

# Trauma and "Addiction" in Indian Country

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Danica Love Brown, PhD, MSW, CACIII

Choctaw Nation of Oklahoma

# Objectives



Overview of  
trauma



Overview of  
addiction



Harm  
reduction



Questions



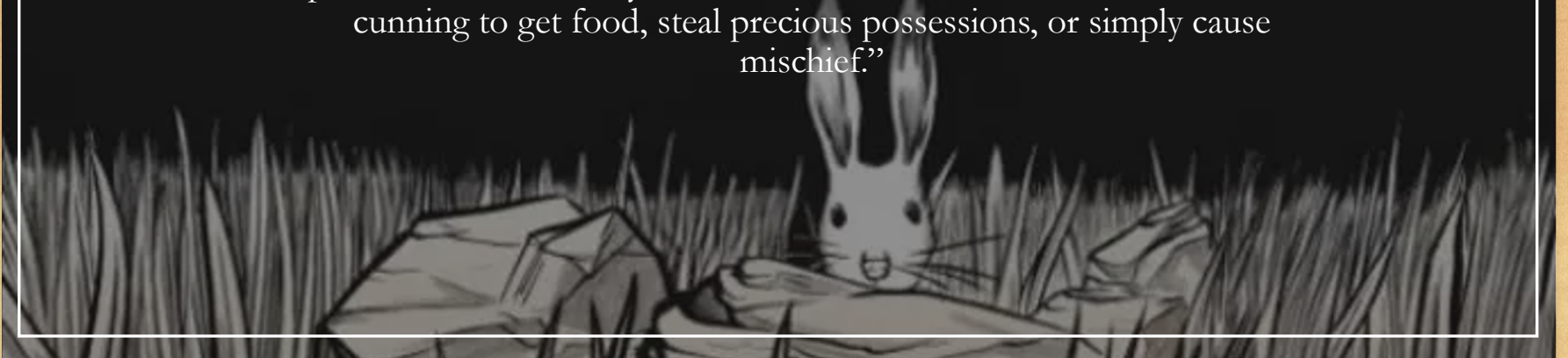
# TRICKSTER

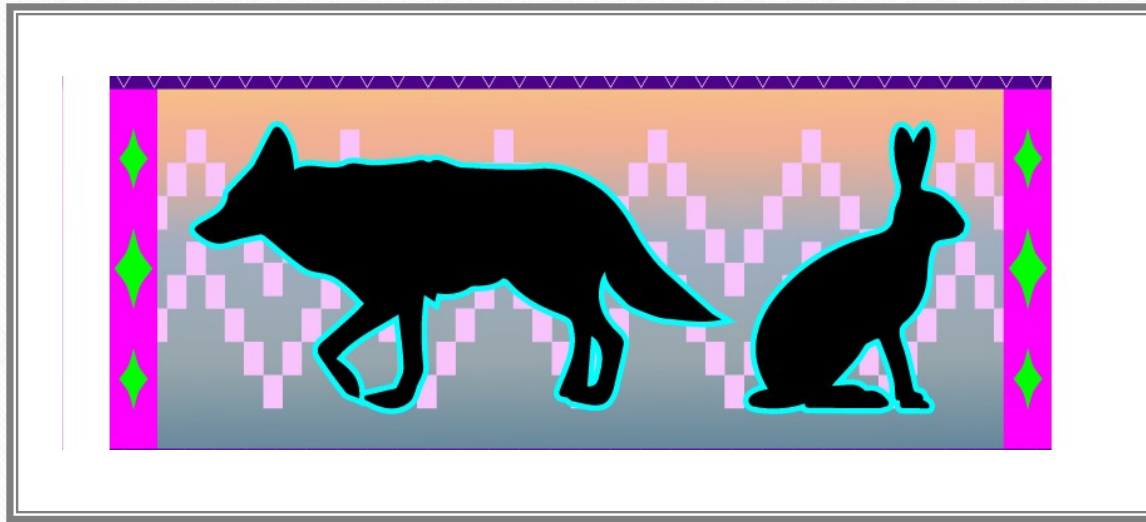
NATIVE AMERICAN TALES

A GRAPHIC COLLECTION

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“Meet the Trickster, a crafty creature or being who disrupts the order of things, often humiliating others and sometimes himself in the process. Whether a coyote or a rabbit, raccoon or raven, tricksters use cunning to get food, steal precious possessions, or simply cause mischief.”





# Trickster Spirits and the Opioid Response

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# What is trauma?

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- Is an extraordinary psychological experience caused by threats to life and body or personal encounters with violence or death
- Disasters: natural
- Atrocities: human



# Types of trauma

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- Acute trauma
- Repetitive trauma
- Complex trauma
- Developmental trauma
- Vicarious trauma
- Cultural, Historical and/or Intergenerational trauma



# Historical Trauma

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Historical trauma - Cumulative emotional and psychological wounding from massive group trauma across generations, including lifespan.

(Brave Heart, 2004)





## Epigenetic transfer of the trauma

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- “The memories of our ancestors are passed down on our blood”
  - Little Joe Gomez





مریم حسنا

@Maryamhasnaa



Many of your emotional triggers came from when you were so young that the part of your brain that records memories wasn't even formed. This is why you might not be able to access the memory of the trauma. But the body remembers, in your muscles, tissue, bones and especially spine



informedtrauma

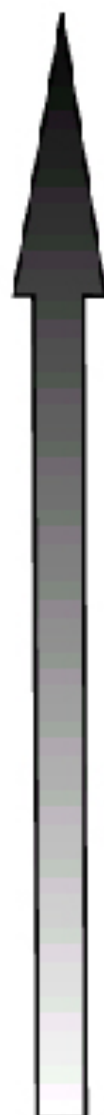
# ACES Study

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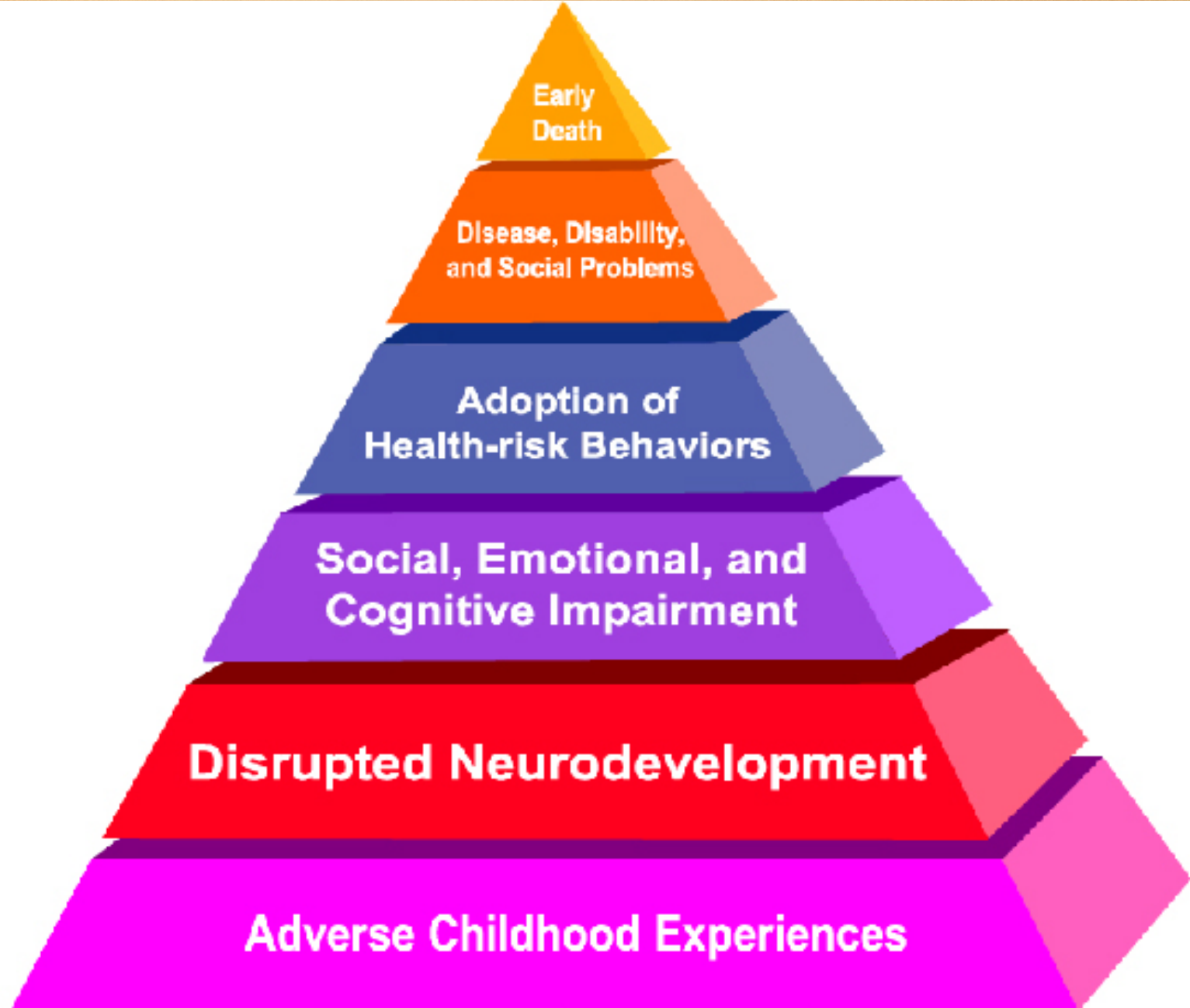
The Division of Violence Prevention at the Centers for Disease Control and Prevention (CDC), in partnership with Kaiser Permanente, conducted a landmark ACE study from 1995 to 1997 with more than 17,000 participants.

- 28% of study participants reported physical abuse and 21% reported sexual abuse
- Almost 40% of the Kaiser sample reported two or more ACEs and 12.5% experienced four or more

**Death**



**Conception**



**Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan**



Adverse Childhood Experience* ACE Categories (Birth to 18)	Impact of Trauma and Health Risk Behaviors to Ease the Pain	Long-Term Consequences of Unaddressed Trauma (ACEs)
<p><b>Abuse of Child</b></p> <ul style="list-style-type: none"> <li>● Emotional abuse</li> <li>● Physical abuse</li> <li>● Contact Sexual abuse</li> </ul> <p><b>Trauma in Child's Household Environment</b></p> <ul style="list-style-type: none"> <li>● Alcohol and/or Drug User</li> <li>● Chronically depressed, emotionally disturbed or suicidal household member</li> <li>● Mother treated violently</li> <li>● Imprisoned household member</li> <li>● Not raised by both biological parents</li> </ul> <p>(Loss of parent – best by death unless suicide, - Worst by abandonment)</p> <p><b>Neglect of Child</b></p> <ul style="list-style-type: none"> <li>● Physical neglect</li> <li>● Emotional neglect</li> </ul> <p>* Above types of ACEs are the “heavy end” of abuse. *1 type = ACE score of 1</p>	<p><b>Neurobiologic Effects of Trauma</b></p> <ul style="list-style-type: none"> <li>● Disrupted neuro-development</li> <li>● Difficulty controlling anger-rage</li> <li>● Hallucinations</li> <li>● Depression - other MH Disorders</li> <li>● Panic reactions</li> <li>● Anxiety</li> <li>● Multiple (6+) somatic problems</li> <li>● Sleep problems</li> <li>● Impaired memory</li> <li>● Flashbacks</li> <li>● Dissociation</li> </ul> <p><b>Health Risk Behaviors</b></p> <ul style="list-style-type: none"> <li>● Smoking</li> <li>● Severe obesity</li> <li>● Physical inactivity</li> <li>● Suicide attempts</li> <li>● Alcoholism</li> <li>● Drug abuse</li> <li>● 50+ sex partners</li> <li>● Repetition of original trauma</li> <li>● Self Injury</li> <li>● Eating disorders</li> <li>● Perpetrate interpersonal violence</li> </ul>	<p><b>Disease and Disability</b></p> <ul style="list-style-type: none"> <li>● Ischemic heart disease</li> <li>● Cancer</li> <li>● Chronic lung disease</li> <li>● Chronic emphysema</li> <li>● Asthma</li> <li>● Liver disease</li> <li>● Skeletal fractures</li> <li>● Poor self rated health</li> <li>● Sexually transmitted disease</li> <li>● HIV/AIDS</li> </ul> <p><b>Serious Social Problems</b></p> <ul style="list-style-type: none"> <li>● Homelessness</li> <li>● Prostitution</li> <li>● Delinquency, violence, criminal</li> <li>● Inability to sustain employment</li> <li>● Re-victimization: rape, DV, bullying</li> <li>● Compromised ability to parent</li> <li>● Negative alterations in self perceptions and relationships with others</li> <li>● Altered systems of meaning</li> <li>● Intergenerational trauma</li> <li>● Long-term use of multiple human service systems</li> </ul>

# Hebb's Law:

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Neurons that

FIRE TOGETHER  
WIRE TOGETHER

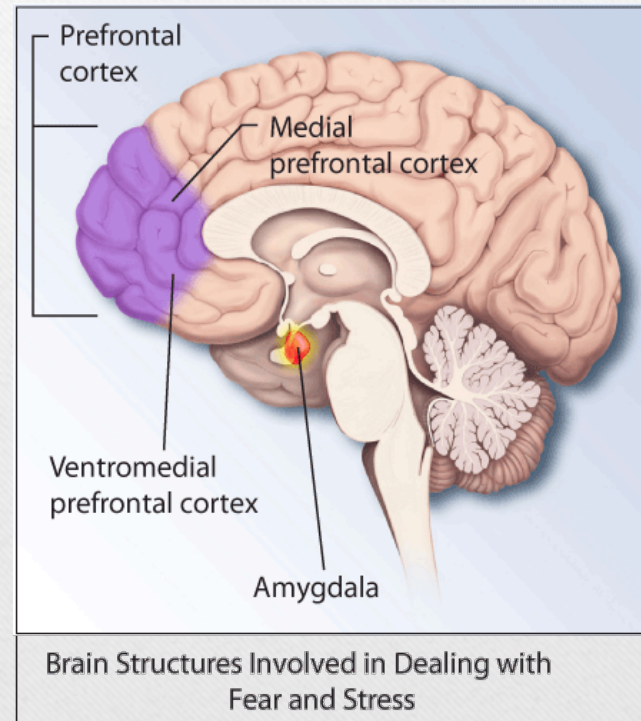
Neurons that fire out of sync,  
fail to link



# Effects of trauma on the brain

Lupien, S.; McEwen, B.; Gunnar, M. & Heim, C. (2009). *Effects of stress throughout the lifespan on the brain, behaviour and cognition*. Nature Reviews Neuroscience, 10(6), 434-43445.

- Damages the neural wiring of the brain
- Increases an individual developing mental and physical illnesses
- Increases aggression
- Language failure
- Asthma
- Epilepsy
- Diabetes
- Immune system dysfunction





# Our bodies are designed to remember danger

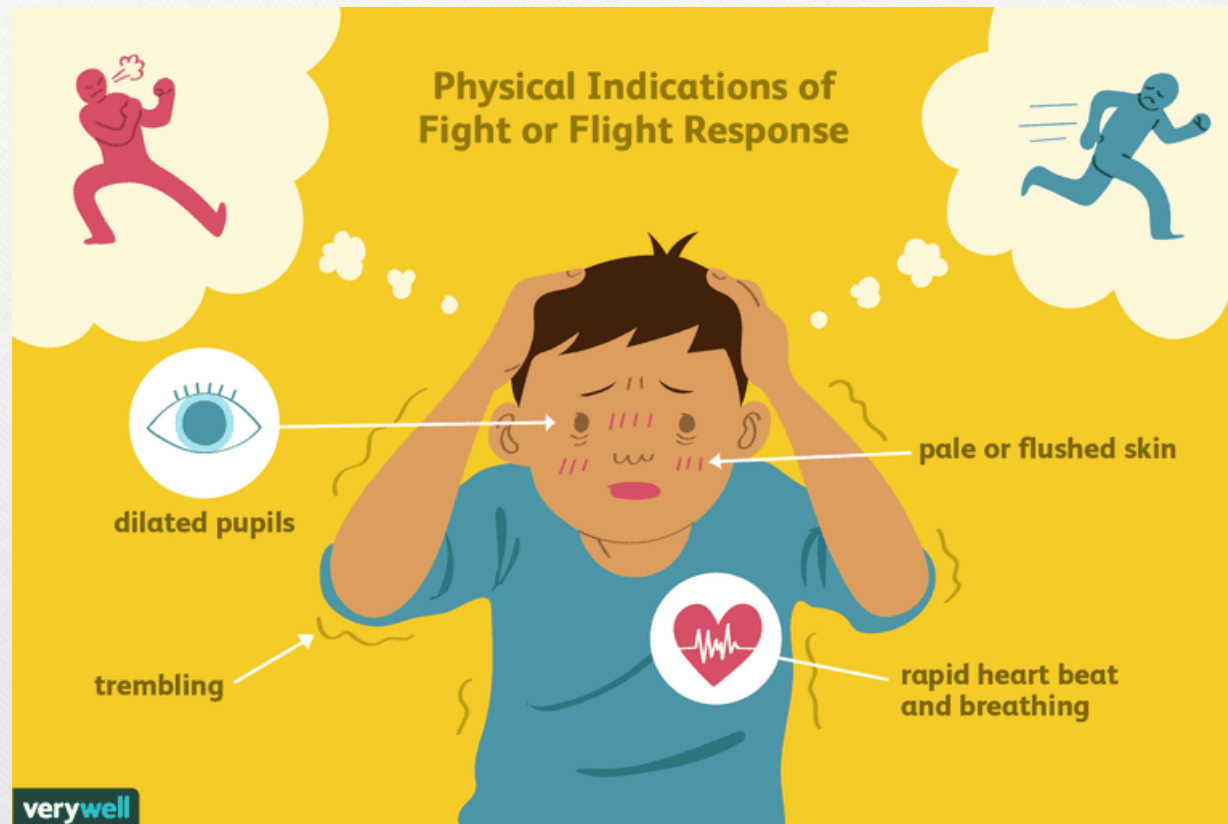
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Each of us begins to maintain a database of threats in the environment.

# ANCIENT SURVIVAL RESPONSES TO LIFE THREATENING CIRCUMSTANCES

Bracha, H. (2004). Freeze, flight, fight, fright, faint: Adaptationist perspectives on the acute stress response system. *CNS Spectrums*, 9(9), 679-685.





# Social effects of trauma

**All of these conditions are correlated with stress in children that manifests as brain damage**

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- Poverty
- Violence
- Sexual abuse
- Family disruption
- Substance abuse and dependency
- To little emotional support
- Low educational level
- Lack of commitment to parenting
- Lack of maternal maturity



stress



# Trauma Response

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- "It is important to recognize that traumatic events do not always result in psychiatric distress; individuals, as well as societies, differ in the manner in which they experience, process and remember events" (Denham, 2008. pp. 395).



# INITIAL REACTIONS TO TRAUMA CAN INCLUDE

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- exhaustion,
- confusion
- sadness
- anxiety
- agitation
- numbness
- dissociation
- confusion
- physical arousal
- and blunted affect.

Most **responses** are normal in that they affect most survivors and are socially acceptable, psychologically effective, and self-limited.



# Cognitions and Trauma

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- **Cognitive errors**
- **Excessive or inappropriate guilt**
- **Idealization**
- **Trauma-induced hallucinations or delusions**
- **Intrusive thoughts and memories**

Center for Substance Abuse Treatment, issuing body, publisher. (2014). *Trauma-Informed care in behavioral health services : A treatment improvement protocol*. (Treatment improvement protocol (TIP) series ; 57). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

A close-up photograph of a hand in a white shirt placing a domino on a wooden table. A chain of dominoes is falling away from the hand, illustrating the concept of addiction as a chain reaction.

## What is “addiction”

“Is a complex condition, a complex interaction between human beings and their environment.” Gabor Mate’



# Substance Abuse Disorders

## 11 criteria:

- Taking the substance in larger amounts or for longer than you're meant to.
- Wanting to cut down or stop using the substance but not managing to.
- Spending a lot of time getting, using, or recovering from use of the substance.
- Cravings and urges to use the substance.
- Not managing to do what you should at work, home, or school because of substance use.
- Continuing to use, even when it causes problems in relationships.
- Giving up important social, occupational, or recreational activities because of substance use.
- Using substances again and again, even when it puts you in danger.
- Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
- Needing more of the substance to get the effect you want (tolerance).
- Development of withdrawal symptoms, which can be relieved by taking more of the substance.

# Factors in Substance Use Disorders

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- *Susceptible organism (the human being)*
- *A drug with abuse potential*
- *Stress*





# WHY 'SUBSTANCE ABUSE' IS A LABEL WE SHOULD ALL REJECT

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- “Abuse” is an ugly word.
  - “Child abuse,”
  - “sexual abuse,”
  - “physical abuse,”
  - “emotional abuse,”
  - “domestic abuse.”
- And then, of course, there’s “substance abuse.”

MAIA SZALAVITZ MAR 26, 2014

<https://psmag.com/social-justice/substance-abuse-label-reject-77416>



The question is  
never  
‘why the  
addiction’  
but  
‘why the pain’

In the Realm of the Hungry Ghosts: Close  
Encounters with Addiction



Gabor Mate', MD



# Using Information About Biology and Trauma

Frame	Frame reexperiencing the event(s)
Communi cate	Communicate that treatment and other wellness
Refer	Refer certain clients to a psychiatrist
Discuss	Discuss traumatic stress symptoms and their physiological components.
Explain	Explain links between traumatic stress symptoms and substance use disorders
Normalize	Normalize trauma symptoms.

# Harm Reduction

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“It’s important  
to meet people  
where they’re  
at, but not  
*leave them* where  
they’re at.”



There is an extensive body of literature documenting the stigma associated with alcohol and other drug problems. No physical or psychiatric condition is more associated with social disapproval and discrimination than substance dependence. For people who use drugs, or are recovering from problematic drug use, stigma can be a barrier to a wide range of opportunities and rights.

**Drug addiction is often thought of in black and white terms, with out of control addiction on one hand, and complete abstinence on the other, one is either "using" or "clean."**

**However, there is an entire realm of vital interventions between these extremes, where people can be helped at various stages of drug use.**

**This is the world of Harm Reduction.**



**Do not  
despair!!!**  
Mate, G.  
(2009)



Our brains are resilient organs



Some important circuits continue to develop throughout our entire lives



They may do so even in the case of persistent and chronic substance dependency



Be patient with science, we are continuing to learn more about this complex human conduction and how to intervene

HOPE:  
*Health  
Outcomes  
from  
Positive  
Experiences*

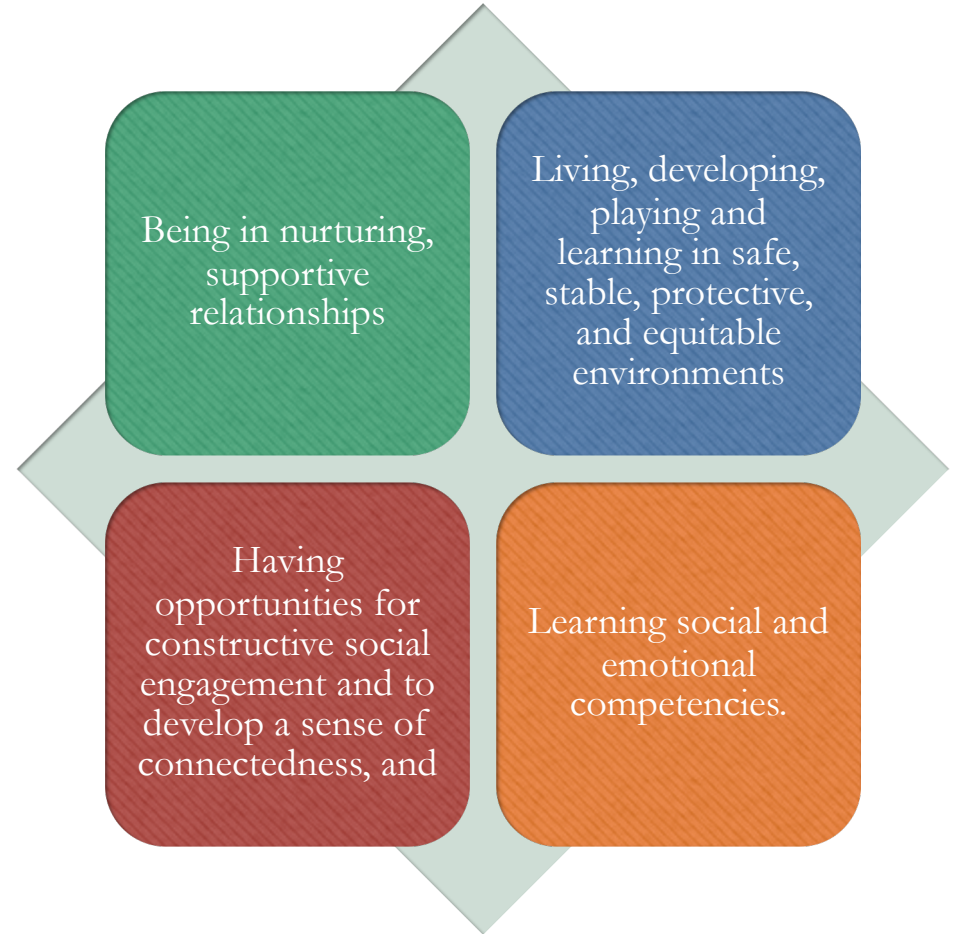




Table 1: Child Health Outcomes if Focus in the HOPE Framework

Developmental Domain	Child Health outcomes
Physical	<p>Basic physiological needs met.</p> <p>Immunity to common childhood diseases.</p> <p>Healthy weight for height and developmental milestones met.</p> <p>Adequate physical activity.</p> <p>Good physical and dental health.</p>
Cognitive	<p>Vocabulary and language development.</p> <p>Early literacy and numeracy.</p> <p>Problem-solving skills.</p> <p>Age-appropriate general knowledge.</p> <p>Positive ideas about self.</p>
Social	<p>Secure attachment with a trusting adult.</p> <p>Ability to form and sustain healthy relationships.</p> <p>Constructive engagement in social institutions and environments.</p> <p>Seeking help when needed.</p> <p>Social cognition (eg, ability to read nonverbal social cues).</p>
Emotional	<p>Positive feelings about self.</p> <p>Ability to display cognitive, behavioral, emotional control.</p> <p>Executive function skills.</p> <p>Character strengths.</p> <p>Comfortable personal, gender, and racial or cultural identity.</p> <p>Managing stress and functioning well when faced with stressors, challenges, or adversity.</p>



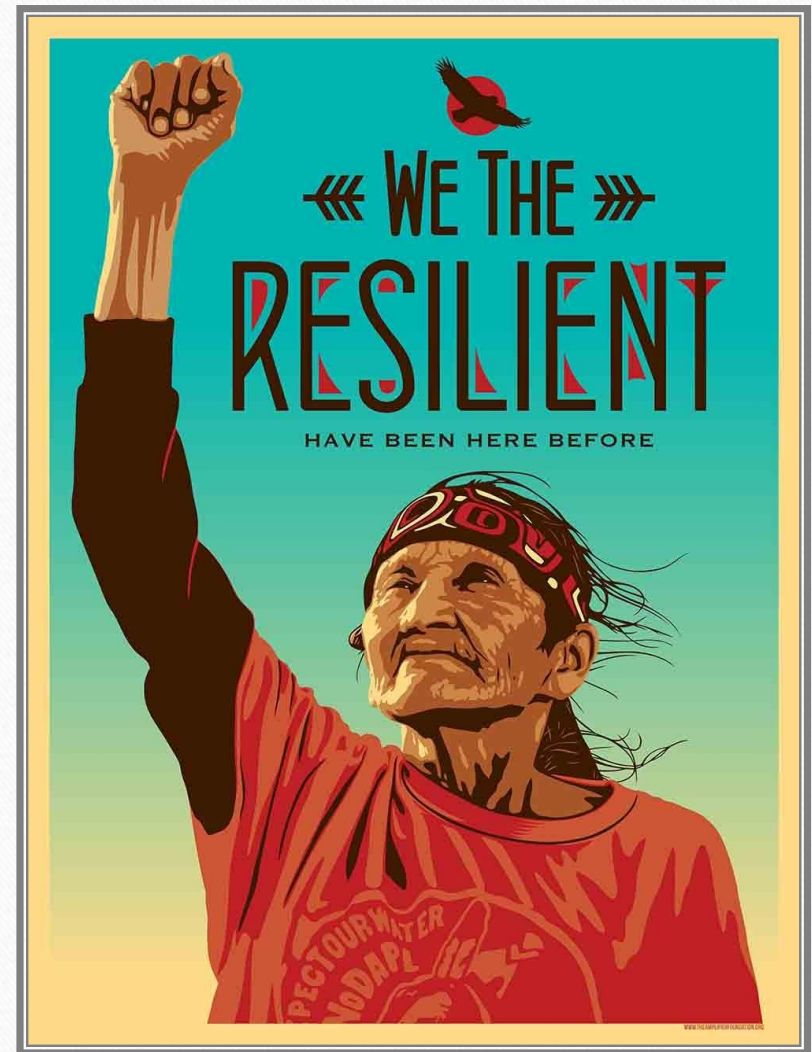
# What works

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- Those who are fluent in many theories and models of treatment.
- Who are client centered/counselor driven.
- Focus on strengths and protective factors
- Who are able to develop trusting therapeutic relationships.
- Who are work within their area of expertise.
- Culture as prevention



If trauma impacts the epigenetic transfer of trauma, culture and connection can mitigate these affects. If we want to prevent substance misuse we need to focus more on stress, trauma, and poverty while providing intervention options that are grounded on traditional indigenous knowledge. (Brown, 2020)



## Suggested Resources:

Adverse Childhood Experiences Study:

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

Mate, G. (2009). *In the realm of the hungry ghosts: Close encounters with addiction*. Berkeley, CA: North Atlantic Books.

Prochaska, J. O., & DiClemente, C. C. (1983). *Stages and processes of self-change of smoking: Toward an integrative model of change*. *Journal of Consulting and Clinical Psychology*, 51(3), 390-395.

Rollnick, S., Miller, W. R., & Butler, C. (2008). *Motivational interviewing in health care: helping patients change behavior*. Guilford Press.

Brave Heart Yellow Horse, M. (2004). *The historical trauma response among Natives and its relationship to substance abuse: A Lakota illustration*. In E. Nebelkopf & M. Phillips (Eds.), *Healing and mental health for Native Americans: Speaking in red*. (pp. 7-18). Walnut Creek: Alta Mira Press. Also in *Journal of Psychoactive Drugs*, 35(1), 7-13.



