

# Addressing Trauma & Addiction

with the 5-Actions Program™

5/22/21

John Fitzgerald, PhD, LPC, CAS  
Developer of the 5-Actions Program™  
Digital Therapeutics Group, LLC



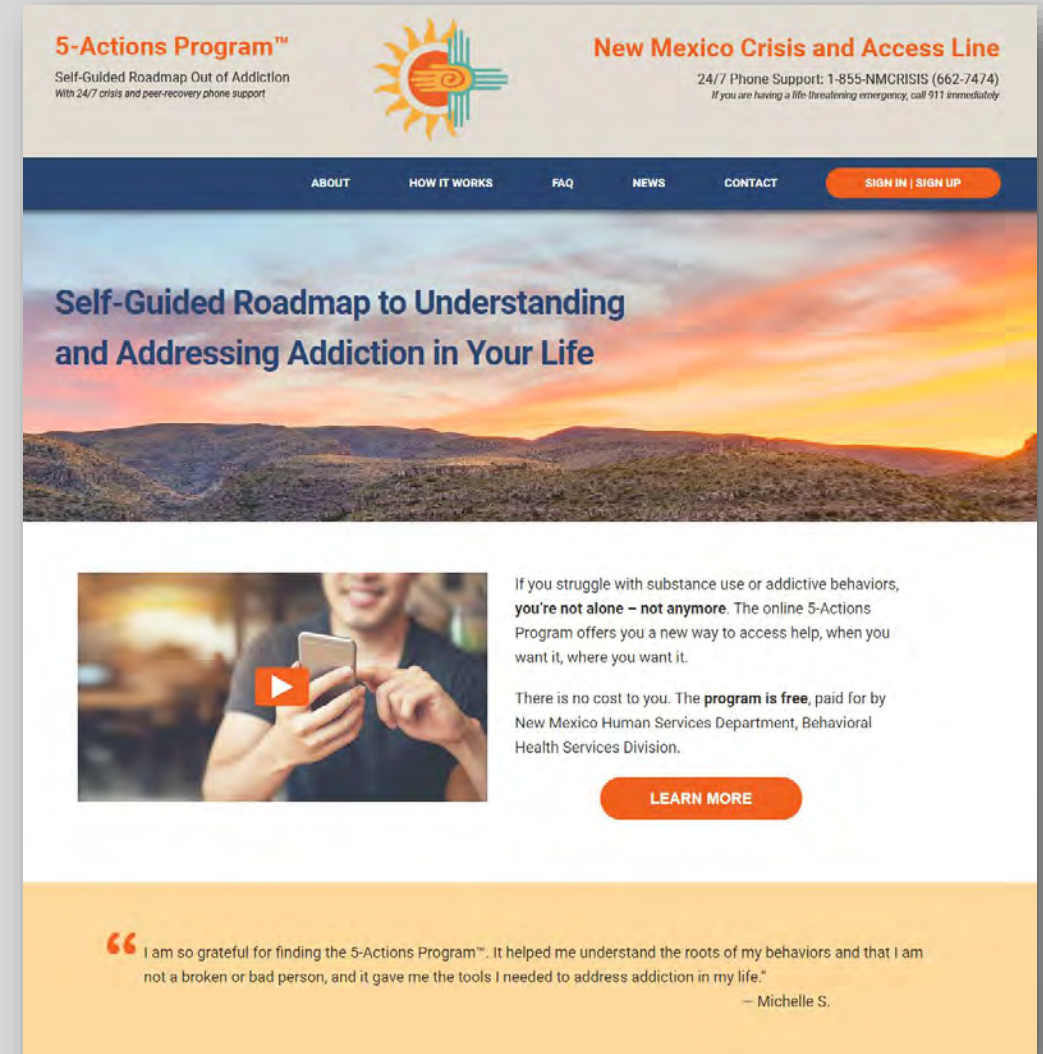
## Agenda:

- Define trauma and its relationship to addiction
- Understand the consequences of trauma and challenges for healing
- Provide an overview of treatment and how the 5-Actions Program™ can help



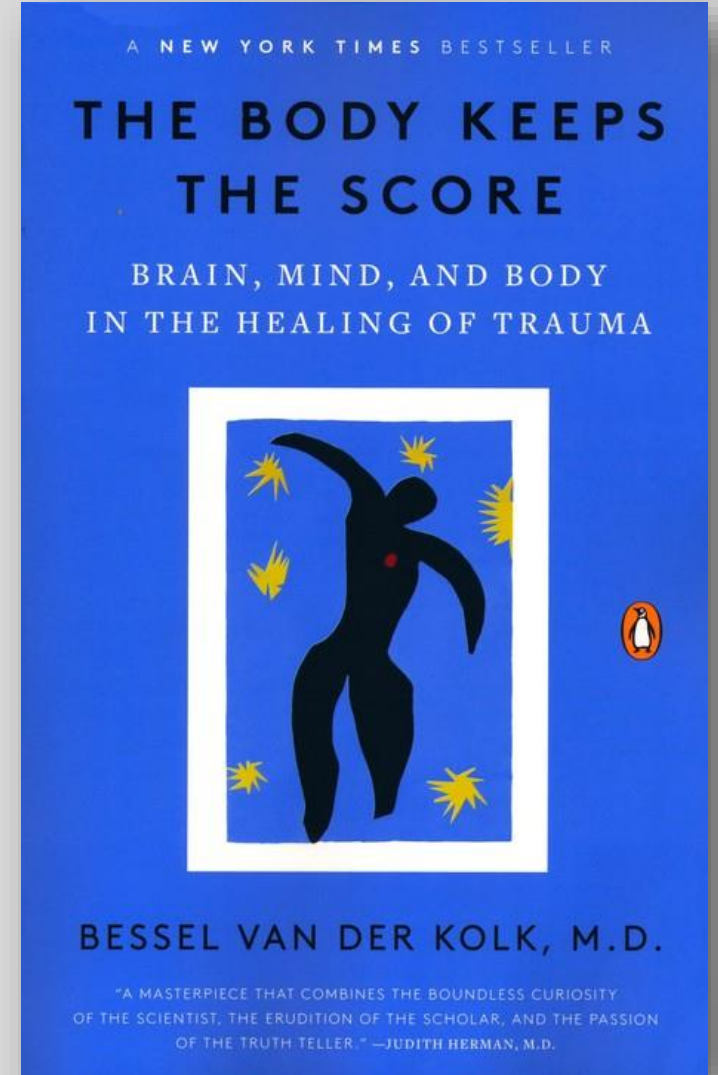
# What is the 5-Actions Program™?

- Launched **November 2020**
- **Self-guided roadmap** to understanding and addressing addiction (substance and behavioral)
- **Free to all citizens** in New Mexico, paid for the Behavioral Health Services Division
- **24/7 phone support** from the New Mexico Crisis and Access Line and Peer Recovery Support



Trauma, whether it is the result of something done to you or something you yourself have done, almost always makes it **difficult to engage in intimate relationships**. After you experience something so unspeakable, how do you learn to trust yourself or anyone else again? Or conversely, how can you surrender to an intimate relationship after you have been brutally violated?

*Dr. Bessel Van der Kolk*



# TED Talk: What makes a good life?



**Good relationships  
keep us happy and  
healthier. Period.**

*Dr. Robert Waldinger*

## Types of Traumatic Stress

- Community Violence
- Complex Trauma
- Domestic Violence
- Early Childhood Trauma
- Medical Trauma
- Natural Disasters
- Neglect
- Physical Abuse
- Refugee Abuse
- School Violence
- Sexual Abuse
- Terrorism
- Traumatic Grief

*Source: National Child Traumatic  
Stress Network*

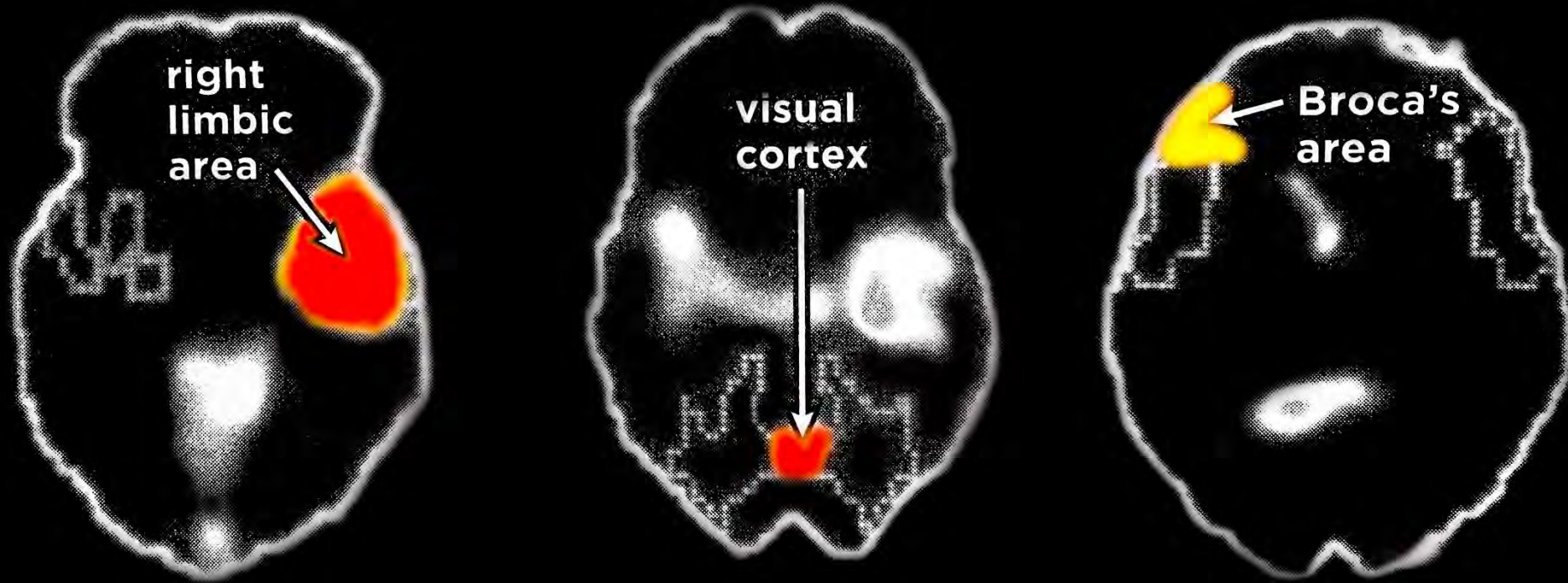
Being traumatized means continuing to **organize your life as if the trauma were still going on** – unchanged and immutable – as every new encounter or event is contaminated by the past. After trauma, the world is experienced with a **different nervous system**. The survivor's energy now becomes focused on suppressing inner chaos, at the expense of spontaneous involvement in their lives.

*Dr. Bessel Van der Kolk  
The Body Keeps the Score*



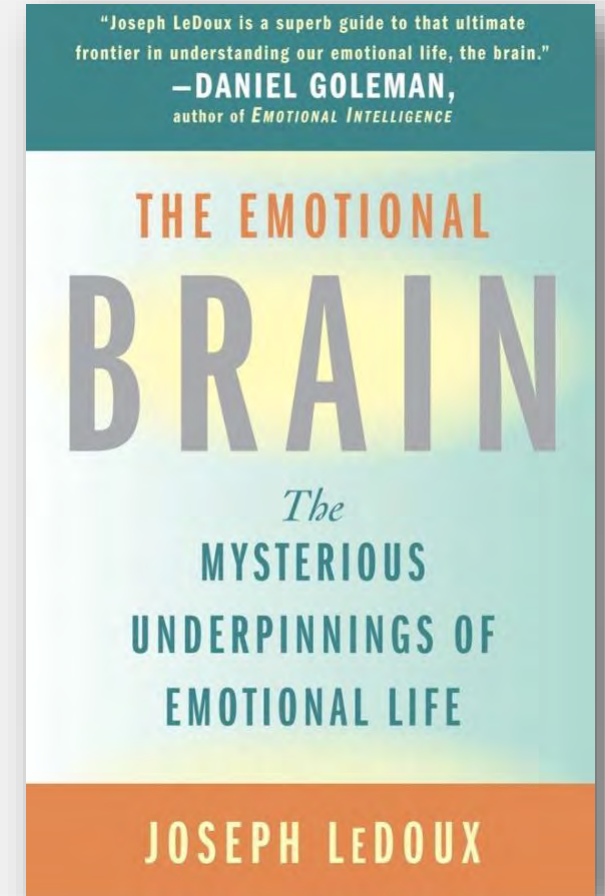
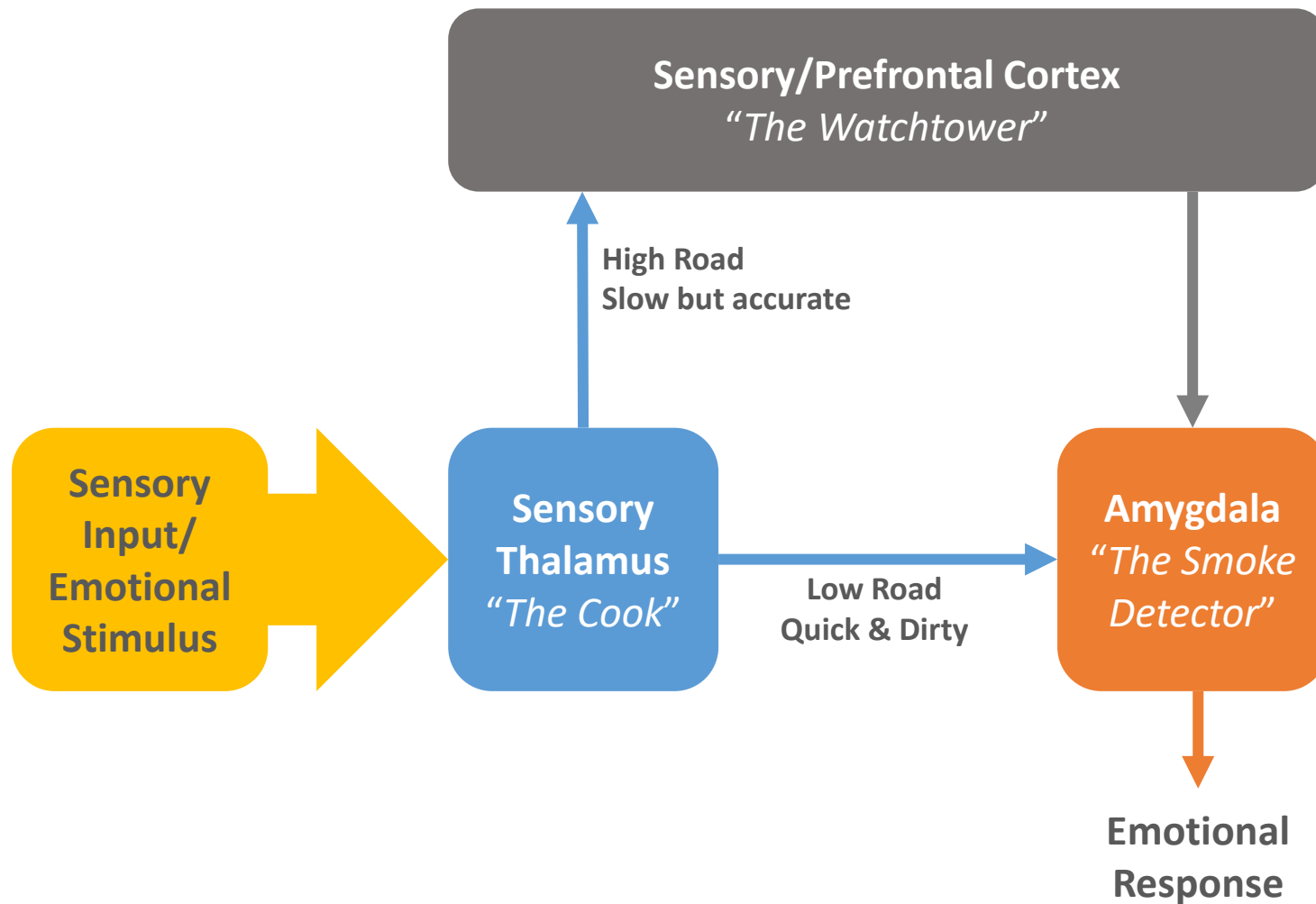


Your Brain  
on  
**Trauma**



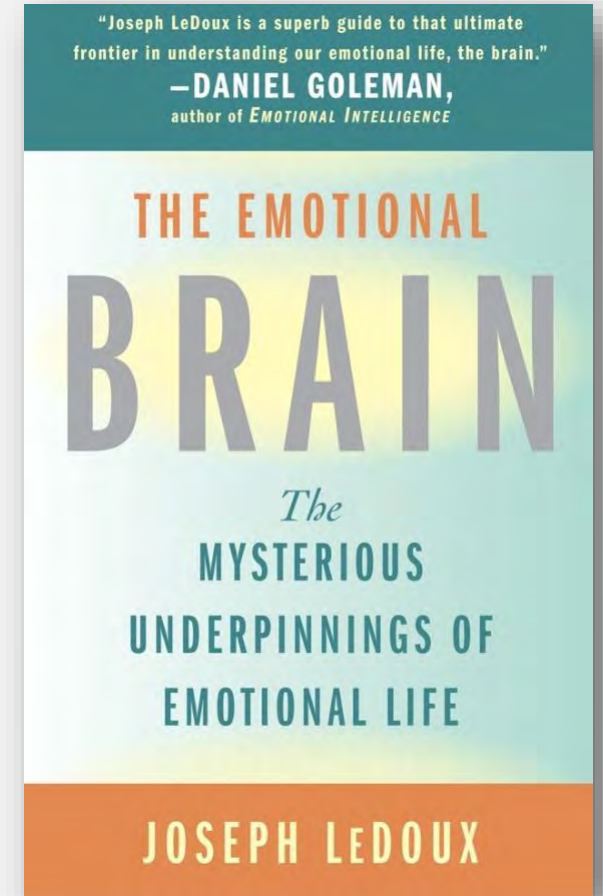
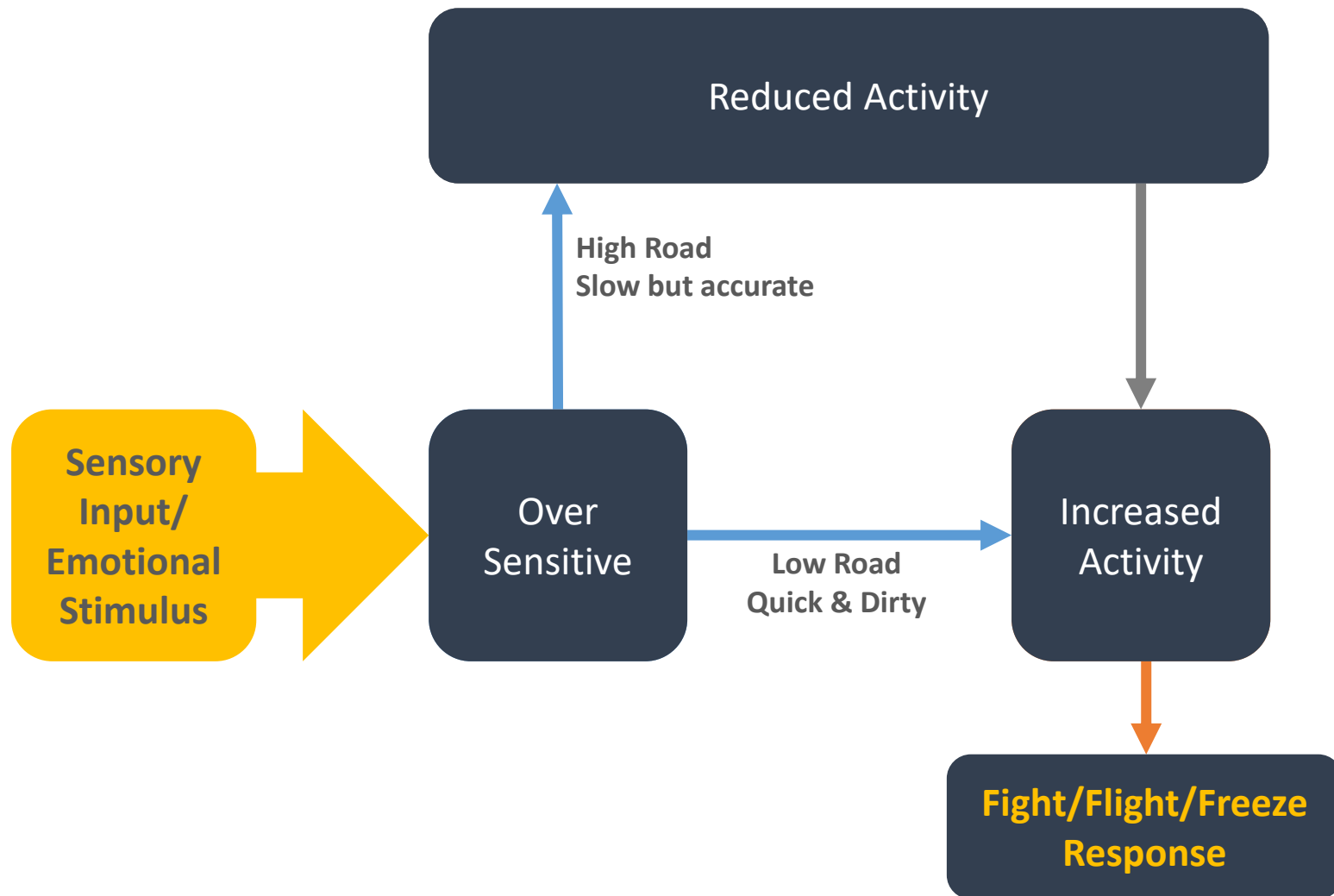
Source: Bessel Van der Kolk, *The Body Keeps the Score*

# The low and high roads to fear

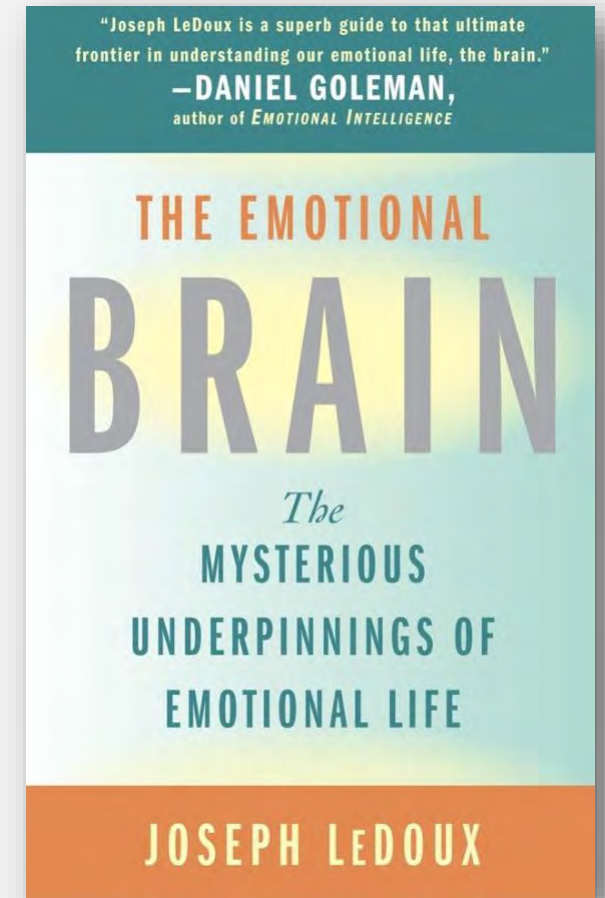
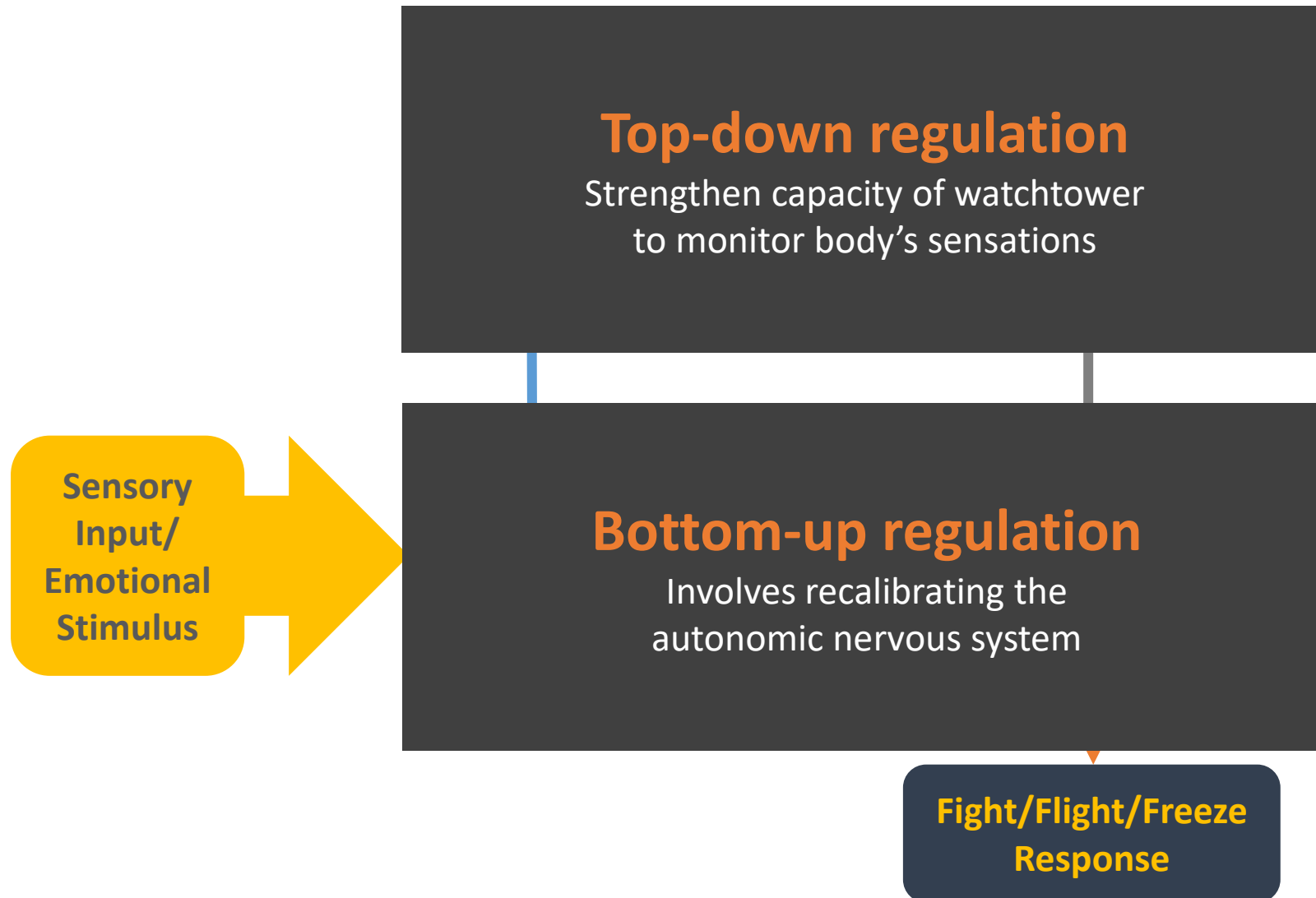


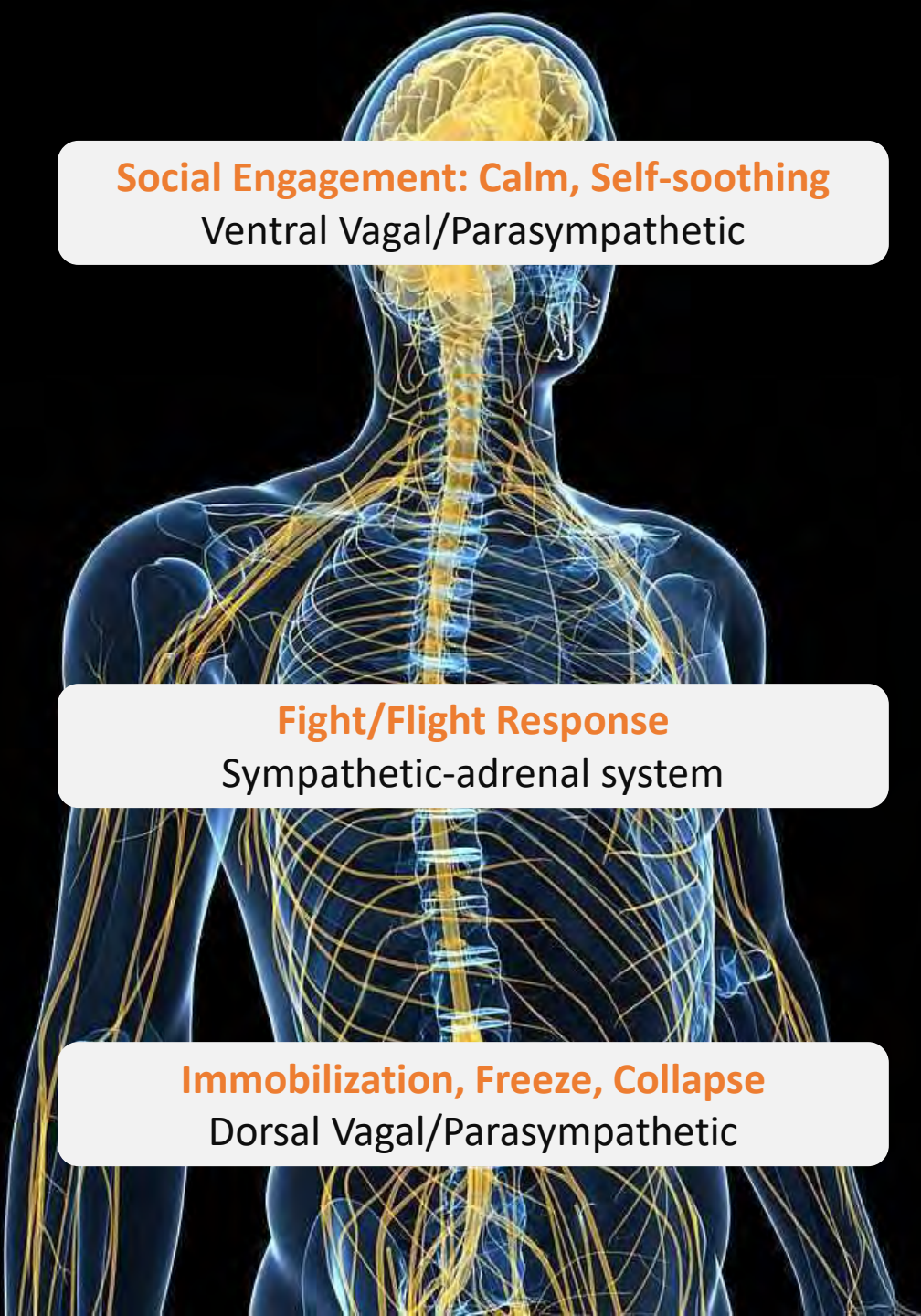


# The low and high roads to fear



# The low and high roads to fear





**Social Engagement: Calm, Self-soothing**  
Ventral Vagal/Parasympathetic

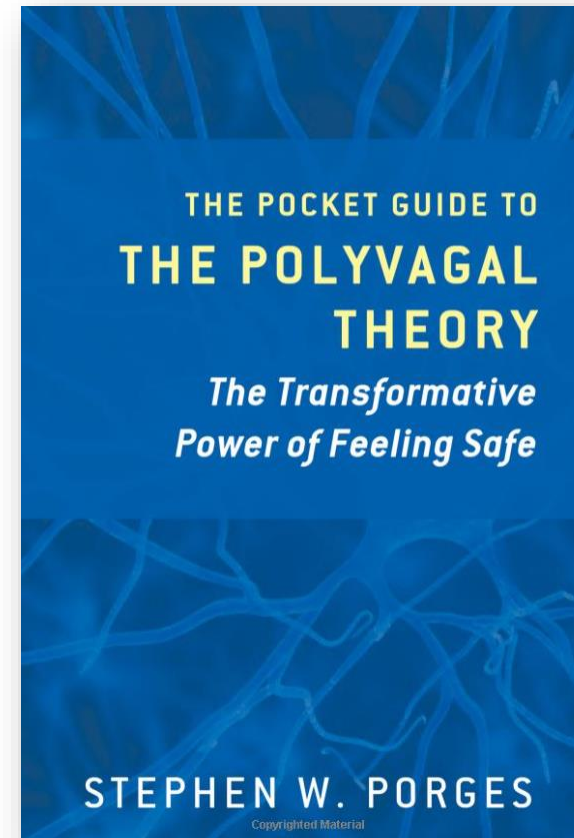
**Fight/Flight Response**  
Sympathetic-adrenal system

**Immobilization, Freeze, Collapse**  
Dorsal Vagal/Parasympathetic

# The Polyvagal Theory

## Biology of Safety & Danger

*Dr. Stephen Porges*



THE POCKET GUIDE TO  
**THE POLYVAGAL  
THEORY**

*The Transformative  
Power of Feeling Safe*

STEPHEN W. PORGES

Copyrighted Material

Dr. Linda Meyer Williams

- Early 1970s
- Interviewed 206 girls
- Ages 10 to 12
- Admitted to hospital for sexual abuse
- Confirmed abuse by parents & lab tests

**17 years later...  
(136 tracked down)**

**38% did not  
recall the abuse**





# Roots of Addiction



Insecure  
Attachment

18 Months



ACEs

Childhood



Trauma

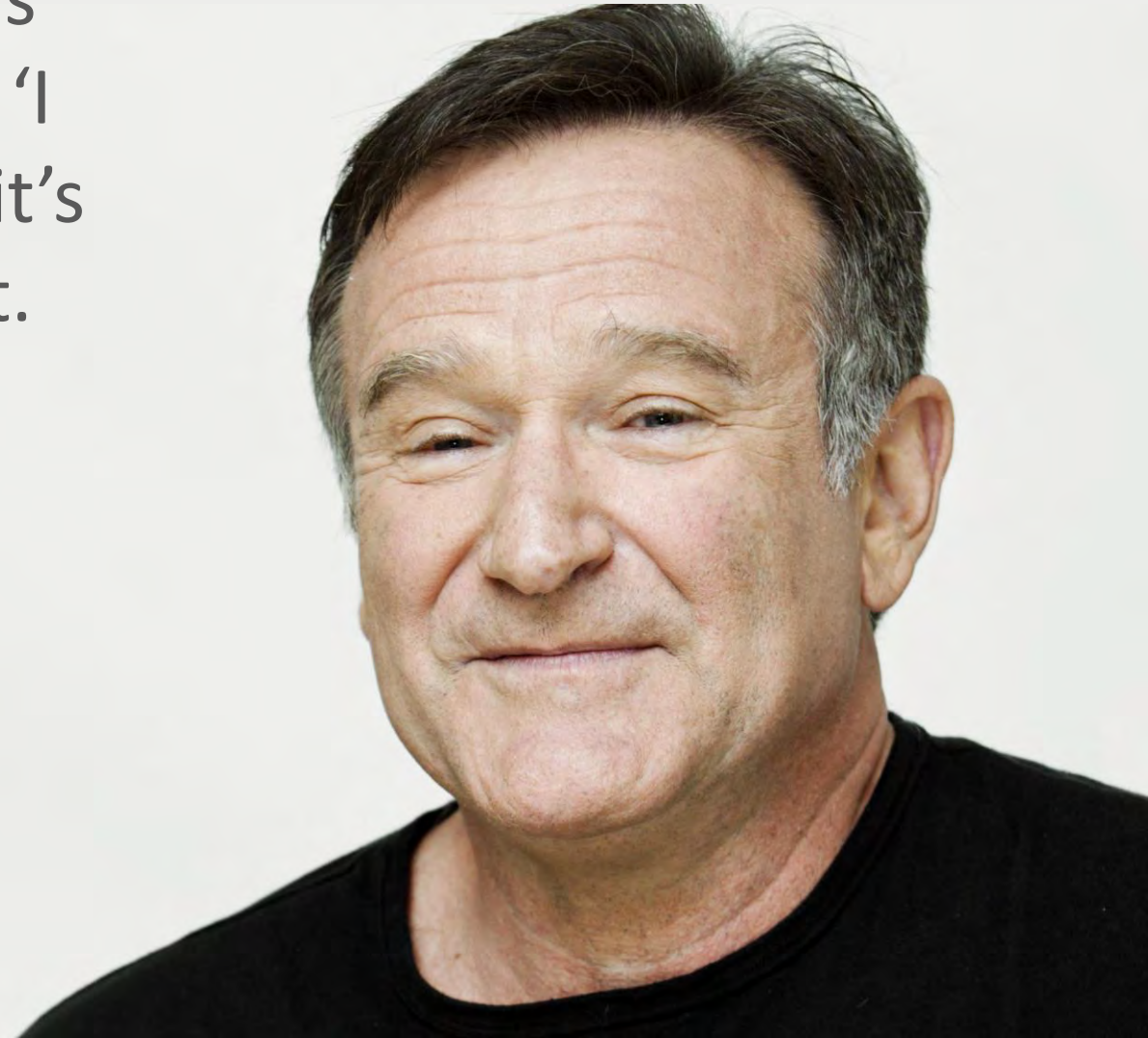
Individualized Response



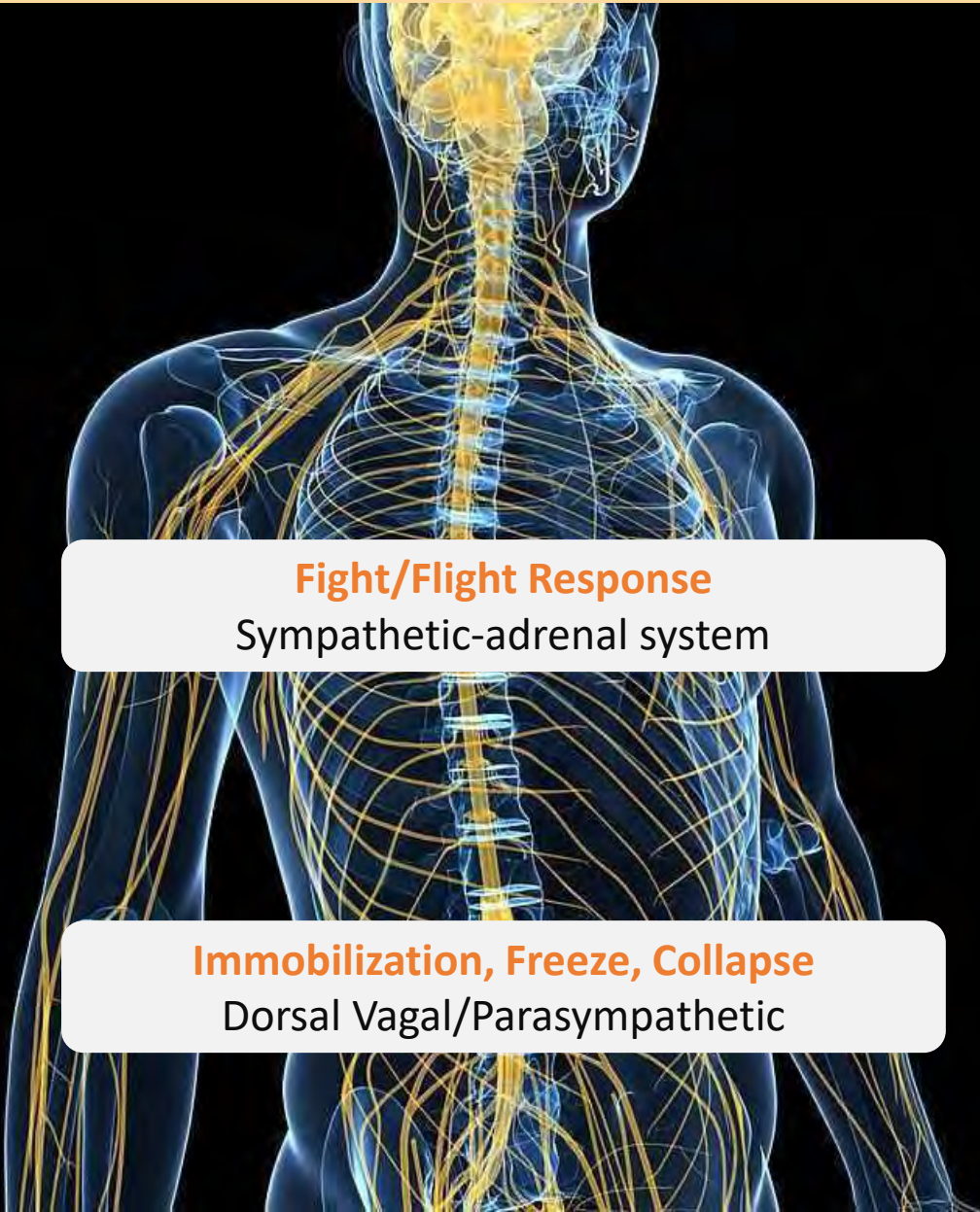
You know, I was **shameful**, and you do stuff that causes disgust, and that's hard to recover from. You can say, 'I forgive you' and all that stuff, but it's not the same as recovering from it. It's not coming back.

*Robin Williams*

*Interview with The Guardian, 2010*



# Addiction is Adaptive to a Dysregulated Nervous System



**Fight/Flight Response**  
Sympathetic-adrenal system

**Immobilization, Freeze, Collapse**  
Dorsal Vagal/Parasympathetic



## **Uppers**

Tobacco

Methamphetamine

Cocaine

## **Downers**

Alcohol

Opioids

Sedative-Hypnotics

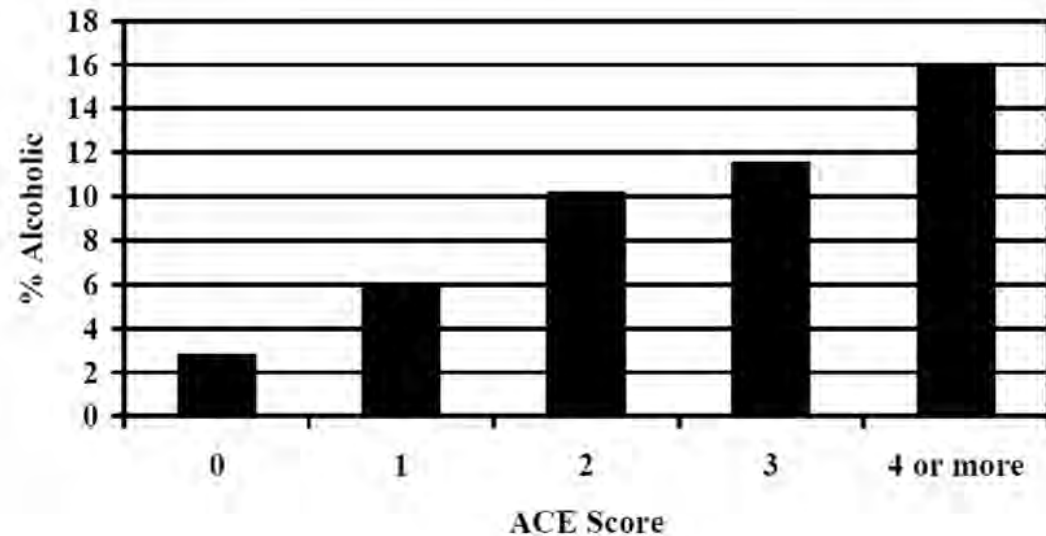
## **All-Arounders**

Marijuana

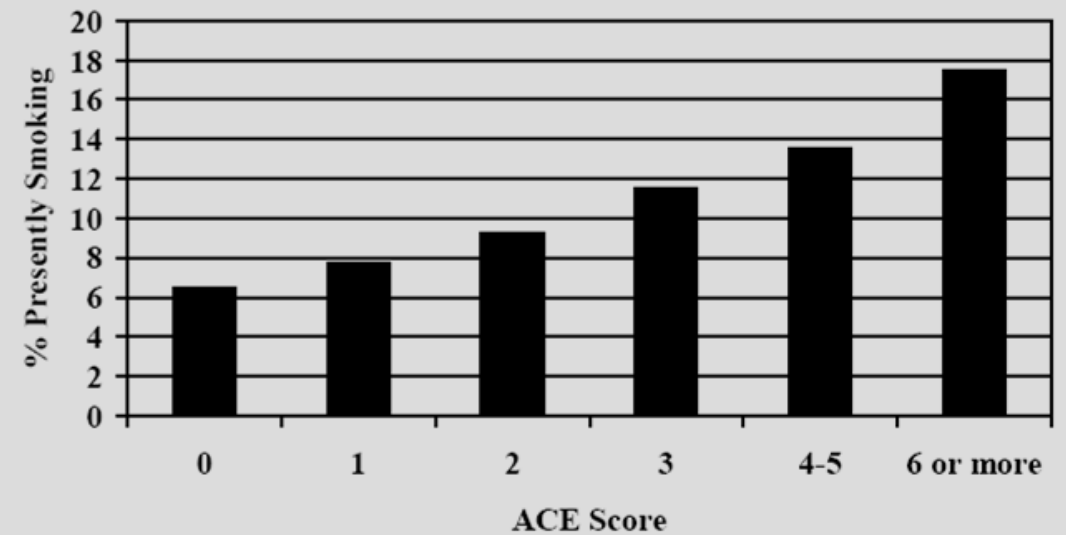
Psychedelics

# Higher the ACE Score (and Trauma Load), the More Addiction

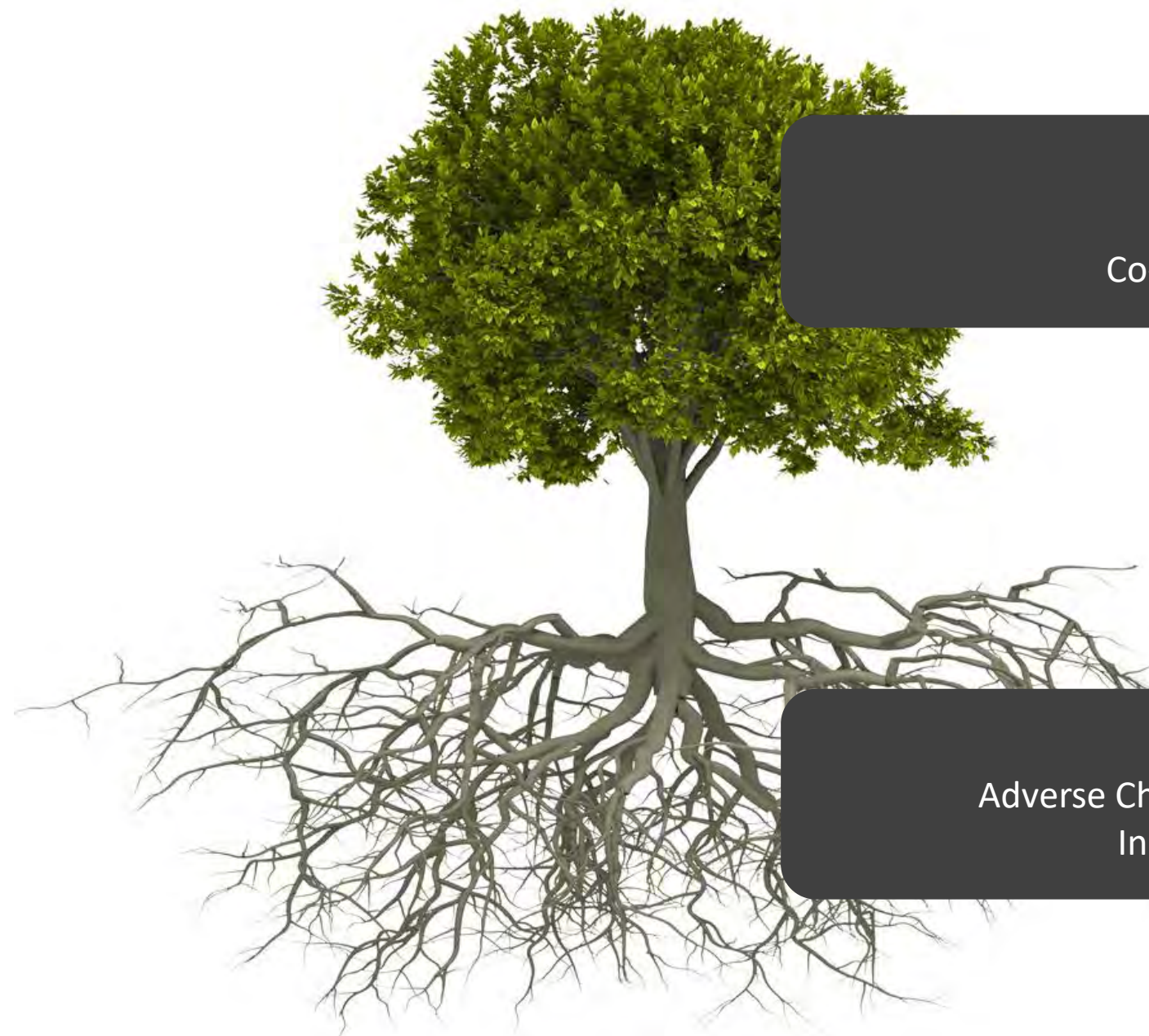
## ACE Score & Alcoholism



## ACE Score & Smoking







## Symptoms

Addiction  
Co-occurring Disorders



## Trauma

Adverse Childhood Experiences (ACEs)  
Insecure Attachment

# Healing Trauma & Addiction



## Guiding Principles


- Healing relationships
- Education
- Careful dance of reducing/stopping addiction, while learning to be present and mindful in the body
- Safety, boundaries, and resources
- Top-down (cognitive) and bottom-up (somatic) interventions
- No one best trauma treatment




# Healing Relationships



**Crisis And Access Line**  
Call for support and resources  
**1-855-NMCRISIS (662-7474)**  
Toll Free 24/7/365

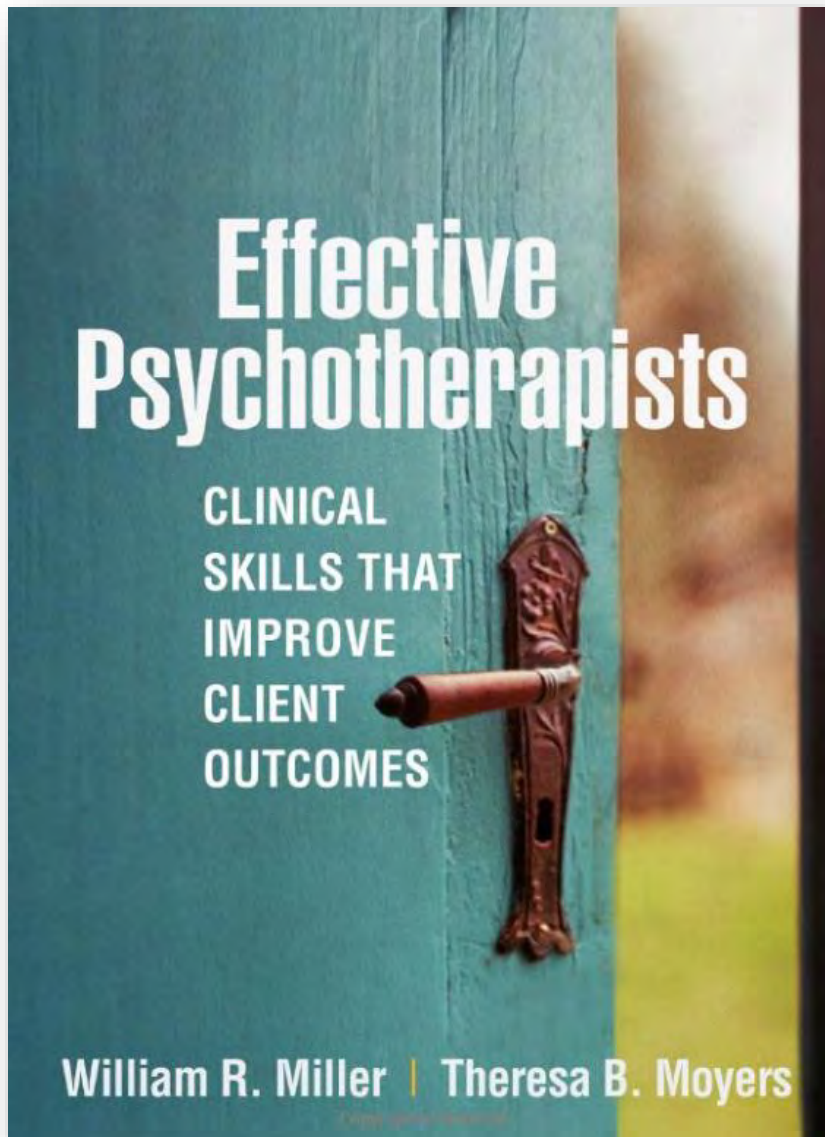


**Peer to Peer Warmline**  
Call or text to connect with a peer  
**1-855-4NM-7100 (466-7100)**  
call 3:30pm – 11:30pm / text 6pm – 11pm



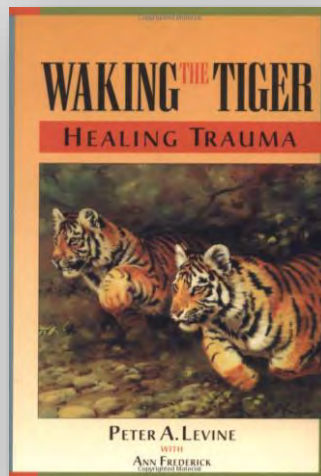
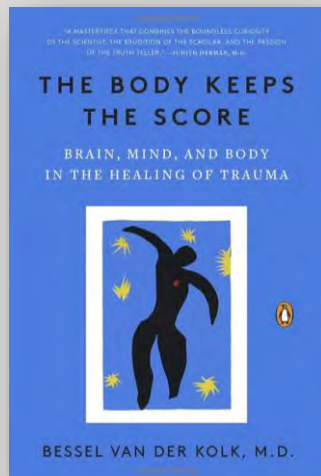
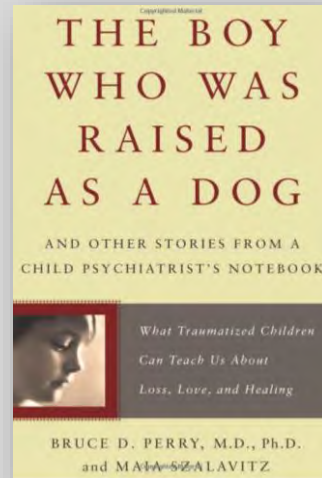
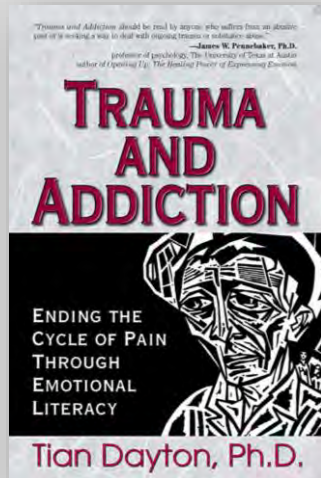
**Healthcare Worker and  
First Responder  
Support Line**  
**1-855-507-5509**






- Accurate Empathy
- Acceptance
- Positive Regard
- Genuineness
- Focus
- Hope
- Evocation (facilitate self-healing)
- Offering Information and Advice

# Education can go a long ways...



### 5-Actions Program™

Self-Guided Roadmap Out of Addiction  
With 24/7 crisis and peer-recovery phone support




### New Mexico Crisis and Access Line

24/7 Phone Support: 1-855-NMCRISIS (662-7474)  
If you are having a life-threatening emergency, call 911 immediately

[ABOUT](#) [HOW IT WORKS](#) [FAQ](#) [NEWS](#) [CONTACT](#) [SIGN IN | SIGN UP](#)

## Self-Guided Roadmap to Understanding and Addressing Addiction in Your Life



If you struggle with substance use or addictive behaviors, **you're not alone – not anymore.** The online 5-Actions Program offers you a new way to access help, when you want it, where you want it.

There is no cost to you. The **program is free**, paid for by New Mexico Human Services Department, Behavioral Health Services Division.

[LEARN MORE](#)

“I am so grateful for finding the 5-Actions Program™. It helped me understand the roots of my behaviors and that I am not a broken or bad person, and it gave me the tools I needed to address addiction in my life.”

— Michelle S.



# Origins of Addiction: Trauma

## Origins of Addiction



1. Introduction



2. Problem of Adolescence



3. Risks and Protections



4. Genetics



5. Attachment



6. ACE Study



7. Trauma 101



8. Flight, Flight, Freeze



9. Your Brain on Trauma



10. What You Can't Remember



11. Co-Occurring Disorders



12. Rat Park

- Trauma is defined by **your response to an event**, not the event itself
- Brain/Body **react on auto-pilot** with flight, fight, freeze responses
- Trauma changes the brain/body, **Broca's area (speech) shuts down**
- **Trauma fragments memory**, so addiction can occur with the underlying driver outside of awareness

# Resolve Solvable Problems (Action 3)

## Resolve Solvable Problems (Action 3)



1. Introduction



2. Crisis and Basic Needs



3. The 4-Step Solution



4. Addiction Medications



5. Psychiatric Medications



6. Self-Help Groups  
Including 12-Step



7. Earning Secure  
Attachment



8. Healing ACEs and Trauma



9. Tools to Self-Treatment  
Trauma



10. Parts Work



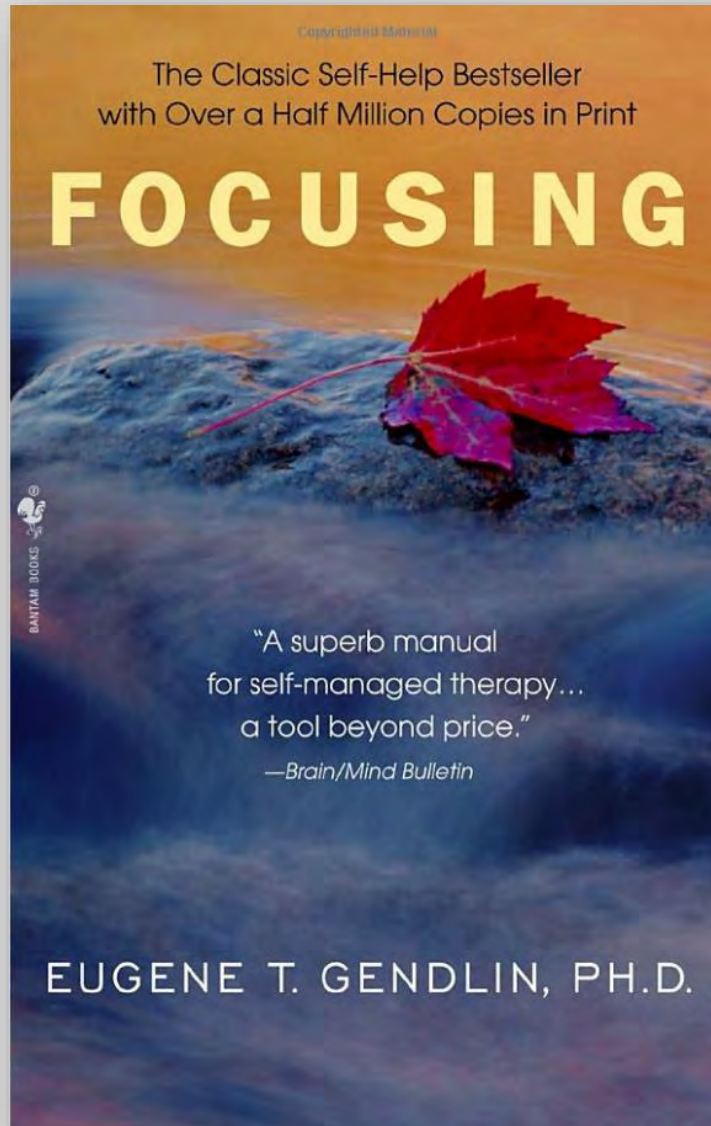
11. Mental Health One-Stop  
Shop



12. Developmental Catch-Up  
Shop

- Key to healing is learning to live in the body, mindfully
- No one best way address trauma
- Four interventions that can help: Focusing, Yoga, Trauma Releasing Exercises (TRE), and Mindfulness
- Integrating parts of self: Internal Family Systems Therapy

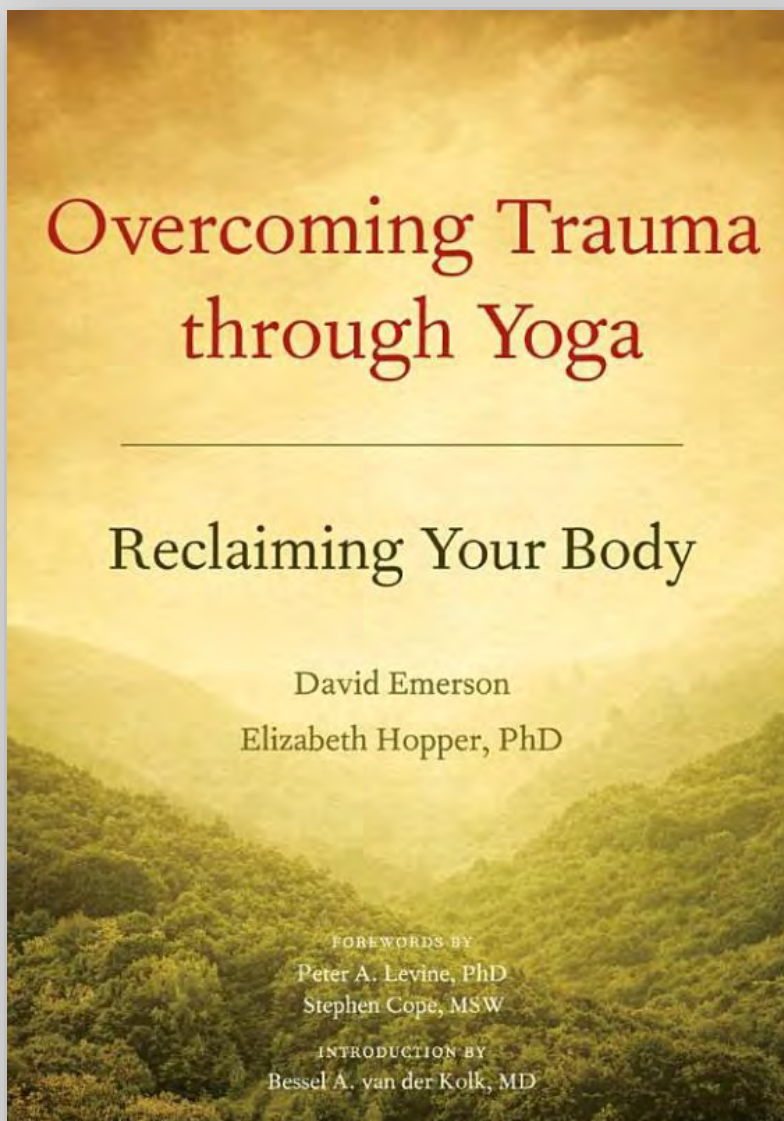




## The Six Steps

1. Clearing A Space
2. Felt Sense
3. Handle
4. Resonating
5. Asking
6. Receiving

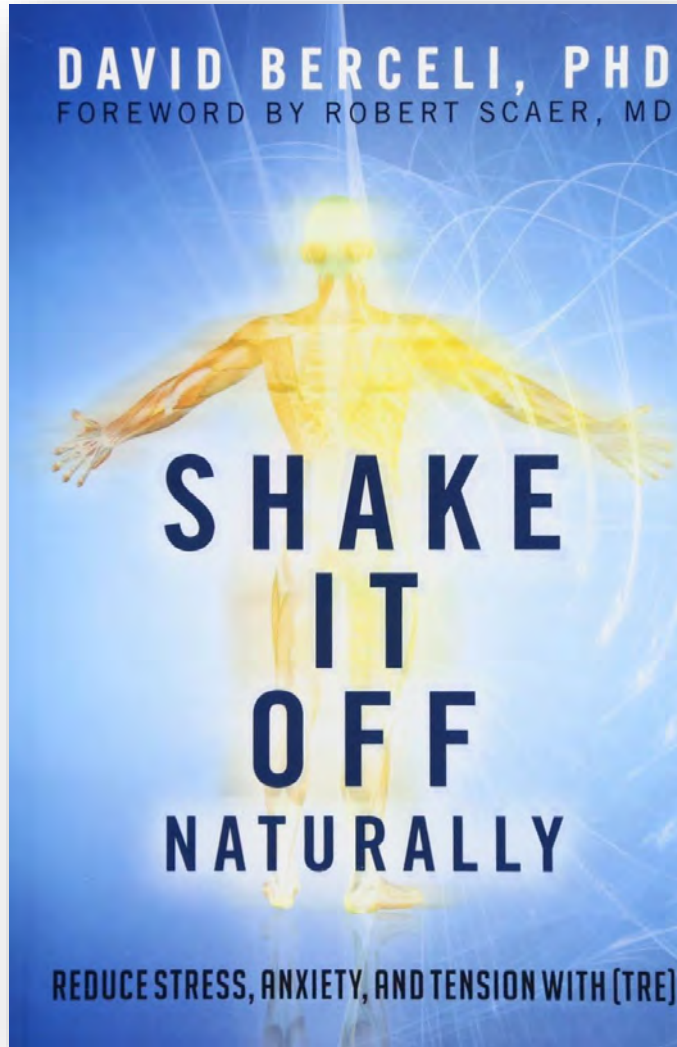
Check out: <https://focusing.org>



...ten weeks of **yoga practice** markedly reduced PTSD symptoms of patients who had failed to respond to any medication or to any other treatment.

*Body Keeps the Score, p. 207*

# Trauma Releasing Exercises (TRE)



- Tremors evoked by the TRE exercise is natural, internal, neuro-physiological response of the body to reduce its own stress and **restore a sense of well-being**.
- TRE is a **body based (somatic) process** which can discharge tension from the body, often not requiring a “revisit of the trauma story”.
- TRE is designed to be a **self-help tool** that once learned, can be used as needed, throughout one’s life, thereby continuously supporting and promoting personal health and wholeness.

Check out: <https://traumaprevention.com/>



# Mindfulness

I have learned these lessons from my dying patients – who in their suffering and dying realized that we have only NOW – “so have it fully and find what **turns you on**, because no one can do this for you!”

*Elisabeth Kübler-Ross*



# Parts Work

An Illustrated Guide to  
Your Inner Life



by Tom Holmes, Ph.D

with Lauri Holmes, MSW

illustrations by Sharon Eckstein, MFA

# Internal Family Systems

Skills Training Manual

Trauma-Informed Treatment for Anxiety,  
Depression, PTSD & Substance Abuse

Frank G. Anderson, MD • Martha Sweezy, PhD  
Richard C. Schwartz, PhD

Firefighters

SELF

Managers

Exiles

<https://www.selfleadership.org/>



# MDMA for Treatment of PTSD

OPEN

## MDMA-assisted therapy for severe PTSD: a randomized, double-blind, placebo-controlled phase 3 study

Jennifer M. Mitchell<sup>1,2,✉</sup>, Michael Bogenschutz<sup>3</sup>, Alia Lilienstein<sup>4</sup>, Charlotte Harrison<sup>5</sup>, Sarah Kleiman<sup>6</sup>, Kelly Parker-Guilbert<sup>7</sup>, Marcela Ot'alora G.<sup>8,9</sup>, Wael Garas<sup>8</sup>, Casey Paleo<sup>10</sup>, Ingmar Gorman<sup>11</sup>, Christopher Nicholas<sup>12</sup>, Michael Mithoefer<sup>5,9,13</sup>, Shannon Carlin<sup>5,9</sup>, Bruce Poulter<sup>8,9</sup>, Ann Mithoefer<sup>9</sup>, Sylvestre Quevedo<sup>2,14</sup>, Gregory Wells<sup>14</sup>, Sukhpreet S. Klaire<sup>15</sup>, Bessel van der Kolk<sup>16</sup>, Keren Tzarfaty<sup>9</sup>, Revital Amiaz<sup>17</sup>, Ray Worthy<sup>18</sup>, Scott Shannon<sup>19</sup>, Joshua D. Woolley<sup>2</sup>, Cole Marta<sup>20</sup>, Yevgeniy Gelfand<sup>21</sup>, Emma Hapke<sup>22</sup>, Simon Amar<sup>23</sup>, Yair Wallach<sup>24</sup>, Randall Brown<sup>11</sup>, Scott Hamilton<sup>25</sup>, Julie B. Wang<sup>5</sup>, Allison Coker<sup>1,5</sup>, Rebecca Matthews<sup>5</sup>, Alberdina de Boer<sup>5</sup>, Berra Yazar-Klosinski<sup>4</sup>, Amy Emerson<sup>5</sup> and Rick Doblin<sup>4</sup>

Post-traumatic stress disorder (PTSD) presents a major public health problem for which currently available treatments are modestly effective. We report the findings of a randomized, double-blind, placebo-controlled, multi-site phase 3 clinical trial (NCT03537014) to test the efficacy and safety of 3,4-methylenedioxymethamphetamine (MDMA)-assisted therapy for the treatment of patients with severe PTSD, including those with common comorbidities such as dissociation, depression, a history of alcohol and substance use disorders, and childhood trauma. After psychiatric medication washout, participants ( $n = 90$ ) were randomized 1:1 to receive manualized therapy with MDMA or with placebo, combined with three preparatory and nine integrative therapy sessions. PTSD symptoms, measured with the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5, the primary endpoint), and functional impairment, measured with the Sheehan Disability Scale (SDS, the secondary endpoint) were assessed at baseline and at 2 months after the last experimental session. Adverse events and suicidality were tracked throughout the study. MDMA was found to induce significant and robust attenuation in CAPS-5 score compared with placebo ( $P < 0.0001$ ,  $d = 0.91$ ) and to significantly decrease the SDS total score ( $P = 0.0116$ ,  $d = 0.43$ ). The mean change in CAPS-5 scores in participants completing treatment was  $-24.4$  (s.d. 11.6) in the MDMA group and  $-13.9$  (s.d. 11.5) in the placebo group. MDMA did not induce adverse events of abuse potential, suicidality or QT prolongation. These data indicate that, compared with manualized therapy with inactive placebo, MDMA-assisted therapy is highly efficacious in individuals with severe PTSD, and treatment is safe and well-tolerated, even in those with comorbidities. We conclude that MDMA-assisted therapy represents a potential breakthrough treatment that merits expedited clinical evaluation.

PTSD is a common and debilitating condition with immeasurable social and economic costs that affects the lives of hundreds of millions of people annually. There are a number of environmental and biological risk factors that contribute to the development and maintenance of PTSD<sup>1</sup>, and poor PTSD treatment outcomes are associated with several comorbid conditions that include childhood trauma<sup>2</sup>, alcohol and substance use disorders<sup>3</sup>, depression<sup>4</sup>, suicidal ideation<sup>5</sup> and dissociation<sup>6</sup>.

It is therefore imperative to identify a therapeutic that is beneficial in those individuals with the comorbidities that typically confer treatment resistance.

The selective serotonin reuptake inhibitors (SSRIs) sertraline and paroxetine are Food and Drug Administration (FDA)-approved first-line therapeutics for the treatment of PTSD. However, an estimated 40–60% of patients do not respond to these compounds<sup>7</sup>. Likewise, although evidenced-based trauma-focused

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## First Phase 3 trial data for MDMA therapy sets path for approval

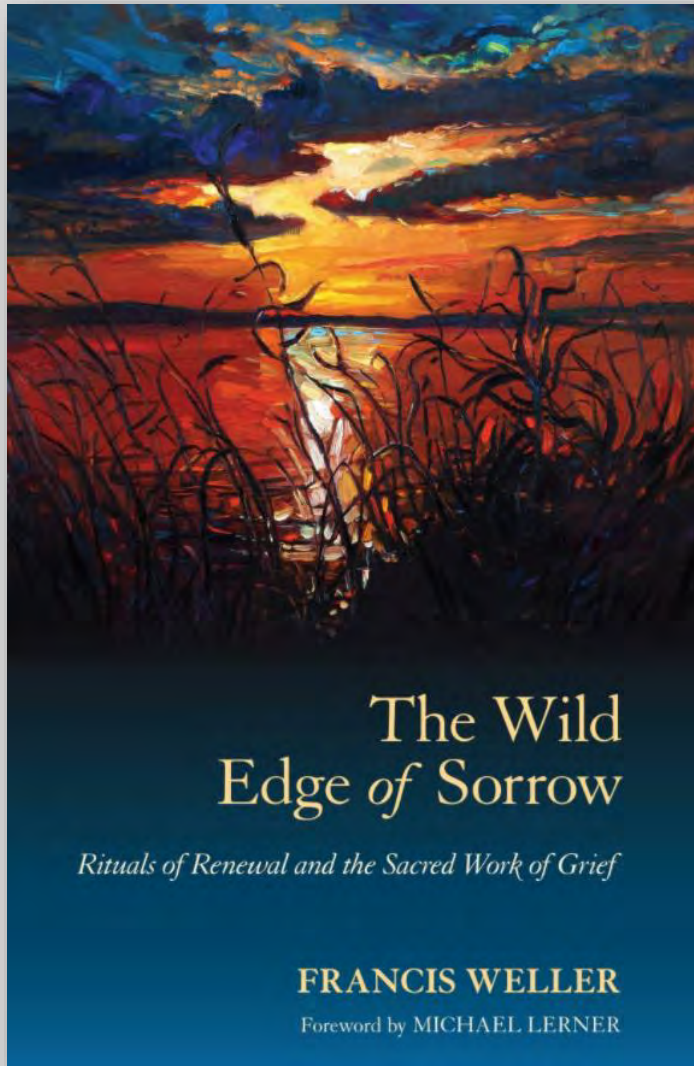
By Rich Haridy  
May 03, 2021



A patient undergoing MDMA treatment in one of the Phase 2 clinical trials MAPS

<https://maps.org/research/mdma>

# Grief



Trauma always carries grief, though not every grief carries trauma. Therefore, grief work is a primary ingredient in the resolution of trauma.

*Francis Weller*



Questions and Discussion  
[info@nm5actions.com](mailto:info@nm5actions.com)