LEARNING MODULE I

Seminar # 3

Childhood Trauma in the Family System

Leaning Objectives:

1. What is the issue
2. How can the issue impact the family?
3. What are the options

What is the Issue?

CHILDHOOD TRAUMA IN THE FAMILY SYSTEM

This is an overly 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, therefore having a diagnosis is critical.

https://www.nctsn.org/sites/default/files/resources/making_the_connection_trauma_substance_abuse.pdf

How can the issue impact the family?

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 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. 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.

RECOGNIZE THE SIGNS: FIRST THINGS FIRST

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 extremely 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.

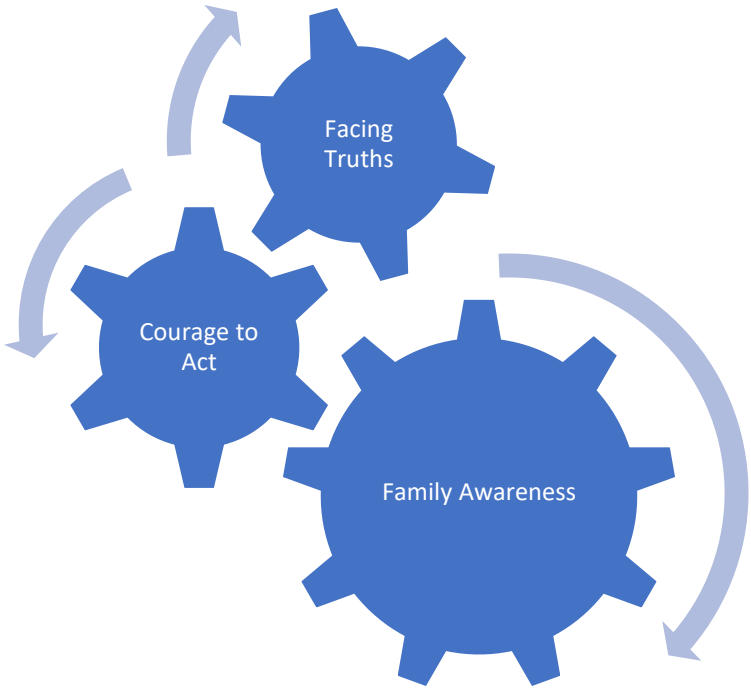
Anxiety

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.


Facing
Truths
Courage to
Act
Family Awareness

What are the options?

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 from the healthcare systems. 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 considered the impact of the child's trauma history. This can lead to a child's receiving improper diagnoses or treatment.

Different Scales to Evaluate Levels of Trauma Exposure

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 Adolescent 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.

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

The Tools to Diagnose Childhood Trauma

Take the time to look these 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).

Questions for Family to Address:

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

_____
_____
_____

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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Recognize the Signs in School Age Children

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

EVERYONE IN THE FAMILY SHOULD WATCH THIS VIDEO:

Search for Video: Brené Brown on Empathy

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

Conclusion

Considering how the family interacts and uses the functionality of each member can be enhanced when also taking into the account a role the family members may have assumed. It helps to determine the potentiality of their contribution (where are they coming from?).

By gathering together, the functionality, potentiality, characteristic patterns for interaction and 7 roles family members play, we can start to assemble what creates balance. Also, add to this equation the obstacles that are common which interferes with the family members (denial, enabling and co-dependency) this is a part of defining your family system.

But just having this awareness is not the end to our learning. Now we will use the Family Solution Finder Seminar Workbook Learning Module II, to apply this learning to our own lives through completing the practical exercises.

Then we will use the Family Solution Finder 3-D's Coping Skills Learning Module III" workbook to Determine a Solution, Develop a Decision, and Design a Plan of Action.

From there we will take our Family Solution Finder Local Resource Connections Learning Module IV workbook and find a licensed professional and seek their guidance and assistance in implementing the plan.

REF: http://www.archstonerecovery.com/taking-sides-addiction-in-families/

Here are some reference sources:

1. NCBI – Substance Abuse Treatment and Family Therapy
2. Pro Talk a Rehabs.com Community – Substance Abuse and the Impact on the Family System
3. Addiction in Family – Unhealthy Families
4. AAETS – Effects of Parental Substance Abuse on Children and Families
5. American Academy of Child & Adolescent Psychiatry – Alcohol Use in Families
6. Addiction.com – Alcohol Abuse Linked to Higher Divorce Rate
7. Medical Daily – Heavy Drinking Will Lead to Divorce, Unless Both Partners Are Equally Alcoholic
8. DualDiagnosis.org – Codependency and Substance Abuse
9. Center on Addiction – NATIONAL STUDY REVEALS: TEEN SUBSTANCE USE AMERICA'S #1 PUBLIC HEALTH PROBLEM
10. NCCP – Adolescent Substance Use in the U.S.
11. U.S. Census Bureau – Grandparents as Caregivers
12. Psychology Today – Grandparents Raising Grandchildren
13. NCADV – Domestic Violence Fact Sheet
14. SafeHorizon – Domestic Violence – Afraid to stay, afraid to leave?
15. NCBI – Substance Abuse Treatment and Domestic Violence.
16. NCBI – Substance Abuse Treatment and Domestic Violence
17. NIH – Exploring the Role of Child Abuse in Later Drug Abuse
18. CDC – Sexual Violence, Stalking, and Intimate Partner Violence Widespread in the US
19. NCBI – Preventing child abuse and neglect: programmatic interventions.
20. Bureau of Justice Statistics – Violence between Intimates: Domestic Violence