

“we spent about \$20B at NIMH during my tenure from 2002-2015. During those years, the U.S. suicide deaths increased about 30% and the DALYs for mental illness increased about 40% with more people with SMI incarcerated and homeless.”

Tom Insel

Hospital workers in scrubs with no PPE
But they got money for riot gear... we dying here,
You tell me not to move with my gun
But we got more funeral homes than schools where I'm from
And on the news, all you view is homicides
Tell me why it ain't no trauma units when everybody traumatized?

Vic Mensa
Wyclef Jean

Systematic Screening for PTSD: the “way in” to trauma-informed practice in addictions treatment?





Provides support to prescribers and their practices, pharmacists, and healthcare teams in addressing the needs of their patients with substance use disorders and chronic pain management.

All Services are FREE

- Phone consultation for clinical questions
- Education and training opportunities related to substance use disorders and chronic pain management
- Assistance with addiction and behavioral health resources and referrals
- Technical assistance to practices implementing or expanding office-based addiction treatment services
- MACS TeleECHO™ Clinics: collaborative medical education through didactic presentations and case-based learning

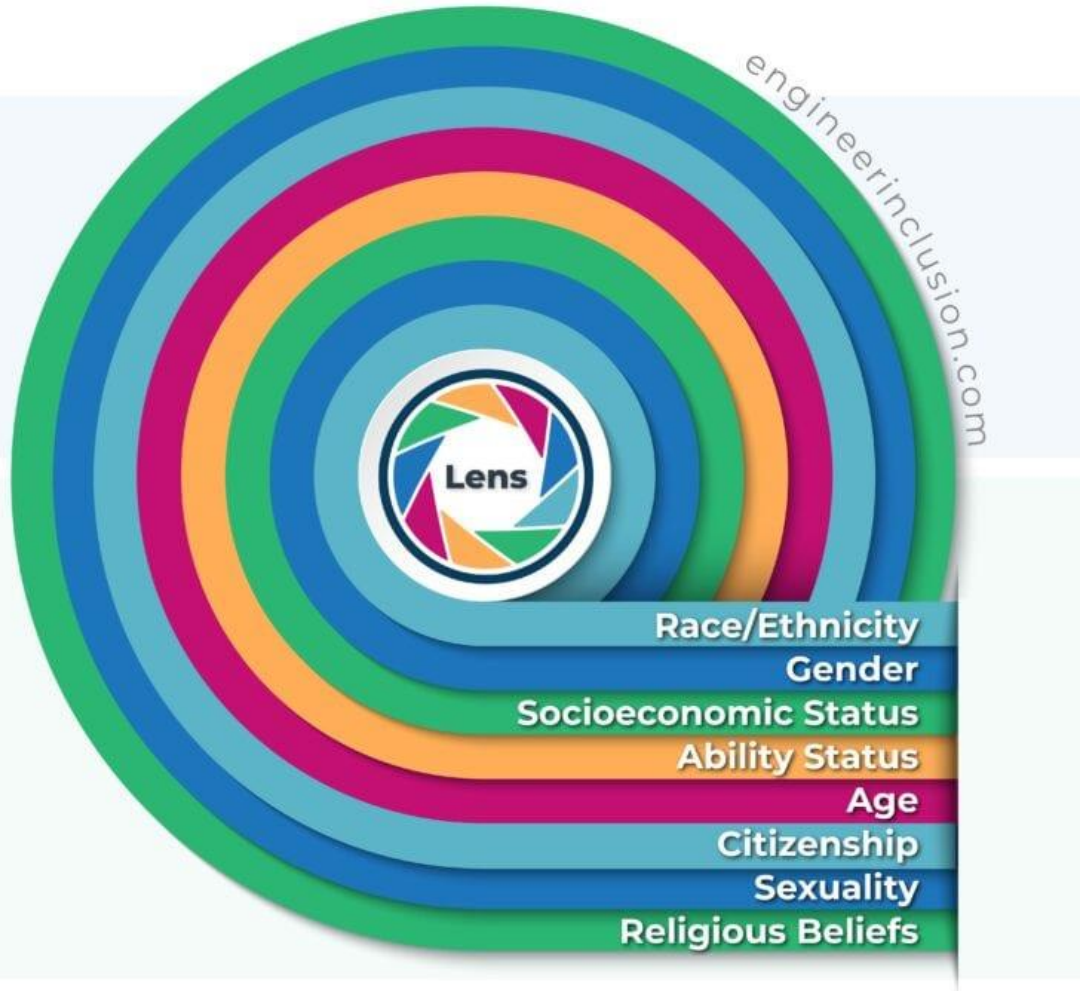
Disclosure statements

Benjamin Israel, M.D. reports having no financial interest, arrangement or affiliation with *any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients*, during the past 12 months. He has not accepted any payments from any other entity for delivering this lecture.

Positionality

1) the social and political context that creates your identity and

2) how your identity influences and biases your perception of and outlook on the world.



Donna F

CC: Depressed, vague suicidal thoughts, abusive partner

46F, AA

PPHX

Schizoaffective disorder, bipolar disorder, cocaine use disorder, opioid use disorder, sedative/hypnotic use disorder

MEDICAL HISTORY

Recent hospitalization. Many psychotropic medication trials (first: 11 years old)

SUICIDE ATTEMPTS

Skin infections, asthma, hypothyroidism cutting, overdoses

SOCIAL HISTORY

GED, unemployed, housing insecurity

PSYCHIATRIC ROS

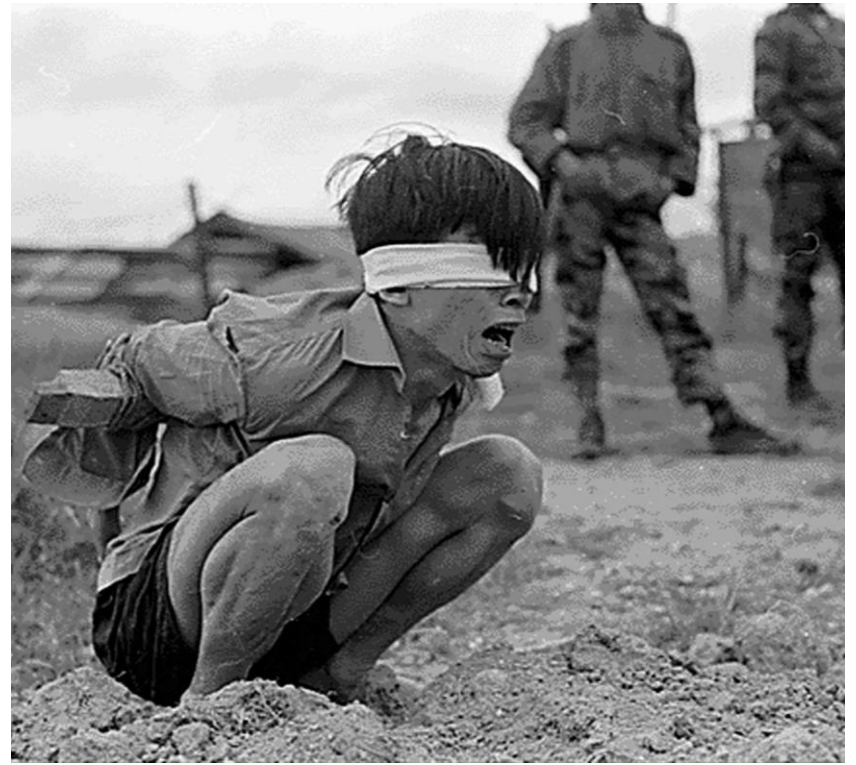
Depressed and hearing voices since middle school. “Manic” episodes lasting 1-2 days while sober. Somatoform and olfactory flashbacks

ON EXAM

Constricted affect, goal-directed, experiencing AH and PTSD intrusions but not outwardly reacting

1. Define trauma and trauma-related disorders
2. Describe 2 important ways in which addiction and trauma interrelate
3. Describe 1 well-tolerated, evidence-based, brief screening tool for PTSD
4. Identify 1 way in which PTSD screening can help lay a foundation for improving trauma-informed practice more broadly in addictions care

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What is “PTSD”?

PTSD

- A. Trauma exposure (Criterion A)
- B. Intrusions (Nightmares, flashbacks)
- C. Avoiding trauma reminders
- D. Mood disturbance
- E. ↑ Sense of threat

Syndromal vs sub-threshold ???

PTSD-DS

- A. PTSD
- B. Depersonalization and/or derealization

“Complex” PTSD

- A. PTSD (ICD-11)
- B. “Disturbances of self-organization” (DSO)

DSO =

- *Emotion dysregulation*
- *Interpersonal difficulties*
- *Negative self-concept*

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Impacts:

- ↑ risk depression
- ↑ risk suicidality
- impaired functioning
- sx → opioid use?

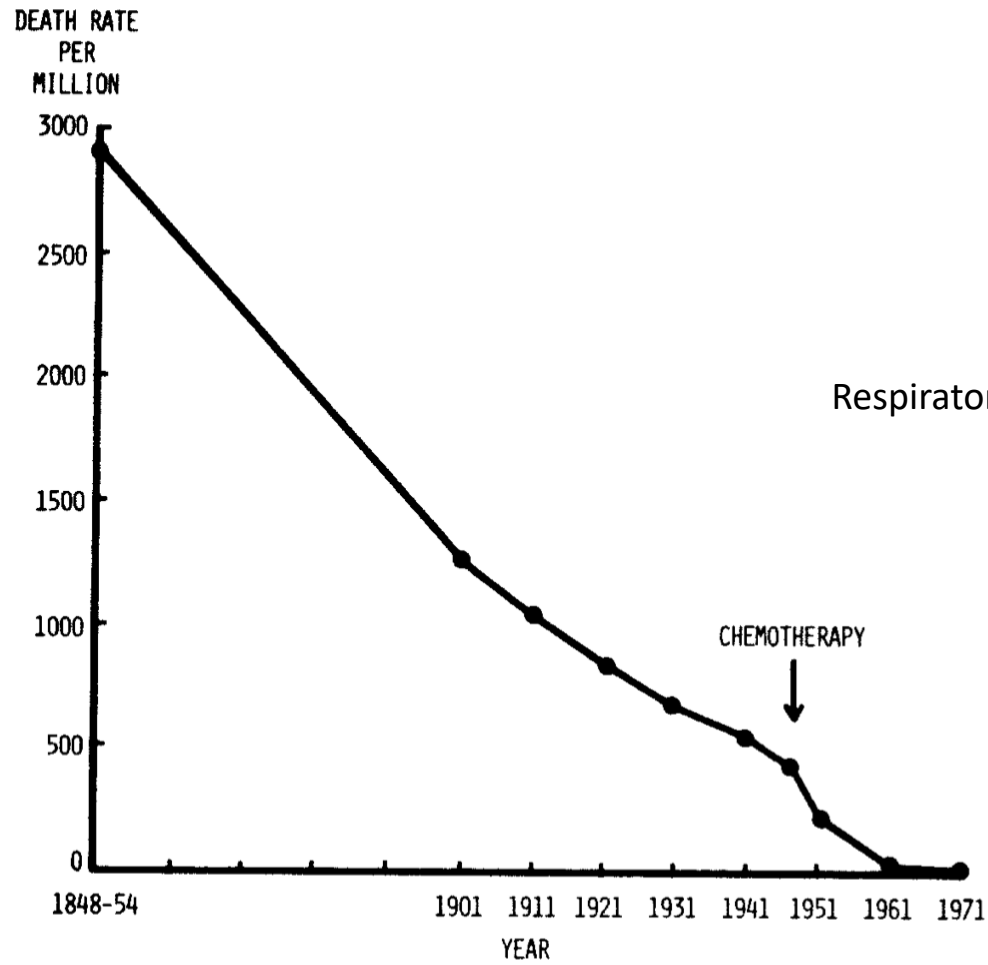
Complex trauma disorders

↑ comorbidity/impairment

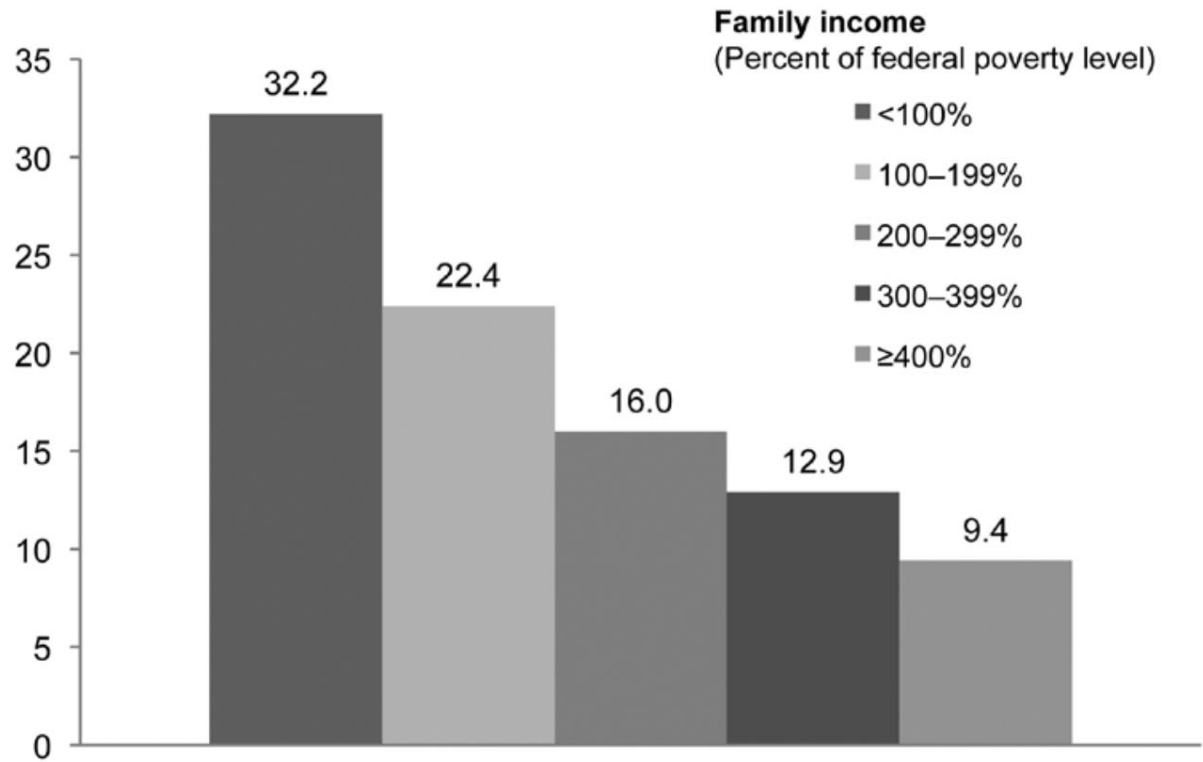
PTSD among treatment-seeking patients

Site	PTSD Prevalence (%)	PTSD Diagnosis (%)
Addictions clinic	36	2.1
Inpatient psychiatry	13 - 50	0 – 5.4
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Community psychiatry (CMHC)*	24 - 53	0 – 3.7
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Alexander et al 2016
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 Zanville et al 2009

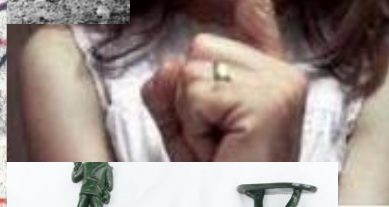


Percent of adults >25 years of age with activity-limiting chronic disease

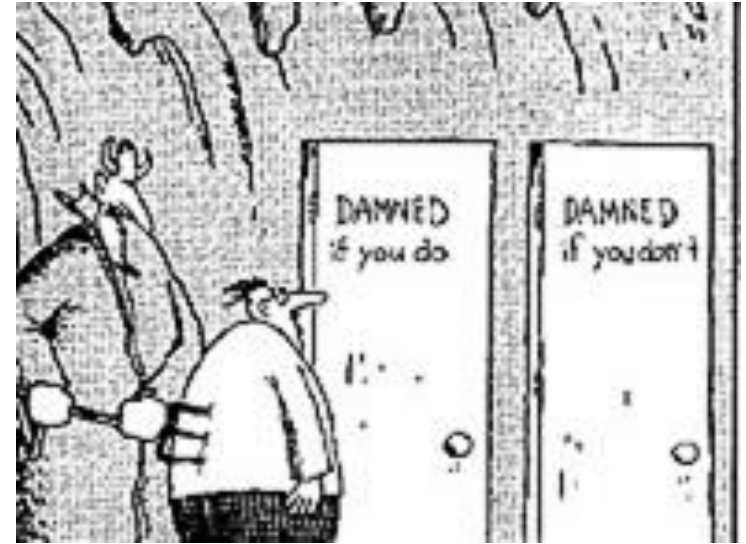


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What is trauma



Little-t trauma



Problem One: definitions

Dance: to move one's body rhythmically, usually to music



(Merriam-Webster)





What is
trauma?

*“An event that blows your mind and leaves you
helpless and terrified.”*

“Something that’s so painful, you can’t learn from it”

Merriam-Webster:

a **disordered psychic or behavioral state** resulting from severe mental or emotional stress or physical injury
an **emotional upset**

DSM-5: PTSD Criterion A

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

Directly experiencing the traumatic event(s)

Witnessing the event

Learning of traumatic event(s) involving family member or close friend

Experiencing repeated or extreme **exposure to aversive details** of traumatic event(s)

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Which “official” definition is

ICD-11 / WHO

exposure to an extremely threatening or horrific **event** or series of events

American Psychological Association

any **disturbing experience** that results in significant fear...

Others

<https://icd.who.int>

<https://dictionary.apa.org/trauma>

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SAMHSA (3 E’s)

Trauma results from an **event**, series of events, or set of circumstances

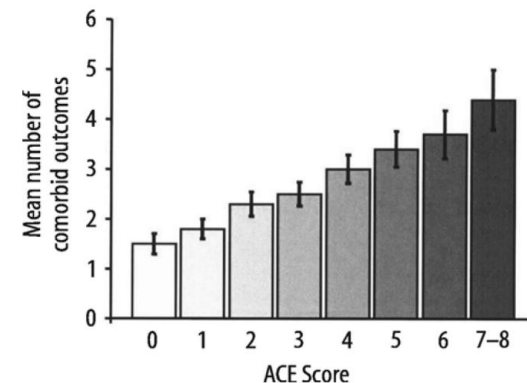
that is **experienced** by an individual as physically or emotionally harmful or life threatening and

that has lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

Scope of the problem: e.g., addiction and trauma

8613 adults in California
Primary care visits

54% women, 46% men
mean age: ~56 (SD ~15)
~75% white
most attended and/or graduated from college



ACE Score†

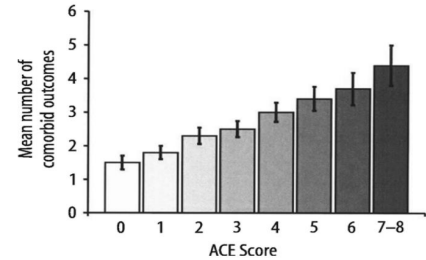
Age at Initiation of Drug Use

ACE Score†	N	Age at Initiation of Drug Use							
		≤14 Years		15–18 Years		Adult (≥19 Years)		Lifetime	
		%	OR	%	OR	%	OR	%	OR
0	2812	0.7	1.0 (Referent)	3.8	1.0 (Referent)	4.8	1.0 (Referent)	9.4	1.0 (Referent)
1	2205	1.5	1.5 (0.9–2.7)	6.5	1.4 (1.1–1.8)	7.2	1.4 (1.1–1.8)	15.2	1.5 (1.2–1.8)
2	1338	3.1	2.9 (1.6–5.0)	9.3	1.8 (1.3–2.4)	9.8	1.9 (1.5–2.4)	22.3	2.3 (1.9–2.8)
3	849	4.7	4.0 (2.3–7.1)	10.6	1.9 (1.4–2.6)	10.3	1.9 (1.4–2.6)	25.6	2.5 (2.0–3.2)
4	507	4.1	3.8 (2.0–7.2)	13.4	2.7 (1.9–3.8)	11.2	2.1 (1.5–3.0)	28.8	3.1 (2.4–4.0)
≥5	902	9.9	9.1 (5.4–15.2)	14.3	2.5 (1.9–3.3)	13.2	2.5 (1.9–3.2)	37.4	4.3 (3.5–5.4)
Total	8613	2.8	—	7.7	—	8.0	—	18.5	—

* ORs adjusted for gender, baseline age, race, and educational attainment.

† The trend for increasing ORs as the ACE score increases is significant ($P < .05$) in each model.

Scope of the problem: meta-analysis



Adjusted OR for selected health outcomes by ACE

Demographic	1 ACE	2 ACEs	3 ACEs	4 ACEs	Max ACEs
Low SES	1.26	1.56	1.71	2.05	2.24
Tobacco use	1.24	1.43	1.62	1.90	2.25
Alcohol problem	1.46	1.89	2.99	4.31	3.90
Depressed mood	1.42	2.28	2.44	3.16	4.37
Risky sexual behavior	1.36	1.71	2.18	2.79	3.57
Illicit drug use	1.61	2.44	2.95	3.66	5.41
Suicide attempt	1.57	2.19	3.43	7.30	6.30
Violence victim	1.59	3.60	2.69	5.04	8.32
Ischemic heart disease	0.88	1.60	2.48	2.30	6.62

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Trauma history



SUD

SUD



Trauma history

PTSD symptoms



SUD outcomes (?)

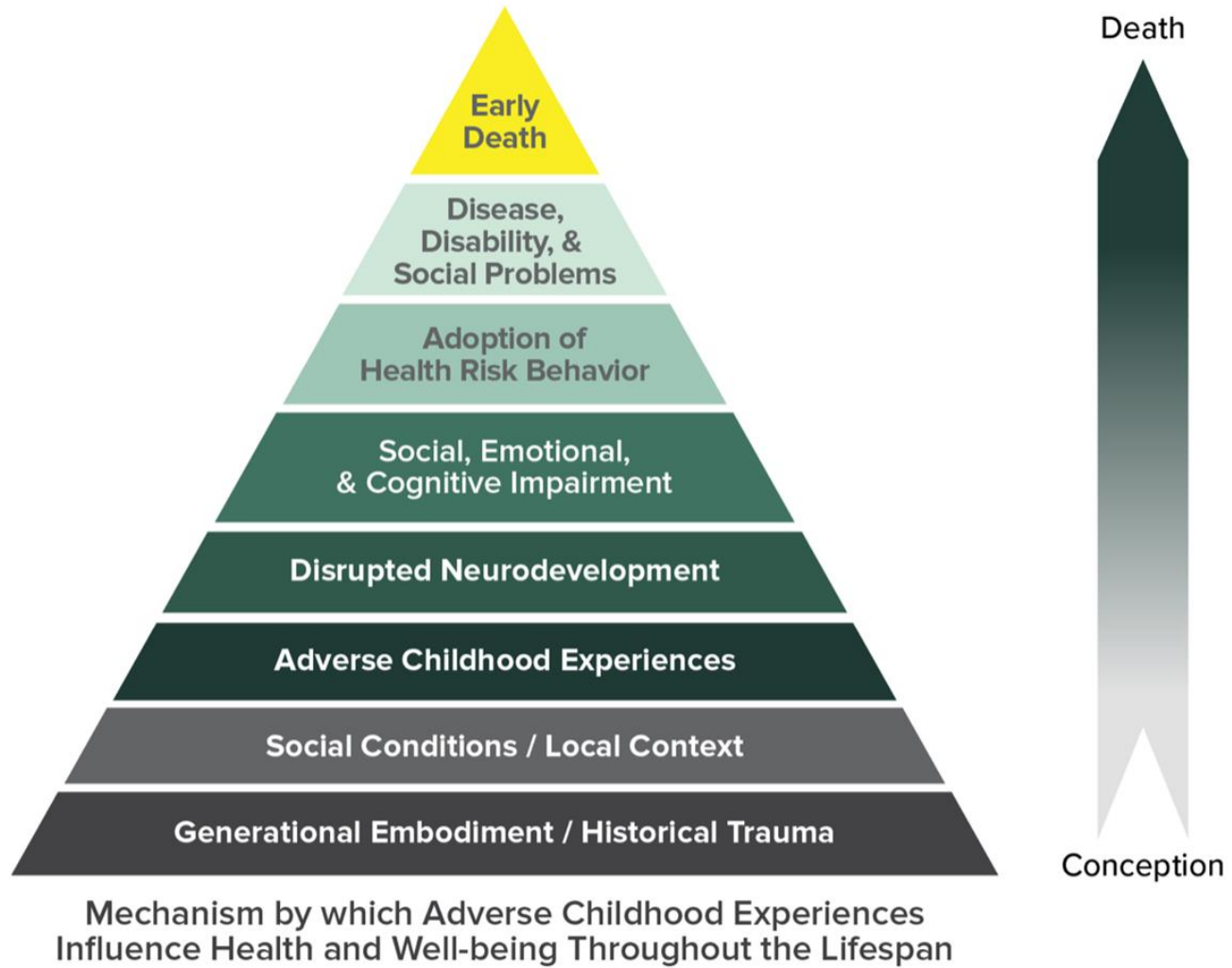
Trauma-related symptoms predict substance use outcomes

- Hypervigilance, intrusions
→ relapse
- Patients with SUD and dissociative symptoms
→ harder to treat
- **Not shown:** treating PTSD broadly reduces substance use
- Treating both together
→ better outcomes



Smith et al., 2016
Najavits & Walsh, 2012
Roberts et al 2022

Gielen et al, 2012
Badour et al., 2023
Meier et al., 2014



ACE consequences

Psychiatric

Depression
Anxiety
Substance use
Multiple DSM
diagnoses
Death by suicide

Etc.

Behavioral

Multi-generation
victimization/abuse
IPV
Violent behavior
Impaired school/work
performance
High risk sexual
behaviors
>30 sexual partners

Etc.

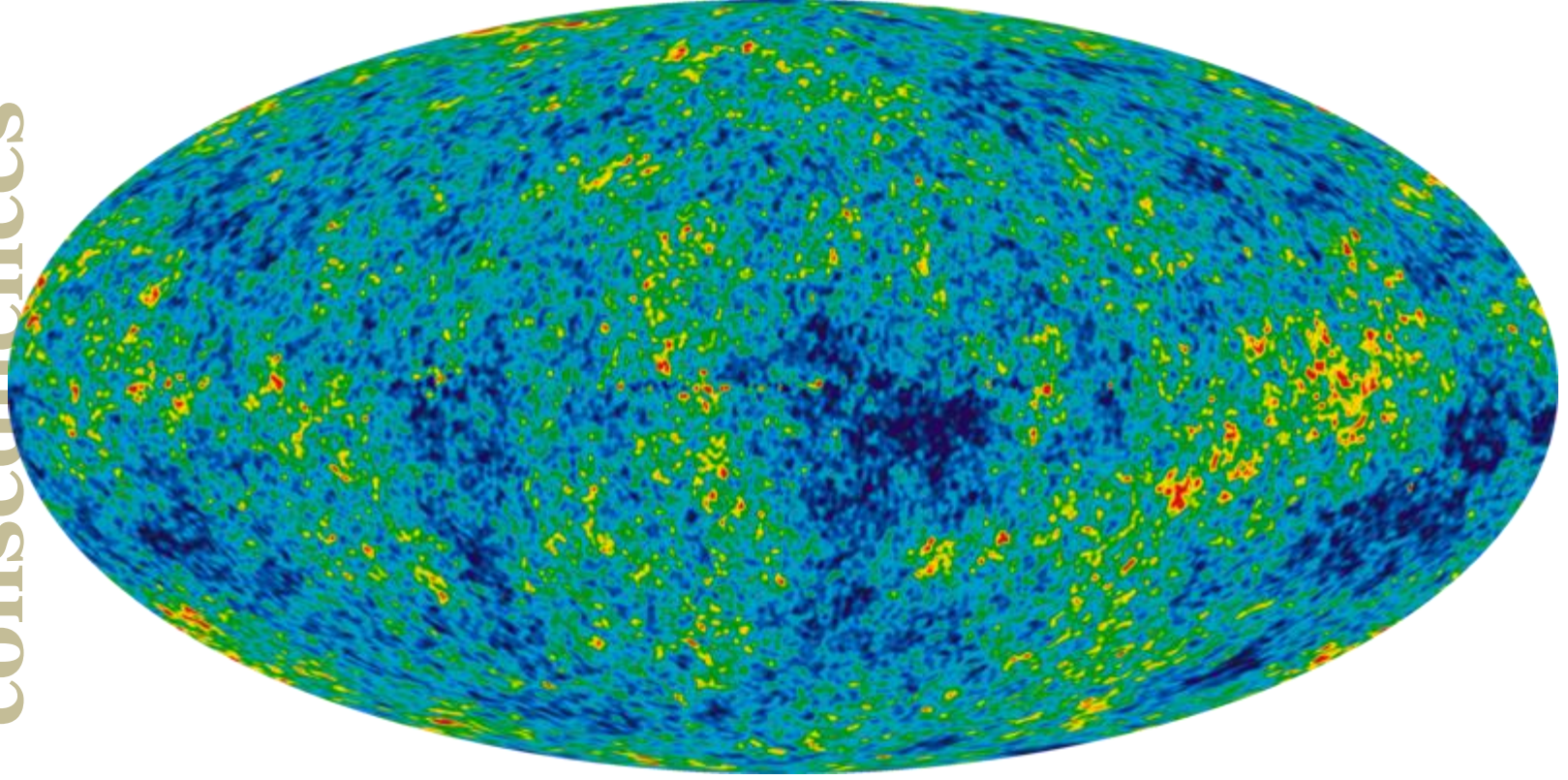
Medical

Morbid obesity
Diabetes
Autoimmune disease
Infections
Chronic pain,
arthritis
TBI, CTE
Pregnancy
complications
Heart, lung, liver
disease

Etc.

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ACE
consequences



ACEs: what's the meaning?

1. Dose response relationship

* categories not # events

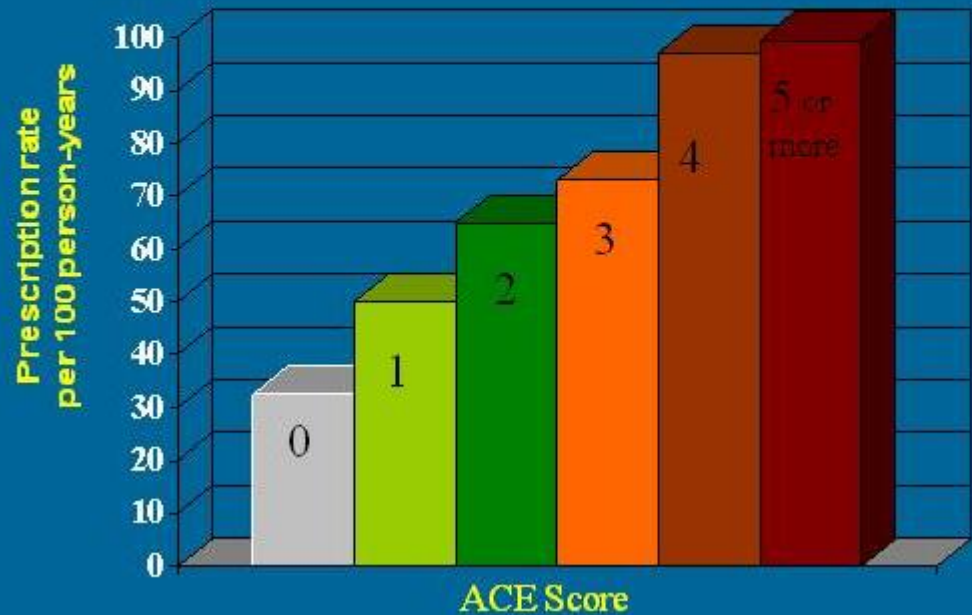
2. Ecology of trauma

3. Experience of reality?

Mental Health: Costs

ACE Score and Rates of Antidepressant Prescriptions

approximately 50 years later



Does it hurt to ask?

Trauma-related disorders

PTSD

- Hypervigilance
- Phobic avoidance
- Mood swings
- Intrusions (nightmares/flashbacks)

“Complex” trauma-related disorders

- Dissociative subtype of PTSD
- Complex PTSD (ICD-11)
- Dissociative disorders

Impacts:

- ↑ risk depression
- ↑ risk suicidality
- impaired functioning
- sx → opioid use?

Complex disorders

- ↑ comorbidity/impairment

PTSD among treatment-seeking patients

Site	PTSD Prevalence (%)	PTSD Diagnosis (%)
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Complex trauma-related disorders among treatment-seeking patients

Most treatment-seeking patients with PTSD... have a "complex" posttraumatic syndrome!

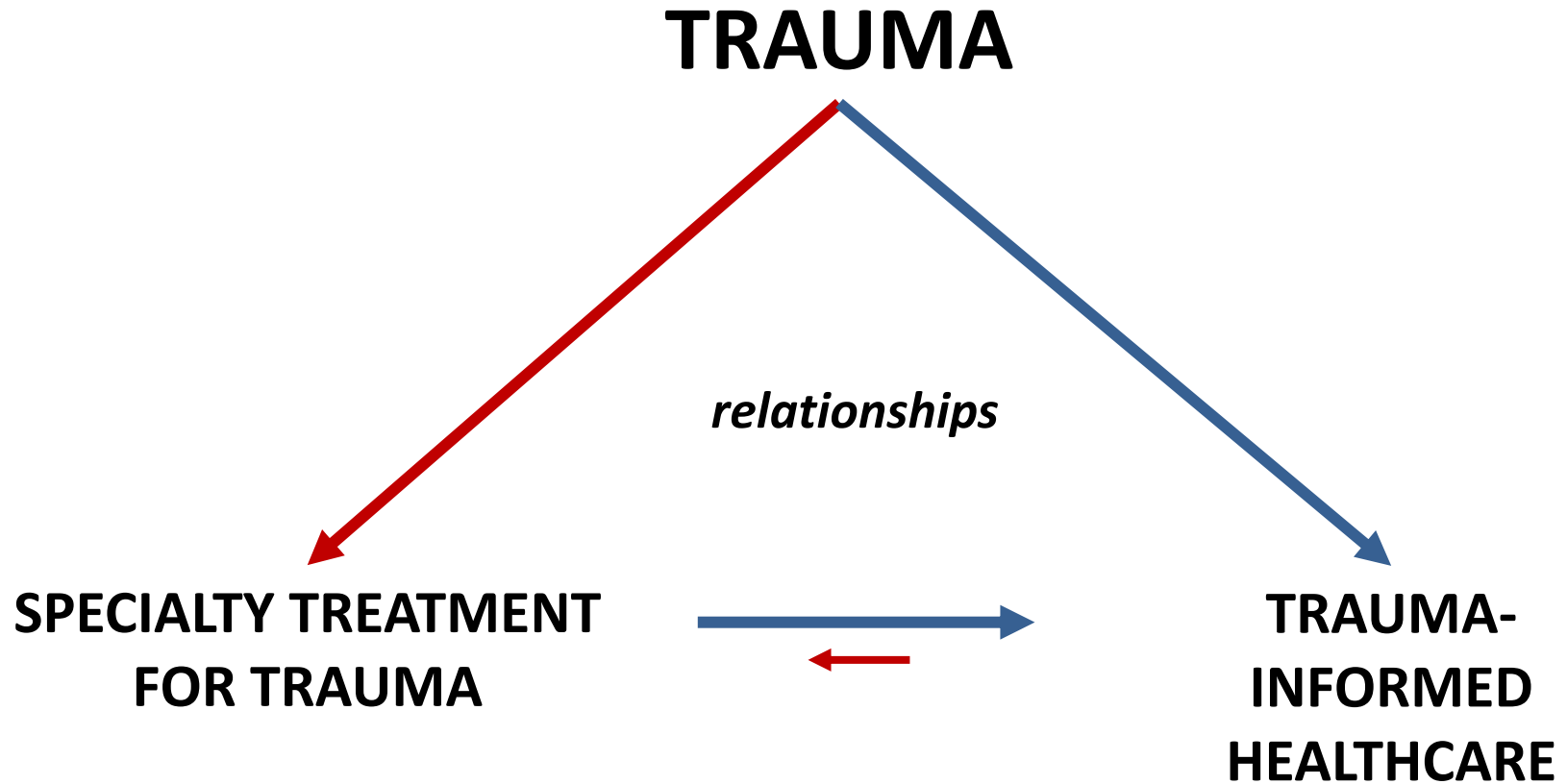
Treatment group	PTSD diagnosis (%)	CPTSD diagnosis (%)
Adult survivors of childhood institutional abuse	17	38.4
Syrian refugees	42	58
Yazidi genocide survivors (women captives of ISIS)	21.3	50.9
British adult mental health outpatients	15.5	50.3
Treatment-seeking veterans	19.4	80.6
Patients presenting for treatment of other psychiatric disorders (n = 1,305)	2.68	12.72

Knefel & Lueger-Schuster, 2013
 Karatzias et al 2016
 Hyland et al 2018
 Grossman et al 2019
 Simon et al 2019
 Leticia-Crepulja et al 2020
 Møller et al 2020, 2021
 Murphy et al 2021
 Lewis et al 2022

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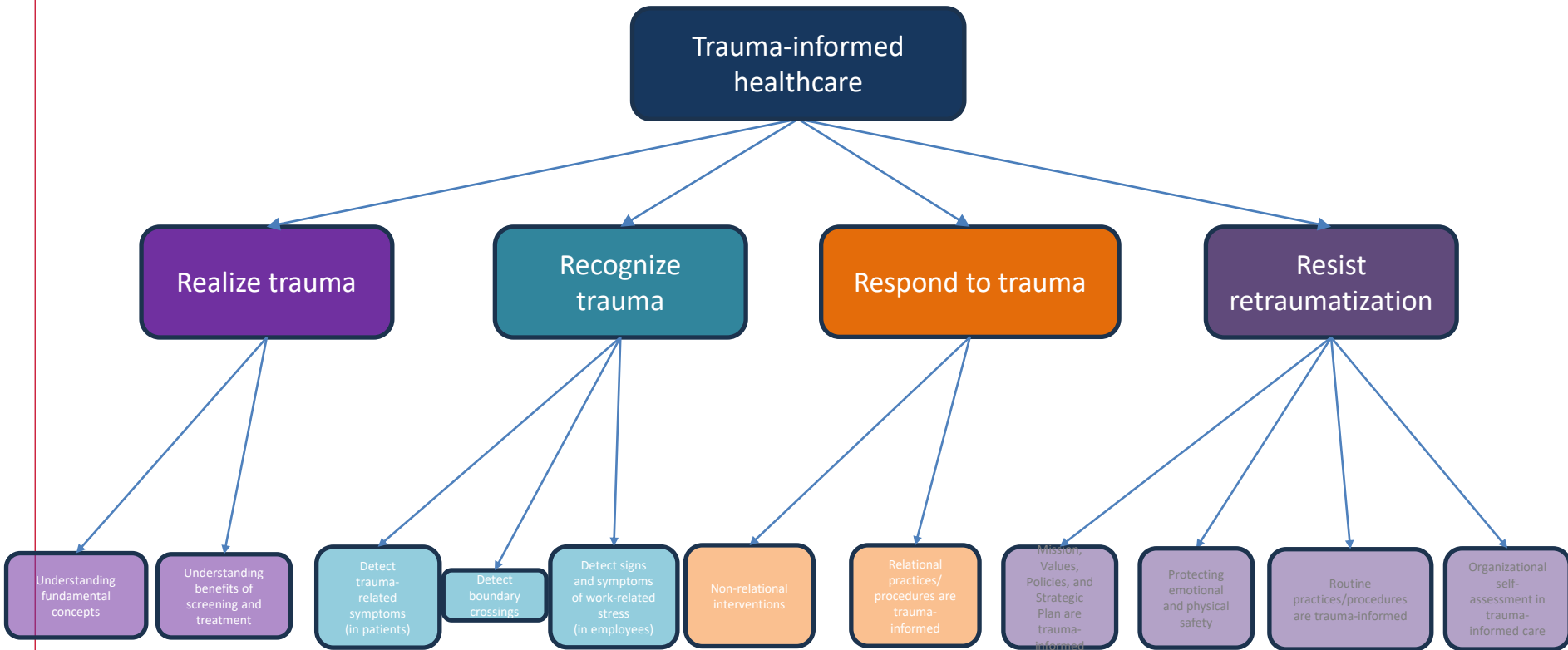
BOOTCAMP



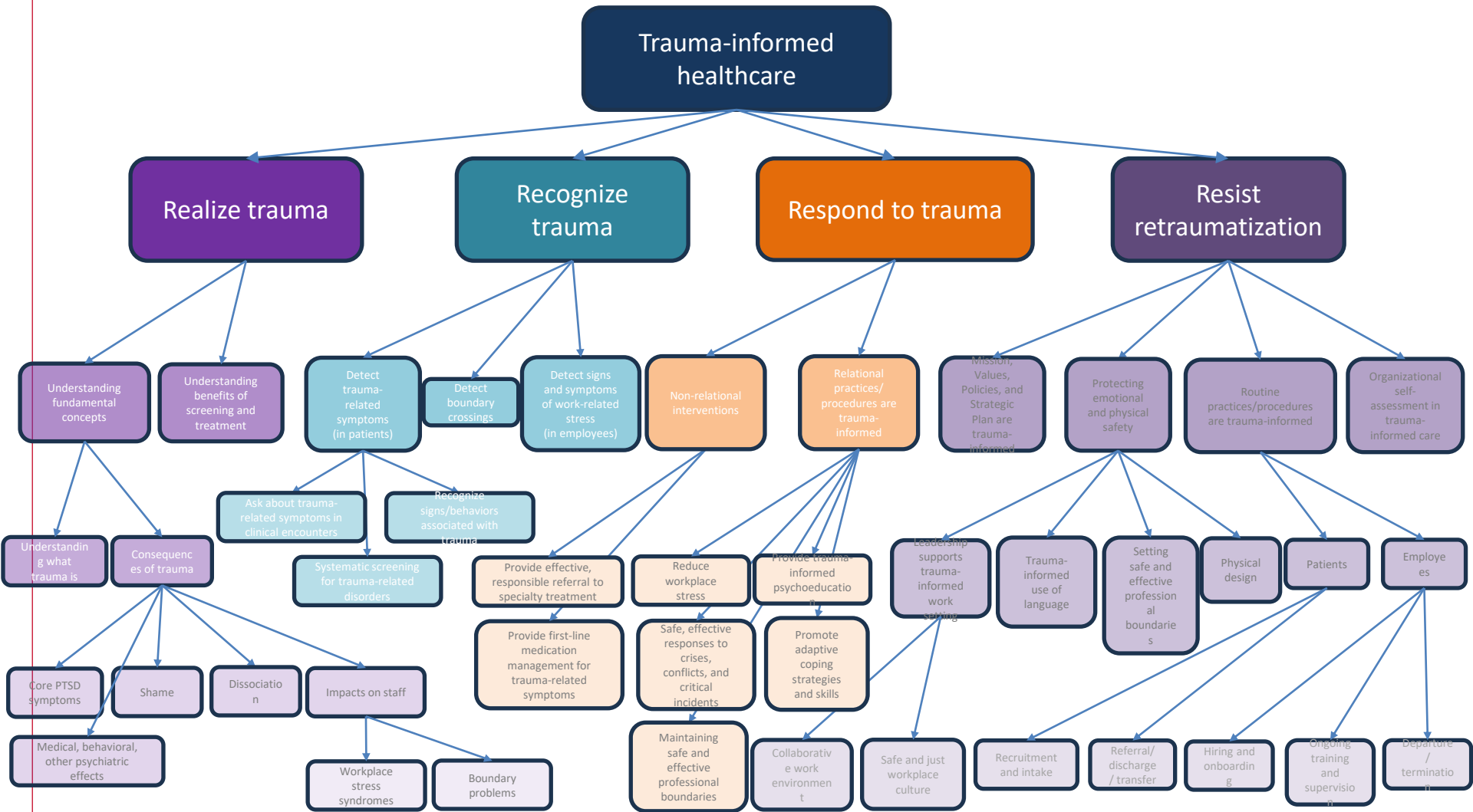
Conceptualizing trauma-informed healthcare

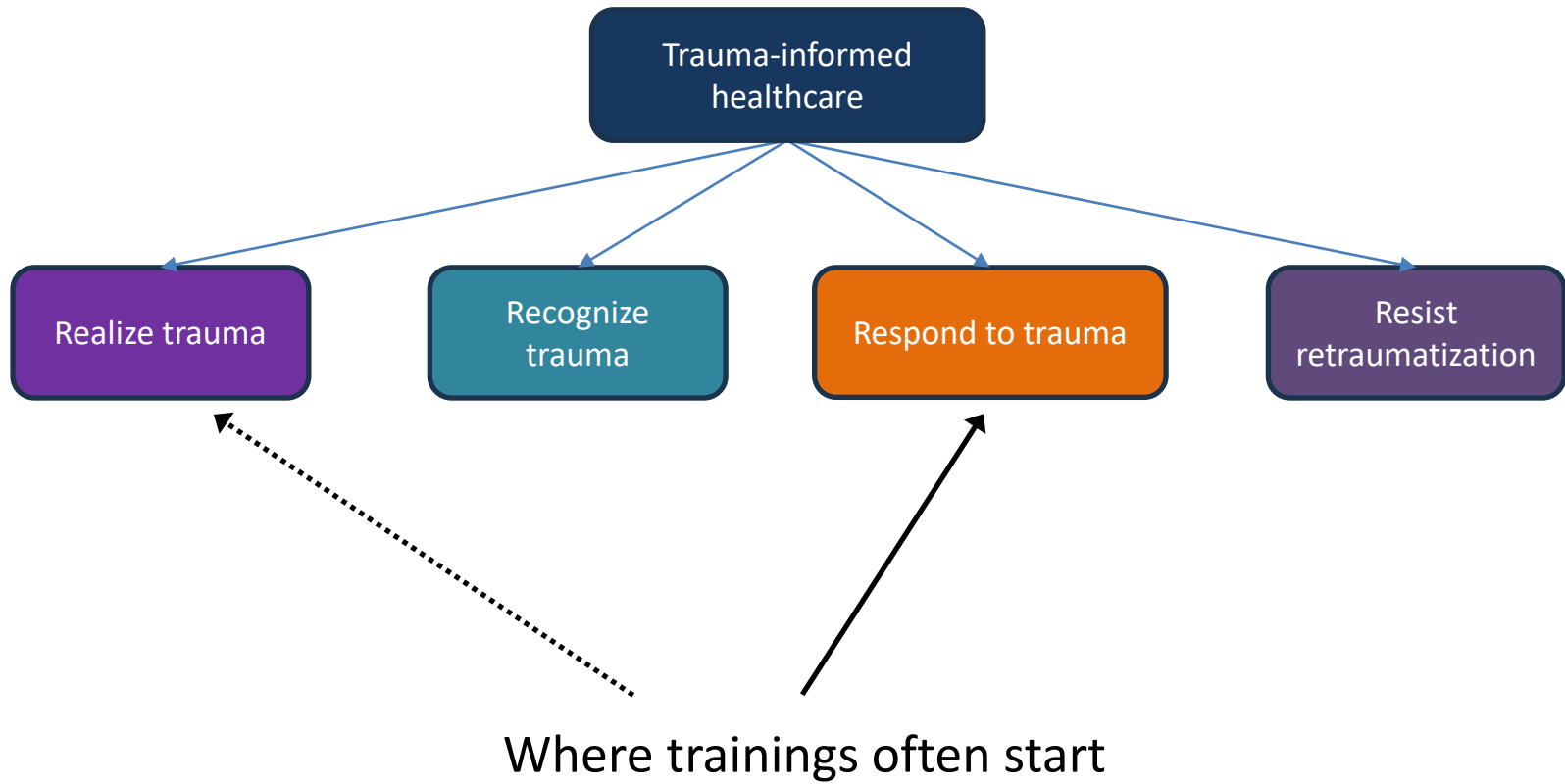
“Trauma Informed (Health)Care is an **overarching structure** and treatment attitude that emphasizes understanding, compassion, and responding to the effects of all types of trauma.

Trauma Informed Care also looks at physical, psychological, and emotional safety for **both clients and providers**, and provides tools to empower folks on the pathway to stability.”



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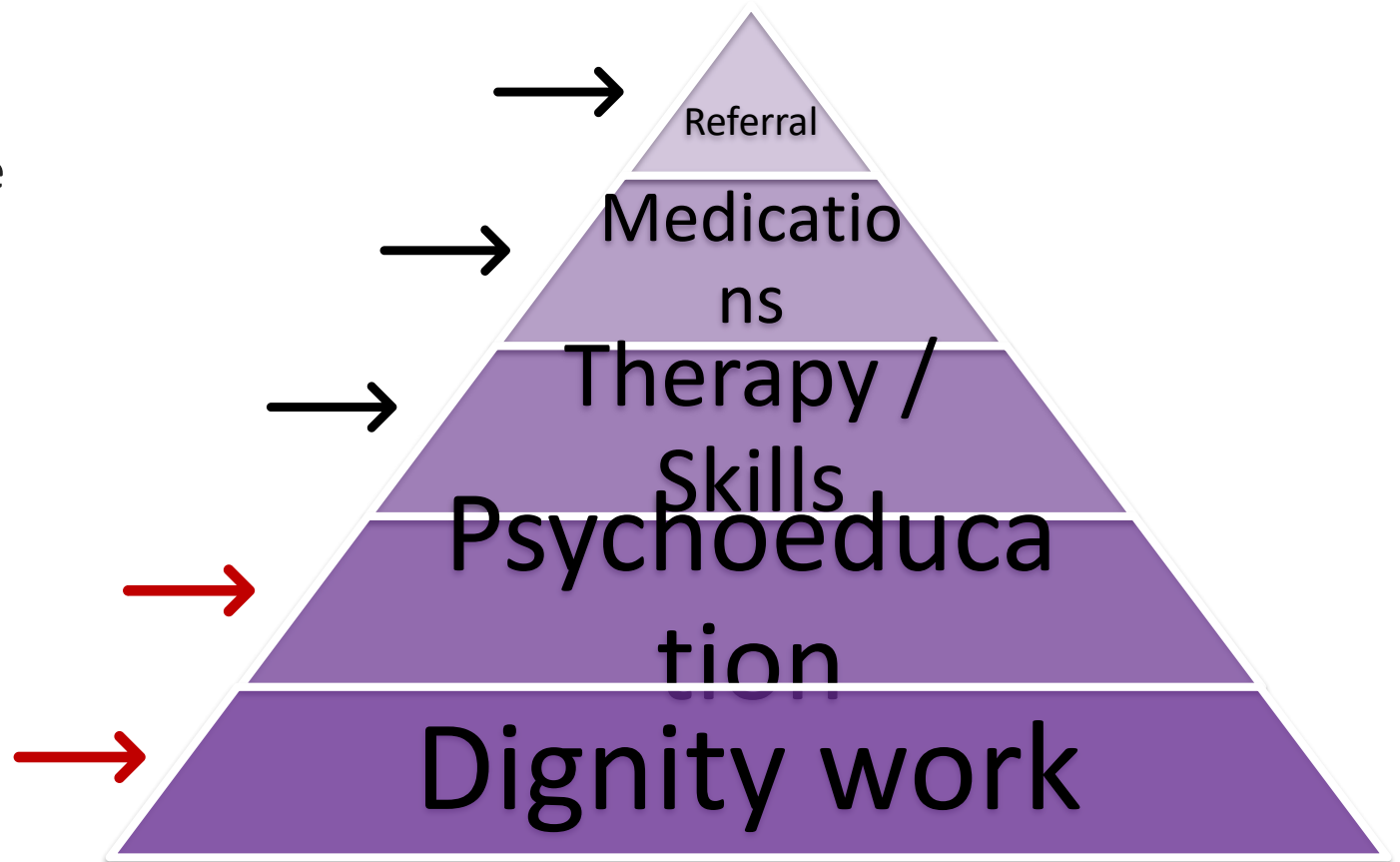




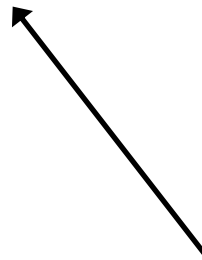
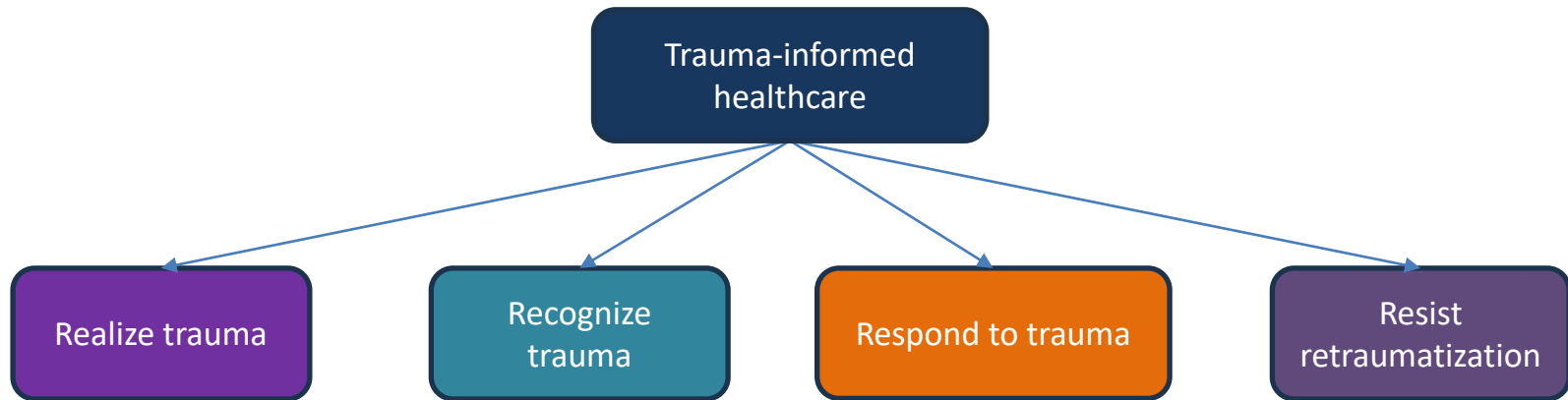
Trauma-informed healthcare: Therapeutic Responses to Trauma

most evidence
describes

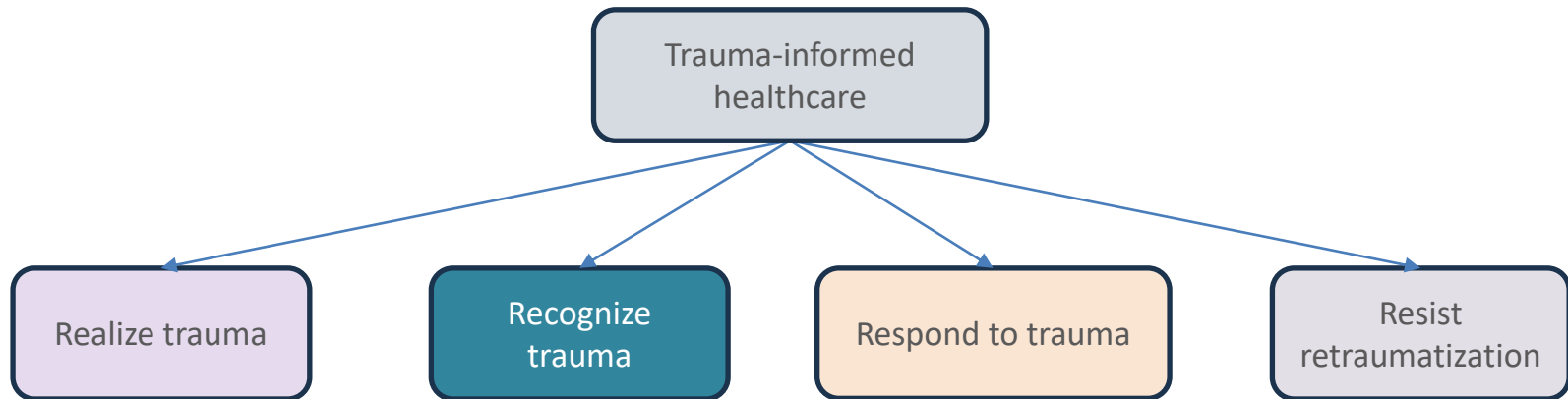
Research
challenge!!!



POC	PTSD Point Prevalence (%)	Chart Diagnosis Rate of PTSD (%)
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The way "in" ???



Tool

Trauma history

Brief symptom screen

Moderate length symptom screen

Clinical interview

Structured clinical interview

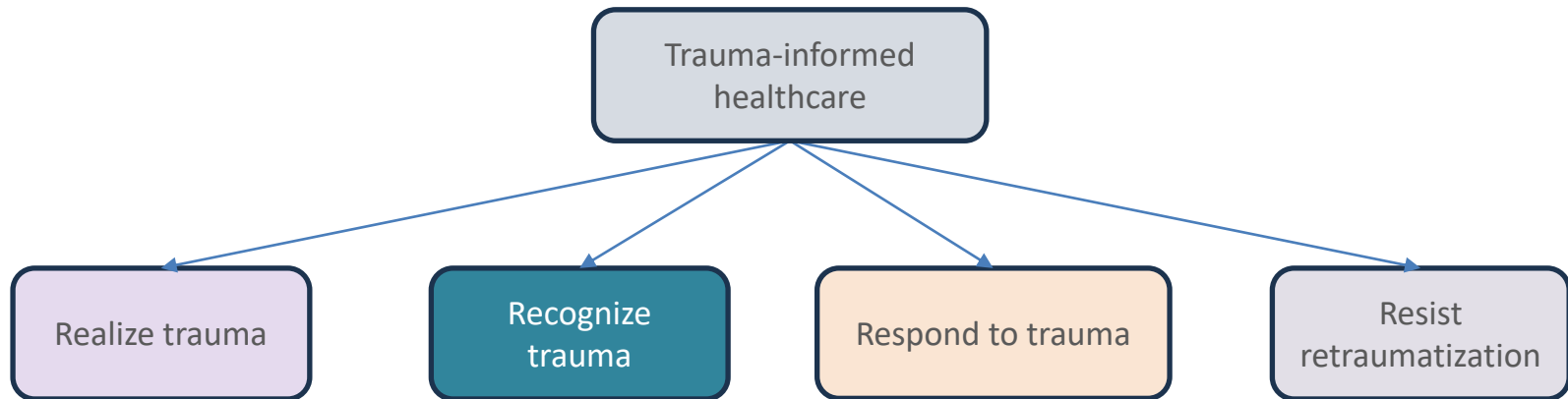
Example

LEC-5, THQ, ACE-q*

PC-PTSD-5, SPRINT, DSS-b

PCL, PDS, THQ, DES-II, DSS, MDI

CAPS-5, SCID-D



Tool

Trauma history

Brief symptom screen

Moderate length symptom screen

Clinical interview

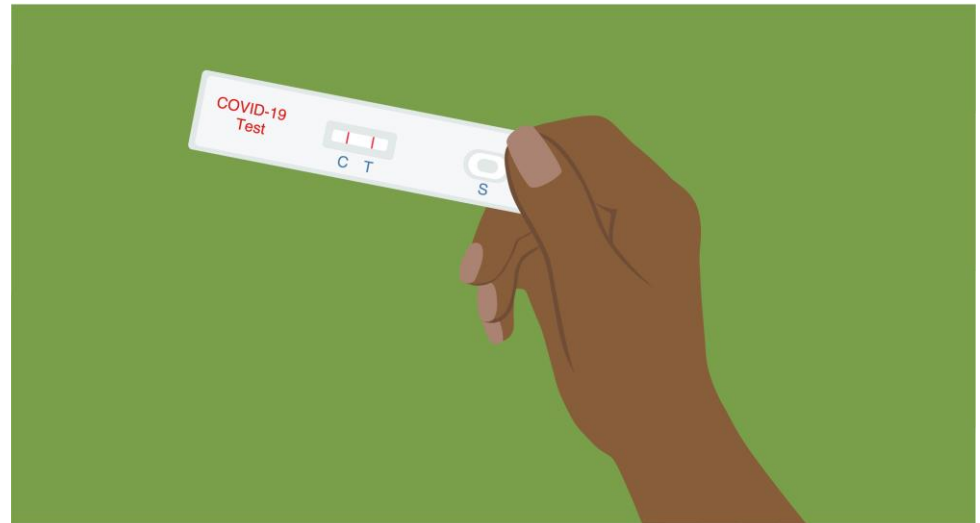
Structured clinical interview

Pros & Cons for each

**What about recognizing
workplace stress?**

PC-PTSD-5

- Simple questions
- Accuracy
- Fast



Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

YES

NO

If no, screen total = 0. Please stop here.

If yes, please answer the questions below.



In the past month, have you...

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?
YES NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
YES NO
3. been constantly on guard, watchful, or easily startled?
YES NO
4. felt numb or detached from people, activities, or your surroundings?
YES NO
5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?
YES NO



Is screening for “complex” trauma symptoms worthwhile?

DSS-B

Donna F

46F, AA

PPHX

MEDICAL HISTORY

SUICIDE ATTEMPTS

SOCIAL HISTORY

PSYCHIATRIC ROS

ON EXAM

CC: Depressed, vague suicidal thoughts, abusive partner

Schizoaffective disorder, bipolar disorder, cocaine use disorder, opioid use disorder, sedative/hypnotic use disorder

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cutting, overdoses

GED, unemployed, housing insecurity

Depressed and hearing voices since middle school. “Manic” episodes lasting 1-2 days while sober. Somatoform and olfactory flashbacks

Constricted affect, goal-directed, experiencing AH and PTSD intrusions but not outwardly reacting

Contributions

Realize trauma

Recognize
trauma

Respond to trauma

Resist
retraumatization



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