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## Beyond Trauma-Informed Care: Insights from a Qualitative Study

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# A qualitative analysis suggests childhood trauma manifests differentially in the narratives of individuals with OUD

## Beyond Trauma-Informed Care: Insights from a Qualitative Study

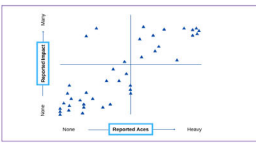
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### BACKGROUND

- Trauma-informed approaches to SUD care can play an important role in treatment, considering the high prevalence of Adverse Childhood Experiences (ACEs) in the lives of people living with OUD.<sup>1</sup>
- Qualitative analysis of the narratives can help us understand the ways through which ACEs contribute to experiences of SUD, as well as offer suggestions for how clinicians might move beyond the blanket label of "trauma-informed care".<sup>2</sup>

### METHODS

- Secondary analysis of qualitative data from a longitudinal study on opioid use, buprenorphine diversion, and treatment.<sup>3,4</sup>
- Interviews of 67 individuals (with moderate-to-severe OUD) were coded using a code whose definition included mention of any of the seven components identified by the original ACEs study;<sup>5</sup> sub-codes were developed from emergent themes.
- Select sub-codes were analyzed thematically using iterative categorization and positional mapping.<sup>6</sup>



### RESULTS

#### Four Key Typologies:



**Seeking Redemption**  
Participants acknowledge that ACEs contribute to their drug use but articulate a desire to triumph over them

*"[Addiction] is a journey. I'm not ever going to graduate from this. I don't get a degree at the end. All I get to do is live, my life. I have more seconds behind me than in front of me and I say that because I have years to experience life and to get the best out of it." -DeWayne*



**Reckoning with Inevitability**  
Participants understand their drug use to be unavoidable or inevitable due to their intergenerational experiences.

*"[Heroin] is all I have done my whole life. Either sell dope or pills this is all it's been all my life. It's always been there it's just something familiar that's always there. I think that's my main thing. It's all I've ever known and since I was little I've always seen drugs. It's always been there." -Nick*



**Casual Mentioners**  
Participants nonchalantly mention ACEs as relevant to their drug-use trajectory.

*"I had a happy childhood. Well, a pretty happy childhood...It didn't really affect me until the 5th or 6th grade. Then when they got divorced my dad started drinking a lot." -Marco*




**Haunted by Trauma**  
Participants strongly attribute traumatic ACEs to their drug use to and/or use drugs to numb memories.


*"A lot of the reasons that I have the personality I do is that I've been yelled at and cussed out my whole life. It affects me as a grown man. In 40 years old and I'm still fighting that. That's why drugs and heroin were so inviting... You stick a needle in your arm, you shoot up, and once you get passed the initial stage of nodding out...I don't want to romanticize it in my head but it is pure bliss. It's the greatest feeling in the world!" -Scotty*

### RECOMMENDATIONS FOR MOVING BEYOND TRAUMA-INFORMED CARE (TIC):


The qualitative analysis of narratives of ACEs among people with OUD suggest that trauma is differentially present in contemporary experiences of substance use. For trauma-informed care to be meaningful, we must pay closer attention to the differences in these narratives and the distinctive care strategies that they invite.

 **Seeking Redemption**  
Participants who have a desire to not be defined by their trauma, but by their survival


- TIC: Each person requires an individualized approach
- A combination of approaches may be needed, consider ACT, PE

 **Reckoning w/ Inevitability**  
Participants describe a sense of resignation when they started using

- TIC: Empowerment voice, and choice, peer mentorship, "healing happens in relationships"
- Consider cognitive processing therapy, couples/family therapy

 **Casual Mentioners**  
These participants have processed trauma or are actively avoiding it

- TIC: provide a safe space to talk, resist re-traumatization.
- Addressing the trauma may not be necessary at this time
- Consider "Seeking Safety"

 **Haunted by Trauma**  
These participants struggle to regulate emotions; trauma is heavily present

- TIC: Maintain trust
- Distress tolerance skills, emotional regulation skills are paramount
- MBRP, DBT or a non-exposure-based CBT approach first, EMDR

Abbreviation Key: TIC = Trauma Informed Care; ACT = Acceptance and commitment therapy; CBT = Cognitive behavioral therapy; PE = Prolonged exposure therapy; MBRP = Mindfulness based relapse prevention; DBT = Dialectical behavioral therapy; EMDR = Eye movement desensitization and reprocessing

### THEMES:

**INTERGENERATIONAL DRUG USE**  
Dynamics of drug use within a family setting, feelings of inevitable destination of using drugs due to a family history of drug use, and experiences of family bonding through shared drug use.

**CHILDHOOD PHYSICAL AND SEXUAL TRAUMA**  
Perpetuated by an adult caregiver, impacts an individual's substance use trajectory and their current substance use.

**CRITIQUES ON SUD TREATMENT**  
Opinions and experiences about the inadequacies currently established treatment methods.

**SUBSTANCES TO NUMB PAIN**  
Participants utilize substances to escape or desensitize themselves from past trauma.

### LIMITATIONS:

- This was a secondary analysis; participants were not directly asked about trauma or PTSD.
- Unable to explore "5th Typology" of individuals who had trauma but did not mention them or even hint at them in interview narratives.
- Future studies could prospectively investigate these factors explicitly

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