



Learning Centers

The Family Solution Finder

Educate, Organize, Network

**PRACTICAL EXERCISE HANDOUT SEMINAR # 3 Childhood
Trauma in a Family System**

SEMINAR GOALS:

1. What you will learn:

- a. Recognize the Signs of Childhood Trauma.

2. How you will use it:

- a. Get an Assessment and Diagnosis

3. What was learned:

- a. The different scales used to evaluate childhood trauma.

4. How to use this lesson in your family journey:

- a. Understand Trauma in School age Children.

Preparation for Seminar: A Link to a website worth reading:

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

Introduction

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.

The Impact of Childhood Trauma

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

Treatment awareness's, acceptance and coordination by the family

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).

Create an open and collaborative relationship between healthcare providers and your loved one and place priority on safety, choice, and control. A good program is designed with these goals in mind and are welcoming to trauma survivors, minimize the possibility of revictimization, and support consumer empowerment and skill development

Trauma-informed substance abuse service settings do the following:

Providers should be able to 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. If this is not the case, then you are dealing with a group that may not be fully qualified to meet your needs.

The practice should be able to 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. The family needs to help the clinical team get this duality right, through the applied plan of care.

Ensure the loved ones' physical and emotional being is safe. This means the practice should provide 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. Again, move on if they are not doing this.

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.

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

(you are the consumer, you are the family)

visit <http://www.samhsa.gov/child-trauma> or call (240) 276-1880

THE SUBSTANCE ABUSE AND MENTAL HEALTH

visit <http://www.samhsa.gov> or call (877) SAMHSA-7

THE NATIONAL CHILD TRAUMATIC STRESS NETWORK: visit <http://www.nctsn.org>

The Story

1st ASSIGNMENT VIDEO: On 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=6lxEwPMqB-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

2nd ASSIGNMENT VIDEO: On www.youtube.com/



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

Link: www.youtube.com/watch?v=otxAuHG9hKo

Duration: 45:38 min

Practical Exercise # 1 Childhood Trauma in Substance Use Disorder Worksheet

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? _____

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

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>

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

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

- 1. Our family should 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?**