

## AN INSIDE VIEW

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## Post-traumatic Stress Disorder & Substance Abuse: AFM-Sponsored Conference Looks at the Link

A young woman, married for a year, starts to wonder about her husband's sanity when she catches him torturing her cat. The act is a culmination of other more minor misdemeanors that have caused her to lose feelings for him. She tells him she plans to leave him. The next night after working an evening shift, she spots him leaning against her car, waiting. *What's he doing here?* she thinks. As she approaches, he lunges at her, grabs her throat and tries to strangle her. They struggle for an hour when finally a passerby intervenes. The man takes off in the car and two weeks later is found dead of self-inflicted wounds.

After this traumatic event, the young woman tries to carry on with her life, but starts having recurring nightmares about her attempted murder. She can't walk through parking lots by herself, even in the daytime on a busy street. She feels fearful of men that resemble her dead husband, and she gets angry for no reason.

These symptoms carry on for three years, but she finds that having a few drinks helps her to cope with the stress and sleep better at night. But her drinking is escalating, and she's starting to miss work because of it. She knows something has to change, but doesn't know where to start.

This young woman is showing the signs of post-traumatic Stress Disorder (PTSD), an anxiety disorder that occurs after surviving a disturbing or horrifying experience during which the person feared or sustained grave injury. The event witnessed may also have caused death or injury to others. Examples of events that can trigger PTSD are violent personal assaults, military combat, automobile accidents, and natural or human-caused disasters. Those affected lose their sense of safety and security, leaving them unable to live their lives without an overwhelming sense of danger and fear of bodily harm.

It is thought that about 5% of the population is currently living with PTSD, and that 10% may have had the disorder at some time in their lives. Women are twice as likely as men to have PTSD.

### **PTSD and Substance Abuse**

The Addictions Foundation of Manitoba is interested in PTSD because many of its clients, particularly women, disclose traumatic experiences during counselling. While it may be substance abuse that prompts these individuals

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to get help, focusing on the underlying traumatic event may be what is needed to encourage healing. However, to do that, the substance abuse has to be addressed.

“There is clear evidence that in most cases, post-traumatic stress disorder precedes the substance abuse,” says Sheri Fandrey, Education Consultant at AFM, who says that alcohol is by far the drug of choice for people with this disorder.

“The person starts using alcohol and, through trial and error, finds that it relieves some of the symptoms of PTSD, such as sleeplessness and hypervigilance. It can even dampen the effects of flashbacks of the traumatic event,” Fandrey explains.

The problem, Fandrey points out, is that the symptoms of alcohol withdrawal are similar to those of PTSD. Users get into a vicious cycle: they stop drinking; then, they experience alcohol withdrawal and at the same time start re-experiencing the PTSD symptoms; finally, they start using alcohol again as a way to self-medicate.

### **PTSD Conference**

AFM is committed to equipping its counsellors with special training and a variety of therapeutic tools to address the individual needs of clients with both PTSD and substance abuse. Treatment options can include educating the client about this disorder, teaching anxiety management techniques through counselling and psychotherapy, medication and social support.

On October 22, 2006, a conference sponsored by AFM will take place in Winnipeg. Called *PTSD, Addiction & Mental Health: Integrating Strategies and Skills for Effective Treatment*, the conference will present keynote speaker Lisa M. Najavits, a renowned research psychologist in the area of PTSD and addiction from Harvard Medical School in Boston.

Najavits is the author of a treatment protocol called “Seeking Safety.” A well-evaluated program that deals with co-existing PTSD and addictions, Seeking Safety

has shown positive results for clients in a variety of settings.

“Seeking Safety is a front line tool for treatment of PTSD and addictions,” says Fandrey. “AFM staff are starting to receive training so they can use it to help clients. Having Lisa Najavits in Winnipeg will encourage counsellors and other health care practitioners to become familiar with this tool.”

Seeking Safety strives to give the concept of safety back to traumatized clients, working on PTSD and substance abuse concurrently. The program guides counsellors through 25 topics that can be presented in any order. Topics include “Taking Back Your Power,” “When Substances Control You” and “Coping with Triggers.”

Fandrey will also be presenting a workshop at the conference called *Post-traumatic Stress Disorder and Substance Abuse: Neurobiologic Basis*. This is an evening session prior to the two-day conference.

**POST-TRAUMATIC STRESS DISORDER,  
ADDICTION & MENTAL HEALTH:  
INTEGRATING SKILLS FOR EFFECTIVE TREATMENT**

**October 22 - 24, 2006**

**Delta Winnipeg Hotel  
350 St. Mary Ave.  
Winnipeg, Manitoba**

**KEYNOTE SPEAKERS**

LISA M. NAJAVITS, PHD on *The Link Between PTSD & Substance Abuse: Clinical Strategies and How to Implement the Seeking Safety Treatment Protocol*

SHERI L. FANDREY, BSP, PHD on *Post-traumatic Stress Disorder and Substance Abuse: Neurobiologic Basis*

To register contact Tara Torchia-Wells at 204-772-3133  
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