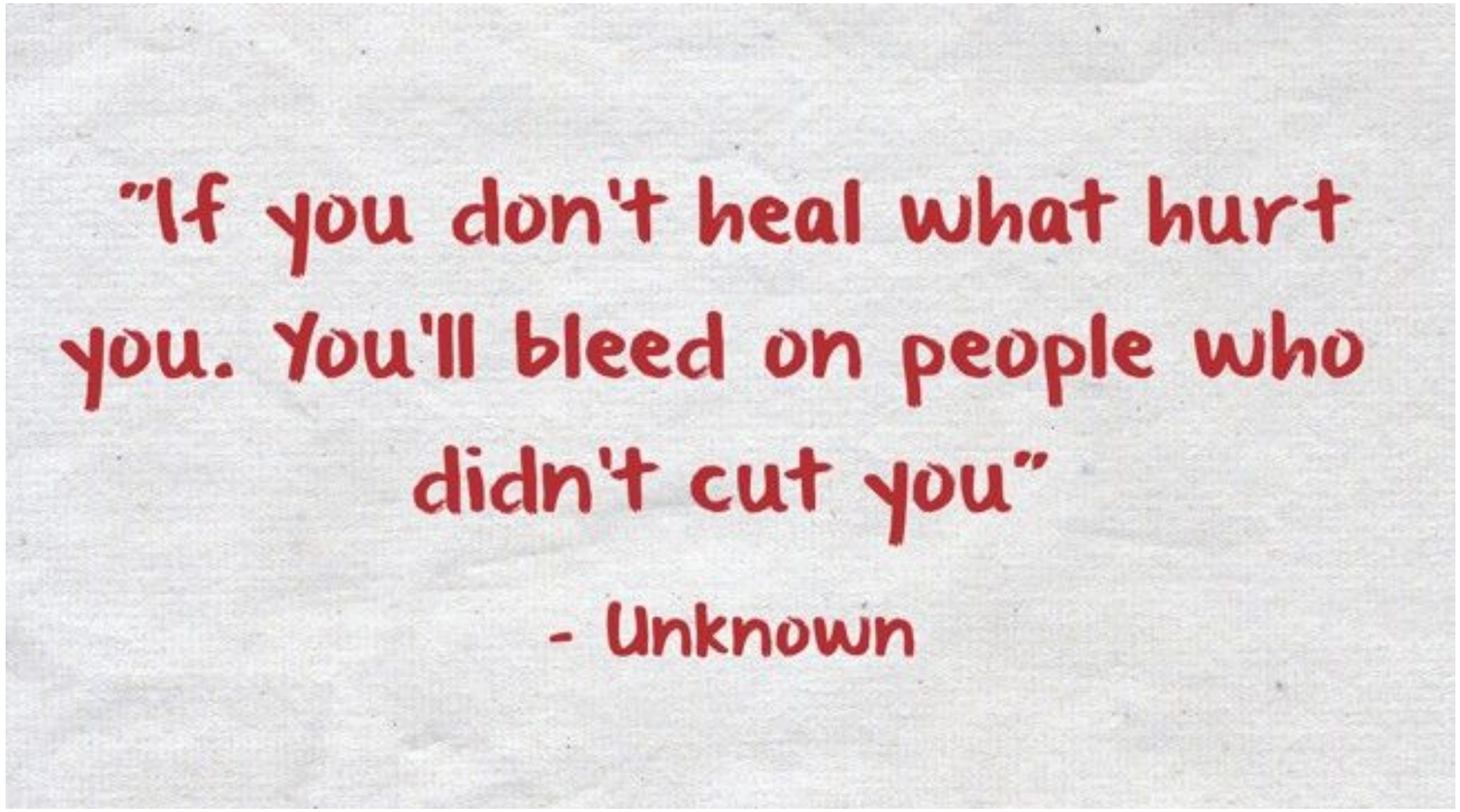
DO NO HARM?
Trauma Treatment and Ethical Principles

Rich Goddard APRN, PMHNP-BC LPCC
Clinical Specialized Trauma Therapist
CCTP Clinical Certified Trauma Professional
Master Accelerated Resolution Practitioner
Addiction Recovery Care
rich.goddard@arccenters.com


"If you don't heal what hurt you. You'll bleed on people who didn't cut you"
- Unknown

Goals for Today

1. Review Ethical Principles
2. Review the effects of PTSD on the neuro system
3. Pros and Cons of Treatment
4. Ethical Dilemmas in treatment.

Values

Definitions of <u>Values</u>

1. What you and your employer consider to be important and what is not.
2. Personal Principles or standards of behavior judgement and what is important in life
3. Core beliefs we and employers hold regarding what is right and fair in terms of our actions and our interactions with others.
4. What an individual and corporate believes to be of worth and importance to life (valuable)

Ethical Responsibilities

1. Autonomy: Self determination as applicable for those who are capable
2. Benefience: Acting in the clients best interest and promoting their well being
3. Non-Maleficence: Avoiding harm to the client
4. Justice: Ensuring fairness and equity in treatment
5. Fidelity: Maintaining trust and loyalty in the therapeutic relationship

Ethical Support

1. Colleagues
2. Professional Organization
3. Knowing your Ethical Code
4. Ethical Committees or Boards
5. No Lone Rangers

Ethics U

People have the right to:

Exist with their basic needs met

Treatment hat is fair and equal

Have free choice and freedom

Injury that is minimal or nonexistent

Cultivate a good quality of life

Secure their privacy and confidentiality

Understand the truth and all available information

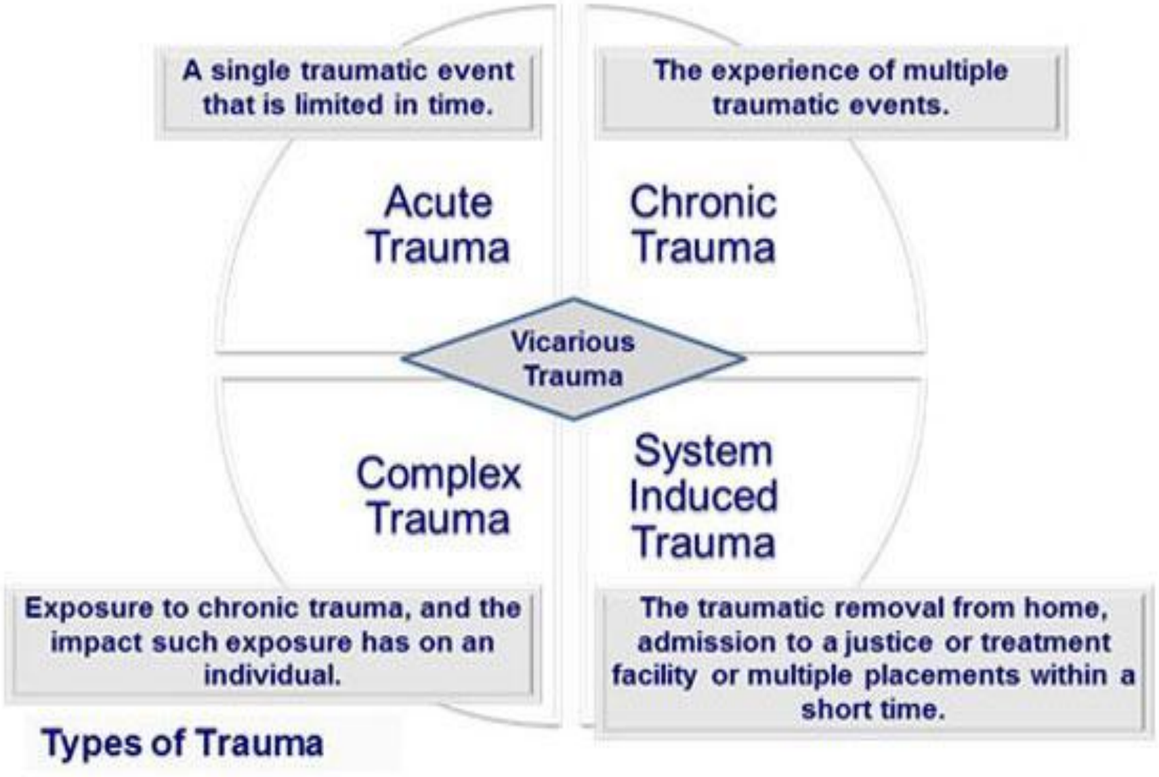
Dr. Gabor Maté

Renown Speaker and Bestselling Author

"Trauma is not what happens to you.
Trauma is what happens inside of you,
As a result of what happened to you.

Unspecified PTSD

A diagnosis of unspecified PTSD should be utilized when there is any history of trauma or symptoms of trauma or PTSD. This diagnosis is unspecified so all criteria of PTSD is not required. Offering this diagnosis will assist other clinicians of possible trauma symptoms to monitor.



Types of Trauma

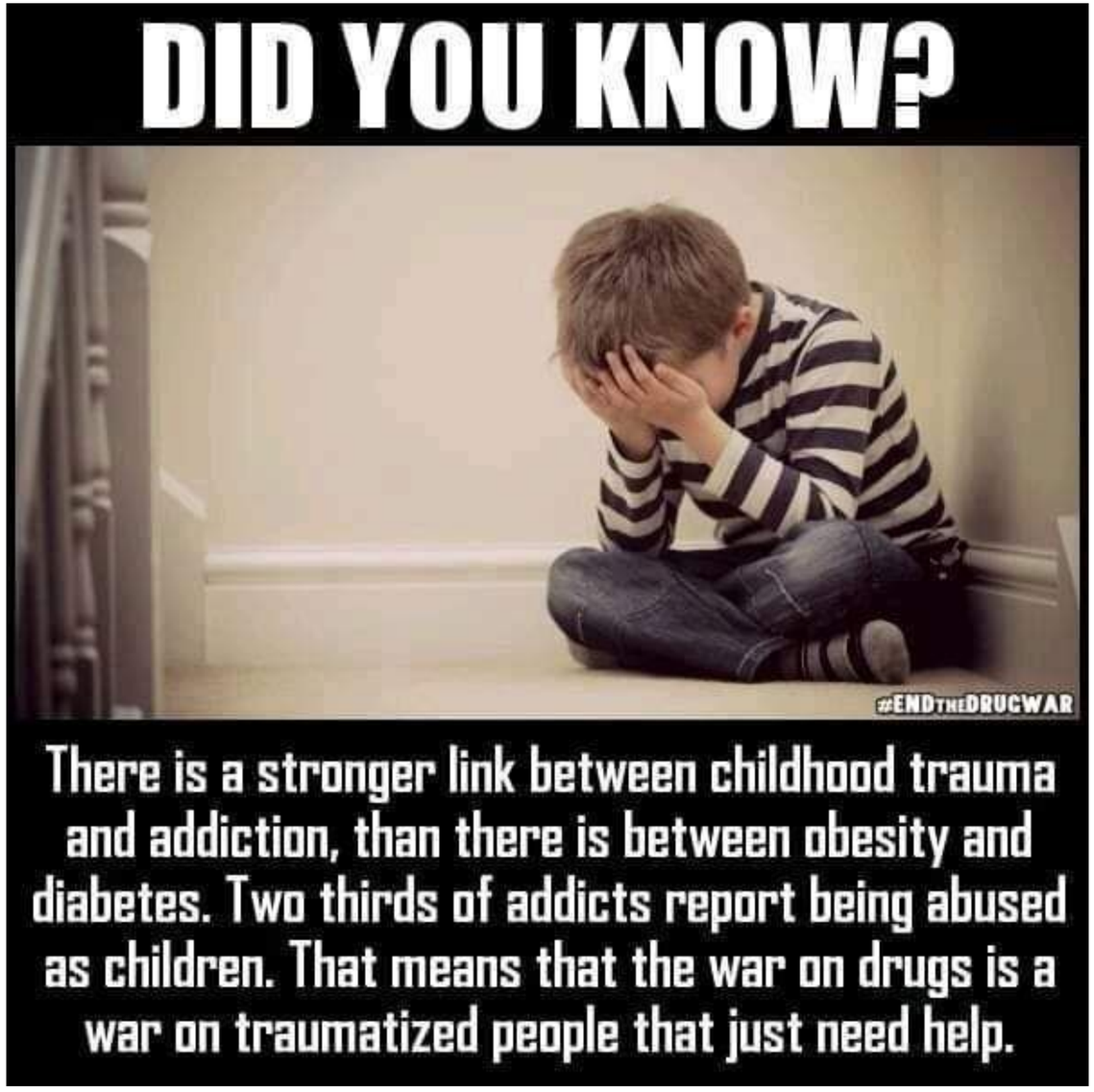
Trauma is Person-Specific

Two people who witness/experience the same event may not react in the same manner.

What is “traumatic” for one person may not be traumatic for another.

Therefore Trauma Therapy Should be Person Specific.

Treat the Person not the Trauma.


DID YOU KNOW?
#ENDTHEDRUGWAR
There is a stronger link between childhood trauma and addiction, than there is between obesity and diabetes. Two thirds of addicts report being abused as children. That means that the war on drugs is a war on traumatized people that just need help.

Incidence of Trauma Exposure and SUD

1. Studies indicate over "***70% of individuals with SUD have experienced at least one traumatic event, clinical samples report exposure can approach 90-94%.***"
2. Symptoms may be more severe
3. Higher Dropout rates

(Degenhardt et al., 2022)

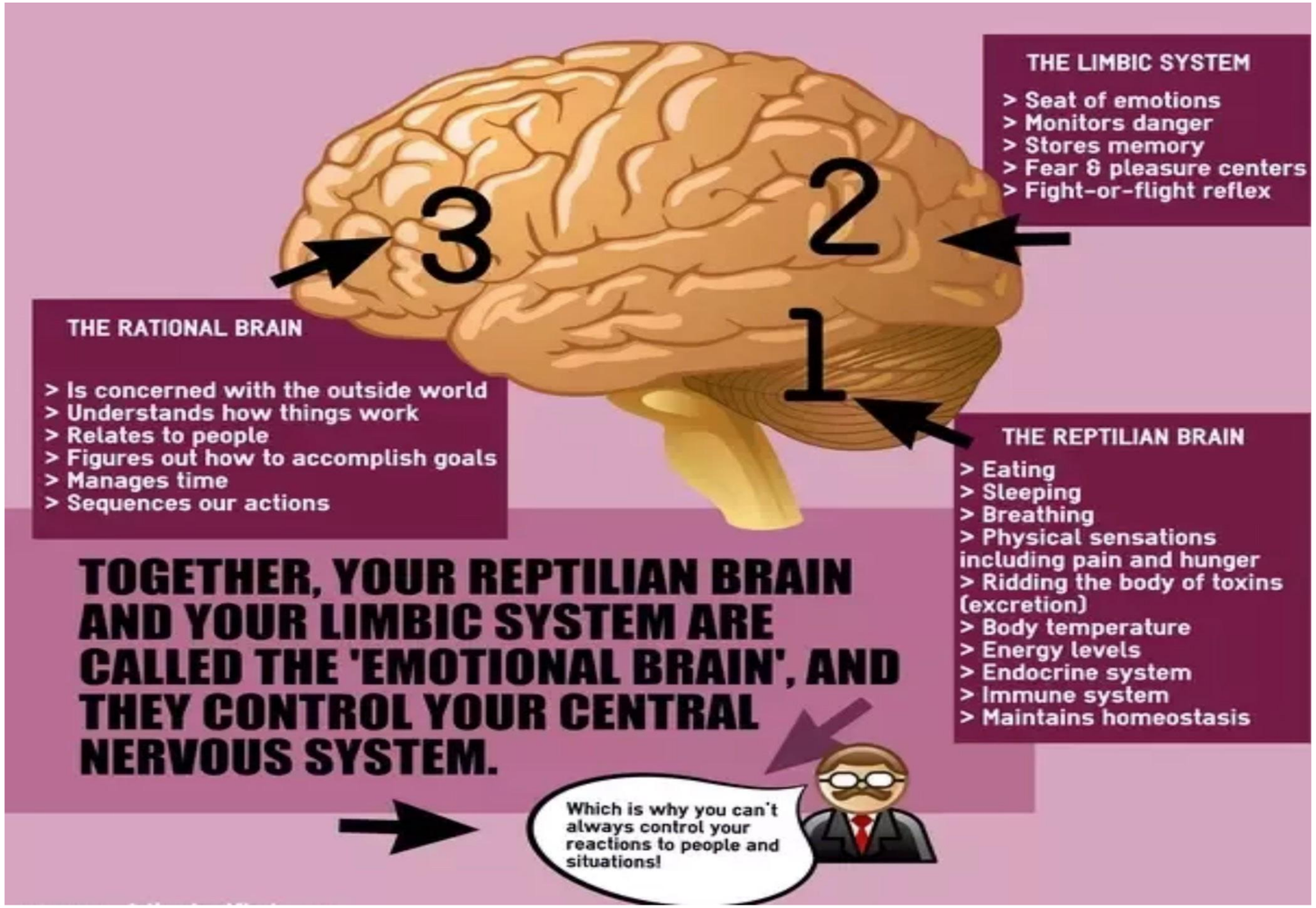
Traumatic symptoms are not caused by the "triggering" event itself. They stem from the frozen residue of energy that has not been resolved and discharged; this residue remains trapped in the nervous system where it can wreak havoc on our bodies and spirits. The long-term, alarming, debilitating, and often bizarre symptoms of PTSD develop when we cannot complete the process of moving in, through and out of the "immobility" or "freezing" state. However, we can thaw by initiating and encouraging our innate drive to return to a state of dynamic equilibrium.

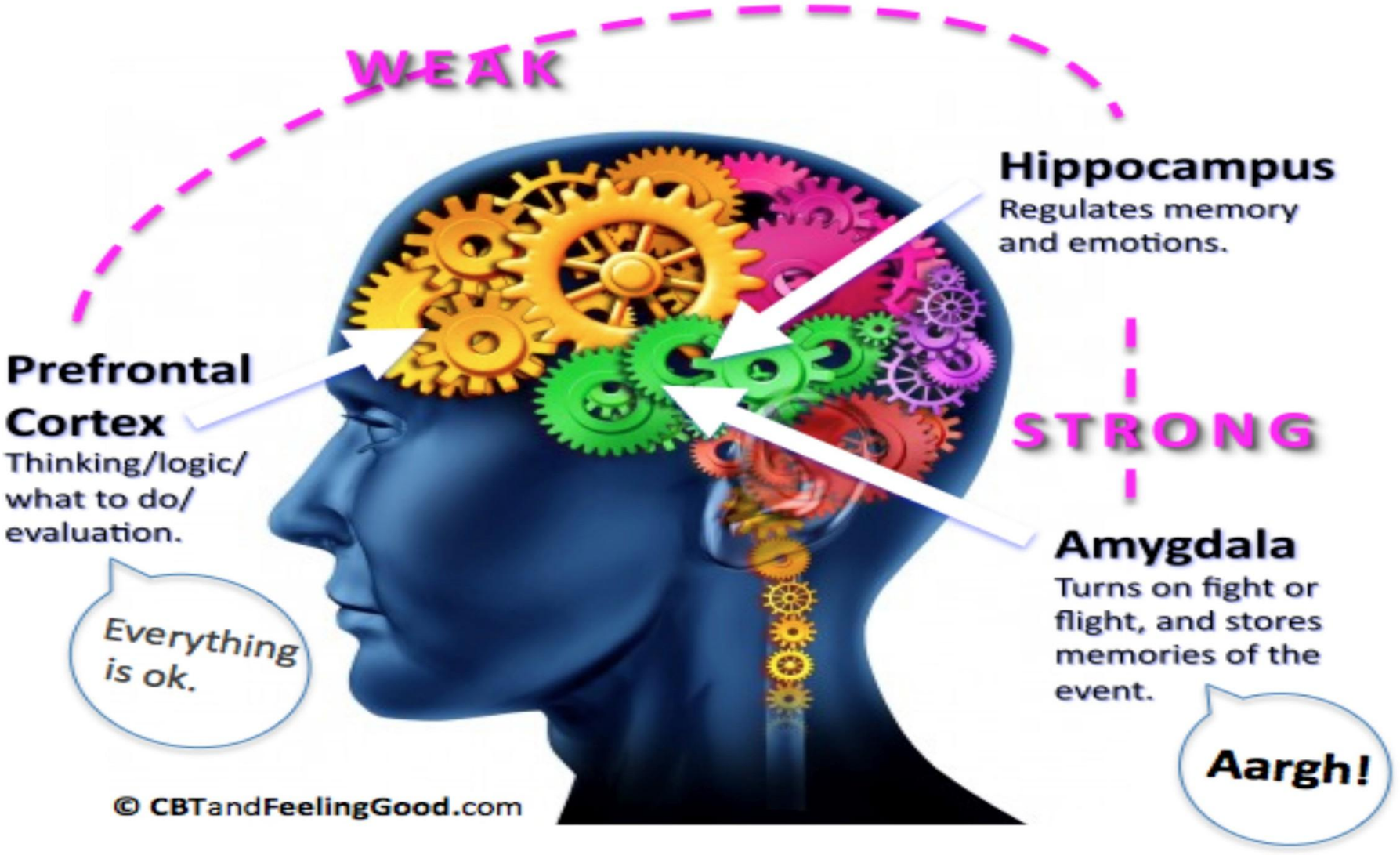
Peter A. Levine, Ann Frederick
Waking the Tiger: Healing Trauma

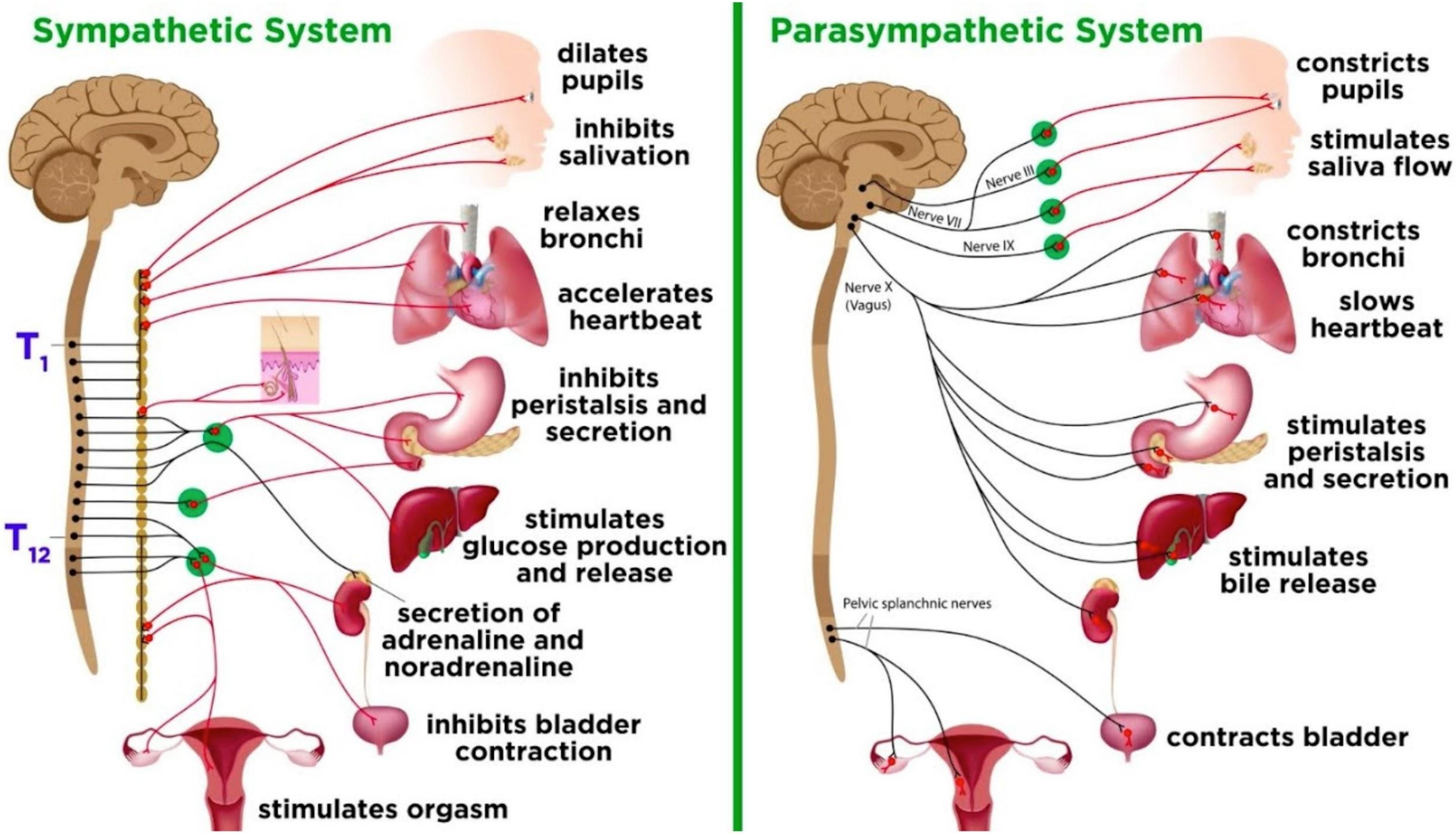
#kindlequotes

TRAUMA RESPONSES

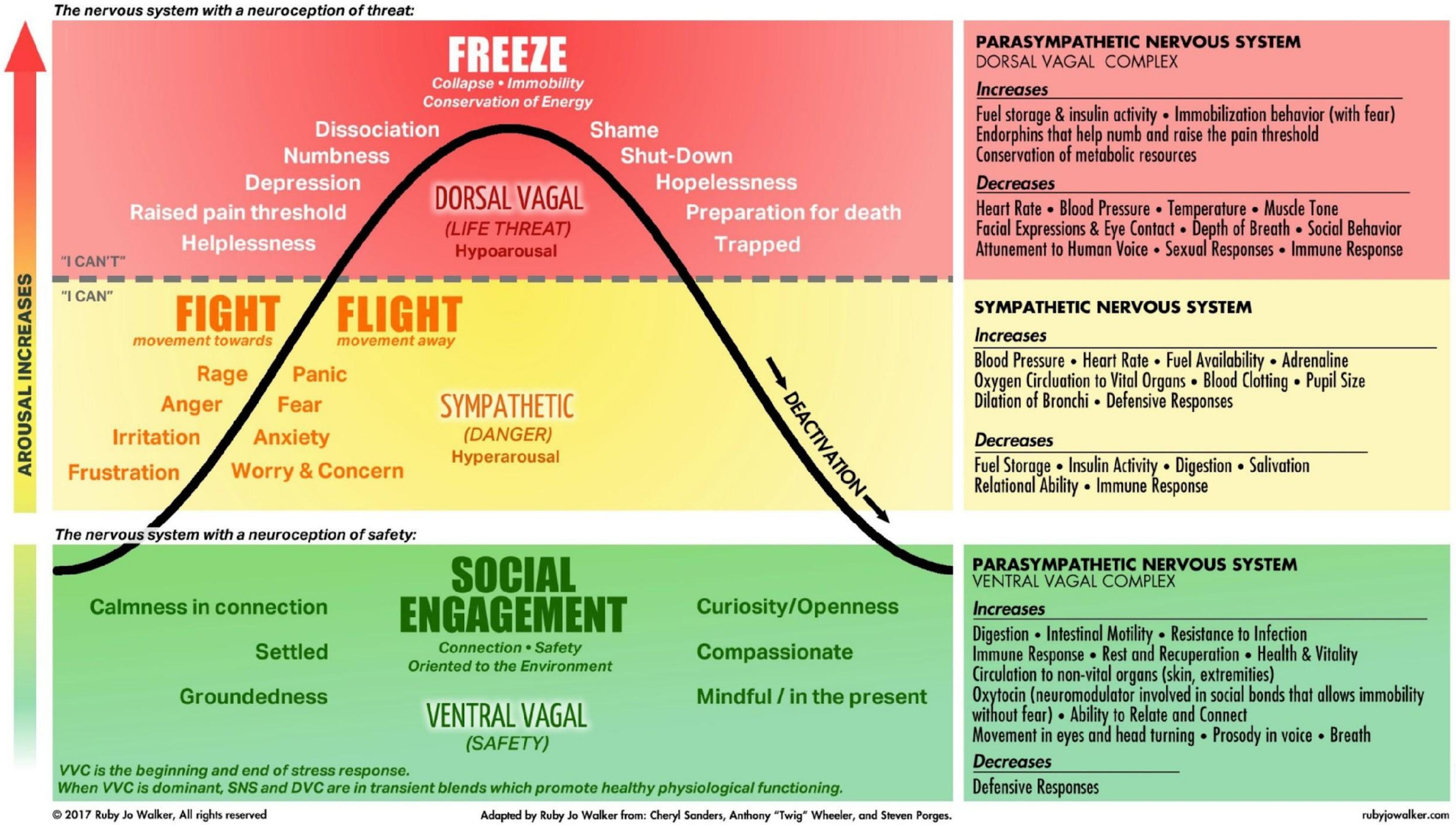
The Stress Response




WEAK
Hippocampus
Regulates memory and emotions.
Prefrontal Cortex
Thinking/logic/ what to do/ evaluation.
STRONG
Amygdala
Turns on fight or flight, and stores memories of the event.
Everything is ok.
Aargh!
© CBTandFeelingGood.com


Sympathetic System
dilates pupils
inhibits salivation
relaxes bronchi
accelerates heartbeat
T1
inhibits peristalsis and secretion
T12
stimulates glucose production and release
secretion of adrenaline and noradrenaline
inhibits bladder contraction
stimulates orgasm
Parasympathetic System
constricts pupils
stimulates saliva flow
Nerve III
Nerve VII
Nerve IX
Nerve X (Vagus)
constricts bronchi
slows heartbeat
stimulates peristalsis and secretion
stimulates bile release
Pelvic splanchnic nerves
contracts bladder

POLYVAGAL CHART



PARASYMPATHETIC NERVOUS SYSTEM
DORSAL VAGAL COMPLEX

Increases

Fuel storage & insulin activity • Immobilization behavior (with fear)
Endorphins that help numb and raise the pain threshold
Conservation of metabolic resources

Decreases

Heart Rate • Blood Pressure • Temperature • Muscle Tone
Facial Expressions & Eye Contact • Depth of Breath • Social Behavior
Attunement to Human Voice • Sexual Responses • Immune Response

SYMPATHETIC NERVOUS SYSTEM

Increases

Blood Pressure • Heart Rate • Fuel Availability • Adrenaline
Oxygen Circluation to Vital Organs • Blood Clotting • Pupil Size
Dilation of Bronchi • Defensive Responses

Decreases

Fuel Storage • Insulin Activity • Digestion • Salivation
Relational Ability • Immune Response

PARASYMPATHETIC NERVOUS SYSTEM
VENTRAL VAGAL COMPLEX

Increases

Digestion • Intestinal Motility • Resistance to Infection
Immune Response • Rest and Recuperation • Health & Vitality
Circulation to non-vital organs (skin, extremities)
Oxytocin (neuromodulator involved in social bonds that allows immobility without fear) • Ability to Relate and Connect
Movement in eyes and head turning • Prosody in voice • Breath

Decreases

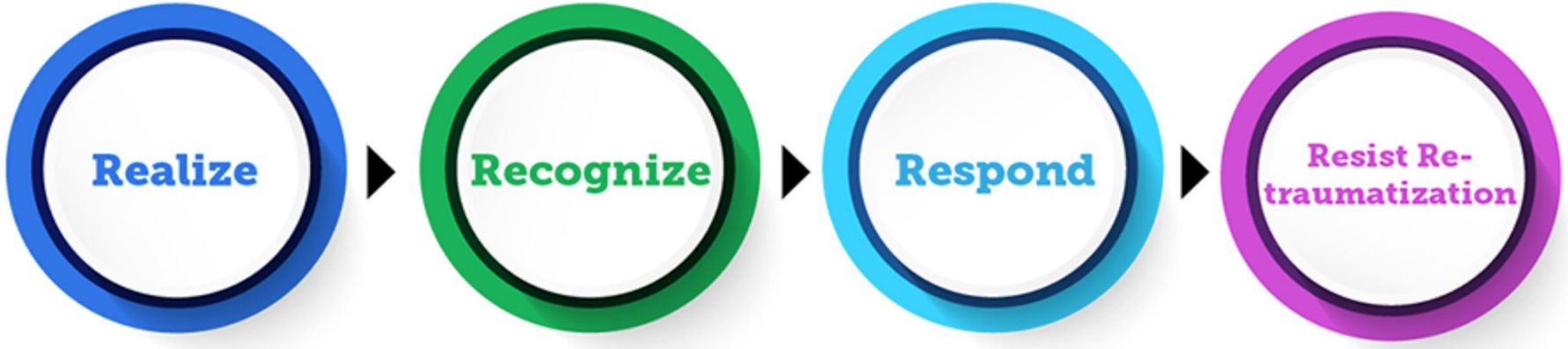
Defensive Responses

ver 7.0

Adapted by Ruby Jo Walker from: Cheryl Sanders, Anthony "Twig" Wheeler, and Steven Porges.

rubyjowalker.com

The Four Rs of Trauma-Informed Care



Realize the widespread impact of trauma and understand potential paths for recovery

Recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system

Respond by fully integrating knowledge about trauma into policies, procedures, and practices

Resist re-traumatization of children, as well as the adults who care for them

This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Treatment

1. Medications
2. Grounding
3. Release of Happy Hormones
4. TOP Down
5. Bottom Up
6. Memory Reconsolidation

Medications

Antidepressants SSRI (Paxil, Zoloft)
Anti-Anxiety Agents (not recommended)

Beta Blockers (Propranolol)

Alpha 1 Adrenergic Block (Prazosin)
Anticonvulsant (Topamax) Inhibiting multiple pathways enhancing GABA

and inhibiting Glutamatergic Pathways

Stellate Ganglion Block Treatment (Injection blockage of Sympathetic)

Pros and Cons

Pros

1. Treat symptoms of PTSD.
2. May decrease Nightmares.
3. May decrease anxiety in the moment.
4. May have some assistance with SUD when combined with other medications.
5. ASAM very small case study reported decrease in Drug Dreams.
6. Assist with mood to allow progression into treatment.

Cons

1. Treat symptoms of PTSD but not the actual trauma.
2. Propranolol in the original study in increased nightmares and researchers then opted for Prazosin.
3. Prazosin may increase dreams non traumatic.
4. May produce hypotension or other cardiac challenges.
5. Dual uptake inhibitors epinephrine can activate the sympathetic nervous system.

Phases of Trauma Treatment

Phase 1: Safety and Stabilization

Phase 2: Remembrance and Mourning Phase

Phase 3: Reconnection and Integration Stage

Relapse Risk Across All Phases of Treatment

1. Exposure to new stressors
2. Insufficient Coping or emotional regulation
3. Negative Trauma Related Thoughts
4. Loss of social or environmental supports

Phase 1 Safety and Stabilization

1. Masking sense of symptoms
2. Suicidal and Self Destructive Tendencies
3. Early symptom containment
4. Window of Tolerance when combined with other medications
5. Symptom Management

1. Psychoeducation
2. Safety Contracts ? / Crisis Response Plan
3. Manage Withdrawal and provide comfort meds
4. Grounding tools
5. Internal Safe Place
6. Body awareness and relaxation
7. Non judgemental emotions
8. Choices
9. Dignity and Respect

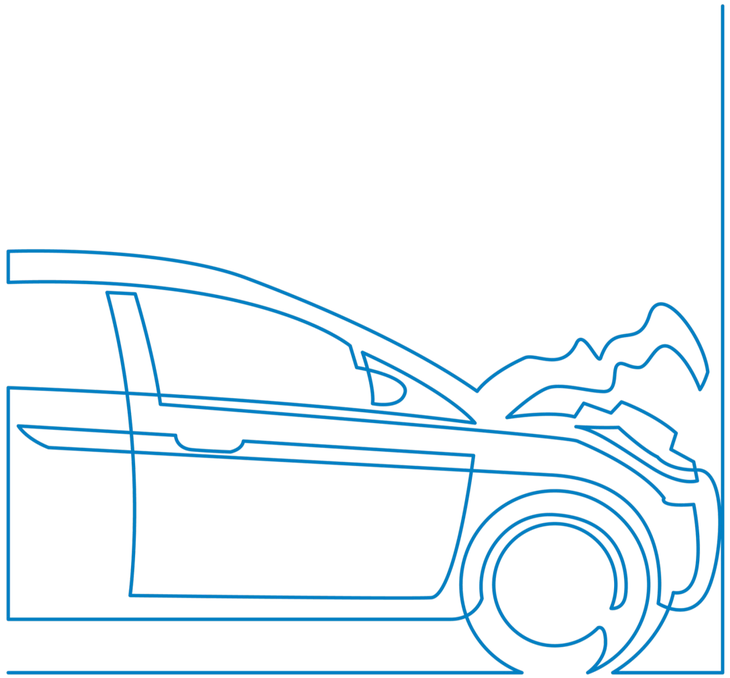
Phase 2 Safety and Stabilization

1. Safety within the therapeutic relationship
2. Becoming a Safe Person
3. Remaining a safe person
4. Safety from others
5. Clients are aware

1. Remember the uniqueness of clients
2. Know your limitations
3. Give advance warning of change
4. Keep Appropriate Boundaries
5. Identify or teach Building Healthy Relationships
6. Safe Places
7. Protect Confidentiality
8. Appropriately process therapeutic terminations

Moving Forward

1. Avoid temptation to skip the first step of trauma recovery
2. Clients may want to dive in and talk because they believe getting it out will resolve the problem
3. Therapist may mis interrupt this as progress because of the cathartic patient response



Relapse Risk During Remembering and Mourning Stage

1. Re Exposure
2. Overwhelming Trauma Processing
3. Avoidance
4. Moving to Quickly

Phase 2 Trauma Processing Remembering and Mourning

1. CPT 12 session homework about 3 months 60-90 minutes
2. TCFBT 12-16 weekly sessions
3. EMDR 60-90 minutes 3-9 sessions
4. PolyVagal
5. Accelerated Resolution Therapy
6. Brainspotting
7. Prolonged Exposure 12-15 90 minute sessions
8. Imagery Rescripting
9. Memory Reconsolidation

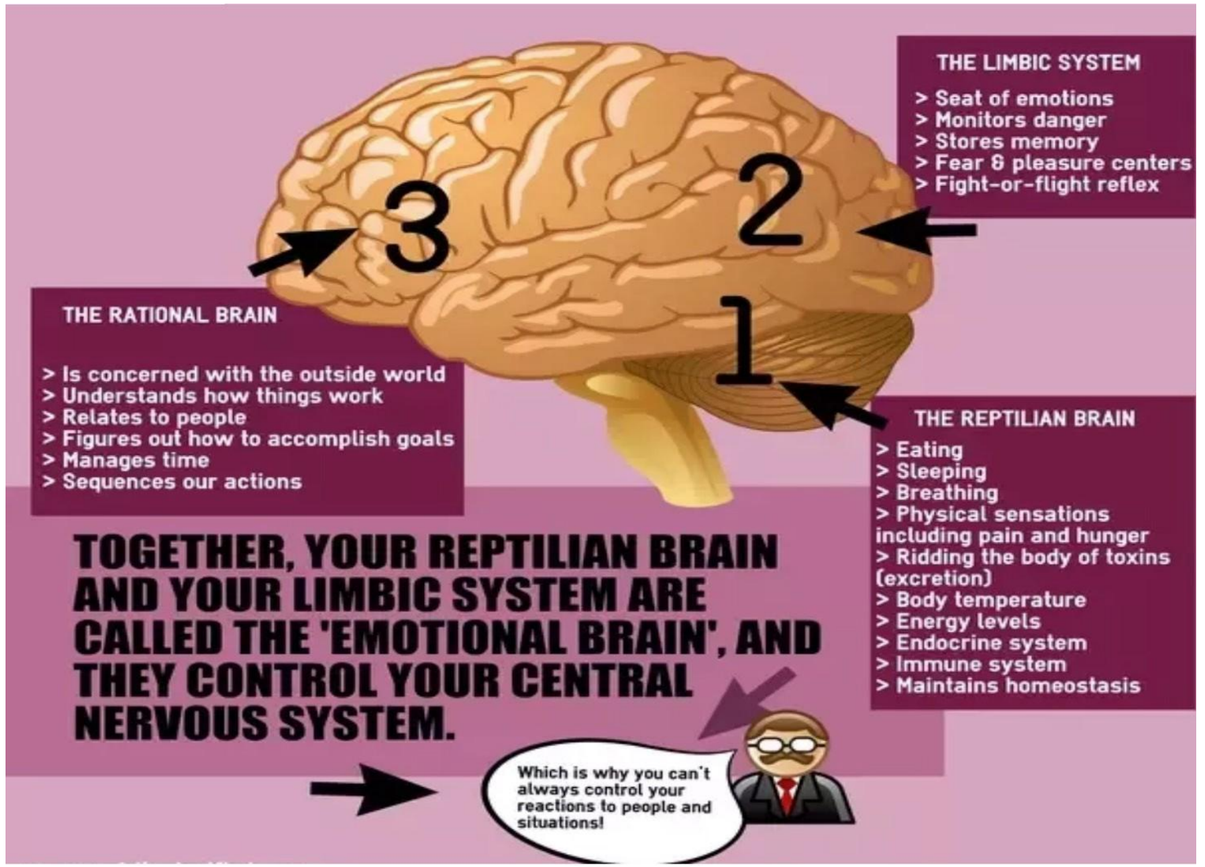
Top Down Approach

What is wrong with your thinking and how do we fix it

Examples

1. CBT
2. TFCBT
3. Narrative Therapy
4. CPT- 12 sessions typically
5. Prolonged Exposure

Neo Cortex Limbic



Possible Criticisms of Talk Therapy

1. Clients Burn out
2. Traumatic Memories are heightened
3. Clients Drop Out
4. Discounts the muscle memory of Trauma
5. Can require longer sessions
6. Therapist burnout
7. Requires supervision and longer training sessions

Most trauma therapies address the mind through talk and the molecules of the mind with drugs. Both of these approaches can be of use. However, trauma is not, will not, and can never be fully healed until we also address the essential role played by the body. We

Peter A. Levine, Ann Frederick
Waking the Tiger: Healing Trauma

#kindlequotes

Memory

1. Neuroplasticity
2. Working Memory Malleable
3. Traumatic Memories Less Malleable

Imagery Rescripting

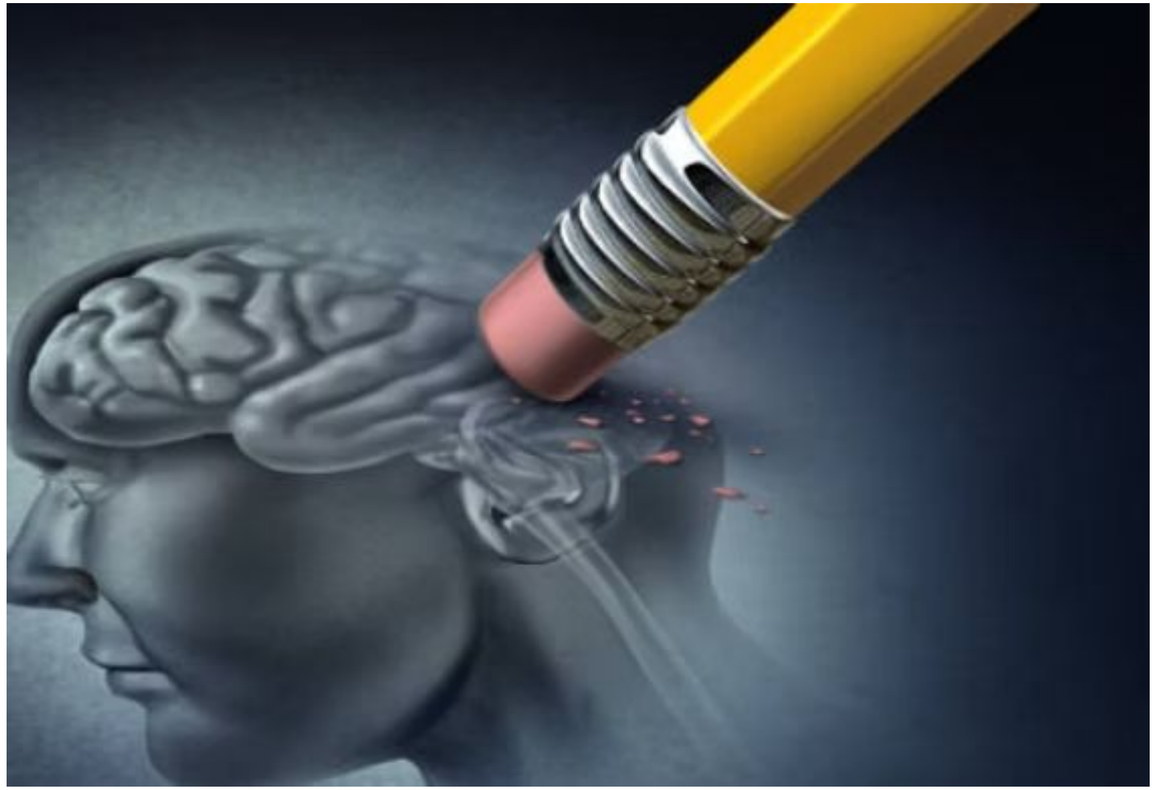
1. Provides Replacement of the Image
2. Leading to Memory Reconsolidation
3. Study in 2024
    a. 155 Participants
    b. Worst Traumatic Event prior to Age 16
    c. Utilized EMDR or IR 12 sessions

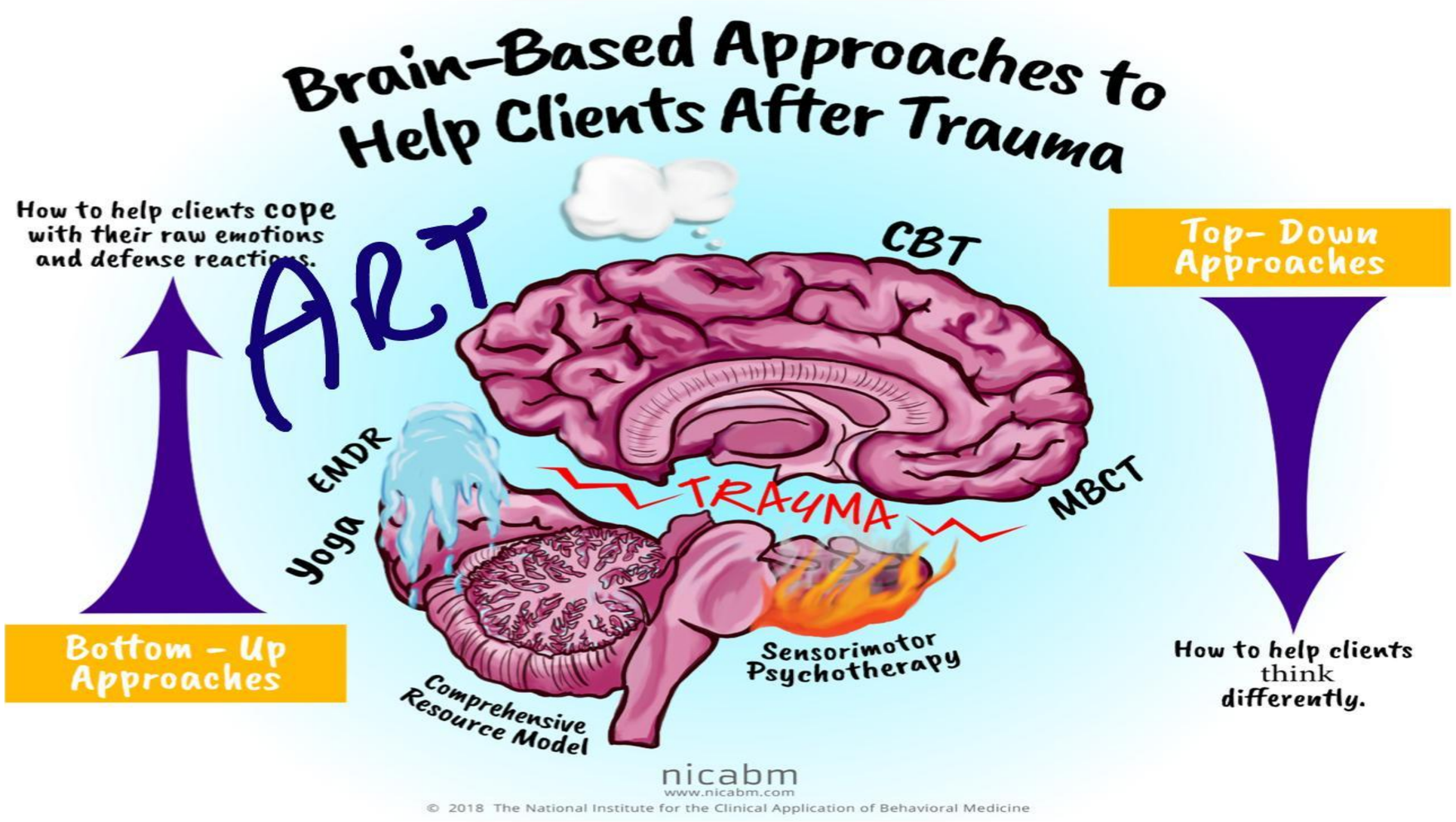
Results: Improvement in symptoms of PTSD, comparable to EMDR.

(Rameckers et al., 2024)

Memory Reconsolidation

1. Allows the brain to erase memories
2. Use in Substance Use recent study reviewed research and found some promise in the reduction of relapse and cravings utilizing a Memory Reconsolidation and Extinction (Huang et al., 2024)




Brain-Based Approaches to Help Clients After Trauma
How to help clients cope with their raw emotions and defense reactions.
ART
CBT
Top- Down Approaches
EMDR
Yoga
TRAUMA
MBCT
Bottom - Up Approaches
Sensorimotor Psychotherapy
Comprehensive Resource Model
How to help clients think differently.
nicabm
www.nicabm.com
© 2018 The National Institute for the Clinical Application of Behavioral Medicine

MDMA

1. Some evidence with AUD and Trauma
2. Not recommended for clients with Methamphetamine or Stimulate Use D/O
   a. Sympathomimetic
   b. Mood disturbances
3. No evidence for clients with Opiate use D/O no consistent research the use is contraindicated.
4. MDMA not approved for clinical use by FDA 2024.

One of the common errors counselors make when seeing C-PTSD clients is setting aside the foundational counseling skills they generally use, assuming that specialized techniques are necessary.

Heather Davediuk Gingrich
Restoring the Shattered Self: A Christian Counselor's Guide to Complex Trauma (Christian Association for Psychological Studies Books)

#kindlequotes

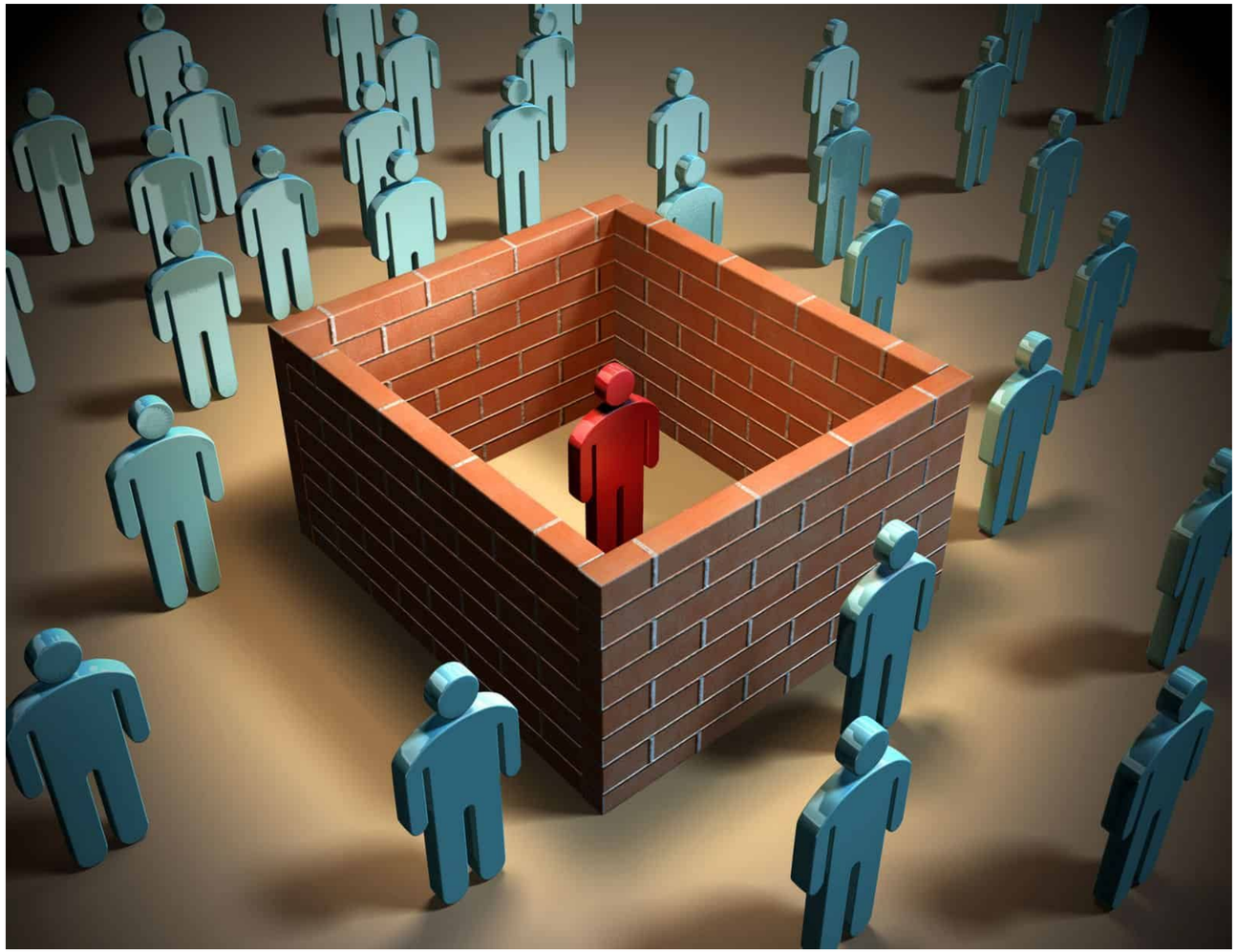
Phase 3 Consolidation and Resolution Reconnection

1. Learning Sense of self
2. Reintegration into life
3. Coping with Life on Life's Terms
4. Learning Tolerance

1. Coping Skills
2. Grounding
3. Mindfulness
4. Social Skills Training
5. Social Support
6. Relapse Prevention
7. Employment
8. Recovery Community
9. Health Non Recovery Community

Risk for Relapse Reconnection and Integration Phase

1. Social Isolation
2. Loss of Support
3. New Life Stressors
4. Limited resources



Ethical Principles

Autonomy

Respect the client's right to make their own decisions and choices. Caregivers should provide informed consent without

1. Tell the truth
2. Respect Privacy
3. Protect Confidential Information
4. Obtain Informed Consent

Challenges

1. Faith Based Treatment
2. 12 Step or no Step
3. Suboxone or no Suboxone
4. IT worked for me so this is the way you have to do it.
5. You have got to address the trauma
6. You must forgive

Ethical Principles

Beneficence

Best interest of client and promote well being, striving for positive growth.

1. Moral Obligation to act on the benefits of others
2. Balancing Risks and benefits
3. Protect and Defend Others
4. Prevent Harm
5. Help Person with Disabilities
6. Rescue Persons in Danger

Questionable Ethical Behaviors

1. Consequences vs Punitive Actions
2. Administrative Discharges
3. Abstinence Only Treatment
4. Restrictive Access to Belongings
5. Withholding Medications for Opiate Use Disorder until external verification.
6. Administrative Discharges

Ethical Principles

Non-Maleficence

Avoiding Harm to the Client

Questionable Ethical Behaviors

1. Restriction of privileges
2. Administrative Discharge
3. Challenges of prioritizing institutional risk over patient safety and engagement
4. Written Assignments
5. Social media

Ethical Principles

Justice

Ensuring fairness and equity in treatment

Provide the same opportunities for each person equally

1. Equal access to to care
2. Distributive Justice-All have basic necessities
3. Procedural- Fair and Impartial Decisions
4. Retributive Justice: Ensuring that consequences for mistakes are proportional for the offense

Questionable Ethical Behaviors

1. Restriction of privileges from individual actions endured by the entire groups
2. When to utilize MAT treatment
3. Consequences for actions
4. Old School,
5. Recovery Refocus
6. Chores
7. Relapse principles
8. No shows for appointments and groups

Ethical Principles

Fidelity

1. Honoring Commitments
2. Keeping Promises
3. Fulfilling Responsibilities to all stakeholders

Questionable Ethical Behaviors

1. Tardiness for Group
2. Doing what you say you'll do
3. Documentation

Safety

Choice

Collaboration

Trustworthiness

Empowerment

Definitions

Ensuring physical and emotional safety

Individual has choice and control

Making decisions with the individual and sharing power

Task clarity, consistency, and Interpersonal Boundaries

Prioritizing empowerment and skill building

Principles in Practice

Common areas are welcoming and privacy is respected

Individuals are provided a clear and appropriate message about their rights and responsibilities

Individuals are provided a significant role in planning and evaluating services

Respectful and professional boundaries are maintained

Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

Using a Trauma Lens

Attitudes and behaviors are the individual’s BEST ATTEMPT to cope.

Behavior Through a Trauma Lens

Trauma Lens Off	Trauma Lens On
Manipulative	Getting needs met in ways that have worked in the past. Doing whatever is necessary to survive.
Lazy	Overwhelmed. Lacking the skills to make decisions about what to do first or to organize.
Resistant	Mistrustful of others due to history of being hurt by others. Fear of making progress and then lose everything
Unmotivated	Depressed, fearful, overwhelmed, "frozen"
Disrespectful	Feeling threatened, unsafe, out of control
Attention-Seeking	Feeling disconnected, alone, or unheard by others. Looking for connection.

Ethical Responsibilities to Clients

Commitment to Clients	Self Determination	Informed Consent	Competence
Cultural Competence and Social Diversity	Conflicts of Interest	Privacy and Confidentiality	Access to Records
Sexual Relationships	Physical Contact	Sexual Harassment	Derogatory Language
Payment for Services	Clients who lack decision making capacity	Interruption of Services	Termination of Services

Peer Support Role Ethical Challenges in Treating PTSD or Trauma

Challenges

1. Dual Relationships
2. Drifting in Clinical Roles
3. RTC treatment for PS is providing treatment where clients live, many times due to financial stress Peer Support Providers may operate in staff positions
4. Personal Experience may cloud clients needs.
5. Positive Screens
6. Group
7. Untreated Trauma
8. Documentation
9. Supervision

Counselors Ethical Challenges in Treating PTSD or Trauma

Challenges

1. Dual Relationship
2. Non Evidence Based treatment
3. Progressing prior to clients readiness based on emotional assessment
4. Lack of adequate knowledge of triggers, and coping skills to engage the parasympathetic nervous system
5. Positive Screens
6. Group
7. Untreated Trauma

Staff Ethical Challenges in Treating PTSD or Trauma

Challenges

1. Drifting into clinical roles
2. Intake
3. Personal Untreated Trauma
4. Responsibilities related to job
5. Positive Screens

Administrative Management Ethical Challenges in Treating PTSD or Trauma

Challenges

1. Risk Management
2. Drifting in Clinical Roles
3. Personal Untreated Trauma
4. Secondary Trauma
5. Ensuring Trauma Informed care
6. Administrative Discharge
7. Positive Screens

Medical Ethical Challenges in Treating PTSD or Trauma

Challenges

1. Frequent Flyer
2. Drifting in Clinical Roles
3. Personal Untreated Trauma
4. Secondary Trauma
5. Utilizing uncontrolled substance to treat symptoms
6. Positive Screens
7. Medical, Psychiatric, Trauma response

Ethical Challenge

John is a PS provider and during check in group the client begins to talk about his trauma the PS provider asks to meet with him after the group. During the discussion after the group the PS provider suggests to him that he start to journal about his trauma and states “I had the same thing happen to me you got to write it out, you have to forgive”

Ethical Challenge

During the clinical group session a client is defensive and states “i'm not going to do the check in I'm just working it out with God, I got saved and baptized” The counselor responds “if you don't participate this is consider non compliance”. The client replies “you don't know what is like you told us you have never been in addiction”. The counselor responds “you can participate or not participate but your not going to get any better if you don't participate”.

Ethical Challenge

John has been late for several groups and appears vague when after his screen. His substance of use was Xanax and ativan. He has not had a random for 6 months because he was doing well. Today his screen is positive for Benzos, you have a no tolerance policy for missing group and a positive screen. John is aware the program has a 2 strikes your out policy.

When someone is going through a rough time. Just sit with them. No preaching, no advice. Just be there