



BUILDING RESILIENCY AFTER TRAUMA

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A Newsletter from the Texas Mental Health Transformation Initiative

Hurting Makes Me Drink and Drug – Drinking and Drugging Gets Me Hurt

The overlap between traumatic stress and substance abuse is clear. Studies show that 59% of youth with PTSD will develop substance use disorders, while up to 70% of youth being treated for substance abuse have been exposed to one or more traumatic experiences. Yet, service systems focused on substance abuse and mental health problems have typically been divided, leading to few adolescents with both traumatic stress and substance abuse problems receiving an appropriate blend of treatment. Youth whose PTSD is not addressed do poorly in substance abuse treatment and treatment for PTSD can exacerbate substance use if not adequately addressed.

It is likely that the relationship between substance abuse and traumatic stress arises for many different reasons. For example, substance abuse may help a youth lessen the negative feelings associated with traumatic events and hyperarousal symptoms. Similarly, misuse of substances may place a youth in dangerous environments where the risk of traumatic experiences is high. Youth who are abusing substances may also have more difficulty coping with a traumatic experience, leading to reduced resiliency. To maximize treatment success, behavioral health providers should provide a comprehensive and integrated treatment approach, which addresses the relationship between traumatic stress and substance abuse. Therapists must recognize the signs and symptoms of posttraumatic stress, substance abuse, and their relationship with one another when developing an individualized treatment program.

Researchers have proposed the following recommendations for youth with co-occurring traumatic stress and substance abuse problems:

- Include assessments of both substance abuse problems and traumatic stress
- Provide youth and families with more intense treatment options to address the magnitude of difficulties often experienced by this population
- Start relapse prevention efforts targeting both substance and trauma-related cues early in treatment (e.g., problem solving, drug refusal, safety skills and desensitization to trauma reminders)
- Focus on stress management skills such as relaxation and positive self-talk
- Help clients develop emotional regulation skills such as the identification, expression, and modulation of negative affect
- Incorporate cognitive restructuring techniques such as recognizing, challenging, and correcting negative cognitions
- Provide social skills training and consider referral to adolescent self-help groups as needed
- Encourage parental involvement in treatment with the goal of increasing parenting skills, communication, and conflict resolution

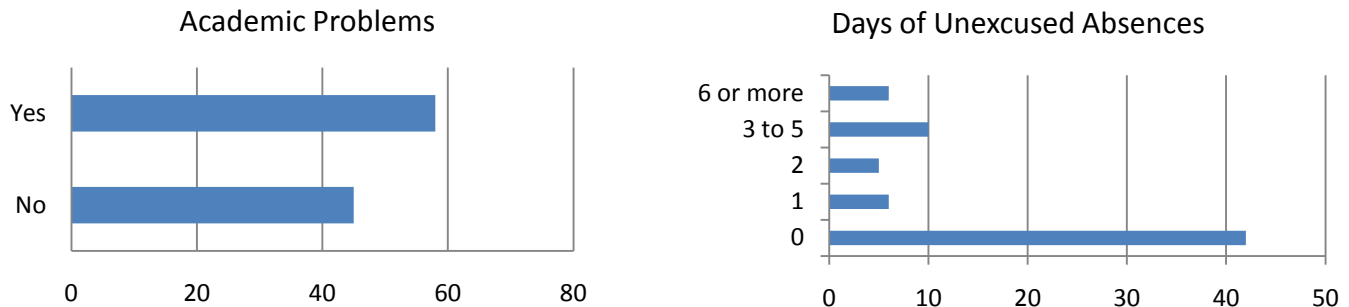
[Understanding the Links Between Adolescent Trauma and Substance Abuse: A Toolkit for Providers](#) is available from NCTSN.



EYE ON EVALUATION

(This section will provide information about the project's evaluation. Data will change throughout the program, and findings to date should be considered tentative.)

School functioning is an important outcome for youth. In the BRAT study, parents report 56% of youth had an academic or behavioral problem in school at entry into the study. Thirty-nine percent had one or more unexcused absences from school in the 30 days prior to study entry.



CLINICAL CORNER

(Adapted from Badeau, S., Rajae-Moore, L., & Conradi, L. (April 2010). *Engaging Family and Youth in Trauma Focused Treatment*. Retrieved April 21, 2010 from <http://learn.nctsn.org/file.php/40/pdfs/slides/Badeau%2C%20Rajae-Moore%2C%20Conradi%20slides.pdf>.)

Spotlight on Engaging Youth: A recent presentation hosted by NCTSN cited some lessons youth wanted therapists to know. A subset of these comments are listed below:

- “Make your office youth friendly. If we don’t feel comfortable in your office, we may never come back.”
- “Don’t keep secrets! Tell us why we’re seeing you. It helps if you read the file to us, that way we’re not paranoid about what you’re saying about us.”
- “Value our voice over our parents because sometimes we don’t always tell our parents everything and sometimes our parents don’t understand what we’re going through.”
- “Give us a choice about who we share the trauma narrative with because it may not be our immediate caregiver or a family member. It may be someone else first who can then give us support when we share it with our parent/caregiver.”
- “Prepare us for the ride home with our parents after reading the trauma narrative. Sometimes that’s the hardest part!”
- “Help our families understand that it’s not their fault (especially the non-offending caregiver). Sometimes we don’t want to talk with them about what happened because they are blaming themselves.”

UPCOMING EVENTS

- **Hispanic Stigmas Toward Trauma Treatment and Engagement Recommendations in TF-CBT**
Wednesday May 19, 2010 at 12:00 pm
Register online at <http://learn.nctsn.org>

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