

**Extended Abstract**

# Incidence and Characteristics of Psychological Trauma in Alcohol and Substance Abuse Disorder\*

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**Abstract**

There are many researches show the relationship between addiction and trauma. Increasing the number of these researches indicates the importance of this issue. In company with existing researches, our purpose in this research was to analyze traumatic events and its effects on addiction among individuals who applied an outpatient addiction service. This research carried out on 322 individuals who applied Green Crescent Counseling Center (YEDAM) for addiction treatment. Various scales are used in this study for measuring the severity and characteristics of addiction, family characteristics, and the characteristics of traumatic events. These scales are the BAPİ (Bağımlılık Profil İndeksi [Addiction Profile Index]), BAPİ-K (BAPİ Clinical Form, BAPİ-A (BAPİ Family Assessment Form) and the Kocaeli Short Screening Scale for Psychological Trauma (Kocaeli-SHORT). 97.5% of the applicants have been exposed to at least one traumatic event and 21.7% of those applicants met the Post Traumatic Stress Disorder (PTSD) risk criteria. Demographic features show that, PTSD risk group has higher average point of economic difficulties which an individual cannot afford even their basic needs than others. Characteristics of addiction of PTSD risk group indicates that, PTSD risk group has higher average points on the severity of addiction, substance-use features, effects of substances on their lives and severity of craving than others. Besides, PTSD risk group also has higher average points on depression, anxiety, impulsivity and lack of assertiveness. There is no significance on family relationship between PTSD risk group and others. Result: It has been analyzing the relationship between addiction and trauma with acquired data in this research. According to the results of this research, we emphasize that traumatic events and PTSD risk have effects on addiction and its severity. Besides, it is necessary to focus on trauma symptoms while treating addiction.

**Keywords**

PTSD • Addiction • Psychological trauma • Mental health • Substance abuse

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Research on the relationship between addiction and trauma shows a significant number of people with addiction to have encountered traumatic events (Aldemir & Tan, 2011). The literature shows people suffering from Post-Traumatic Stress Disorder (PTSD) to be prone to substance abuse two to four times more than those not suffering from PTSD (McCauley, Killeen, Gros, Brady, & Back, 2012). In addition, PTSD rates were found to be at 31% among alcohol and substance abusers according to a study performed at Bakırköy Alcohol and Substance Abuse Research, Treatment, and Education Center (Kural, Evren, Can, & Çakmak, 2004). In another study performed in Turkey, the prevalence of PTSD was found at 31.1% among patients who had applied for addiction treatment services (Evren, Çetin, Durkaya, Dalbudak, & Çakmak, 2009). Other studies have also found 46% of patients initially diagnosed with PTSD to concurrently suffer from alcohol and substance abuse.

Different theories exist explaining the relationship between addiction and trauma. One of these is the self-medication theory first proposed by Khantzian in 1985, which emphasized that individuals suffering from the symptoms of physical and emotional trauma symptoms approach alcohol and other substances for soothing these symptoms, which increases the risk of addiction (Aldemir & Tan, 2011; Dalbudak, 2015; Khantzian, 1997; McCauley et al., 2012; Suh, Ruffins, Robins, Albanese, & Khantzian, 2008). Other supporting studies have found individuals suffering from PTSD to be two to three times more likely to abuse alcohol or other substances (McCauley et al., 2012).

A different theory has suggested that people who consume alcohol and substances put themselves in dangerous and risky situations more than others. Consequently, they are exposed to more traumatic events (Aldemir & Tan, 2001; McCauley et al., 2012; Hildebrand, Behrendt, & Hoyer, 2015; Ögel, 2017).

Yet another theory indicated individuals who abuse alcohol or other substances to be less capable of coping with stress due to the deterioration of the brain's structure. Therefore, they tend to develop PTSD after being exposed to a traumatic event (Aldemir & Tan, 2011; Hildebrand et al., 2015; McCauley et al., 2012).

And still another theory exists that argues alcohol and substance abuse disorders as well as PTSD to have common psychosocial susceptibility. However, not enough evidence has been found to support this theory (Aldemir & Tan, 2011; McCauley et al., 2012).

Individuals who suffers both addiction and PTSD have been exposed physical and mental illnesses more than individuals who suffer only addiction. They lose more on the functionality of daily routines than others (Aldemir & Tan, 2011; McCauley et al., 2012). Furthermore, along with increase of consumption of alcohol and substances, PTSD symptoms exacerbate (McCauley et al. 2012).

## Purpose

Understanding the effects of traumatic events on the severity of addiction is important for being able to come up with a better risk analysis and tailor-made interventions in treating addictions. The purpose of this study is to identify the risk of PTSD among individuals who have applied for addiction treatment and to compare several differences between individuals who are at risk for PTSD and those who are not.

## Method

This study has been conducted on 322 people who applied for outpatient treatment at the Green Crescent Counseling Center (Yeşilay Danışmanlık Merkezi [YEDAM]). Various scales are used in this study for measuring the severity and characteristics of addiction, family characteristics, and the characteristics of traumatic events. These scales are the BAPİ (Bağımlılık Profil İndeksi [Addiction Profile Index]; Ögel, 2014; Ögel, Evren, Karadağ, & Gürol, 2012), BAPİ-K (BAPİ Clinical Form; Ögel, Başabak, İşmen, & Görücü, 2015), BAPİ-A (BAPİ Family Assessment Form; Ögel, Çelikay, & Başabak, 2017) and the Kocaeli Short Screening Scale for Psychological Trauma (Kocaeli-SHORT; Aker, Hamzaoğlu, & Boşgelmez, 2007). The  $\chi^2$ - and *t*-test analyses have been used to evaluate the research data in SPSS 24.0. Quantities of influence have been analyzed in statistical analyses using Cohen's *d*.

In this study, individuals have been compared by considering their PTSD risk and demographic, family, addiction, and psychological characteristics. People who have had at least three traumatic symptoms according to the Kocaeli-SHORT are identified in the PTSD Risk Group.

## Findings and Discussion

The average age has been found as 28.9 7.32. The majority of the sample is male ( $n = 305$ ; 94.4%). Furthermore, most of the sample is single and unemployed with an education level of middle school or below. No significant differences have been found among their demographic characteristics, the only significant difference being that those in the PTSD Risk Group have lower economic conditions and can't even afford basic needs compared to the other group. This shows that economic difficulties may be a risk for developing PTSD.

Eight different traumatic events have been evaluated and 97.5% of individuals are noted to have been exposed to at least one traumatic experience. This data is similar to studies on the relationship between addiction and trauma in the relevant literature (Bernstein, 2000).

The most observed traumatic event has been indicated as seeing someone getting hurt or dying (57.9%). Other traumatic events follow as unexpected death of loved

ones (46.7%), physical assault (39.7%), natural disasters or serious accidents (30.3%), adverse childhood experiences (27.8%), armed conflict (24.2%), loss of a loved one by murder or suicide (21.0%), and sexual assault or abuse (5.1%).

The most noticed symptom of PTSD is avoidance from thinking about the event and its reminders (29.3%). Other symptoms follow as anxiety (27.8%), affective slumber (26.8), hyper arousal (20.4%), and seeking help (19.9%). Of the sample, 21.7% are considered to be in the PTSD Risk Group as they suffer from at least three symptoms simultaneously.

The severity of addiction, substance-use features, effects of substances on their lives, and severity of craving are higher in the PTSD Risk Group than for the others; the PTSD Risk Group also meets the criteria of addiction more than others. In the literature, individuals with PTSD and addiction comorbidity are seen to have higher frequencies of substance use and relapse. They also have lower daily-life functionality compared to others. PTSD has been evaluated as an independent risk factor in negative prognoses for addiction treatment (Aldemir & Tan, 2011; Jacobsen, Southwick, & Kosten, 2001; Mc Cauley et al., 2012; Saladin et al., 2003). Cravings have been found to increase with increases in PTSD symptoms and vice versa. Our findings on higher rates of craving among the PTSD Risk Group is coherent with the literature (Carruth & Burke, 2006; Coffey et al., 2010; Jacobsen et al., 2001; Mc Cauley et al., 2012; Mueser, Drake, Noordsy, & Fox, 2003; Evren et al., 2009).

Our study has observed the PTSD Risk Group to have more severe psychological problems. In particular, the PTSD Risk Group has significantly higher scores for depression and anxiety than the others. Our findings are consistent with the literature (Breslau, & Davis, 1992; Brown, Stout, & Mueller, 1999; Coffey et al., 2010; Kural et al., 2004).

In addition, the PTSD Risk Group has higher rates for impulsivity and lack of assertiveness. No coherent studies could be found in the literature for comparing this data (Aldemir & Tan, 2011; Mc Cauley et al., 2012).

When considering the preferred substance, the PTSD Risk Group is seen to tend to prefer heroin and alcohol the most, though the difference is not significant. These findings are in accordance with those from the self-medication theory in the literature (Hammersley et al., 2016; Khantzian, 1997; Mc Cauley et al., 2012; Suh et al., 2008). In addition, the percentage of opioid users among PTSD patients in literature reviews (33%) is consistent with the ratio of opioid users in our study's PTSD Risk Group (28%; Aldemir & Tan, 2011).

Family characteristics have been evaluated by considering parental relationship, parental skills, family bonds, parental attitudes, family conflicts, responsibility taking, and obeying rules. No significance difference exists among the family scores when comparing between the PTSD Risk Group and the others.

## Results

This study has evaluated the effect of being at-risk for PTSD on addiction. Regarding the results of this study, we recommend assessing traumatic symptoms be required when treating addiction, and moreover to work with PTSD symptoms when treating addiction.

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