

# **The Family Solution Finder**

## **Study Guide**



### **PHASE I**

IT'S ABOUT THE FAMILY DYNAMIC

#### **Seminar # 3**

Childhood Trauma in the Family System

## **Study Guide Lessons**

### **What you will learn:**

Why there is a link between childhood trauma and substance use disorder.

### **How you will use it:**

What to look for, recognize the signs of a person with childhood trauma.

### **What was learned:**

The different scales used to evaluate childhood trauma.

### **How to use this lesson in your family journey:**

Understand the tools used to diagnose childhood trauma.

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### *Childhood Trauma in the Family System*

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This is a very complex topic and should be address in a dialog with a professional therapist. If you suspect or know of childhood trauma in your family, we encourage you to seek professional assistance to navigate this subject. It should not be addressed by those who are not trained in the care of those involved.

As a psychological term, trauma refers to an event or situation with which a person is unable to successfully cope. It can create high levels of fear and make a person feel as if he or she is faced with imminent harm, either physically or mentally. A person who has suffered from trauma may feel other emotions such as confusion, powerlessness, betrayal, and loss. In some cases the feelings are temporary, but traumatic events can also lead to post-traumatic stress disorder (PTSD), which can last years or even a lifetime.

Trauma is a personalized experience, so what is traumatic for one person may not be so for someone else. Children are especially susceptible to trauma as they rely on adults for their basic needs and can have their trust shaken instantly or over time. Some of the causes of childhood trauma include child abuse, neglect, bullying, and sexual assault. Even witnessing these acts can be harmful to a child. There is now evidence suggesting that substance abuse and childhood trauma may be linked.

**Assessment of Complex Trauma by Parents and Caregivers:** Please read the statements below. If you answer yes to two or more, you may want to consider referring your child for a complete assessment for complex trauma.

**The survey below is a tool to help you decide when you need to seek professional help:**

- My child has been exposed to many potentially traumatic experiences.
- My child has difficulty controlling emotions and easily can become sad, angry, or scared.
- My child has trouble controlling behaviors. My child often exhibits significant changes in activity level, appearing overactive or agitated sometimes and then calmer, or even quite slowed down at other times.

- My child has trouble remembering, concentrating, and/or focusing. He/she sometimes appears “spacey.” My child has problems with eating, sleeping, and/or complains about physical symptoms even though doctors find nothing physically wrong to explain these symptoms.
- My child has difficulties in forming and sustaining relationships with other children and adults.
- My child seems to need and seek out more stimulation than other children and/or can be easily distracted by noises, sounds, movements, and other changes in the environment.
- My child has many mental health diagnoses but none of them quite seem to explain his/her problems.
- My child is taking medication (or many medications) for these diagnoses but the medicines are not helping.

The challenge of a parent is getting an accurate assessment. This is important because it helps clinicians to choose the best treatment possible. Children and adolescents with complex trauma may have a wide range of symptoms. Different children can have different combinations of symptoms, and these symptoms may change over time. How a child reacts depends on age, experiences, personality, strengths, and individual vulnerabilities.

There currently is no official diagnosis that captures the full range of complex trauma symptoms. However, through a comprehensive assessment, informed and experienced mental health professionals can help determine if your child’s problems are related to complex trauma. Children with complex trauma sometimes carry multiple diagnoses (for example, bipolar disorder, attention deficit hyperactivity disorder, posttraumatic stress disorder, and so on) for which they may be prescribed several different medications. This may happen when the professionals making the diagnoses have not fully taken into account the impact of the child’s trauma history. This can lead to a child’s receiving improper diagnoses or treatment.

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## *The Link: Childhood Trauma and Substance Abuse*

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The National Child Traumatic Stress Network reports that a person will begin using substances after they experience trauma 76 percent of the time. A more recent study published in the *Journal of Traumatic Stress* found that there was a positive correlation between childhood abuse (physical, emotional, and sexual) and adult substance abuse. Specifically, a study of more than 2,000 adults revealed that those who suffered from childhood trauma had a greater chance of abusing drugs and alcohol as adults.

Substance abuse is often used as a coping mechanism to deal with painful memories associated with abuse. Using drugs and alcohol is also a way to deal with feelings of loneliness and isolation, improve a sense of self-worth, and to cope with untreated mental health issues such as PTSD, depression, and anxiety.

If trauma and the feelings associated with it are not resolved, serious long-term issues can develop. Post-Traumatic Stress Disorder (PTSD) disrupts the lives of people who have experienced unresolved trauma by negatively impacting their relationships, emotions, physical body, thinking, and behavior. PTSD sufferers may experience sleep disturbances, nightmares, anxiety and depression, flashbacks, dissociative episodes in which they feel disconnected from reality, excessive fears, self-injurious behaviors, impulsiveness, and addictive traits/a predisposition to addiction.

### **The Trauma and Addiction Connection**

Researchers have been studying the connection between trauma and addiction in order to understand why so many drug and alcohol abusers have histories of traumatic experiences. Data from over 17,000 patients in Kaiser Permanente's Adverse Childhood Experiences study indicate that a child who experiences four or more traumatic events is five times more likely to become an alcoholic, 60% more likely to become obese, and up to 46 times more likely to become an injection-drug user than the general population. Other studies have found similar connections between childhood trauma and addiction, and studies by the Veterans Administration have led to estimates that between 35-75% of veterans with PTSD abuse drugs and alcohol.

The reasons behind this common co-occurrence of addiction and trauma are complex. For one thing, some people struggling to manage the effects of trauma in their lives may turn to drugs and alcohol to self-medicate. PTSD symptoms like agitation, hypersensitivity to loud noises or sudden movements, depression,

social withdrawal and insomnia may seem more manageable using sedating or stimulating drugs depending on the symptom. However, addiction soon becomes yet another problem in the trauma survivor's life. Before long, the "cure" no longer works and causes far more pain to an already suffering person.

Other possible reasons addiction and trauma are often found together include the theory that a substance abuser's lifestyle puts him/her in harm's way more often than that of a non-addicted person. Unsavory acquaintances, dangerous neighborhoods, impaired driving, and other aspects commonly associated with drug and alcohol abuse may indeed predispose substance abusers to being traumatized by crime, accidents, violence and abuse. There may also be a genetic component linking people prone toward PTSD and those with addictive tendencies, although no definitive conclusion has been made by research so far.

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### *Recognize the Signs: First Things First*

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Sometimes, years of self-medicating through drugs and alcohol have effectively dulled the memory of trauma, so the only problem seems to be substance abuse and addiction. A person who has suppressed or ignored traumatic experiences may work very hard to get and stay sober, only to find other addictive behaviors eventually replacing the drugs and alcohol. These might include compulsive overeating, gambling, sexual promiscuity, or any other compulsion-driven behavior. Unfortunately, continuing to avoid resolution of trauma will almost guarantee ongoing suffering.

However, dealing with traumatic experiences is challenging work. Under the influence of drugs and alcohol, it is a nearly impossible task. That is why therapists always recommend working first on recovery from drug addiction and alcoholism. Then, when the trauma survivor is stronger and more clear-minded, he/she can begin working with a therapist in individual or group counseling to address the underlying problem of unresolved trauma. Specific treatment modalities have been developed for people suffering long-term effects after traumatic experiences, including trauma-focused therapies, PTSD Intervention, Body Psychotherapy which targets the physiological response to trauma, and medications for depression and anxiety.

Researchers have examined why child trauma survivors may be at an increased risk of drug abuse and findings showed that substances may be used to:

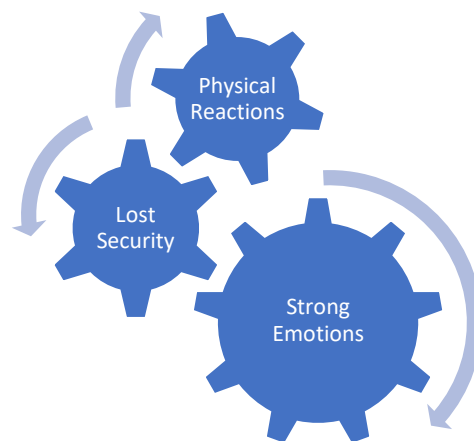
- cope with or block out the traumatic memories.
- deal with feelings of isolation and loneliness.
- improve feelings of self-worth and self-esteem.
- cope with mental health problems such as anxiety, depression, and PTSD.

## Anxiety

Anxiety is an intense emotional state that results in excessive and persistent fear and worry. With CSA survivors, anxiety could be associated with the profound fear that the abuse will occur again. Some survivors may experience intense fear of going in public and lock themselves in the shelter of their homes. Others may experience, another mental health condition often associated with anxiety, known as panic attacks. Panic attacks are intense and overwhelming surges of anxiety and fear that result in physiological reactions, such as rapid heartbeats, and difficulty breathing.

## Depression

Depression can be described as the persistent feeling of deep sadness. Common symptoms include prolonged periods of sadness, feelings of hopelessness, unexplainable and uncontrollable bouts of crying, significant weight loss or gain, lethargy, emotional apathy, or lack of interest and pleasure in previously enjoyed activities. Depression can have a negative impact on a person's day-to-day functioning and can result in poor school and work performance, as well as friendship and relationship problems.





## **Recognize the Signs:**

### **PRESCHOOL CHILDREN**

- ☐ Fear being separated from their parent/caregiver
- ☐ Cry or scream a lot
- ☐ Eat poorly or lose weight
- ☐ Have nightmares

### **ELEMENTARY SCHOOL CHILDREN**

- ☐ Become anxious or fearful
- ☐ Feel guilt or shame
- ☐ Have a hard time concentrating
- ☐ Have difficulty sleeping

### **MIDDLE AND HIGH SCHOOL CHILDREN**

- ☐ Feel depressed or alone
- ☐ Develop eating disorders or self-harming behaviors
- ☐ Begin abusing alcohol or drugs
- ☐ Become involved in risky sexual behavior

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### *Different Scales to Evaluate Levels of Trauma Exposure:*

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There are several scales used to evaluate these different levels of trauma and exposure, most common is the Traumatic Events Inventory (TEI). This tool provides more extensive information on trauma history. Take the time to look this up on-line:

Mills KL, Teesson M, Ross J, Peters L. Trauma, PTSD, and substance use disorders: findings from the Australian National Survey of Mental Health and Well-Being. *Am J Psychiatry* 2006;163:652–658.

Deykin EY, Buka SL. Prevalence and risk factors for posttraumatic stress disorder among chemically dependent adolescents. *Am J Psychiatry* 1997;154:752–757.

Reynolds M, Mezey G, Chapman M, Wheeler M, Drummond C, Baldacchino A. Co-morbid post-traumatic stress disorder in a substance misusing clinical population. *Drug Alcohol Depend* 2005;77:251–258.

Clark DB, Lesnick L, Hegedus AM. Traumas and other adverse life events in adolescents with alcohol abuse and dependence. *J Am Acad Child Adolesc Psychiatry* 1997;36:1744–1751.

Giaconia RM, Reinherz HZ, Hauf AC, Paradis AD, Wasserman MS, Langhammer DM. Comorbidity of substance use and post-traumatic stress disorders in a community sample of adolescents. *Am J Orthopsychiatry* 2000;70:253–262.

Perkonig A, Kessler RC, Storz S, Wittchen HU. Traumatic events and post-traumatic stress disorder in the community: prevalence, risk fa

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*The Tools to Diagnose Childhood Trauma:*

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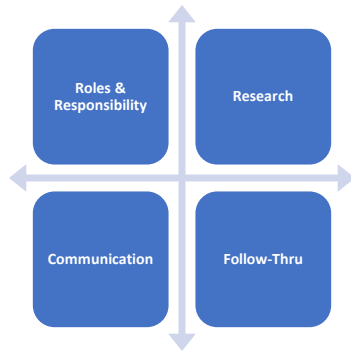
**Take the time to look there up on-line:**

**The Childhood Trauma Questionnaire (CTQ)** is a 25-item, validated, reliable self-report measure of childhood abuse (Bernstein, Stein, Newcomb, Walker, & Pogge, 2003).

**The Traumatic Events Inventory (TEI)** assesses having been exposed over the lifetime to 17 categories of traumatic events using a yes/no response. (Gillespie et al., 2009).

**The Emotional Dysregulation Scale (EDS)** is a 12-item self report measure of ED (Bradley et al., 2011).

**The Drug Abuse Screening Test (DAST)** is a 20-item measure assessing illicit drug use using a yes/no response (Bohn, Babor, & Kranzler, 1991).



## Insert into “Master Family Plan of Action”

1. How prepared are the family members to handle the awareness that childhood trauma has occurred in the family?

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2. How can the family prepare for this announcement before it is made?

First Step:

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Second Step:

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Third Step:

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Fourth Step:

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**AS PART OF THE FAMILY PLAN EVERYONE SHOULD WATCH THIS VIDEO:**



Search for Video: Brené Brown on Empathy

Video Link: <https://www.youtube.com/watch?v=1Evwgu369Jw>

### The RSA

What is the best way to ease someone's pain and suffering? In this beautifully animated RSA Short, Dr Brené Brown reminds us that we can only create a genuine empathic connection if we are brave enough to really get in touch with our own fragilities. Voice: Dr Brené Brown Animation: Katy Davis (AKA Gobblynnne) [www.gobblynnne.com](http://www.gobblynnne.com) Production and Editing: Al Francis-Sears and Abi Stephenson Watch Dr Brené Brown's full talk 'The Power of Vulnerability' here: <https://www.youtube.com/watch?v=sXSjc...> Dr Brené Brown is a research professor and best-selling author of "Daring Greatly: How the Courage to be Vulnerable Transforms the Way We Live, Love, Parent and Lead" (Penguin Portfolio, 2013). She has spent the past decade studying vulnerability, courage, worthiness, and shame. Find out more about the RSA: <http://www.thersa.org> Follow the RSA on Twitter: <http://www.twitter.com/thersaorg> Like the RSA on Facebook: <http://www.facebook.com/thersaorg>

# The Family Solution Finder

## Workbook



### **Learning Track, I**

#### THE FAMILY DYNAMIC

#### **Seminar # 3**

“Childhood Trauma in the Family System”

## **Workbook Lessons**

### **What you will learn:**

What is Complex Trauma

Why is Complex Trauma different from PTSD.

### **How you will use it:**

To broaden your understanding as to the source of some behavior issues that present today.

### **What was learned in the Study Guide?**

Should be able to identify if complex trauma is present enough to look deeper with a professional.

The family has set up a plan on their first steps in responding to this awareness using empathy.

### **How to use this lesson in your family journey:**

How to have a dialog with a Family Therapist and open the discussion of techniques for coping and healing.



## Workbook Learning, Session #3

### “Childhood Trauma and Substance Use Disorders”

Instructor	Third stage of opening awareness about the family system. It is not ours to weigh the degree of complex trauma and judge its impact, only to recognize it does have an impact which may present later in life. NOTE: Professional therapy is required.
Audience	Identifying what is the impact of trauma in childhood and what tools are used to assess its impact.
Practical Exercise	Exercise #1: Assessment Screening questions used to determine if childhood trauma has occurred.

#### SEMINAR GOALS:

1. Awareness of the impact childhood trauma has on teenagers and adults in their resilience towards using drugs.
2. What scales are used to determine the level of trauma.
3. What are the diagnostic tools used to identify childhood trauma?

#### Link to a website worth reading:

[www.giftfromwithin.org/html/cptsd-understanding-treatment.](http://www.giftfromwithin.org/html/cptsd-understanding-treatment)

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## *The Different Roles of the Family Members Lessons*

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**Lesson One:** Treatment Awareness for Childhood Trauma?

**Lesson Two:** The impact of childhood trauma?

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### *Extended Learning Video's*

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**Video One - Four –A thorough review of Complex Trauma for the family members to understand.**

**Video Two – Understanding Treatment Options**

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### *Practical Exercise*

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- **Practical Exercise # One:** Identifying the sign of Childhood Trauma

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### *Master Family “Plan of Action” items*

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- How will the family use their knowledge of the roles each family member plays?
- How the family can learn more about the role and anticipate the way each family member will likely respond to an issue when it is presented to the family as a family system.

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## INTRODUCTION

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This is a very complex topic and should be address in a dialog with a professional therapist. If you suspect or know of childhood trauma in your family, we encourage you to seek professional assistance to navigate this subject. It should not be addressed by those who are not trained in the care of those involved.

The devastating effects of child abuse on adult mental health morbidity has been well documented (e.g., Edwards, Holden, Felitti, & Anda, 2003; Herrenkohl, Hong, Klika, Herrenkohl,& Russo, 2013; Horwitz,Widom,Mclaughlin, & White, 2001).

One area of interest has been substance use disorders (SUDs) because substance use often emerges as a maladaptive strategy used to manage the negative results of trauma exposure, including posttraumatic stress disorder (PTSD) and depression.

Childhood abuse has been linked to substance use problems, including both alcohol and illicit drug use. Exposure to traumatic experiences, especially those occurring in childhood, has been linked to substance use disorders (SUDs), including abuse and dependence. Up to 59% of young people with PTSD subsequently develop substance abuse problems.

The ACE study showed that adverse childhood experiences are vastly more common than recognized or acknowledged and that they have a powerful relationship to adult health a half-century later. The study confirmed earlier investigations that found a highly significant relationship between adverse childhood experiences and depression, suicide attempts, alcoholism, drug abuse, sexual promiscuity, domestic violence, cigarette smoking, obesity, physical inactivity, and sexually transmitted diseases. In addition, the more adverse childhood experiences reported, the more likely a person was to develop heart disease, cancer, stroke, diabetes, skeletal fractures, and liver disease.

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## *The Impact of Childhood Trauma*

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**The impact of child traumatic stress can last well beyond childhood. In fact, research has shown that child trauma survivors may experience:**

- ☐ Learning problems, including lower grades and more suspensions and expulsions
- ☐ Increased use of health and mental health services
- ☐ Increased involvement with the child welfare and juvenile justice systems
- ☐ Long-term health problems (e.g., diabetes and heart disease)

TRAUMA is a risk factor for nearly all behavioral health and substance use disorders. Traumatic experiences can set in motion a cascade of changes in children's lives that can be challenging and difficult. These can include changes in where they live, where they attend school, who they're living with, and their daily routines. They may now be living with injury or disability to themselves or others. There may be ongoing criminal or civil proceedings.

Traumatic experiences leave a legacy of reminders that may persist for years. These reminders are linked to aspects of the traumatic experience, its circumstances, and its aftermath. Children may be reminded by persons, places, things, situations, anniversaries, or by feelings such as renewed fear or sadness. Physical reactions can also serve as reminders, for example, increased heart rate or bodily sensations. Identifying children's responses to trauma and loss reminders is an important tool for understanding how and why children's distress, behavior, and functioning often fluctuate over time. Trauma and loss reminders can reverberate within families, among friends, in schools, and across communities in ways that can powerfully influence the ability of children, families, and communities to recover. Addressing trauma and loss reminders is critical to enhancing ongoing adjustment.

**Neglect:**

- } Psychological, physical, or sexual abuse
- } Witnessing or experiencing domestic violence
- } Community or school violence
- } Physical or sexual assault
- } Commercial sexual exploitation
- } Sudden or violent loss of a loved one
- } Serious accidents or life-threatening illness

**Trauma-Informed Services**—Basic principles of trauma-informed services include the following (see Harris & Fallot, 2001, for a more complete discussion):

□ Take a moment to see trauma as a defining and organizing experience that can shape a survivor's sense of self and others. Such programs understand that many problem behaviors originate as understandable attempts to cope with abusive experiences and that the effects of trauma may be seen in life domains not obviously related to experiences of violent victimization (for example, in substance abuse, eating disorders, or relationship difficulties).

*f* Create an open and collaborative relationship between providers and patients and place priority on consumer safety, choice, and control. Programs designed with these goals in mind are welcoming to trauma survivors, minimize the possibility of revictimization, and support consumer empowerment and skill development

Trauma-informed substance abuse treatment brings these principles to the addiction treatment setting. Trauma-informed substance abuse service settings do the following:

*f* Integrate understanding of trauma and substance abuse throughout the program. Providers recognize the multiple, complex interactions between alcohol and drug use and interpersonal violence; understand that drugs and/or alcohol are often a part of children's physical, sexual, and emotional abuse (either because the perpetrator is using substances or induces the child to ingest alcohol or drugs); are aware that survivors often use substances to manage the emotional distress that follows from trauma; and understand that substance abusers become more vulnerable to revictimization through risks associated with addiction-related behavior.

*f* Simultaneously address trauma and substance abuse. In contrast, parallel models offer two distinct sets of services—one for trauma and one for addiction—often in different settings with different providers, and sequential approaches argue that the substance abuse problems must be addressed before turning to trauma-related difficulties. Both parallel and sequential approaches underestimate the realities of the close and often mutually reinforcing relationships between trauma and substance use. Helping people in recovery understand the range of possible connections between trauma and substance abuse is a key process in integrated services.

□ Ensure patients' physical and emotional safety. This means creating an atmosphere that is hospitable, engaging, and supportive from the outset, avoiding practices that may be physically intrusive and potentially retraumatizing (e.g., urine sample monitoring and strip searches), and avoiding shame inducing confrontations that may trigger trauma-related responses of avoidance, withdrawal, depression, or rage.

*f* Focus on empowerment by empowering the loved one to engage in collaborative decision making for themselves during all phases of treatment. This means that the consumers choose where, how, and when they will receive services, and they have a voice in deciding on the specific provider of the services.

*f* Recognize that ancillary services are necessary components of comprehensive, whole-person interventions. Vocational and educational services, safe housing, parenting and other life skills training, health care, and legal services are among essential supports.

Without treatment, repeated childhood exposure to traumatic events can affect the brain and nervous system and increase health-risk behaviors (e.g., smoking, eating disorders, substance use, and high-risk activities). Research shows that child trauma survivors can be more likely to have long-term health problems (e.g., diabetes and heart disease) or to die at an earlier age. Traumatic stress can also lead to increased use of health and mental health services and increased involvement with the child welfare and juvenile justice systems. Adult survivors of traumatic events may also have difficulty in establishing fulfilling relationships and maintaining employment.

**FOR MORE INFORMATION ABOUT:  
THE NATIONAL CHILD TRAUMATIC STRESS INITIATIVE,**

**visit <http://www.samhsa.gov/child-trauma>**

**or call (240) 276-1880**

**THE SUBSTANCE ABUSE AND MENTAL HEALTH  
SERVICES ADMINISTRATION,**

**visit <http://www.samhsa.gov>**

**or call (877) SAMHSA-7**

**THE NATIONAL CHILD TRAUMATIC STRESS NETWORK,**

**visit <http://www.nctsn.org>**



# The Story



**1<sup>st</sup> ASSIGNMENT VIDEO: On [www.youtube.com/](http://www.youtube.com/)**

**Search Title: Tim Fletcher's Talk Complex Trauma 1**

**This is a four-part series. The instructor may want to divide them into two sessions.**

**Link #1: <https://www.youtube.com/watch?v=6IxEwPMqB-c>**

**Link #2: <https://www.youtube.com/watch?v=tfr-jBjQ9Wk>**

**Link #3: <https://www.youtube.com/watch?v=8Sfd0IEiVWw>**

**Link # 4: <https://www.youtube.com/watch?v=1UyAzcS7epc>**

## **Extra Assignment**



**2<sup>nd</sup> ASSIGNMENT VIDEO: On [www.youtube.com/](http://www.youtube.com/)**

**Search Title: Complex Trauma: Understanding and  
Treatment Education Published on Jan 21, 2016**

**Link: [www.youtube.com/watch?v=otxAuHG9hKo](http://www.youtube.com/watch?v=otxAuHG9hKo)**

**Duration: 45:38 min**

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*Practical Exercise # 1 Childhood Trauma in Substance Use Disorder*

*Worksheet*

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This worksheet is for the family to understand the types of questions asked in an assessment screening for childhood trauma. We strongly recommend that the family members not attempt to deal with any of these topics without the instructions and oversight of a profession licensed therapist. It is critical that these topics be handled by a professional.

**Childhood Traumatic Events Scale**

For the following questions, answer each item that is relevant. Be as honest as you can. Each question refers to any event that they may have experienced prior to the age of 17.

1. Prior to the age of 17, did you experience a death of a very close friend or family member?\_\_\_\_\_ If yes, how old were you?\_\_\_\_\_

If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic)\_\_\_\_\_

If yes, how much did you confide in others about this traumatic experience at the time? (1 = not at all, 7 = a great deal)\_\_\_\_\_

2. Prior to the age of 17, was there a major upheaval between your parents (such as divorce, separation)?\_\_\_\_\_ If yes, how old were you?\_\_\_\_\_

If yes, how traumatic was this? (where 7 = extremely traumatic)\_\_\_\_\_

If yes, how much did you confide in others? (7 = a great deal)\_\_\_\_\_

3. Prior to the age of 17, did you have a traumatic sexual experience (raped, molested, etc.)?\_\_\_\_\_ If yes, how old were you?\_\_\_\_\_

If yes, how traumatic was this? (7 = extremely traumatic)\_\_\_\_\_

If yes, how much did you confide in others? (7 = a great deal)\_\_\_\_\_

4. Prior to the age of 17, were you the victim of violence (child abuse, mugged or assaulted -- other than sexual)?\_\_\_\_\_ If yes, how old were you?\_\_\_\_\_

If yes, how traumatic was this? (7 = extremely traumatic)\_\_\_\_\_

If yes, how much did you confide in others? (7 = a great deal)\_\_\_\_\_

5. Prior to the age of 17, were you extremely ill or injured?\_\_\_\_\_ If yes, how old were you?\_\_\_\_\_

If yes, how traumatic was this? (7 = extremely traumatic)\_\_\_\_\_

If yes, how much did you confide in others? (7 = a great deal)\_\_\_\_\_

6. Prior to the age of 17, did you experience any other major upheaval that you think may have shaped your life or personality significantly?\_\_\_\_\_ If yes, how old were you?\_\_\_\_\_

If yes, what was the event?\_\_\_\_\_

If yes, how traumatic was this? (7 = extremely traumatic)\_\_\_\_\_

If yes, how much did you confide in others? (7 = a great deal)\_\_\_\_\_

Recent Traumatic Events Scale

**For the following questions:** Again answer each item that is relevant and again be as honest as you can. Each question refers to any event that you may have experienced within the last 3 years.

1. Within the last 3 years, did you experience a death of a very close friend or family member?  
\_\_\_\_\_

If yes, how traumatic was this? (1 = not at all traumatic, 7 = extremely traumatic)\_\_\_\_\_

If yes, how much did you confide in others about the experience at the time? (1 = not at all, 7 = a great deal)\_\_\_\_\_

2. Within the last 3 years, was there a major upheaval between you and your spouse (such as divorce, separation)?\_\_\_\_\_

If yes, how traumatic was this?\_\_\_\_\_

If yes, how much did you confide in others?\_\_\_\_\_

3. Within the last 3 years, did you have a traumatic sexual experience (raped, molested, etc.)?\_\_\_\_\_

If yes, how traumatic was this?\_\_\_\_\_

If yes, how much did you confide in others?\_\_\_\_\_

4. Within the last 3 years, were you the victim of violence (other than sexual)?\_\_\_\_\_

If yes, how traumatic was this?\_\_\_\_\_

If yes, how much did you confide in others?\_\_\_\_\_

5. Within the last 3 years, were you extremely ill or injured?\_\_\_\_\_

If yes, how traumatic was this?\_\_\_\_\_

If yes, how much did you confide in others?\_\_\_\_\_

6. Within the last 3 years, has there been a major change in the kind of work you do (e.g., a new job, promotion, demotion, lateral transfer)?\_\_\_\_\_

If yes, how traumatic was this?\_\_\_\_\_

If yes, how much did you confide in others?\_\_\_\_\_

7. Within the last 3 years, did you experience any other major upheaval that you think may have shaped your life or personality significantly?\_\_\_\_\_

If yes, what was the event?\_\_\_\_\_

If yes, how traumatic was this?\_\_\_\_\_

If yes, how much did you confide in others?\_\_\_\_\_

**Take this seminar content and apply it to the development of your “Family Master Plan of Action”.**

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*Family or Group Discussions (Ref: Study Guide & Workbook)*

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- 1. How would you describe the obstacles created by complex trauma for your family?**
- 2. Why is knowing the trauma important towards moving forward as family members.**
- 3. Given that the trauma may have happened to a different family member than the one who is abusing substances, how do they impact the other family members? Consider the family is a system.**
- 4. In what way can family therapy for the family members help to identify other types of mental health conditions in each family member, as the family tries to work together.**

**Consider purchasing the organizing workbook on Prime Amazon.com**

The Substance Use Disorder Journey, It's Time to get Organized. By: Roy P. Poillon

<https://www.amazon.com>

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*MASTER FAMILY PLAN OF ACTION FOR: "FAMILY IS A SYSTEM"*

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**Complete answers and move to "Master Family Plan of Action" found in back of workbook.**

- 1. Our family consider a complex trauma may be a part of the family system and family therapy will assist in bringing this forward.**
- 2. What is the best way to get the family to agree on a session with a family therapist?**



# Stay Connected

**You do not have to go through this alone. Here are five ways to stay connected.**

1. **Email Us:** [familiesimpactedbyopioids@gmail.com](mailto:familiesimpactedbyopioids@gmail.com)
2. **Visit our Website:** [www.familiesimpactedbyopioids.com](http://www.familiesimpactedbyopioids.com)
3. **Connect with Us Linked-In:** <https://www.linkedin.com/in/roypoillon>
4. **Follow Us on Facebook:** families impacted by opioids public group
5. **www.Youtube.com Channel Subscribe with Us:** The Solution Finder roy poillon

**Or be old fashion and just call us: 440.385.7605 Cleveland, Ohio**