traumatic stress and alcohol or drug abuse, he or she will often have other psychological or physical problems... For example, traumatized people who also abuse substances are often troubled by anxiety disorders (such as panic attacks, phobias, incapacitating worry or compulsions), mood disorders (such as major depression or dysthymia), disruptive behavior disorders, etc." (*Traumatic Stress and Substance Abuse Problems*, pg. 4).

Based on this information, individuals who have faced trauma in their past are at a higher risk of also experiencing physical and behavioral health issues. Some traumatized victims who also have substance abuse issues depend on these substances in order to try and forget the trauma they experienced. For example, an individual who witnessed a crisis such as 9/11 and also witnessed people jumping to their deaths from the collapsing buildings can be seen as a traumatic event. If this individual begins having flashbacks and nightmares of this event, they may turn to alcohol or drugs to help their minds repress the pain and memories. The dependence on the substances can lead to many other disorders such as the ones listed above including many others. "Because of the effects of trauma, it can be difficult to manage negative emotions and stressors associated

with it. This can often lead individuals to seek unhealthy ways of coping, including substance abuse.” (Pyramid Healthcare, 2018).

According to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), one of the most related diagnosis based upon the symptoms above would be Post-Traumatic Stress Disorder (PTSD) (2013). Criterion B include the following intrusive symptoms associated with the traumatic event:

- Unexpected or expected reoccurring, involuntary, and intrusive upsetting memories of the traumatic event.
- Repeated upsetting dreams where the content of the dreams is related to the traumatic event.
- The experience of some type of dissociation (for example, flashbacks) where you feel as though the traumatic event is happening again.
- Strong and persistent distress upon exposure to cues that are either inside or outside of your body that is connected to your traumatic event.
- Strong bodily reactions upon exposure to a reminder of the traumatic event.

Many individuals who have experienced a trauma and the impact of this trauma leads to substance abuse or any dramatic change in daily functioning, are most likely diagnosed with PTSD. “Approximately half of individuals seeking treatment for substance use disorders meet criteria for PTSD, an estimate more than 5 times greater than the U.S. lifetime prevalence rate”. (Berenz and Coffey, 2013). When a person who has a preexisting condition comes face to face with a crisis this could lead to a dependence on substance abuse because of the added stress and pressure. They turn to these substances because of the trauma they experienced based upon the crisis that has occurred.

The individuals who find themselves in these situations more than likely want to be free from the hauntings of trauma and the dependence on a substance. Therefore, there are many options for them to receive the help they need. Treatment is just the beginning to the journey of recovery. Cognitive Behavioral Therapy (CBT) is one of the treatments available to those suffering with depression, anxiety, and substance abuse. This tool is used to help change the negative thought patterns about oneself and the world with psychotherapy. This is a great way for those who have experienced a crisis and has frequent flashbacks of the event can talk about their trauma and learn how to conquer it. It is also a positive space for those who have turned to drugs or alcohol as a coping mechanism for their trauma to openly express their fears, hopes, and challenges. Another treatment is support groups. Many individuals who are suffering from disorders, trauma, and substance use feel alone in their struggle. The opportunity to speak to others who are experiencing the same symptoms and issues can be an effective and impactful experience for those clients. This makes one feel like they are not alone in the world. “One of the most widely recognized and studied non-exposure-based treatments for co-occurring substance abuse and PTSD is Seeking Safety (SS), which consists of an average of 25 60-90-minute sessions covering a wide variety of topics such as decreasing risky behaviors, setting boundaries, and coping with substance triggers” (2013). This can greatly benefit those who are surrounded by triggers on a daily basis and can lead them to healthier coping mechanisms. For the individuals who have families that are also being impacted by their loved one’s actions can be involved in treatment as well. For example, marital and family treatment. Allowing the family members to be a part of the treatment can impact the family growth and communication. According to the U.S. Department of Veterans affairs: “Vietnam veterans have more marital problems and family violence. Their partners have more distress. Their children have more

behavior problems than do those of veterans without PTSD. Veterans with the most severe symptoms had families with the worst functioning” (2020). Those who may develop further or re-occurring health conditions after the trauma and substance abuse such as depression, could also benefit from medication-based treatment approaches as well. An example of this would be Selective Serotonin Reuptake Inhibitors (SSRIs). This is used to treat depression by increasing levels of serotonin in the brain. Naltrexone and Disulfiram are examples of two other medications that can be used for alcohol dependence and PTSD. These two medications are shown to decrease drinking days and longer periods of abstinence. These are only some of the many options of treatment for those suffering with these disorders.

Every person differs in the way we respond to our environment, how we hurt, how we chose to cope, and even how we heal. There are some that tend to seek help sooner than others after a major crisis. The difference a treatment makes if begun at 48 hours after a crisis incident versus a 2-year period after the crisis incident depends on how a person chose to heal. Some cases may have a faster response to how the crisis negatively impacted them and seek therapy and treatment immediately and some may not. Those that make a decision to wait do not necessarily suffer worse symptoms but most likely prolonged. However, according to an article by World Psychiatry, “An increasing body of evidence demonstrates how the increased allostatic load associated with PTSD is associated with a significant body of physical morbidity in the form of chronic musculoskeletal pain, hypertension, hyperlipidemia, obesity, and cardiovascular disease” (2010). In some cases, the symptoms could have worsened and the client is considering suicidality, however there is still hope. “One Pearl Harbor survivor described his symptoms as “a non-stop movie playing in my head” that began soon after the attack. Decades later he received a diagnosis of PTSD and was subsequently treated with medications and psychotherapy” (Chopra,

2018). We see many cases where an individual has started their treatment earlier than a different client and yet still remains in the treatment program longer than the client who started later.

Everyone's process of a crisis and how they handle trauma differs, sometimes dramatically.

There are many crisis' happening around the world every day and there are some individuals that have been, will be, or going to experience a great amount of trauma from these experiences.

There are some that are going to fall into dark holes of depression, or turn to drugs or alcohol but it is up to the helping professionals in this world to let people know that it is never too late to seek help and always ears to hear their stories.

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<https://www.pyramidhealthcarepa.com/addressing-underlying-trauma-substance-abuse>