EMPOWERMENT FOR RECOVERY: A WAY TO MANAGE ADDICTION AND TRAUMA

Health on the Homefront:

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MILITARY MEN
MILITARY WOMEN

WOUNDED WARRIORS
HEALTH PROFESSIONALS

FAMILY & FRIENDS
OUR FALLEN

Addiction and trauma compromise the health, well-being, and even lives of individual and families. This is most certainly true for members of the U.S. Armed Forces, veterans, and their families. Insufficient and inadequate treatment services for addiction and trauma services greatly complicate this problem. Yet, treatment providers and professionals can employ empowerment theory, especially management strategies and self-efficacy actions, to help military, veterans, and families manage addiction and trauma effectively.

THE CHARGE
OBJECTIVES

• Recognize the insufficiency and inadequacy of addiction and trauma services for military, veterans, and families.
• Review clinical definitions of addiction and trauma.
• Examine a recovery model for addiction and trauma.
• Explore empowerment theory, especially management strategies and self-efficacy actions, to help military, veterans, and families manage addiction and trauma.
• Learn how to examine self and surroundings, embrace management and self-efficacy, and evaluate recovery milestones and roadblocks.
• Employ empowerment for recovery as a way to manage addiction and trauma.

THE PROBLEM

Davis (2013) observed that failure to diagnose PTSD early and treat the condition effectively contributes to self-medication with alcohol and other drugs. She investigated the availability of facilities state-by-state to meet these needs for veterans and their families and found the number of providers woefully insufficient. Davis also documented the how inadequate many health professionals were to screen, assess, and treat substance abuse and trauma for the individual and family. We address this second problem and suggest a way health professionals can help military, veterans, and families manage addiction and trauma more effectively: empowerment for recovery!
ADDICTION + TRAUMA

- Both addiction and trauma are “stand-alone” problems that adversely affect individuals, families, and society itself.
- Impairment due to addiction increases risk for trauma.
- Individuals with trauma often self-medicate with alcohol and other drugs, or escape through gambling, internet gaming, pornography, shopping, or other impulsive, compulsive, addictive behaviors.
- Addiction + Trauma is like $1 + 1 = 3$. 

ADDICTION
ADDICTION

Descriptive:
• A biopsychosocial disorder.
• A syndrome (Shaffer).

Diagnostic:
• DSM-5 (APA).
• ICD-10 (WHO).

Research-based:
• NIAAA; NIDA as evidenced by: craving, loss of control, physical dependence, and tolerance.
• RDS: reward deficiency syndrome, a gene-related condition characterized by compulsive, addictive, and impulsive behaviors.
• ASAM: “addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.”

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According to ASAM:

Addiction is characterized by a. inability to consistently abstain; b. impairment in behavioral control; c. craving or increased “hunger” for drugs or rewarding experiences; d. diminished recognition of significant problems with one’s behaviors and interpersonal relationships; and e. a dysfunctional emotional response.

Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death. Like other chronic diseases, addiction can be managed effectively.

TRAUMA
Traumatic Brain Injury (TBI): a disruption of brain function resulting from a blow or jolt to the brain. TBIs can occur on the battlefield, on the football field, on the playground, in a car accident, and even at home. There are four categories of TBI including mild, moderate, severe and penetrating. A mild TBI (mTBI), which is also known as a concussion, is the most common form of TBI. About 75% of TBIs that occur each year are concussions or other forms of mild TBI. TBI is a contributing factor to a third (30.5%) of all injury-related deaths in the United States. According to the DOD, TBI is one of the invisible wounds of war, and one of the signature injuries of troops wounded in Afghanistan and Iraq.
TBI Incidence by Service

TBI Incidence by Severity
Post-Traumatic Stress Disorder (PTSD): a serious anxiety syndrome caused by exposure to traumatic events, to actual or potential serious injury or death. Individuals experience intense fear, helplessness, and horror. They relive the traumatic event through thoughts, perceptions, dreams, illusions, hallucinations, and flashbacks. Cues that resemble the traumatic events can trigger acute physiological reactions and severe psychological stress.

People with PTSD may numb themselves, dissociate, detach from loved ones, experience a sense of foreboding about the future. They have difficulty sleeping, demonstrate hyper-vigilance, have an exaggerated startle response, are often irritable with angry outbursts. It is difficult to concentrate. There is marked impairment on psychological, social, and occupational functioning.

Secondary PTSD: Family, friends, and healthy professionals in familiar contact with people suffering from PTSD can become stressed from direct or indirect contact with the Individual who has sustained the trauma.

Secondary PTSD symptoms parallel those of PTSD per se, including increased alertness and jumpiness, nightmares and, an increased tendency to avoid social situations. People with secondary PTSD may feel less attached to their loved ones, become judgmental and disillusioned. They experience anger at the world and the people in it. They question the purpose and meaning of life Secondary PTSD, is not as well recognized as PTSD and may be called secondary trauma, compassion fatigue, and vicarious trauma.
Domestic Violence (Intimate Partner Violence: IPV): a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. IPV can be physical, sexual, emotional, economic, or psychological actions or threats that influence another person. IPV includes behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

Adverse Childhood Experiences (ACEs): childhood experiences including emotional, physical and sexual abuse, neglect, having a mentally ill or addicted parent, losing a parent to death or divorce, living in a house with domestic violence, having an incarcerated parent, parental deployment.

Empowerment for Recovery: A Way to Manage Addiction and Trauma
STRUCTURE

- **Self:**
  - Holistic Self
  - Gender, Age, Ethnicity & Race

- **Surroundings:**
  - Physical Environment
  - Social Environment

ECOLOGY

PROCESS

- **Management:**
  - Strategic Management
  - Public Health Protocols for CD Management
  - Stanford Self-Care Model
  - 12-Step Philosophy
  - SMART Recovery®

- **Self-efficacy** by Albert Bandura

EMPOWERMENT
OUTCOME

Milestones
• Change
• Lifestyle
• Well-being

Roadblocks
• Risks
• Prevention
• Relapse

EVIDENCED-BASED PRACTICE

EMPOWERMENT

• Empowerment means to invest with power.
• Empowerment is the ability to manage self and situations with confidence and effectiveness.
• Empowerment embraces intellectual, emotional, educational, and spiritual attributes together with social, political, economic, ethnic, and racial awareness.
• Empowerment reflects an increase in personal and collective strength.
• Management strategies direct empowerment process.
• Self-efficacy actions drive empowerment.
• Personal and social empowerment support addiction and trauma recovery.
Management

• Management is the ability to direct or handle something skillfully, effectively; to accomplish something; to achieve one’s purpose.
• Management strategies are tactics, actually action plans, that direct the empowerment process.
• Management is a major recovery dynamic for addiction trauma recovery
• Public health protocols for chronic disease management, the Stanford Chronic Disease Self-Management Program (CDSMP), recovery oriented systems of care (ROSC), twelve-step philosophy, and SMART Recovery® support recovery.

SWOT Matrix

HELPFUL
(for your objective)

HARMFUL
(for your objective)

INTERNAL
(within organisation)

Strengths

Weaknesses

Opportunities

Threats

EXTERNAL
(outside organisation)

S

W

O

T
Remember the children’s book *The Little Engine That Could*. When other engines refuse to rescue the stranded train full of toys and food for good boys and girls, Little Blue Engine responds: “*I think I can, I think I can, I think I can.*” The engine overcomes insurmountable odds and pulls the train up the towering mountain to the other side. *Addiction and trauma often paralyze thoughts, feelings, and beliefs that “I can.”* Self-efficacy is the belief one can act effectively here and now.

### Self-efficacy

- Self-efficacy is an important part of the social-cognitive theory of personality developed by Albert Bandura.
- Self-efficacy is the belief one can act effectively here and now.
- People develop self-efficacy through mastery experiences, social modeling, social persuasion, and psychological responses.
- People with a weak sense of self-efficacy experience and exhibit powerlessness.
- People with a strong sense of self-efficacy embody and express empowerment.
- Self-efficacy actions drive the addiction/trauma recovery process.
Empowerment for Recovery: A Way to Manage Addiction and Trauma

EMPOWERMENT FOR RECOVERY

1. EXAMINE self and surroundings.
   - Focus on the whole person.
   - Consider age, gender, race and ethnicity
   - Pay attention to immediate surroundings: people, places, and things.

2. EMBRACE management and self-efficacy.
   - Review management strategies.
   - Execute self-efficacy actions.

3. EVALUATE recovery milestones and roadblocks.
   - Realize recovery: a different, better way of life with purpose and meaning.
   - Prevent complications, progression, or relapse from addiction and trauma.
RESOURCES

An Interactive Journaling® Series for Veterans from The Change Companies

• **Coming Home: A Warrior’s Guide**
• **Coming Home: A Self-Management Guide**

*Open the lines of communication to empower veterans to overcome transition obstacles and get on the path to living a full, meaningful life.*

REFERENCES


SUMMARY

• Addiction and trauma services for military, veterans, and their families are **insufficient** and **inadequate**.
• **Empowerment for recovery** is a way to manage addiction and trauma.
• We can learn how to **examine** self and surroundings, **embrace** management and self-efficacy, and **exvaluate** recovery milestones and roadblocks.

RECOVERY
COMING HOME

[Image of a soldier in a wheelchair hugging a child]

[Image of various military insignias for the Army, Marine Corps, and Air Force]