



COTTONWOOD
tucson

January 2010

Alumni News...

the journey continues

New Day, New Year, New Perspective

As a new year arrives I remember all the people, events, and lessons I've learned in 2009. It has been inspiring and hope-filled. My goals in 2010 are to learn and experience more fun, fellowship, spirituality, work, and love. But mostly to be grateful and appreciate people and recovery more. Having the perspective of gratitude helps me to achieve those goals because gratitude opens my mind and heart. If you are in recovery you are blessed. If it seems hard, look around. There is always someone who needs your smile. Let the new year be one of transformation and gratitude. Have a happy, healthy, and safe holiday.

Please support your alumni meetings and find strength and understanding as we experience recovery together. The Tucson alumni meet every Wednesday at 6 pm on the Cottonwood campus. Come join us.

If you have suggestions for future newsletter topics, please e-mail me at shicks@cottonwoodtucson.com.

When Trauma Poses a Challenge

The instinctive response to trauma is to cover it over, to bar memories of it from consciousness. Yet even with the mind-numbing effects of drugs and alcohol—used in a desperate effort to soothe the painful emotional legacy of past violence or neglect—these memories refuse to stay buried. Like restless ghosts, emotional and somatic recollections of trauma stir at the edges of awareness, imploring the traumatized to tell their terrible, long-buried truths.

To help the process of acknowledging, giving voice to, and managing these memories in a way that does not jeopardize the fragile process of early recovery represents a critical challenge facing the clinician working with trauma clients. In the therapeutic setting, a carefully crafted and skillfully executed treatment plan can be a key component of a recovery effort for those suffering from co-occurring addiction and post-traumatic stress disorder (PTSD).

Treatment of PTSD in chemically dependent patients can be a perplexing task for clinicians. Not only must therapists appreciate the role PTSD can play in the addictive process, but they also must be cognizant of possible personality-level dynamics, while skillfully addressing the patient's distressful feelings and often self-defeating behavior patterns. These patterns can linger well into the treatment experience, despite the clinician's best efforts.

Optimal therapeutic strategies used in the care of traumatized chemical dependency patients address not just the trauma itself, but also any trauma-driven behavior that might sabotage recovery. Clinicians are well-advised to focus the recovery plan on helping the client develop more adaptive ways of coping with the challenge of traumatic memories (i.e., self-soothing skills) and helping the client restructure the negative core beliefs that result from the memories.

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Addiction and PTSD

The relationship between trauma and addiction is complex and even synergistic. Some therapists ask whether substance abuse in the traumatized patient is not just a symbolic reenactment of the initial abuse. Whether or not this is true, it is well-understood that adult victims of childhood trauma, while in active addiction, often live in a world of violence and exploitation. Exposure to environmental stressors such as these can trigger distressful PTSD symptoms, resulting in an accelerating downward spiral into ever more compulsive use of drugs and alcohol. Research also suggests that trauma can produce in some people an enduring dysregulation of endorphin activity in the brain, creating a plausible neuro-physiologic predisposition to opiate abuse.

Research has shown high levels of comorbidity in the chemically dependent population in regard to PTSD. Najavits and colleagues report that patients with current PTSD comprise 30 to 59% of substance abuse treatment sample populations. They also note that among women with PTSD, substance use disorders are 1.4 to 5.5 times more prevalent than among women without PTSD.

The exact causes of PTSD are not yet known, although researchers are investigating a possible genetic predisposition, environmental factors, and gender-specific predisposing traits. PTSD rates tend to be higher in women. Men typically present with PTSD resulting from combat- or accident-related trauma, while women with PTSD more often report significant, chronic sexual/physical abuse.

There also appears to be a link between early childhood trauma and the development of borderline personality disorder (BPD). Zimmerman and Mattia confirmed the presence of early developmental stage trauma in 85% of individuals who meet clinical criteria for BPD.

Treatment challenges

The high correlation between childhood trauma and BPD warns of a possibly complicated therapeutic process, and guarded prognosis for a positive treatment outcome. Many chemical dependency patients with trauma and BPD will find significant difficulty functioning in the therapeutic environment. Profound fears of abandonment, as well as frequent mood instability coupled with an often unpredictable vacillation between idealization and devaluation of the clinician, can reduce the efficacy of the therapeutic dyad. These interfering behaviors can spike during family sessions and trauma therapy, as painful memories are rekindled and clients process intense and often uncomfortable feelings.

Studies indicate that use of containment skills to address treatment-interfering behaviors can help reduce occurrences of maladaptive self-soothing through the use of drugs and alcohol while increasing clients' awareness of their own body maladaptive self-soothing through the use of drugs and alcohol while increasing clients' awareness of their own body, mind, and emotions, as well as their innate potential for wellness. One example of a containment skill involves the use of diaphragmatic breathing, which can help in the development of body awareness and the overall reduction of anxiety associated with trauma recollections. Linehan also suggests that Dialectical Behavioral Therapy strategies be incorporated to reduce self-harming behaviors and impulse control problems.

Because it is likely that personality-level dynamics might impinge on the treatment and recovery process, it seems wise when treating traumatized substance-abusing patients to focus on implementing soothing skills *prior* to an in-depth exploration of specific traumatic memories. This exploration then should be accompanied by a repeated and ongoing use of these skills—throughout the course of treatment and beyond. Among the interventions that promote the development of healthy, self-soothing skills are expressive arts activities and music or movement therapies.

Structuring treatment this way makes for a therapeutic continuity that helps clients feel more confident in their ability to manage the pain that can occur during an exploration of traumatic memories.

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While the process of exploring traumatic memories goes forward, 12-Step groups can offer support in understanding other behavioral issues that may tie in to the original trauma, such as chemical dependency or eating disorders. Once the recovery process has been established, the therapist should continue to proceed cautiously. An in-depth exploration of traumatic memories can spark an exacerbation of PTSD symptoms that can jeopardize the client's fragile sobriety.

Even with the most carefully chosen and skillfully executed treatment plan, some patients continue to engage in behavior inconsistent with recovery that can result in retraumatization. Sadly, patients beset with residual and maladaptive behavior patterns may be mislabeled as "treatment failures" or viewed as resistant and lacking in motivation.

What can appear to be resistance may instead be the individual's inability to moderate painful feelings and memories associated with the initial traumatic event. Patients who have difficulty in managing these feelings and memories often feel quite vulnerable and may lack key skills to intervene effectively on uncomfortable and distressing mood. They also may suffer from chronic depression and panic attacks, or engage in desperate and maladaptive self-soothing behaviors such as self-mutilation, binge eating/purging, sexual compulsivity, and compulsive spending.

Treatment strategies

Among the many therapies available to the addiction professional, narrative therapy stands out as an approach that can help clients articulate their traumatic experiences. Giving voice to the trauma experience can diminish disturbing imagery, self-deprecating or punitive thoughts, and feelings of guilt and shame. Narrative forms of therapy also can help clients find words and a voice with which to tell their story. This is a necessity for all who successfully recover from trauma.

A narrative, written in the third person, describing the loss inherent in trauma, can help patients identify and acknowledge feelings of sadness and grief that might otherwise remain unspoken. An alternative to a written characterization of the loss might be a collage depicting the confusing vortex of guilt, shame, and sorrow that is often a legacy of trauma.

While narrative therapy represents a highly valuable strategy, the use of this approach alone can trigger PTSD symptoms or activate self-defeating behaviors. Many clients have "coped" with their trauma through substance abuse or other compulsive behavior. This kind of maladaptive coping, while allowing clients to blunt the painful feelings associated with their original trauma, quite likely resulted in self-inflicted secondary trauma. When individuals who have been relying on mood-altering chemicals to keep unwanted feelings at bay attempt to explore their trauma in therapy, they may become overwhelmed by painful feelings before gaining the ability to cope in more adaptive ways.

Meichenbaum suggests use of cognitive-behavioral therapy (CBT) to teach clients to reduce arousal associated with traumatic memories. CBT's focus can include challenging self-defeating thoughts that can lead to hasty, emotionally driven decisions to use alcohol and drugs. CBT also can be coupled with relaxation and grounding exercises to allow clients to reconnect with their present physical reality instead of focusing on intrusive imagery.

Other strategies for the treatment of trauma accompanied by addictive disorders include the concept of changing distorted thought patterns associated with the trauma. If therapeutic focus seeks only to process traumatic events and does not address the associated cognitive distortions, therapeutic interventions may serve only to strengthen core beliefs related to shame, self-hatred, and self-blame. Well-chosen cognitive interventions yield clarity, allowing the client to move in the direction of healing and acceptance.

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When treating addicted patients with PTSD and BPD, therapists need to enter into caring, supportive, and structured therapeutic relationships, while maintaining and stressing proper boundaries. The establishment and maintenance of good boundaries can offer clients a safe, structured environment in which to learn new values and mood intervention skills, as they begin to move away from painful and destructive behavior patterns. Newly recovering addicts and alcoholics are then free to cultivate an acceptance and understanding of the interaction between past and present while promoting hope for the future.

When clients are able to moderate their feelings and behaviors, they are better equipped to live substance-free and participate in healthy relationships while honoring their unique identities, strengths, and past suffering.

Despite the challenges involved in the treatment of addicted patients with PTSD and BPD, the process can be rewarding for the therapist. Well-chosen interventions can facilitate positive change in the lives of chemically dependent individuals with complex PTSD and BPD symptomology. While in the past treatment strategies have either ignored trauma altogether or focused only on processing and resolving it, today's treatment emphasizes a more holistic approach, while promoting the integration of containment skills, cognitive restructuring, and self-soothing techniques. This is proving more successful in helping clients cope with the aftermath of traumatic events while embracing a life of recovery, hope, and healing.

When Kathleen Parrish, LPC, co-wrote this article she was a Primary Therapist at Cottonwood de Tucson, a behavioral health treatment facility in Tucson, Arizona, today she is the Clinical Director. Jeffrey C. Friedman, LISAC, is a Primary Therapist at Cottonwood de Tucson. He wrote on the treatment needs of lawyers in the January 2004 issue and on Cottonwood's outreach effort involving a rehabilitation center in Mexico in the January 2005 issue

Farmington/Durango Alumni Meetings

Dear Farmington and all our New Mexico alumni,

Cottonwood hopes you have a happy healthy New Year. I will be visiting again at the end of January. The topic for our meeting this month is, "Achieving a New Perspective." I hope life and recovery are exceeding your greatest expectations. The 2010 meetings will be held at the **First Baptist Church at 511 W. Arrington, in Farmington, NM.**

January 25—March 29—May 24—July 26—September 27—November 29

Phoenix Alumni Meetings

The Phoenix alumni are now meeting in a new place. We will be meeting every other Tuesday night at ABC Wellness Office, located at 7219 E. Shea Boulevard Scottsdale, AZ 85260 it is on the corner of Shea and Scottsdale Road. The meeting is from 7:00 pm until 8:30 pm. The 2010 dates are listed below. Hope to see you there.

2010 Phoenix Alumni Meeting Dates

Jan 5 & 19 - Feb 2 & 16 - Mar 2 & 16 - Apr 6 & 20 - May 4 & 18 - Jun 1 & 15

Jul 6 & 20 - Aug 3 & 17 - Sept 7 & 21 - Oct 5 & 19 - Nov 2 & 16 - Dec 7 & 21

InnerPath Retreats

Beginnings & Beyond

Jan 18-22 • Feb 15-19

Women's Retreat

Jan 11-15

Relationships (couples) Retreat

Feb 11-14

Developing Healthy Families

Monday - Friday
Contact us to schedule

We offer several 4 and 5 day programs for individuals, couples, and families who want to focus on codependency, relationships, communication, grief and loss, trauma, and anger. InnerPath is like a mini-Cottonwood experience where you can come back for a boost to your personal recovery plan. All of our retreats are held at the Cottonwood Nash House, meals and lodging included, and are limited to 8 people. Rokelle Lerner who is a therapist, author, and codependency expert, is our facilitator. Please contact Jana Zeff at 520-743-2141 or e-mail her at jzeff@cottonwoodtucson.com for more information about InnerPath.

Sweetwater Adolescent Program

It's hard to believe a new year is almost here, with 2009 marking a year of exciting new developments for our **Sweetwater Adolescent Program**. We are happy to report that our re-structured 90-day residential program continues to exceed our expectations and has operated at near capacity during this time. Our newly augmented adolescent treatment curriculum has been designed to respond specifically to the individual needs of each patient.

The **Sweetwater Program** also offers a strong emphasis on scholastics, working closely with our licensed neuropsychologist and Desert Willows, a certified secondary school, to meet the individual educational needs of our patients. Our academic staff is prepared to meet the advanced educational requirements that many of the girls currently face, including Advanced Placement courses.

The treatment team uses a comprehensive assessment protocol to identify potential areas of need for each girl, including learning difficulties, underlying medical and psychiatric disorders, and nutritional concerns. The Sweetwater treatment team continues to work hard in helping each girl develop more adaptive skills to cope with difficult and painful life experiences, including trauma, substance abuse, family conflict, social difficulties, and school challenges. Together with patients and their families, the treatment team formulates goals designed to support our patients in reaching specific milestones in recovery. A number of girls have now completed the **Sweetwater Program** and have reported that they are staying sober and stable in their lives.

If you know of anyone who has a female adolescent struggling to live life in a healthy way please contact Cottonwood, we would like to help.

For more information, click here shicks@cottonwoodtucson.com or call 520-743-0411 extension 2517 or toll free 800-877-4520 www.cottonwoodtucson.com