# The Trauma of Monitoring Program Participation

Penelope P. Ziegler, M.D.
Medical Director
Florida Professionals Resource Network, Inc.
(PRN)

PROFESSIONALS Resource Network

## Disclosures

**None**

## Trauma Issues in Monitoring Program Participants

- **Addiction is a progressive disease, the worsening symptoms of which result in feelings of terror, horror and/or helplessness (in the addict and those around him/her): *the definition of trauma***
- **Many persons with addiction have experienced trauma before they began using chemicals**
- **A substantial number of persons with addiction are suffering from *complex trauma***
- **Being referred for treatment and/or monitoring exacerbates trauma-related symptoms**

## Complex Trauma

- The traumatic experiences are repetitive, prolonged or cumulative
- Usually involving primary caregivers and including abuse, neglect and/or exploitation
- Most often occurs during childhood or adolescence
- Survivors experience intense shame and guilt, even though they were the victims of the abuse

## Symptoms of Complex Trauma

- Difficulty regulating affective impulses such as anger and self-destructiveness
- Dissociative episodes
- Chronic sense of guilt or responsibility
- Difficulty trusting people or feeling intimate
- Hopelessness or despair
- Other somatic or medical problems

## Trauma Re-Enactment

- Survivors of trauma tend to re-enact their traumatic scenario again and again in all their relationships
- Being referred to a peer assistance program or an addiction treatment program, *traumatic in itself*, also tends to re-activate emotions that originated in earlier traumatic experiences
- In the context of treatment or monitoring, the survivor will re-enact his/her trauma with the Case Manager or Counselor (*transference*)

## It Takes Two to Tango

- Case managers working in monitoring programs and/or counselors working in addiction treatment bring their own unresolved issues to their work
- Most professionals who are drawn to working in healthcare are motivated by conscious desires to help people
- They are also motivated by unconscious desires related to their own traumatic scenarios, which influence their relationships with clients (***countertransference***)

## Personality Styles in Survivors of Trauma

- The Anxious Victim (Dependent)
- The Entitled Aggressor (Narcissistic)
- The Help-Rejecting Complainer (Passive-Aggressive)
- The Drama Queen/ King (Histrionic)
- The Self-Destructive Rager (Borderline)

## The Anxious Victim

## Case #1

- 30 year old single female internal medicine resident with long history of chronic pain and depression, referred due to over-use of opioid medications and suicidal ideation
- Evaluation by pain management specialist/ addictionist evoked intense feelings of being violated, persecuted and wrongly accused
- Case manager's efforts to respond with compassion and to be supportive were met with suspiciousness and complaints to the medical director
- Residency training program wanted to terminate her, not supportive of recommended medical leave of absence

## The Entitled Aggressor

## Case #2

- 46 year old married pediatrics professor referred for disruptive behavior, reports of yelling at the Department Chair, throwing objects to floor, using profane language
- Evaluation found mild alcohol use disorder with prominent narcissistic and obsessive-compulsive traits, righteous indignation with inability to recognize his role in situation
- Referred for IOP, "Distressed Physicians" course and individual therapy; behaved very disruptively at IOP and course; made numerous complaints about monitoring program to prominent members of the Medical School, Medical Board, and State Medical Association
- So provocative that Case Manager and Medical Director wanted to strangle him, but all urines were negative
- Upon completing his monitoring Contract, he called to refer his Department Chair for disruptive behavior

## The Help-Rejecting Complainer

## Case #3

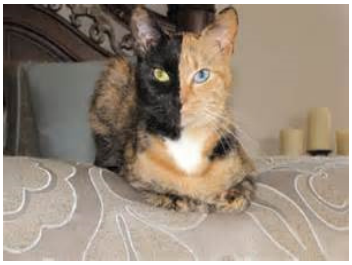
- 42 year old, divorced pharmacist with long history of severe alcohol and opioid use disorders and behavioral problems in the workplace which were difficult to describe
- Repeated evaluations with recommendations for residential treatment but had always bargained his way out, going to IOPs and brief detox/stabilization facilities which had limited experience working with professionals
- Behavior at work and in treatment described: "You try to help him but he argues with everything," "It's always 'Yes, but…'," "Nothing is ever his fault," "No one wants to work with him."
- In response to his persistent demands, the Board of Pharmacy agreed to issue him a restricted license so that he can demonstrate his ability to maintain compliance with monitoring; he immediately begins bombarding PRN with demands to advocate for him to have these restrictions lifted

## The Drama Queen/ King

## Case #4

- 53 year old divorced male family physician referred after an involuntary hospitalization for suicide threats with a knife
- All interactions with PRN characterized by intense emotion, tearfulness and catastrophization
- Sent letters and email to prominent physician leaders, state governor, POTUS, TV personalities, etc.
- Evaluation including complete neuropsychological testing indicated possible mood disorder and alcohol use disorder, but specified histrionic and narcissistic traits
- Terminated from his practice for disruptive behavior and refusal to cooperate with PRN, whom he referred to as "the Gestapo"
- Refused to sign monitoring contract

## The Self-Destructive Rager



## Case #5

- 37 year old single female clinical psychologist with a long history of unstable mood; bouts of self-harming and suicidal behavior; migraine headaches; misuse of alcohol, sedatives, opioids and THC; bouts of bulemia and self-starvation
- Difficulty maintaining compliance with monitoring (three periods under contract, two prior administrative discharges)
- Frequent dilute urine screens; nephrology consult indicated volitional excessive water intake
- Each new Case Manager is initially idealized, then devalued, then totally demonized
- In similar fashion she has "fired" multiple therapists, psychiatrists and neurologists
- Current Case Manager is having nightmares about the participant harming herself

## Techniques for Working with Trauma Survivors

- Creating a safe environment
- Recognizing trauma re-enactment
- Recognizing transference, countertransference and projective identification
- Maintaining focus on participant's goals

## Creating a Safe Environment

- Present a warm, accepting, nonjudgmental self
- Speak in a measured, assertive manner
- Begin written communications with a positive but authentic greeting; remember that email is an invitation to misinterpretation
- In an office setting, use soft lighting, warm colors, soothing art work, music, etc.
- For email, consider soft fonts, pastel background

## Recognizing Transference and Countertransference

- Look for unexplained or exaggerated reactions from participant to Case Manager's communications
- Be alert to unexpected or exaggerated emotional responses on Case Manager's part to behavior, communications from participant
- When experiencing strong emotion during interaction with participant, ask yourself, "Who's anger (or rage, sadness, despair, disgust, hatred, attraction, lust, etc.) is this anyway?"

## Recognizing Trauma Re-Enactment

- In interacting with Case Manager, participant unconsciously recreates the relationship she or he had with the abuser
- In therapy, this is "grist for the mill" in understanding the trauma; in monitoring this can disrupt the participant's ability to comply with contract
- Brief interpretation and redirection can often get things back on track, but may be met with resistance
- Even if participant is not open to seeing transference issues, Case Manager can keep them in mind

## Maintaining Focus on Participant's Goals

- Why is participant here?
  - Initially, what are the brush fires that need putting out?
  - What concerned third parties are involved?
  - Eventually, arriving at internal goals
- What mutual goals can you and participant develop?
  - Use Motivational Interviewing techniques
  - Focus on what is within participant's power
  - Keep concentration on present tense, not ruminations about past or fears about future disasters
- Modifying goals over time- DBT techniques
  - Distress tolerance and regulation
  - Radical acceptance
  - Skill building through mindfulness
  - Increasing personal authenticity and effectiveness

## Questions ?