Addiction and PTSD

In my over 25 years working in the field of psychiatry as both a psychiatric nurse and an addiction psychiatrist I have seen hundreds if not thousands of men and women struggling with addictions and PTSD. Some surveys have estimated that as many as ½ the people seeking treatment for substance abuse also have PTSD.(Brady Current Dir Psych Sci 2004. They present a unique challenge for care providers. Which disorder should be treated first? Should the patient "relive' the trauma in therapy? What works for patients? Maybe they shouldn't stop using substances or engaging in their addictive behavior if that is the only thing that helps them.

Why do people keep on using substances when everyone, including the patient can see the addiction is destroying their life? Many theories have been postulated, in my opinion, the answer is simple. Drugs and alcohol work! They erase memories, calm the internal storms, allow one to sleep, bolster self-confidence and self-esteem. Many find normal interactions with others impossible with them. Not only do they work, but the results are quick and easy. Improvement is seen almost immediately, and all that has to be done is to get the chemical of choice into the body.

The cure is short-lived. Soon the effects wear off and the person is usually worse off. The PTSD is still there and often worse. The temporary mood-elevating effects experienced have a payback. The neurotransmitters that are in part responsible for experiencing pleasure such as dopamine have been depleted, and restlessness, irritability and discontent return. The social consequences of substance use are numerous. Lost friends, lost jobs, lost physical health, lost finances to name a few. The belief that one can overcome their emotional pain through perseverance and hard work is gone. Life is overwhelming, what can possibly help? The answer is obvious, a return to the substances and the cycle continues.

No easy answers exist for these questions. In fact, for many, despite many attempts at treatment, their addictions and PTSD symptoms continue. In my experience working with this population, some common factors arise in those successful in overcoming their addictions.

All PTSD is not the same. There are those with the 'classical' onset and symptoms of PTSD. The person who has had a single traumatic episode such as an assault, motor vehicle accident or housefire and tries to erase the memories of the incident through use of drugs and alchol usually has a better prognosis than those who have suffered from ongoing repeated stressors such as soldiers in a combat zone. Those with a single episode of trauma generally have their personality intact. The chronic stress seems to eat away at the positive aspects of one's personality that are needed to overcome the use of substances. Those with chronic stressors often lose the hope, faith and courage that is needed to for therapy and recovery.

A special population of PTSD and substance use are those who have suffered ongoing child abuse. These may be the most difficult to help. The basic elements of trust in others

and the belief in one's own abilities are established early in life. The abused child learns to see the world as as cruel and evil, and that others exist only to cause them pain. Establishing a 'positive working relationship' in treatment is close to impossible. Substance use often starts very early in life for this population. Important developmental milestones are never reached as time is spent using drugs and alcohol. There is some evidence that the natural maturing of the brain that continues to occur throughout the teenage years is stunted with early use of substances. Without this natural maturing, adult decision making is impossible.
Successful treatment for those with addictions and childhood trauma is a journey that will take years. Accepting this, and realizing that it will often be 'two steps forward, one step back' is of critical importance. Expecting that the latest antidepressant and a few words of comfort from a counsellor will have long-lasting effects will lead to disappointment and failure.

I have found that patients that become actively involved in 12 step groups initially and establish stable sobriety before undergoing intensive therapy for their childhood experiences have the best prognosis. While one is beginning to establish sobriety, therapy is best limited to general principles such as accepting that you were not responsible for the trauma and abuse of your childhood, that you are a valuable, worthwhile person, and learning "grounding techniques ' when feeling overwhelmed with emotions and memories of the abuse.

12 step groups provide supports that are not easily found elsewhere. Availability is unmatched by any organization I am aware of. Meeting can be found 7days a week, several times a day in all major cities. Even smaller communities have readily available meetings. The atmosphere is friendly and supportive. As with any other organization, if you look for negative influences you can find them but the positive far outweighs the negative.

12 step groups provide the initial structure to help attain sobriety. Fellow members have been through those difficult early days and instinctively know when gentle support is needed and when a firm 'reality check' is called for. Members have practical simple suggestions to help stay clean and sober when your mind and body are crying out for one more high.

As a member progresses through AA, not only do they establish their sobriety, but a maturing of the personality begins to occur. Issues of spirituality are reflected upon. For many this is a sticking point, many proclaim they are atheists/agnostics and don't want…'religion crammed down my throat'. However, the most important part about spirituality is not that the member believe in …"God as we understood him", but to realize that they are not God and the world does not revolve around them.
The 12 steps encourage one to accept that they are human and like all humans have flaws, but this does not make them worthless or hopeless. The Steps encourage working with others, taking responsibility for behaviour and develop a sense of self-worth accompanied by a dose of humility. Members learn to accept constructive feedback and are able to put temporary set-backs in perspective.

With abstinence firmly established and the personality strengthened, the member is ready to fully benefit from more intensive self-exploration.

There are many misconceptions about AA and its interaction with psychiatry. One common misconception is that AA frowns upon the use of any psychotropic medications. While individual members have their opinions regarding medications, AA accepts that this is a matter between the member and their doctor. In my own experience, many that think they require medication for anxiety and depression when they first seek out treatment find they do quite well without it after a month of sobriety. In fact, early prescription of medication seems to lead some to believe there is an easy path to happiness and sobriety, and to avoid the hard work that is needed to achieve both. While there are always exceptions (especially when people suffer from psychosis or mania), as a general rule, psychiatric medications other than those needed for withdrawal should be avoided for the first month of sobriety.

One other common misconception is that psychiatrists do not believe in the principles of AA and will dissuade the member from attending. Again, this is far from the truth. Most psychiatrists realize the valuable support that AA provides and will encourage their patient to attend. Bill Wilson, co-founder of AA, wrote that regular attendance helps the member develop the self-awareness and inner strength to fully benefit from psychotherapy. In my own experience, I have found that members with at least a year of sobriety and regular attendance are able to handle reliving childhood memories, or receiving constructive feedback and criticism without lashing out in anger, stopping therapy, or relapsing.

In closing, those who have suffered from childhood abuse and turned to addictions to ease their inner pain have pathways open that can lead to recovery. The road may be long, the journey a challenge, but the rewards are immeasurable. Twelve step groups and psychiatry can work together with those who suffer from these all too common disorders.

Author: Dr. James Simm, who wrote this piece as for Roland Vandal's book "Off the Ropes". Dr. Simm has full permission to distribute this piece at this workshop.