Trauma-Informed Care and the Role of Adverse Childhood Events in Predisposing to SUDs

How Adverse Childhood Experiences Can Help us Understand People with Substance Use Disorders.

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Disclosures

Eric Arzubi has no information to disclose
Learning Objectives

• Following this presentation, you should be able to answer the following questions:
  • What is the ACE Study?
  • How are adverse childhood experiences (ACEs) related to later substance use?
  • How does understanding the link between ACEs and substance use disorders inform treatment?
What is the ACE Study?

• What prompted the Study?
  • Observations in mid-1980’s at Kaiser Permanente’s Department of Preventive Medicine
  • Patients who successfully lost weight in the Weight Program were the ones most likely to drop out
  • Is a “personal solution” the cause of a public health problem?
What is the ACE Study?

• What did the Study examine?
  • Relationship between exposure to 10 different ACEs and physical/mental health status as an adult

• What did the Study find?
  • A direct, dose-dependent relationship between the number of ACEs (the ACE score) and negative physical/mental health outcomes
What is the ACEs Study?

ACES can have lasting effects on....

- Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)
- Behaviors (smoking, alcoholism, drug use)
- Life Potential (graduation rates, academic achievement, lost time from work)

ACES have been found to have a graded dose-response relationship with 40+ outcomes to date.

*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.*
What is the ACE Study?

• Which ACEs were included in the Study?
  • 3 forms of abuse
    • Sexual
    • Emotional
    • Physical
  • 2 forms of neglect
    • Emotional
    • Physical
What is the ACE Study?

• Which ACEs were included in the Study?
  • 5 forms of family challenges
    • Battered mother
    • Parental separation or divorce
    • Mental illness in household
    • Household substance use
    • Incarcerated household member
What is the ACE Study?

• 2 survey waves were conducted
  • Wave I (n = 9508) from Aug 1995 to Mar 1996
  • Wave II (n = 8667) from Jun 1997 and Oct 1997
• Wave II involved a more thorough analysis of the link between ACEs and substance use disorder
Prevalence of ACEs by Category for CDC-Kaiser ACE Study Participants, Waves 1 and 2.

**TYPES of ACES**

The ACE study looked at three categories of adverse experience: childhood abuse, which included emotional, physical, and sexual abuse; neglect, including both physical and emotional neglect; and household challenges, which included growing up in a household where there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an ACE score between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.

**ABUSE**
- Emotional: 11%
- Physical: 28%
- Sexual: 21%

**HOUSEHOLD CHALLENGES**
- Mother treated violently: 13%
- Substance abuse: 27%
- Mental illness: 19%
- Separation/divorce: 23%
- Incarcerated household member: 5%

**NEGLECT**
- Emotional: 15%
- Physical: 10%

Note: Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.
What is the ACEs Study?

How Common are ACES?

- Zero: 36%
- One: 26%
- Two: 16%
- Three: 9.5%
- Four or More: 12.5%

1 in 8 people!
What is the ACEs Study?

http://mentalhealthcoalitionvv.org/adverse-childhood-experiences-study-aces/
ACEs and Substance Use Disorders (SUDs)

• Data based on wave II of the Study:
  • 4665 (54%) women and 3948 (46%) men
  • Mean age was 55yrs (+/- 15.5) for women and 57yrs (+/- 14.5) for men
  • 73% of women and 75% of men were white;
  • 32% of women and 42% of men were college graduates
  • 8% of women and 7% of men had not graduated from high school
ACEs and SUDs

• Key concepts:
  • Lifetime use = “Have you ever used street drugs?”
  • Drug problem = “Have you ever had a problem with street drugs?”
  • Addicted = “Have you ever considered yourself addicted to street drugs?”
  • Parenteral use = “Have you ever injected street drugs?”
ACEs and SUDs

• Mean age at initiation was 19.7 yrs (+/- 6.7; 7-54 yrs)
  • Early adolescence = 14 yrs
  • Mid-adolescence = 15 to 18 yrs
  • Adulthood = 19 yrs and older
ACEs and SUDs

- ACEs travel in clusters:
  - If exposed to 1 ACE, then median probability of exposure to second ACE was 86.5%
  - Median probability of exposure to 2 additional ACEs was 69.5%
ACEs and SUDs

- Each of the 10 ACEs increased...
  - By 2x to 4x the likelihood of early drug initiation (14yrs or younger)
  - The likelihood of drug initiation during mid-adolescence and adulthood
  - The likelihood of lifetime use
ACEs and SUDs

• A higher ACE score reflected an increased risk of initiating illicit drug use during early adolescence, mid-adolescence, and adulthood in a strong, graded manner
• Initiation during early adolescence had the strongest graded relationship with the ACE score
• This was statistically significant for ACE scores of 2 and above
ACEs and SUDs

• For every increase in the number of ACEs, the likelihood of initiation of illicit drug use increases by...
  • 40% during early adolescence
  • 10% during mid-adolescence
  • 10% during adulthood
  • 30% at any age (lifetime)
ACEs and SUDs

- ACE score increased the likelihood, in a dose-response manner, of...
  - Ever having drug problems
  - Ever being dependent on drugs
  - Parenteral drug use

- As the ACE score increased, there was a 30% to 40% increase in risk for each of the three illicit drug problems listed above
ACEs and SUDs

• What proportion of a population, if exposed to at least 1 ACE, will develop each of the following problems due to that exposure? (ie. the attributable risk fraction, or ARF)?
  • Ever having a drug problem = 56%
  • Ever being dependent on illicit drugs = 63%
  • Ever using parenteral drugs = 64%
Trauma-Informed Treatment

• Reconsider the cause of addiction/drug dependency;
  • Unrecognized ACEs are likely the major determinant of who becomes addicted to psychoactive substances
  • Individuals may be seeking, unconsciously, chemical relief from the ongoing effects of old trauma
• ACEs travel in clusters, revealing a complex failure of family and community systems
Trauma-Informed Treatment

• A deep understanding of the impact of ACEs can improve our ability use motivational interviewing (MI):
  • Express empathy: first principle of MI
  • Person-centered care: key tenet of MI
Trauma-Informed Treatment

• According to SAMHSA, trauma-informed programs, organizations, or systems:
  • **Realize** the widespread impact of trauma and understand potential paths for recovery
  • **Recognize** signs and symptoms of trauma in patients, families, staff, and other stakeholders
  • **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices
  • Seek to actively resist **re-traumatization**
Trauma-Informed Treatment

• SAMHSA recommends that trauma-specific interventions recognize...
  • The survivor’s need to be respected, informed, connected, and hopeful regarding their own recovery
  • The interrelation between trauma and symptoms of trauma, including substance use, eating disorders, depression, and anxiety
  • The need to work in a collaborative way with survivors, family and friends of survivors, other human services agencies to empower survivors and patients
Trauma-Informed Treatment

- Example of a trauma-informed treatment: Seeking Safety
  - A highly flexible, evidence-based treatment that was developed in 1992 via funding from the National Institute on Drug Abuse (NIDA)
  - Addresses both trauma and addiction in group or individual therapy settings
  - Implemented across many different vulnerable populations, including homeless, criminal justice, domestic violence, severely mentally ill, veterans
Trauma-Informed Treatment

• Seeking Safety: key principles
  • Help patients attain safety in relationships, thinking, behaviors, and emotions
  • Integrated treatment to work on both trauma and substance use at the same time
  • Focusing on ideals in an effort to counteract the loss of ideals in both trauma and substance use
  • Four content areas, including cognitive, behavioral, interpersonal, and case management
  • Attention to clinician processes, including emotional responses, self-care, etc
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References


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