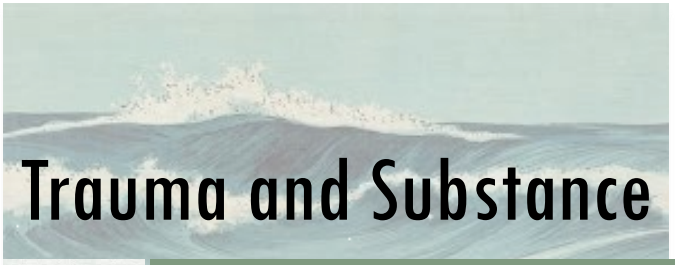

Trauma and Substance Misuse

CAMDEN INTEGRATED DRUG AND ALCOHOL SERVICES

Issue 3 October 2017

This is the third in a series of Camden CGL internal newsletters sharing research, views and experience on the broad subject of trauma. In this edition we look at ***the groundbreaking ACE studies, post-traumatic growth and the relationship between trauma and personality disorders.***

The impact of childhood experiences: the ACE studies

A seminal 1998 US study found that adults with certain childhood experiences were more likely to misuse substances.

Dr Anda, Dr Felitti and colleagues surveyed 17,000 ethnically diverse middle-class American adults by including questions in a general medical evaluation at a California health insurance company, Kaiser Permanente, about "adverse childhood experiences" (ACEs). The ACE categories were child maltreatment (verbal, physical, and sexual abuse); and growing up in a household with: domestic violence, parental alcohol or drug abuse, mental illness, incarceration and parental separation.

The CDC-Kaiser study of Adverse Childhood Experiences found a direct connection between ACEs and adult physical and mental health. (The CDC is the US federal government Centers for Disease Control and Prevention.) The risk increased the more ACEs the person reported. It showed that adults who had experienced 4 or more ACE categories in childhood had a 4- to 12-fold increased risk for depression and suicide attempt compared to those who had experienced none. They were 7 times more likely to have alcohol addiction, and 10 times more likely to have injected street drugs.

Many studies confirmed the findings. Felitti stated "Adverse childhood experiences are the main determinant of the health and social well-being of the nation."

In a national UK ACE study in 2013 almost half of the general population reported at least one ACE. Over 8% reported 4 or more (Bellis et al, 2014).

(Continued on back page.)

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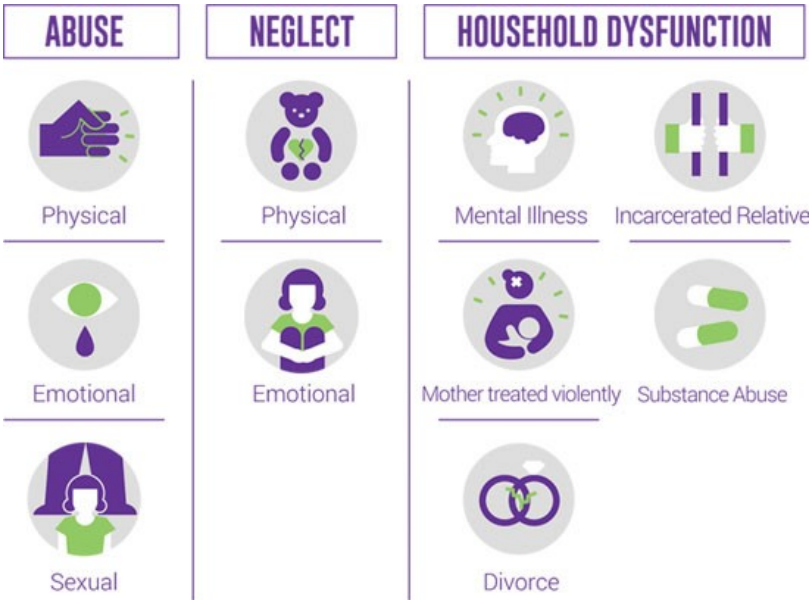


"Adverse childhood experiences are the main determinant of the health and social well-being of the nation."

- Dr Vincent Felitti, 2004

Many people with lived experience of BPD describe it as like wearing a mask much of the time, hiding their true selves.

Trauma and developmental "personality disorders"

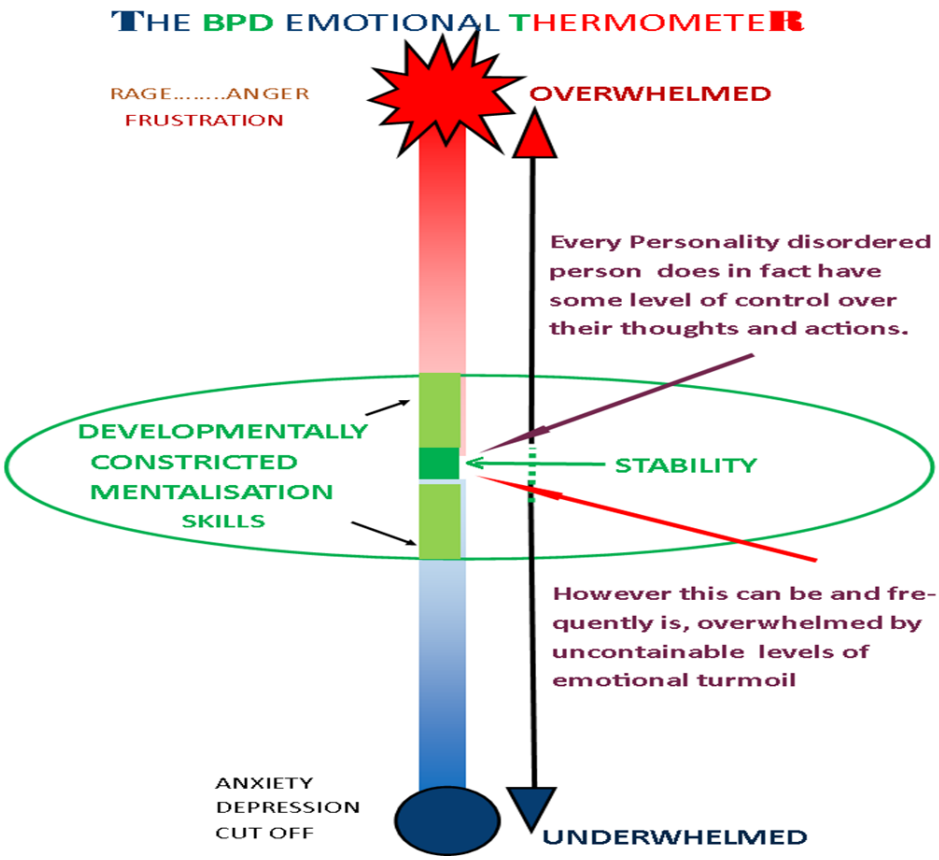
Antisocial Personality Disorder (ASPD) and Borderline Personality Disorder (BPD) are considered as developmental disorders. That is, they are related to learned behaviours and with the right therapeutic support people can learn to react to their feelings differently.

Personality disorders typically emerge in adolescence and continue into adulthood. BPD was first identified and named as a separate diagnosis in the 1930s. Because some BPD symptoms overlap with several other diagnoses, people with BPD may initially be misdiagnosed with bipolar, for example.

Dennis Lines of Carers4PD explains, "People suffering from BPD are frequently unable to either contain or process overwhelming emotional distress. Consequently, their emotional responses to any perceived problems may operate at their extremities., with deep depressions, furious anger or overwhelming anxiety. With support, people can develop skills to help manage these feelings." (See image below).

ASPD is characterised by impulsive, reckless and often criminal behaviour. Young people with ASPD, especially, may be unable to control anger, lack remorse or do not learn from their mistakes and blame others for their problems. ASPD more often affects men, while BPD is more common in women. For both, difficulties in managing feelings, especially fear of abandonment, make it hard to sustain relationships.

There are mild or severe forms of BPD or ASPD, and people may have periods of "remission" where they function well. Appropriate therapeutic interventions increase the ability to contain and process emotional distress. *(See page 3.)*



Thanks to Dennis Lines, of Carers4PD, for the graphic on the right, and for helpful information and insight into personality disorders.

Mr Lines represented service user and family and carer interests on the NICE guideline development group for the BPD clinical guideline.

Working with people diagnosed with BPD and ASPD

Many people with BPD have a history of self-harm or attempted suicide, and symptoms of ASPD include recklessness and disregard for safety. Such behaviours can be triggered by feelings linked to breaks and endings in services, including changes in keyworkers. Consequently, a keyworker or counsellor might be put on a pedestal but then suddenly become the target of anger.

The NHS recognises that long-term psychological therapies—rather than medication—are effective in helping people to manage BPD and ASPD. The NHS website confirms, "No medication is currently licensed to treat BPD."

However, some people with personality disorder also experience another mental health condition or behavioural problem (eg, depression, bipolar, substance misuse, eating disorders, generalised anxiety disorder) for which medication may be needed.

NHS specialised therapies for BPD include Dialectical Behaviour Therapy (DBT) and Mentalisation-Based Therapy (MBT), as well as arts therapies and therapeutic communities.

The basic principles probably sound familiar:

- accepting that your *emotions* are valid, real and acceptable and learning to tolerate difficult feelings
- being open to ideas and opinions that contradict your own, and find healthy coping strategies
- learning to "step back" from thoughts about yourself and others (Stop and think!)
- improving awareness in the present of your own and others' mental states
- learning to say no (setting boundaries) while maintaining both your own integrity and relationships with others.

"People with BPD often find that simply talking to somebody who understands their condition can help bring them out of a crisis."

- NHS website

Post-traumatic growth: myth or reality?

Post-traumatic growth (PTG) (Calhoun & Tedeschi, 1990s) is the theory that some people feel better psychologically as a result of being changed by the experience of suffering.

We may find deeper meaning, feel more grateful, have a greater appreciation of the people we love, feel more empathy, be more authentic, and re-prioritise—indeed, feel more alive.

Reports of growth through suffering exist in religious texts and other ancient literature as well as, more recently, the work of Frankl, Maslow, Yalom, and Seligman.

But some researchers question whether PTG is real (ie, scientifically measurable) or a perception, maybe resulting from the relief of eventually just returning to the previous state having survived a devastating event.

Growth out of suffering may seem over-optimistic or even dismissive of the impact of trauma. It is clearly unhelpful to *assume* or *expect* that someone will feel grateful for their suffering, and even for those who do look back on the experience(s) as positively transformational, it may take many painful years to ultimately feel better. Nor does it mean that the memories necessarily disappear, but rather that the positive and negative feelings can co-exist.

Some, however, do have a sense that "what doesn't kill you makes you stronger"—and maybe even leave you wiser and happier too.

The ACE studies (cont'd)

A Welsh study (Public Health Wales, 2015) found that people with 4 ACEs had a 16-times higher risk of having used crack cocaine or heroin than a person with 0 ACEs.

> "The compulsive user appears to be one who, not having other resolutions available, unconsciously seeks relief by using materials with known psychoactive benefit…"
>
> - Dr Vincent Felitti

The UK National Household Survey of ACEs (Bellis, Hughes et al, 2014) suggests that "12% of binge drinking, 14% of poor diet, 23% of smoking, 52% of violence perpetration, 59% of heroin/crack cocaine use, and 38% of unintended teenage pregnancy prevalence nationally could be attributed to adverse childhood experiences." For every 100 adults in England, 48 have suffered at least one ACE during their childhood and 9 have suffered 4 or more (Bellis, Hughes, et al).

In the USA, Felitti explained, "Our findings indicate that the major factor underlying addiction is adverse childhood experiences that have not healed with time... The compulsive user appears to be one who, not having other resolutions available, unconsciously seeks relief by using materials with known psychoactive benefit."

Children currently affected by substance misuse

The ACE studies surveyed adults about their childhood experiences. Has the situation changed for children nowadays?

The NSPCC (2013) estimated that 20% of UK children today have experienced serious physical or sexual abuse or severe physical or emotional neglect.

The Children's Commissioner estimates (2017) that 22% of children under 16 in the UK were living with a hazardous drinker (ie, increases *risk* of harmful consequences for the user or others), 2.5% with a harmful drinker (actually harmful to the drinker's health) and 3.7% in households where the only adult was 'at least' a hazardous drinker.

On the topic of drugs, Manning et al. (2009) estimated that "8% of children under 16 in the UK were living with an adult who had used illicit drugs in the last year, 2.8% with a drug-dependent user, 0.9% with an adult who had overdosed and 5.7% with a lone parent who had used drugs in the past year."

In Feb. 2017, a first-ever manifesto for children of alcoholics was launched at the House of Commons. The manifesto, co-written by children, policy makers and professionals, sets out a 10-point plan to help Britain's "2.6 million children" of parents who misuse alcohol. The initiative was led by Liam Byrne MP, whose father misused alcohol, and NACOA.

One of the points is to increase the availability of support for families battling addiction to alcohol.

You can read the manifesto at: http://liambyrne.co.uk/coamanifesto

Food for thought

What are your views on all these findings?

Do the stories that you hear from clients, or in your own experience, resonate with the findings of these studies and data? Or not?

What does that mean for service users and our work?

What are the implications for us as a society?

This issue was researched, written and produced by Annie Scarborough, Counsellor (MBACP) and Family Recovery Worker at Some Space/CGL Camden, London. Any errors herein are hers, and not those of CGL. E-mail: annie.scarborough@cgl.org.uk