The challenging Trifecta: substance abuse, mental illness, and trauma

THE CHALLENGING TRIFECTA: SUBSTANCE ABUSE, MENTAL ILLNESS, AND TRAUMA

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Setting the Stage: Early trauma, attempts to cope and justice system involvement

Research on the link between trauma, substance use, serious mental illness, and system involvement

What is trauma?

- Psychological trauma:
  - The experience of an uncontrollable event which is perceived to threaten a person’s sense of integrity or survival (Herman, 1992).
  - Criteria A (DSM IV-TR)... “traumatic stress”:
    1. The person experienced, witnessed, or was confronted with an event/s that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others, AND
    2. Person’s response involved intense fear, helplessness or horror.
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Why care about a person’s trauma?
- Persons with the most serious mental health problems have suffered trauma that:
  - Interpersonal in nature
  - Intentional
  - Prolonged and repeated
  - Occurred in childhood, adolescence, and may extend over years of a person’s life (Jennings, 2004)

Why care about a person’s trauma?
- As adults they experience re-victimization through domestic violence, sexual assaults, gang and drug related violence, homelessness, and poverty (Saakvitne et al., 2000).
- Institutional trauma by:
  - Coercive interventions
  - Sexual & physical assault in inpatient settings, institutions, jail and prisons (Frueh et al., 2002).

Why care about a person’s trauma?
- Individuals with histories of violence, abuse, and neglect make up the majority of clients served by public mental health and substance abuse service systems:
  - 90% of public mental health client exposed to (and mostly have experienced) multiple experiences of trauma (Goodman, et al, 1997).
  - 75% of women and men in substance abuse treatment report abuse and trauma histories (SAMHSA/CSAT, 2000).
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Why care about a person’s trauma?

- 95% of homeless women with mental illness experience severe physical and/or sexual abuse, 87% experienced this abuse both as children and as adults (Goodman, Dutton et al., 1997).
- Teenagers with alcohol and drug problems are 6–12 times more likely to have a history of being physically abused and 18–21 times more likely to have been sexually abused than those without (Clark et al., 1997).
- Nearly 8 out of 10 female offenders with mental illness reports having been physically or sexually abused (Smith, 1998).

Incarcerated women’s trauma

- Of the sampled 500 women jail inmates in urban and rural U.S. counties:
  - 82% had a lifetime substance use disorder (SUD);
  - 53% had posttraumatic stress disorder (PTSD);
  - 43% had a serious mental illness (SMI)—depression, bipolar disorder, schizophrenia.

- Understanding women’s pathways to jail:
  - Most of the women experienced multiple types of adversity and interpersonal violence in their lives.
  - Sexual assault (≈ 45%), partner violence (≈ 68%), witnessed violence (≈ 60%), child sexual abuse (≈ 58%), child physical abuse (≈ 40%), caregiver addiction (≈ 60%), caregiver in jail (≈ 70%), attacked/robbed (≈ 38%).


Incarcerated women’s trauma

- Trauma and mental health were associated with onset of crime. Compared to women without these forms of victimization, women with histories of:
  - Caregiver violence, were 9 X as likely to run away as teens;
  - Partner violence, were 4 X as likely to engage in sex work and 2 X as likely to deal drugs;
  - Witnessed violence were 2 X as likely to commit property crimes or assaults and 9 X as likely to use weapons;
  - Substance use disorder were 7 X as likely to get DUls and 6 X as likely to engage in sex work.
  - Women with SMI were more likely to have experienced trauma, to be repeat offenders, and to have earlier onset of substance use and running away.
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Why care about a person’s trauma?
- Persons with SMI and a history of sexual and physical abuse have more severe symptoms (hallucinations, delusions, depression, suicidality, anxiety, hostility, interpersonal sensitivity, somatization, and dissociation.
- Coercive interventions may worsen posttraumatic symptoms leading to more prolonged and restrictive care (Rosenberg et al., 2001).
- More frequent hospitalizations, more time in the hospital and more visits to the emergency department.
- Nonadherence to treatment (Briere et al., 1997).
- Poor working alliance with case manager and treatment providers.

Why care about a person’s trauma?
- Rate of PTSD is extremely high in SMI patients treated in the public sector (around 40%).
- PTSD tends to go unrecognized in community mental health settings:
  - Range from 29-43% detection of PTSD, with fewer than 5% of identified cases had PTSD documented in their charts.
  - Routine assessments of trauma history tend to be inadequate.
- Cost of PTSD is very large (individually and to society).
  - PTSD associated with nearly the highest medical and other service use—costliest of mental disorders.
  - See Fueh, et al., 2004, January.
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Why care about a person’s trauma?

- Chronic Health Problems:
  - Heart disease, cancer, stroke, diabetes, chronic lung disease, liver disease.
  - Links to cigarette smoking, obesity, physical inactivity, alcoholism, drug abuse, sexual promiscuity, STDs.
  - ACE (Adverse Childhood Experiences) study collaboration between Kaiser Permanente’s Department of Preventive Medicine and the Centers for Disease Control and Prevention.

CASE STUDY

“Christine”

Thank you!
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References