

Focus Group Results

Connection Between Trauma and Risk for Substance Abuse

Prevention providers were asked for their beliefs regarding the connection between trauma and the increased risk for substance abuse. Providers indicated that they believe that such a connection does exist and that the intensity of reaction to trauma is dependent upon several variables. These variables include the type of trauma, the frequency of trauma, perception of the traumatic event, and previous experience with trauma. Additional influences were seen to include: amount of exposure to media and individual emotional sensitivity to traumatic events.

Providers expressed the belief that increased stress and health problems are a direct result of trauma. Providers also noted a belief that, following trauma, one's thought patterns and behavior patterns may remain permanently altered. This was seen to create "wear and tear" so that additional trauma coping would be decreasingly effective. Substance abuse was seen as a possible "delayed response" to having experienced trauma as well as to the general prevailing sense of foreboding and fear. A history of coping with stress through self-medication with alcohol and/or drugs was seen to likely increase the use of substances following trauma. Additionally, providers believed that experience of other traumatic events (combat and sexual abuse) would increase alcohol/drug consumption. They also believed that the presence of untreated PTSD influenced alcohol and drug consumption.

Providers Perceptions of 9/11 Impact

Specific to 9/11, providers noted an increase in sedatives, and tranquilizer use following 9/11 in New York City, and an overall dramatic, persistent increase in prescription drugs (especially Oxycontin).

Influences regarding the intensity of the reaction to trauma were believed to be:

**Type
Frequency
Perception
Previous Experiences
Exposure to Media
Emotional Sensitivity**

Prevention providers varied in their views regarding the extent of increase in substance use in Upstate New York specifically due to the 9/11 terrorism, noting “little impact”, a “slight urge”, and a belief that the rural population of upstate NY was “more sheltered” than NYC residents. The following statements from providers illustrate this point:

Our residents couldn't relate to 9/11, they live over 200 miles away from ground zero

Well, the impact we see is not necessarily with the 9/11 event, but now with the reservists going to war, people not knowing where their loved ones are.

For children, providers believed that their capacity to distinguish between reality and imagination would additionally play a role in dealing with trauma. Providers noted that children may experience trauma in the home environment but additionally from their general environment including violence in their immediate neighborhoods and from school bullies. Traumatic events, such as the 9/11 terrorist attack was viewed as “more trauma” which increased the probability of drug use. Additionally, children were seen as having an increase in trauma due to their concerns related to parents being called away to war. Childhood exposure to trauma was believed to increase “acting out emotionally”. Specific to the 9/11 tragedy, the increase in trauma response was not thought to be great:

We haven't seen this increase in the children yet, but there is a typical adolescent response to trauma, and as professionals it's sometimes hard to let adolescents be themselves. In one area the children said they “need to move on” to go to the big football game, to get back to the normalcy of life and to get back to a normal routine. But the adults want to cancel the football games and the school trips for safety.

Concerns that were specific to these providers was the possibility of exclusion of trauma and prevention services to all of the family members who experience a trauma, and especially noted was the role of media in exacerbation of traumatic effect. Providers also expressed some concern over their own understanding of trauma and the connection to increased use of alcohol and drugs.

For children, providers believed that their capacity to distinguish between reality and imagination would additionally play a role in dealing with trauma.

Strategies to Decrease Risk Factors Following Trauma

Prevention providers were able to describe several strategies aimed at decreasing the risk of increased substance use following a traumatic event. These suggestions fell into the following categories: 1) research approaches to define effective practice, 2) specific preventative approaches, 3) collaborative approaches, and 4) prevention provider training strategies

1. Research Strategy

Providers discussed the necessity to research past approaches to dealing with trauma, intervention, and prevention of substance abuse. They suggested that existing programs be examined and that searches should be expansive and include international approaches to trauma.

2. Specific Prevention Strategies

Participants of the focus group suggested that training in coping skills, resistance skills, and social skills would lead to a decrease in the risk of increased alcohol/drug use. Additionally they suggested that the provision of ongoing support and the opportunity to express concerns and processing feelings (sadness, self-blame, anger, survivor guilt) related to trauma was necessary for positive adjustment to occur. Also expressed was a positive approach to trauma that would assist persons in recognition that stress is a normal life reaction and that trauma can provide individual life meaning. Continuation of typical routines, exploration of spirituality, and engagement in worthwhile causes were also seen as methods of reducing the potential of substance use increase following traumatic events.

In addition to issues of 9/11 and terrorism, providers would like to see several areas of trauma addressed including, suicide, divorce and separation, COA issues, bereavement, and sexual abuse. Specific suggestions also included role playing and peer mentoring, group or individual counseling as having positive preventative outcomes. They pointed to the potential and relevance of existing programs (BABES, Here's Looking at You, Banana Splits, Neutral

Continuation of typical routines, exploration of spirituality, and engagement in worthwhile causes were seen as methods of reducing the potential of substance use increase following traumatic events.

Grounds) towards providing support for traumatic life experience. And made a suggestion of incorporating prevention into all programing.

Providers would like to include family approaches to addressing issues of trauma and substance abuse prevention because they believe that the entire family system is taxed during times of crisis. Parents may not have the skills to effectively address their needs as well as those of their children and may inadvertently cause harm. Providers called for education and training for parents in the area of addressing traumatic stress. Children who are home alone were targeted as needing education in the area of reaction to emergency situations and provision of supportive reassurance was recommended.

3. Collaborative Approaches

Prevention providers suggested that a collaborative approach was needed and believed that prevention providers should work with clinical services in order to be able to access the knowledge and skills of trauma providers. Additionally, collaboration with school systems in order to inform schools about traumatic effect and to develop “Best Practices” program and policies regarding acts of violence in the schools.

4. Prevention Provider Training Strategies

Education of providers was seen as essential and providers suggested training in the areas of trauma symptom recognition, identification of patterns associated with trauma, training on specific trauma issues, and understanding the long-term effects of trauma. Provider personal needs were also given attention during focus groups. Providers called for trainings which would enable them to both identify and cope with their own stress when called to provide for others needs.

**Providers
suggested trauma
training in the
areas of:**

**recognition,
identification,
specific issues,
and
long-term effects.**