Intersections Between Interpersonal Trauma and Substance Use: Increasing Support in Existing Programs

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Abstract: Interpersonal trauma and substance abuse are two issues that are incredibly intertwined, but they are often treated as separate issues. This thesis will examine how interpersonal trauma and substance abuse interact, and discuss how existing treatment programs can be improved to create better outcomes for service participants.

Keywords: Sociology, Substance Abuse, Interpersonal Trauma, Holistic Treatment, Intimate Partner Violence

Table of Contents

Intro 4
Interpersonal Trauma 4
Effects of Interpersonal Trauma on Survivors 5
Gender 8
Revictimization 9
Substance Abuse 9
The War on Drugs 10
Effects of Substance Abuse 12
Substance Abuse & Interpersonal Trauma 13
Recovery 15
Drug Courts and Methadone Maintenance 15
Therapeutic Interventions 17
Motivational Interviewing 18
Cognitive Behavioral Therapy 19
Art Therapy 19
Relapse 21
What Needs to Change 21
Implications for Policy 22
Human Rights Implications 24
Conclusions 25
Reference List 28

Intro

Interpersonal trauma (IPT) and substance abuse are two incredibly interrelated issues which are often looked upon as separate in the United States. Substance abuse is treated as a medical issue while trauma is seen as a psychological one (Dollar, 2019). People who experience IPT are more likely to abuse substances than people who have experienced any other form of trauma, or none at all (Boyraz & Waits, 2018). The exact nature of what makes IPT survivors more at risk for developing substance abuse issues is contested, but it is clear that there is a connection. Understanding the intersection between IPT and substance abuse, and how they are treated is the first step to improving existing treatment programs and creating more effective and fair legislation surrounding drugs.

Interpersonal Trauma

IPT is defined as traumatic events in which an individual is assaulted by another person, and it is extremely common in the United States (Lilly & Valdez, 2012). Sixty nine percent of people in the United States have been exposed to IPT at some point in their lifetime (Lilly & Valdez, 2012). This trauma can occur at any point in an individual's life, and it takes different forms: intimate partner violence, child abuse, and sexual assault are only a few examples. Many individuals experience multiple instances of IPT throughout their lives (Iverson, Litwack, Pineles, Suvak, Vaughn & Resick, 2013A).

According to the Centers for Disease Control and Prevention (CDC), intimate partner violence is aggression by a current or former partner which can include physical and sexual violence, stalking, and psychological aggression (2019). Around 33% of American women experience physical intimate partner violence, and 25% report severe physical violence (Iverson et al, 2013A). Over 43 million women and 38 million men in the United States have experienced

psychological aggression by an intimate partner in their lifetime (CDC, 2019). Approximately 10% of women and 2% of men experience stalking in the United States (CDC, 2019). Intimate partner violence in all of its forms is clearly extremely common in the United States, and therefore the psychological effects on the survivors of intimate partner violence are wide reaching. While intimate partner violence includes only those who have been in intimate relationships, children are not immune from abuse (CDC, 2019; 2020)

Child abuse takes many of the same forms as intimate partner violence. Physical, sexual, and emotional abuse, as well as neglect fall under this umbrella term, but they have to occur before the child turns 18 to be considered child abuse (CDC, 2020). Children living in poverty are most at risk for abuse and neglect (CDC, 2020). Children who are abused are more prone to revictimization later in life, with those who are sexually abused before the ages of 13-14 at the highest risk (Iverson, Dick, McLaughlin, Smith, Bell, Gerber, Cook & Mitchell, 2013B). Children who have been abused are more likely to use substances than those who have not (Mandavia, Robinson, Bradley, Ressler & Powers, 2016; Rich, Wilson & Robertson, 2016). This is because IPT at a young age interferes with the formation of healthy coping mechanisms and emotion regulation (Mandavia et al, 2016).

Effects of Interpersonal Trauma on Survivors

IPT comes in a wide range of abuses and violations (CDC, 2019; 2020; Delker & Freyd, 2014; Mandavia et al, 2016). The effects of IPT on the mental health of survivors are just as varied (Delker & Freyd, 2014; Iverson et al, 2013A; Mandavia et al; 2016). Traumatized individuals often do not recognize how trauma effects different areas of their lives, and that many of their intense feelings stem from trauma (van der Kolk, 2002). This can be true even after

the trauma has long past (van der Kolk, 2002). People rationalize the intense emotions caused by trauma so that they can avoid confronting painful memories (van der Kolk, 2002).

Betrayal trauma theory states that when a survivor is dependent on someone who is abusing them it benefits the survivor to have a diminished awareness of the abuse (Delker & Freyd, 2014). The survivor is benefitted by this diminished awareness because they need something from their abuser, so they cannot leave the situation (Delker & Freyd, 2014). To cope with the lack of control and unpredictability that characterize abusive situations, the survivor rationalizes and normalizes the abuse to the point that their awareness that something is wrong with the situation is compromised (Delker & Freyd, 2014). Over time, this contributes to the survivor's difficulty detecting risk in future relationships (Delker & Freyd, 2014). The decreased awareness of risk in social relationships makes individuals more likely to experience revictimization. When an individual experiences multiple instances of IPT during their lifetime these effects are more severe (Delker & Freyd, 2014).

The increased severity of compromisation of social risk awareness can be attributed to trauma's cumulative effect. The more trauma an individual experiences throughout their lifetime, the more likely they are to experience the mental health consequences associated with trauma (Delker & Freyd, 2014). When someone experiences trauma multiple times within their life, it adds to their lifetime cumulative trauma. Studies have shown that individuals with exposure to multiple instances of IPT are more likely to develop complex negative psychosocial outcomes (Delker & Freyd, 2014). Some of these outcomes include posttraumatic stress disorder (PTSD), depression, substance use disorders, emotion dysregulation, self-blame, dissociation, and guilt (Boyraz & Waits, 2018; Delker & Freyd, 2014; Iverson et al., 2013A; Iverson, Gradus, Resick,

Suvak, Smith & Monson, 2011; Lilly & Valdez, 2012; Mandavia et al., 2016; Orke, Vatnar & Bjorkly, 2018).

PTSD is extremely common in people who have experienced IPT (Delker & Freyd, 2014). Between 31-84% of individuals who have experienced intimate partner violence develop PTSD (Iverson et al., 2011). Symptoms of PTSD include reexperiencing the trauma, hyperarousal, numbing, and avoidance (Iverson et al., 2013A). Hyperarousal causes survivors to be in a constant alert state which impedes their ability to detect and react to actual risk (Iverson et al., 2013A). Numbing similarly impedes the ability of survivors to detect risk as it suppresses their emotional responsiveness (Iverson et al., 2011). These symptoms of PTSD are beneficial to the individual while they are in the abusive situation because they help them cope with the abuse and avoid harm (Delker & Freyd, 2014; Iverson et al, 2011). This enables individuals to reduce the physical and emotional pain of the abuse while it is still taking place (Iverson et al., 2011). Once the individual is out of the abusive situation, these symptoms harm them instead of helping them (Iverson et al, 2011). Individuals with impaired ability to detect social risk are at higher risk for revictimization, which raises the amount of cumulative trauma the individual has experienced (Iverson et al., 2011). This is the same process described in betrayal trauma theory, and it is a common thread among many trauma related disorders (Delker & Freyd, 2014). People with PTSD often have trouble regulating the powerful emotions associated with their trauma, this is especially true in children who experience IPT (Spinazzola, van der Kolk & Ford, 2018).

Along with PTSD, children who experience IPT also experience attachment adversity (Spinazzola et al, 2018). This is especially common in children whose trauma was inflicted by a primary caregiver (Spinazzola et al, 2018). Attachment adversity is when children and their caregivers experience IPT, and bonds between the child and their primary caregivers are

negatively affected, or have difficulty forming (Spinazzola et al, 2018). Children in these situations have difficulties with their psychosocial development, specifically with regulating their emotions (Mandavia et al, 2016; Spinazzola et al, 2018). Emotion dysregulation is described as when individuals have trouble managing difficult emotional states (Mandavia et al., 2016). This impairment is particularly likely in individuals who experienced IPT as children because emotional development happens during infancy and childhood, and children who grow up in abusive or neglectful households are less likely to be exposed to appropriate modeling of emotional labeling, expression, and regulation behaviors (Mandavia et al., 2016). Emotion dysregulation can affect many areas of survivor's lives, causing them to have difficulty holding down a job and maintaining relationships (Mandavia et al, 2016). Emotion dysregulation is commonly seen in individuals with PTSD, but in individuals who experienced IPT in childhood the effects of emotion dysregulation are distinct (Spinazzola et al, 2018).

Gender

Gender differences are often discussed in research about IPT, especially when it involves intimate partner violence. The main area in which men and women differ is trauma exposure. Women are more likely to have more numerous instances of IPT, while men tend to have higher rates of non-IPT (Lilly & Valdez, 2012). Women are nine times more likely to experience rape, and four times more likely to report childhood sexual abuse than men (Iverson et al., 2013B).

This is not to say that men do not experience these abuses; 1 in 5 men in the United States experience sexual violence, and 1in 7 experience severe intimate partner violence (Iverson et al., 2013B). Men just tend to experience them at a lower rate than women, and their first instance of IPT tends to be at a later age than women (Lilly & Valdez, 2012). Men and women react to this trauma similarly; they are both prone to developing PTSD, emotion dysregulation,

and substance use disorders. (Iverson et al., 2013B). This means that Men develop mental health issues related to IPT at lower rates than women because they are less likely to be exposed to the type of trauma that causes them, not because they have an immunity to it (Iverson et al, 2013B; Lilly & Valdez, 2012)

Revictimization

Revictimization is when somebody who has previously experienced IPT experiences it again (Iverson et al, 2013A). Iverson et al. (2013A) claim that 46% of participants in their study were revictimized within six months of seeking help. Betrayal trauma theory states that many behaviors that individuals use to stay safe in abusive and traumatic situations put them at a higher risk for revictimization, and this is further demonstrated when discussing the effects of hyperarousal and numbing on awareness of social risk in PTSD patients (Delker & Freyd, 2014; Iverson et al., 2011; Iverson et al, 2013A). Revictimization and cumulative trauma go hand in hand. When a person is revictimized their cumulative lifetime trauma increases (Delker & Freyd, 2014). Each increase puts the individual more at risk for complex negative psychosocial outcomes, which in turn puts the survivor at more risk for revictimization (Delker & Freyd, 2014; Iverson et al., 2011; Iverson et al., 2013B;). It is a vicious cycle but getting psychological treatment for issues related to the trauma can break the cycle by lowering the risk of revictimization (Iverson et al., 2011; Iverson et al., 2013B).

Substance Abuse

Substance abuse is a major problem for many Americans, and it touches people from every walk of life (Laurer & van der Vennet, 2015). This is unsurprising because more than 22 million people in the United States have been diagnosed with substance use disorders, and approximately 20 million more have a diagnosable problem, but have not received treatment

(Laurer & van der Vennet, 2015). Substance abuse is problematic substance use, meaning that the individual's use of substances is affecting their relationships, employment, and other aspects of their life (Li, Zhu, Tse, Tse &Wong, 2015). Substance abuse causes a host of social and medical issues for people suffering from it (Boyraz & Waits, 2018; Dollar, 2018).

Clearly, the way the United States is addressing the issue is inadequate (Laurer & van der Vennet, 2015). In order to understand the social morays of substance abuse in the United States today the War on Drugs must be discussed as it affects how substance abuse treatment is facilitated and viewed in the United States (Dollar, 2018).

The War on Drugs

The War on Drugs began as a political maneuver and grew into one of the most widespread mechanisms for institutionalized racism in modern history (Murch, 2015). Politicians wishing to prove that they take a hard stance on crime push for stricter drug laws with more punitive sentences to please their constituents (Rosino & Hughey, 2018). By doing this they use their political power to further suppress groups that are in a power minority (Dollar, 2018; Murch, 2015; Rosino & Hughey, 2018). They use vocabulary such as "criminal" and "disease" to create social stigma around individuals who use substances to justify their strict discriminatory policies (Dollar, 2018, 306). Government campaigns also tout slogans such as "just say no" which push the responsibility of sobriety onto individuals (Dollar, 2018, 316). This responsibility serves to further demonize individuals with substance abuse issues by presenting their struggle as an individual failure, and not a symptom of larger societal problems (Dollar, 2018).

The term "War on Drugs" comes from a speech made by Richard Nixon in 1972, but the United States' drug policy did not begin resembling a war until the 1980's (Rosino & Hughey, 2018). In 1981, Regan signed the Military Cooperation with Law Enforcement Act which

allowed the police to use military weaponry, training, and intelligence to carry out domestic military operations (Rosino & Hughey, 2018). This gave the phrase "War on Drugs" a new meaning. SWAT raids, racial profiling, psychological intimidation, selective enforcement, and harassment of citizens became the new normal for policing (Murch, 2015; Rosino & Hughey, 2018). With the militarization of the police, the War on Drugs truly became a war (Rosino & Hughey, 2018). Rosino and Hughey (2018) define the War on Drugs today as "a set of politico-legal discourses and state practices involving the use or threat of physical force, including militaristic policing and severe inflexible prison sentencing, in the supposed interest of enforcing drug prohibition laws, reducing drug use, and disrupting the drug trade (857)." This policy has led to the mass incarceration of hundreds of thousands of Americans (Murch, 2015). The California prison population increased by more than 142,000 between 1977 and 2000 due to the War on Drugs (Murch, 2015). This effect can further be seen in the population of incarcerated individuals. Over 55% of prison inmates, and 63% of jail inmates have diagnosed substance abuse problems (Kearley & Gottfredson, 2020).

Selective enforcement of drug laws has created a large disparity in the racial representation of individuals incarcerated for drug crimes (Rosino & Hughey, 2018). Rates of drug use are similar in all races, but black individuals are far more likely to be arrested and convicted of drug crimes than their white counterparts (Rosino & Hughey, 2018). In 2000, 31% of inmates in the California prison system were black, but only 7% of California's general population was black (Murch, 2015). This makes even less sense due to the fact that white teens are more likely to deal drugs than black teens (Rosino and Hughey, 2018). One mediating factor for this disparity is racial profiling (Rosino & Hughey, 2018). Racial profiling is when the police use a person's race, religion, or nationality to dictate who they suspect of criminal activity

(Rosino & Hughey, 2018). A black or Latinx person is more likely to be stopped than a white individual (Rosino & Hughey, 2018). Black and Latinx individuals also tend to come from lower socioeconomic classes than white individuals, so when they are charged with a drug offense, they are less likely to have the funds to fight the charge (Rosino & Hughey, 2018).

The existing system also places additional challenges on the shoulders of individuals with substance abuse issues who complete their sentence (Dollar, 2018; Rosino & Hughey, 2018). On top of being responsible for maintaining their sobriety and finding support for their substance use and trauma related issues, newly released convicts are faced with reintegrating themselves into a society that has a profoundly negative view of people with criminal records (Dollar, 2018; Rosino & Hughey, 2018). Access to education and employment in prison and jail is limited or non-existent which puts ex-prisoners at a disadvantage compared to their peers who have never been in prison (Rosino & Hughey, 2018). People with criminal records, especially people of color, have a hard time finding employment, and limited access to public assistance after they are released (Rosino & Hughey, 2018). This creates stress that can exacerbate underlying mental health conditions and substance abuse issues.

Effects of Substance Abuse

The physical health effects of substance abuse vary based on what drug the individual uses, and their mode of use. People who use drugs intravenously face risks of HIV, hepatitis, and other blood bourne diseases, especially when sharing needles (NIDA, 2012). Overdose is also a major concern among individuals with substance abuse issues. In 2017, drug overdose was the leading cause of death in Americans aged 25-64 (Kearley & Gottfredson, 2020). According to the National Institute on Drug Abuse (2012), using drugs or alcohol during pregnancy can result in birth defects and developmental delays. Persistent drug use can cause damage to the liver,

kidneys, heart, and lungs while putting the individual at an increased risk for cancer (NIDA, 2012). These medical risks are why substance abuse is largely regarded as a medical issue (Dollar, 2018).

In addition to the physical health consequences of substance abuse, individuals with substance abuse issues also face social stigma (Masumoto, Santelices & Lincoln, 2020). It is possibly because of this stigma that only 1/3 of individuals with substance abuse issues report having attended treatment at any point in their life (Masumoto et al, 2020). Many Americans believe that people who abuse substances are unreliable, dangerous, and not good people (Masumoto et al, 2020). This stigma affects the mental health of individuals who abuse substances, especially when they belong to more than one stigmatized group (Masumoto et al, 2020). People who experience more stigma and discrimination tend to have worse mental health outcomes than people who do not (Masumoto et al, 2020).

Substance Abuse & Interpersonal Trauma

Multiple studies have shown that people who experience trauma are more likely to abuse substances (Boyraz & Waits, 2018; Delker & Freyd, 2014; Mandavia et al, 2016). IPT is more likely to lead to substance use than any other form of trauma (Boyraz & Waits, 2018). Many people with substance use disorders have also been diagnosed with trauma related issues such as PTSD (Boyraz & Waits, 2018). These issues are intimately intertwined, and there have been calls for integrating therapies designed for survivors of IPT into existing substance abuse treatment programs by professionals in the field (Rosenberg, 2011). Survivors of IPT are more likely to start using substances, or increase their substance use following traumatic events than survivors of non-IPTs (Boyraz & Waits, 2018; Rich et al., 2016).

Substance use in IPT survivors starts as an avoidance coping mechanism. IPT survivors experience a wide range of negative emotions, like self-blame and guilt (Anderson, Ramo & Brown, 2006; Boyraz & Waits, 2018; Mandavia et al, 2016). IPT can also lead to depression, PTSD, anxiety, and emotion dysregulation (Lilly & Valdez, 2012; Spinazzola et al, 2018). In many cases, the ways the survivors adapted to their abusive situations makes them less able to confront the negative emotions they face (Iverson et al., 2011; Iverson et al., 2013A). The survivors often turn to substances to cope with, or dull their awareness of these negative emotions and symptoms related to their trauma (Delker & Freyd, 2014; Mandavia et al., 2016).

There are different factors that contribute to the likelihood of IPT leading to substance use. Trauma has a cumulative effect, meaning that the more trauma a person experiences in their lifetime, the more likely they are to experience negative effects, including substance abuse (Delker & Freyd, 2014). Timing of the trauma is also important in predicting the development of substance abuse. People are most at risk for developing a substance abuse problem within the first year after experiencing IPT (Rich et al, 2016).

The type of IPT also affects the likelihood of substance abuse. All forms of IPT carry an increased risk of substance abuse, however sexual and emotional abuse carry the most risk (Mandavia et al, 2016). Studies have shown that trauma survivors who disengage from their support systems and use avoidance coping mechanisms are more likely to develop substance use problems than individuals who engage with their trauma and seek help (Iverson et al., 2013A). This is due to the fact that many individuals use substances to avoid negative emotions related to their trauma (Delker & Freyd, 2014).

People who were abused or neglected as children are also at an increased risk for the development of substance use problems later in life (Mandavia et al, 2016). Many individuals

who grow up in neglectful or abusive households have underdeveloped coping skills (Mandavia et al, 2016). This leads to emotion dysregulation later in life, which is a risk factor for substance abuse (Mandavia et al, 2016).

Delker and Freyd cite betrayal trauma theory as a reason revictimization of individuals is so common (2014). This revictimization leads people to have more cumulative trauma and therefore a higher chance of developing problems with substance use. This accumulation of trauma leads to negative emotions (Delker & Freyd, 2014). Many people feel shame, guilt, or blame themselves for their trauma, and without proper intervention they can turn to substances to help cope with these powerful emotions (Boyraz & Waits, 2018). When you combine this emotional dysregulation with the revictimization and cumulative trauma from betrayal trauma theory there is little wonder as to why substance abuse and IPT often go hand in hand.

Recovery

There is hope for individuals who experience IPT and substance abuse, however. Trauma and substance abuse are both difficult issues to treat, but it can be done (Boyraz & Waits, 2018). The process of recovery is a long and hard one, but individuals who face their issues and seek help see an increased quality of life and reduced symptoms (Li et al, 2015).

Drug Courts and Methadone Maintenance

The most recent drug laws introduce alternative sentencing options to incarceration, such as drug courts and treatment programs for the first few offenses (Dollar, 2018). While they are an improvement on incarceration, they are still woefully inadequate (Dollar, 2018). These alternative sentencing options are also made available disproportionately to middle class white Americans (Dollar, 2018).

Drug courts originated in Florida, and quickly spread throughout the country as an effective alternative to imprisonment for people who have been charged with drug crimes (Roman, Yahner & Zweig, 2020). People who are charged with, or convicted of nonviolent offenses and have a history of substance abuse are eligible for these programs (Roman et al, 2020). By completing the program, the individual gets time taken off their sentence, and they may have their conviction dismissed or expunged (NDCRC, 2020; Roman et al, 2020). If the participant commits a program infraction their time in the system is lengthened (Roman et al, 2020). These programs are not standardized and therefore vary by region (Roman et al, 2020). Many drug courts exclude individuals who have pre-existing mental illness (Roman et al, 2020). Considering the high rates of mental illness in this population, this restriction limits the potential beneficiaries of drug courts (Boyraz & Waits, 2018; Roman et al, 2020).

Participating in a drug court involves urine tests to confirm continued sobriety, lifestyle changes, individualized case management services, frequent court appearances, and clinical treatment for substance use disorders (NDCRC, 2020; Roman et al, 2020). The attitude participants have toward the judge has an effect on the outcome of the program. Participants who view the judge positively tend to have more positive outcomes than their peers with less favorable views (Roman et al, 2020). Individuals who used drugs frequently before entering drug court show a decrease in drug use and lower rates of recidivism than individuals who did not participate in drug court (Kearley & Gottfredson, 2020; Roman et al, 2020). Very successful drug courts reduce recidivism by 35-40% (NDCRC, 2020).

Methadone maintenance is a medical treatment for opioid addiction which accompanies many court-ordered alternative sentencing programs, such as drug courts (D'Hotman, Pugh & Douglas, 2018). Similarly to drug courts, methadone maintenance programs are offered to some

offenders in exchange for a reduced prison sentence (D'Hotman et al, 2018). Methadone works by blocking the opioid receptors in the brain which prevents withdrawal symptoms and cravings (Radfar, Ghavami, Namazpoor & Khalkhali, 2019). Methadone maintenance programs involve the participant going to the methadone clinic once a day to receive their dose of methadone (NCBI, 1970). Methadone maintenance programs are designed as medical treatment programs Diaz-Negrete, Velasquez-Altamirano, Benitez-Villa & Fernandez-Caceres, 2019). The individual takes their pill and they no longer crave the drug (Radfar et al, 2019). Basic counseling may be offered at some methadone clinics (NCBI, 1970). Methadone maintenance reduces recidivism in opioid users, but a more holistic approach is needed for them to reach their full potential (Adedoyin, Burns, Jackson & Franklin, 2014; D'Hotman et al, 2018). Methadone maintenance programs without continuous psychiatric care have higher rates of relapse than those who offer mental health services (Radfar et al, 2019).

Therapeutic Interventions

The best scenario for IPT survivors is never developing substance abuse issues to begin with. Increasing mental health and trauma screening in at risk populations could prevent some individuals who experience IPT from ever developing a substance use issue (Iverson et al., 2013B). If the complications from trauma are addressed before the individual starts relying on substances, they can learn healthy coping mechanisms to deal with the negative emotions associated with the trauma. This can be especially important for increasing usage of mental health services by men, who tend to be more reluctant to seek them (Iverson et al., 2013B). Dealing with trauma is never easy, and it is a highly individualized experience for each survivor (van der Kolk, 2002). It is easier to deal with trauma, however, when it is not complicated further by substance abuse (Delker & Freyd, 2014; Iverson et al, 2013A).

In order for substance abuse treatment programs to be effective, they must treat the whole individual, not simply the symptoms of their larger issues (Adedoyin et al, 2014; van der Kolk, 2002). Some individuals taking part in existing substance abuse treatment programs are never asked about past trauma (Gielen, Krumeich, Tekelenburg, Nederkoorn & Havermans, 2016). This is not treating the whole person. The approach human services workers take should be specialized for each client to meet their needs, what works for one service participant will not work for everyone (Hanes, 2017). Therapies commonly used to treat trauma can be easily integrated into existing substance use programs to produce more positive results for service participants (Rosenberg, 2011).

Motivational Interviewing

Many court ordered treatment programs use the threat of incarceration to coerce individuals to enroll in, and attend substance abuse treatment (Gielen et al, 2016). Motivational interviewing is an evidence-based approach that strengthens commitment to a goal by avoiding conflict and expressing empathy (Li et al, 2015). This strengthened commitment has the effect of improving program adherence without coercion ("Guiding as Practice", 2010). Motivational interviewing also takes place over a short period of time, generally under 6 sessions, which makes it more likely that service participants will complete the program (Li et al, 2015; Satre, Leibowitz, Sterling, Lu, Travis & Weisner, 2016).

Mental health professionals use acceptance and compassion to partner with service participants through the four processes that make up motivational interviewing: engaging, focusing, evoking, and planning (Li et al, 2015). The mental health professional takes a non-confrontational approach that does not impose desired outcomes on service participants, instead they work with service participants to determine what their desired outcomes should be (Li et al,

2015). Instead of shaming the individual into treatment, motivational interviewing builds self-efficacy and confidence so the service participant believes that change is possible ("Guiding as Practice", 2010). Motivational interviewing emphasizes allowing the service participant to take the lead, rather than the service provider. This is important for service participants who have experienced IPT because it gives them control over their recovery so they do not feel threatened or controlled by the process ("Guiding as Practice", 2010). Motivational interviewing is very effective and has both short- and long-term effects (Li et al, 2015).

Cognitive Behavioral Therapy

Cognitive behavioral therapy shows promise in treating co-occurring PTSD and substance use disorder. It reduces symptoms of PTSD and depression by changing thought and behavior patterns (Iverson, Dick et al., 2011). This method of therapy has been effective at treating feelings of self-blame and guilt, which are common in survivors of IPT and people who abuse substances (Lindebø Knutsen, Sachser, Holt, Goldbeck & Jensen, 2020). Cognitive behavioral therapy is beneficial to people of all ages who have experienced trauma (Lindebø Knutsen et al, 2020). Cognitive behavioral therapy has also been proven to be effective in treating substance abuse (Sugarman, Nich & Carroll, 2010). Both individuals suffering from trauma and from substance abuse learn coping mechanisms through cognitive behavioral therapy (Lindebø Knutsen et al, 2020; Sugarman et al, 2010).

Art Therapy

Art therapy is when service participants create art and interpret it while being guided by a therapist and it is useful in treating the trauma underlying substance abuse issues (Abbing, Baars, Van Haastrecht & Ponstein, 2019; Adedoyin et al, 2014). Art therapy allows service participants to work through their trauma in a less confrontational, nonverbal manner than

traditional talk therapy (Hanes, 2017). This can be particularly useful for women, who tend to respond better to less confrontational therapeutic approaches (Hanes, 2017). Art therapy has been proven to reduce PTSD symptoms, which is useful in the treatment of substance abuse because a large percentage of individuals seeking treatment for substance abuse have PTSD (Baker, Metcalf, Varker & O'Donnell, 2018; Boyraz & Waits, 2018). Art therapy can reduce hyperarousal and emotional numbness, help individuals overcome avoidance, and allow them to express emotions and memories that are difficult to discuss, while creating a heightened sense of self-esteem and providing a sense of empowerment, control, and accomplishment (Baker et al, 2018).

Engaging in creative processes has been shown to improve mood, reduce anxiety, and improve emotional regulation. (Abbing et al, 2019; Hanes, 2017). This is important for individuals who have substance use issues because anxiety is a common mental health issue in this population (Abbing et al, 2019). It is also important because challenges with emotional regulation are a major cause of substance abuse, as many individuals cite using substances to numb or forget difficult trauma related emotions (Mandavia et al, 2016).

Art therapy teaches service participants a new, healthy, skill to help cope with trauma related stress while treating hyperarousal, numbness, and emotion dysregulation (Baker et al, 2018). This is particularly important because these symptoms have been associated with a higher risk of revictimization, so treating the symptoms should lower the risk for revictimization (Iverson et al, 2013A). If the risk for revictimization is lowered, the vicious cycle of trauma, revictimization, and substance abuse may be broken, or at the very least it's effects can be lessened.

Relapse

Recovery from substance abuse issues is a process, and it is not linear (Giordano, Clarke & Furter, 2014). Relapse is a natural part of the recovery process (Giordano et al, 2014; Radfar et al, 2019). Relapse is defined as when someone with a substance use issue starts using substances again after stopping (Radfar et al, 2019). Relapses happen for a variety of reasons, both internal and external (Anderson et al, 2006; Gielen et al, 2016; Giordano et al, 2014).

The stress-vulnerability model suggests that susceptibility to the negative impact of stressful events is decided by psychological and sociological risk and protective factors (Anderson et al, 2006). When a person experiences a stressful or traumatic life event, such as the end of a pregnancy, relationship problems, or revictimization, they are more likely to use substances to cope with this stress (Anderson et al, 2006; Boyraz & Waits, 2018; Gielen et al, 2016; Rich et al, 2016). This is especially true in people presenting with severe PTSD symptoms (Gielen et al, 2016). Relapses can be triggered by reminders of past traumas (Gielen, 2016). Individuals often report craving substances after they are confronted with things that remind them of their trauma (Gielen, 2016). People who never received treatment for their trauma related mental health issues are at a higher risk for relapse because they are less likely to have developed effective skills to cope with their trauma, and revert to using substances as a coping mechanism (Anderson et al, 2006; Laurer & van der Vennet, 2015). Improving existing coping skills and learning new ones decreases the risk of relapse in traumatized populations (Anderson et al, 2006).

What Needs to Change

Understanding how IPT and substance abuse interact is important for developing more effective treatment programs for individuals with substance abuse problems who have

experienced IPT. By highlighting the impact trauma has on people with substance abuse issues treatment programs can more successfully help service participants trying to overcome their addiction. After all, it has been shown that people with untreated mental health issues have a higher relapse rate, and traumatized individuals have higher rates of mental health issues such as posttraumatic stress disorder, depression, and anxiety than non-traumatized individuals (Iverson et al, 2013A; Laurer & van der Vennet, 2015).

The relationship between IPT and substance abuse also has implications for policy. The numbers show that current policies around substance abuse are woefully misdirected (Dollar, 2018). Rather than creating a vicious cycle of recidivism, it is time to consider a new, more rehabilitative path for individuals who suffer from substance abuse issues (Rosino & Hughey, 2018). People who are convicted for using drugs have higher rates of successful reintegration into society and sustained sobriety when they are placed in rehabilitative programs rather than punitive ones (Adedoyin et al, 2014).

Implications for Policy

Progress has been made in the form of alternative sentencing programs, but more needs to be done (Dollar, 2018). The current system of alternative sentencing uses coercion in the form of sentence reductions and sanctions to force people with substance abuse issues to enter treatment (D'Hotman et al, 2018). This is damaging, particularly to traumatized individuals because it further wrests control of their lives from them ("Guiding as Practice", 2010). Alternative sentencing substance abuse treatment programs also have little to no treatment for underlying trauma (Gielen et al, 2016). Considering the prevalence of trauma related mental health issues in this population, not including services for trauma is shortsighted at best (Boyraz & Waits, 2018; Delker & Freyd, 2014; Gielen et al, 2016). Court mandated substance abuse

treatment programs should be required to do mental health and trauma screenings, and actively work to ensure the service participant is receiving help for their trauma related issues in conjunction with their substance abuse habits (Rosino & Hughey, 2018). There are many trauma informed approaches to treatment that can be integrated into existing drug treatment programs, such as motivational interviewing and art therapy (Adedoyin et al, 2014; Li et al, 2015). These approaches have been shown to improve the efficacy of existing programs through increased program retention and symptom reduction (Adedoyin et al, 2014; Li et al, 2015).

Criminal records follow individuals throughout their life making it harder to find employment and subjecting them to stigma (Dollar, 2018; Rosino & Hughey, 2018). Many individuals convicted of drug crimes have substance abuse and mental health issues (Dollar, 2018). There is also stigma associated with substance abuse and mental health (Matsumoto et al, 2020). These multiple stigmas intersect for these individuals, and they feel the effects of all of them (Matsumoto et al, 2020). This effect is worse for people with other identities to which stigma is attached, such as people of color (Matsumoto et al, 2020). Along with the negative social consequences of stigma such as reduced chance of finding employment, stigma carries mental health implications (Matsumoto et al, 2020). Experiencing the discrimination that stems from stigma increases symptoms of PTSD, depression, and anxiety in people recovering from substance abuse (Matsumoto et al, 2020). Experiencing discrimination related stress increases drug cravings in people recovering from substance abuse and increases the risk of relapse (Matsumoto et al, 2020). Considering this, it is counterintuitive to give people who abuse substances a criminal record for exhibiting a symptom of their disorder (Delker & Freyd, 2014; Matsumoto et al, 2020).

Human Rights Implications

> Article 25 of the Universal Declaration of Human Rights states that:
>
> Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

This means that every person in the world has the right to receive the medical care and social services they need (United Nations, 1948). With the increased risk for bloodborne disease, cancer, and risk organ damage substance abuse carries, it clearly has medical implications and falls under this article (Dollar, 2018; NIDA, 2012). It is difficult to treat substance abuse without also treating trauma related mental illnesses due to the high rates of IPT in this population (Boyraz & Waits, 2018; Delker & Freyd, 2014). People who receive substance abuse treatment without treating underlying trauma are also at a higher risk of relapse (Anderson et al, 2006; Laurer & van der Vennet, 2015). Clearly trauma needs to be addressed in substance abuse treatment programs, but it is not. In American court ordered treatment programs, mental illness can actually disqualify individuals from participating in rehabilitative programs (Rosino & Hughey, 2018). People struggling the most, repeat offenders, are also excluded (Rosino & Hughey, 2018). The denial of basic social services and medical care in the form of trauma informed care for IPT survivors dealing with substance abuse issues in the criminal justice system is a violation of the 25th article of the Universal Declaration of Human Rights (Delker & Freyd, 2014; Dollar, 2018; NIDA, 2012; Rosino & Hughey, 2018; United Nations, 1948)

Conclusions

IPT and substance abuse are intimately intertwined issues that are frequently separated for treatment. People with issues related to both IPT and substance abuse cannot be treated effectively without addressing both issues (Boyraz & Waits, 2018; Delker & Freyd, 2014). Emotion dysregulation, cumulative trauma, and betrayal trauma theory leads to a vicious cycle of revictimization that causes worsening mental health consequences over time (Delker & Freyd, 2014; Mandavia et al; 2016). These mental health consequences ultimately put individuals at a higher risk for developing substance use problems (Boyraz & Waits, 2018; Delker & Freyd, 2014; Mandavia et al, 2016; Rich et al; 2016).

This cycle of revictimization happens in a larger sociological context. Substance abuse is irrevocably entwined with the criminal justice system due to the War on Drugs (Rosino & Hughey, 2018). Individuals with substance abuse issues have been incarcerated at alarming rates due to strict drug prohibition policies (Murch, 2015). Being arrested and convicted of a crime is traumatic on its own, and it adds to the individual's lifetime cumulative trauma (Boyraz & Waits, 2018; Dollar, 2018; Rosino & Hughey, 2018). While alternative sentencing is more rehabilitative than traditional incarceration, it still involves the trauma of arrest, and sometimes conviction (Kearley & Gottfredson, 2020; Roman et al, 2020; Rosino & Hughey, 2018). This means that all individuals in alternative sentencing programs have experienced at least some trauma, but these programs do not address it, nor the trauma the individual has experienced leading up to their involvement with the criminal justice system (Kearley & Gottfredson, 2020; Roman et al, 2020).

The different aspects of an individual's identity intersect to form a unique experience, which comes with the discrimination brought on by all stigmas associated with groups the individual belongs to (Matsumoto et al, 2020). People with substance abuse issues, mental health

issues, and who have criminal records all have negative stigmas attached to them, and when an individual belongs to more than one of these groups, they experience more discrimination (Matsumoto et al, 2020; Rosino & Hughey, 2018). People of color who belong to these groups are at more of a disadvantage because the disadvantages of belonging to these groups are amplified by the stigma surrounding their race (Matsumoto et al, 2020; Rosino & Hughey, 2018).

The relationship between substance abuse and IPT creates challenges for treatment (Boyraz & Waits, 2018; Delker & Freyd, 2014; Mandavia et al, 2016; Rich et al, 2016). Programs need to take a holistic approach to service participants, looking at the whole individual not just their substance abuse issue (Adedoyin et al, 2014). Art therapy, motivational interviewing, and cognitive behavioral therapy have shown success in treating co-occurring substance abuse and trauma related issues (Abbing et al, 2019; Adedoyin et al, 2014; Li et al, 2020; Lindebø Knutsen et al, 2020). Art therapy and motivational interviewing in particular take a holistic approach and would greatly increase the effectiveness of existing treatment programs (Adedoyin et al, 2014; “Guiding as Practice”, 2010).

Legislative reform needs to take place to make effective substance abuse treatment more available because the lack of availability of substance abuse treatment and treatment for trauma related mental health issues is a violation of article 25 of the Universal Declaration of Human Rights (Boyraz & Waits, 2018; Dollar, 2018; Kearley & Gottfredson, 2020; Roman et al, 2020; Rosino & Hughey, 2018). By denying individuals, especially those who are in court mandated treatment programs, adequate treatment for trauma related issues that co-occur with substance abuse issues they are put at a higher risk for relapse and the medical conditions that are secondary to continued use of substances (Anderson et al, 2006; Gielen et al, 2016; Giordiano et

al, 2014). This increased risk of relapse is due to the lack of trauma informed care in treatment programs, and therefore so is the increased health risk.

Clearly there is need for change, but there is hope. There are many holistic therapies that can be integrated into existing treatment programs. Through advocacy we can create awareness about these intersections and their implications, and rally to create legislative change to positively impact those affected.

Reference List

Abbing, A. C., Baars, E. W., Van Haastrecht, O., & Ponstein, A. S. (2019). Acceptance of anxiety through art therapy: a case report exploring how anthroposophic art therapy addresses emotion regulation and executive functioning. *Case Reports in Psychiatry*, 1–14.

Adedoyin, C., Burns, N., Jackson, H. M., & Franklin, S. (2014). Revisiting holistic interventions in substance abuse treatment. *Journal of Human Behavior in the Social Environment,* 24(5), 538–546.

Anderson, K. G., Ramo, D. E., & Brown, S. A. (2006). Life stress, coping and comorbid youth: An examination of the stress-vulnerability model for substance relapse. *Journal of Psychoactive Drugs*, *38*(3), 255–262.

Baker, F. A., Metcalf, O., Varker, T., & O'Donnell, M. (2018). A systematic review of the efficacy of creative arts therapies in the treatment of adults with PTSD. *Psychological Trauma: Theory, Research, Practice, and Policy*, 10(6), 643–651.

Boyraz, G., & Waits, J. B. (2018). Interpersonal trauma and physical health symptoms in college students: Mediating effects of substance use and self-blame. *Journal of Loss and Trauma*, *23*(1), 70–87.

Centers for Disease Control and Prevention. (2020, March 5). Child abuse and neglect prevention |Violence Prevention|Injury Center|CDC. Retrieved April 18, 2020, from https://www.cdc.gov/violenceprevention/childabuseandneglect/index.html

Centers for Disease Control and Prevention. Preventing Intimate Partner Violence |Violence Prevention|Injury Center|CDC. (2019, February 26). Retrieved April 13, 2020, from https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html

Delker, B. C., & Freyd, J. J. (2014). From betrayal to the bottle: Investigating possible pathways from trauma to problematic substance use. *Journal of Traumatic Stress, 27*(5), 576–584.

D'Hotman, D., Pugh, J., & Douglas, T. (2018). When is coercive methadone therapy justified? *Bioethics*, *32*(7), 405–413.

Diaz-Negrete, D. B., Velázquez-Altamirano, M., Benítez-Villa, J. L., & Fernández-Cáceres, C. (2019). Psychosocial reintegration process in patients who receive maintenance treatment with methadone: A qualitative analysis. *Salud Mental*, *42*(4), 173–184.

Dollar, C. B. (2018). Criminalization and drug "wars" or medicalization and health "epidemics": How race, class, and neoliberal politics influence drug laws. *Critical Criminology, 27*(2), 305-327.

Gielen, N., Krumeich, A., Tekelenburg, M., Nederkoorn, C., & Havermans, R. C. (2016). How patients perceive the relationship between trauma, substance abuse, craving, and relapse: A qualitative study. *Journal of Substance Use, 21*(5), 466–470.

Giordano, A. L., Clarke, P. B., & Furter, R. T. (2014). Predicting substance abuse relapse: The role of social interest and social bonding. *Journal of Addictions & Offender Counseling, 35*(2), 114–127.

Guiding as practice: Motivational interviewing and trauma-informed work with survivors of intimate partner violence. (2010). *Partner Abuse, 1*(1), 92-104.

Hanes, M. (2017). Road to Recovery: Road Drawings in a Gender-Specific Residential Substance Use Treatment Center. *Art Therapy: Journal of the American Art Therapy Association*, *34*(4), 201–208.

Iverson, K. M., Gradus, J. L., Resick, P. A., Suvak, M. K., Smith, K. F., & Monson, C. M. (2011). Cognitive–behavioral therapy for PTSD and depression symptoms reduces risk for future intimate partner violence among interpersonal trauma survivors. *Journal of Consulting and Clinical Psychology*, *79*(2), 193–202.

Iverson, K. M., Litwack, S. D., Pineles, S. L., Suvak, M. K., Vaughn, R. A., & Resick, P. A. (2013A). Predictors of intimate partner violence revictimization: the relative impact of distinct PTSD symptoms, dissociation, and coping strategies. *Journal Of Traumatic Stress*, *26*(1), 102–110.

Iverson, K. M., Dick, A., McLaughlin, K. A., Smith, B. N., Bell, M. E., Gerber, M. R., Cook, N., & Mitchell, K. S. (2013B). Exposure to interpersonal violence and its associations with psychiatric morbidity in a US national sample: A gender comparison. *Psychology of Violence*, *3*(3), 273–287.

Kearley, B., & Gottfredson, D. (2020). Long term effects of drug court participation: evidence from a 15-year follow-up of a randomized controlled trial. *Journal of Experimental Criminology*, *16*(1), 27–47.

Laurer, M., & van der Vennet, R. (2015). Effect of Art Production on Negative Mood and Anxiety for Adults in Treatment for Substance Abuse. *Art Therapy: Journal of the American Art Therapy Association*, *32*(4), 177–183.

Li, L., Zhu, S., Tse, N., Tse, S., & Wong, P. (2016). Effectiveness of motivational interviewing to reduce illicit drug use in adolescents: a systematic review and meta-analysis. *Addiction*, *111*(5), 795–805.

Lilly, M. M., & Valdez, C. E. (2012). Interpersonal trauma and PTSD: The roles of gender and a lifespan perspective in predicting risk. *Psychological Trauma: Theory, Research, Practice, and Policy*, *4*(1), 140–144.

Lindebø Knutsen, M., Sachser, C., Holt, T., Goldbeck, L., & Jensen, T. K. (2020). Trajectories and possible predictors of treatment outcome for youth receiving trauma-focused cognitive behavioral therapy. *Psychological Trauma: Theory, Research, Practice & Policy*, *12*(4), 336–346.

Mandavia, A., Robinson, G. G. N., Bradley, B., Ressler, K. J., & Powers, A. (2016). Exposure to childhood abuse and later substance use: Indirect effects of emotion dysregulation and exposure to trauma. *Journal of Traumatic Stress*, *29*(5), 422–429.

Matsumoto, A., Santelices, C., & Lincoln, A. K. (2020). Perceived stigma, discrimination and mental health among women in publicly funded substance abuse treatment. *Stigma and Health*.

Murch, D. (2015). Crack in Los Angeles: Crisis, militarization, and black response to the late twentieth-century War on Drugs. *Journal of American History, 102*(1), 162-173.

National Center for Biotechnology Information. (1970, January 01). Methadone maintenance treatment. Retrieved May 14, 2020, from https://www.ncbi.nlm.nih.gov/books/NBK310658/

National Drug Court Resource Center (2020). What are drug courts? Retrieved May 14, 2020, from https://ndcrc.org/what-are-drug-courts-2/

National Institute on Drug Abuse. (2012, December 14). Health consequences of drug misuse. Retrieved May 14, 2020, from https://www.drugabuse.gov/related-topics/health-consequences-drug-misuse

Ørke, E. C., Vatnar, S. K. B., & Bjørkly, S. (2018). Risk for revictimization of intimate partner violence by multiple partners: A systematic review. *Journal of Family Violence*, *33*(5), 325–339.

Radfar, M., Ghavami, H., Namazpoor, J., & Khalkhali, H. R. (2019). Lapse and craving prevention in methadone maintenance treatment, applying continuous care model: A randomized clinical trial. *Anadolu Psikiyatri Dergisi*, *20*(2), 117–124.

Rich, S. L., Wilson, J. K., & Robertson, A. A. (2016). The impact of abuse trauma on alcohol and drug use: A study of high-risk incarcerated girls. *Journal of Child & Adolescent Substance Abuse*, *25*(3), 194–205.

Roman, J. K., Yahner, J., & Zweig, J. (2020). How do drug courts work? *Journal of Experimental Criminology*, *16*(1), 1–25.

Rosenberg, L. (2011). Addressing trauma in mental health and substance use treatment. *The Journal of Behavioral Health Services & Research*, *38*(4), 428–431.

Rosino, M. L., & Hughey, M. W. (2018). The war on drugs, racial meanings, and structural racism: A holistic and reproductive approach. *American Journal of Economics and Sociology, 77*(3-4), 849-892.

Satre, D. D., Leibowitz, A., Sterling, S. A., Lu, Y., Travis, A., & Weisner, C. (2016). A randomized clinical trial of Motivational Interviewing to reduce alcohol and drug use among patients with depression. *Journal of Consulting and Clinical Psychology*, *84*(7), 571–579.

Spinazzola, J., Kolk, B. V., & Ford, J. D. (2018). When nowhere is safe: Interpersonal trauma and attachment adversity as antecedents of posttraumatic stress disorder and developmental trauma disorder. *Journal of Traumatic Stress*, 31(5), 631-642.

Sugarman D.E., Nich C., Carroll K.M. (2010). Coping strategy use following computerized cognitive-behavioral therapy for substance use disorders. *Psychology of Addictive Behaviors*, *24*(4), 689–695.

United Nations (1948). Universal declaration of human rights. https://www.un.org/en/universal-declaration-human-rights/

Van der Kolk, B. A. (2002). Posttraumatic therapy in the age of neuroscience. *Psychoanalytic Dialogues, 12*(3), 381-392.