

*Missouri Department of Mental Health*

*Presents*

*Working with Chemically Dependent  
Clients Exposed to Trauma  
Part I and Part II*

*Presenter*

*Mark Sanders, LCSW, CADDC*

# *Outline*

*I. A Brief History of Trauma Treatment*

*II. The ACE Study – Risk and Protective Factors*

*III. Types of Trauma*

*IV. Counseling Chemically Dependent Clients Exposed to Trauma*

*V. Self-care—Dealing with Secondary Trauma*

# *A Brief History of Trauma Treatment and Implications for Addictions Counseling*

## *From Hysteria to PTSD*

- 1. Sigmund Freud*
- 2. WWI -*
  - A. The term "shellshock" was born*
  - B. Men who succumbed to "shellshock" were considered weak-willed and inferior*
  - C. Moral weaklings should be court marshaled or back on the battlefield as soon as possible*
  - D. Group therapy in America was born*
  - E. Interest in treatment of shellshock ended soon after the war*

## *History Continued*

### *3. WWII–*

*A. VA hospital formed*

*B. Group treatment became popular again*

*C. Interest faded in the understanding and treatment of shellshock following the war*

# *History Continued*

## *Vietnam War*

*A. Soldiers demanded care.*

*B. Veterans organized rap groups*

*C. PTSD replaced shellshock*

*D. Peers helping peers heal from PTSD*

# *History Continued*

## *5. Women's Movement*

*A. Domestic violence shelters*

*B. Rape crisis centers*

*C. Advocacy*

*D. Women for Sobriety*

*E. Seeking safety*

*"You cannot keep trauma on the table  
without a political movement."*

*--- Judith Hermann*

The background is a solid blue color. On the left side, there is a series of concentric, curved lines that form a spiral shape, transitioning from a lighter blue to a darker blue. The text is centered over this spiral.

# *Why Focus on Trauma?*



*Center for Disease Control and Prevention*

*The Adverse Childhood Study (ACE)*

*Research with Nearly 18,000 Adults*

*Discovered A Strong Correlation Between  
Early Childhood Trauma and  
Physical and Mental Illness in Adulthood*



# ACE Study

Directions – For each “yes” answer, give yourself one point. For each “no” answer, give yourself zero points.

***When you were growing up in your household, before age 18, did you have any of the following experiences?***

- 1. Often had a parent or someone else in the household who swore at you, yelled at you, and sometimes, or often, acted in a way that made you believe you might be physically hurt. \_\_\_\_*
- 2. Sometimes, often , or very often, were you pushed, grabbed, slapped, or had something thrown at you, or hit so hard that you had marks or were injured? \_\_\_\_*

## *ACE Study Continued*

- 3. An adult or person at least five years older ever touched you or fondled you in a sexual way, had you touch their body in a sexual way, attempted oral, anal, or vaginal intercourse with you or actually had oral, anal, or vaginal intercourse with you. \_\_\_\_\_*
- 4. Were you ever mad to feel unloved, unprotected, and not special in your home? \_\_\_\_\_*
- 5. Were there times when you did not have food, clean clothes, and a place to live? If you were sick, were there times when an adult did not take care of you consistently? \_\_\_\_\_*

## *ACE Study Continued*

- 6. Did you ever witness your mother or stepmother get pushed, grabbed, slapped, hit, or have something thrown at her? \_\_\_\_\_*
- 7. Was there anyone in your household who was a problem drinker, alcoholic, or who used street drugs? \_\_\_\_\_*
- 8. Did you live with a household member who was depressed, mentally ill, or attempted suicide? \_\_\_\_\_*
- 9. Were your parents ever separated or divorced? \_\_\_\_\_*
- 10. Did you ever have a household member who went to prison? \_\_\_\_\_*

## *Reality*

*"Where there is trauma in the family there is usually a conspiracy of silence. Everyone has to honor the 'no talk' rule. These Dark Secrets if internalized can lead to physical and mental health problems."*

*Judith Herrmann*

# *Good Family Secrets*

- *Santa Claus*
- *The tooth fairy*
- *Surprise birthday party*
- *How you feel about people as people*

# *Follow-up Research on the ACE Study*

*Year*

*2010*

- *link between lung cancer and childhood trauma*

*2009*

- *link between childhood trauma and premature death*
- *prescription drug abuse*

# *Follow-up Studies Continued*

*2008*

- *pulmonary disease and childhood trauma*

*2007*

- *mental illness in adulthood*
- *cigarette smoking*

*2006*

- *early alcohol and drug use*

*2005*

- *homelessness in adulthood*

# *Follow-up Studies Continued*

*2004*

- *depression in adulthood*
- *liver disease*
- *heart disease*
- *teen pregnancy*

*2003*

- *illicit drug use*
- *mental illness*

*2005*

*homlessness in adulthood*



# *Follow-up Studies Continued*

*2002*

- *alcoholism and depression in adulthood*

*2001*

- *suicide attempts and risky sexual behavior*

*2000*

- *HIV and other sexually transmitted diseases*

# *Sources of Trauma*

## *1. Family*

*A. Witnessing domestic violence*

*B. Physical abuse*

*C. Incest and rape*

*D. Neglect*

*E. Abandonment*

# *Iceberg Model*

The diagram is set against a blue background with wavy lines on the left side, resembling water. A dark blue iceberg shape is positioned in the upper center. The word 'Addiction' is written in yellow cursive above the iceberg. Below it, three yellow arrows point upwards, each followed by a term in yellow cursive: 'Co-dependence', 'Toxic Shame', and 'Abandonment/Trauma'. The name 'John Freil' is in the bottom right corner.

*Addiction*



*Co-dependence*



*Toxic Shame*



*Abandonment/Trauma*

*John Freil*

# *Shame*

*The belief that I am unlovable and unworthy of belonging.*

*Bryne Brown, Ph. D.*

# *Iceberg Model*

The diagram features a blue background with a stylized iceberg on the left. The iceberg is composed of several horizontal bands of varying shades of blue, with the top band being the lightest and the bottom band being the darkest. The iceberg's tip is on the left, and its body extends towards the right. The text 'Iceberg Model' is written in a yellow, italicized font above the iceberg. Below the iceberg, the words 'Addiction', 'Co-dependence', 'Toxic Shame', and 'Abandonment/Trauma' are arranged vertically in a yellow, italicized font, connected by three yellow upward-pointing arrows. The name 'John Freil' is written in a yellow, italicized font in the bottom right corner.

*Addiction*



*Co-dependence*



*Toxic Shame*



*Abandonment/Trauma*

*John Freil*

# *Co-dependence*

*An over involvement with things outside of us and an underinvolvement with things inside of us. Left untreated codependence can lead to addiction.*

*John Friel*



*Marilyn Monroe*



*Billie Holiday*



# *Iceberg Model*

The diagram features a blue background with a stylized iceberg on the left. The iceberg is composed of several horizontal layers of varying shades of blue, representing different levels of psychological or emotional states. The top layer is the lightest blue, while the bottom layer is the darkest. The iceberg's tip is visible above the water line, while the rest of the iceberg is submerged. The text 'Iceberg Model' is written in a yellow, italicized font at the top. Below it, the word 'Addiction' is written in the same font, with a yellow arrow pointing up to it. Below 'Addiction' is the word 'Co-dependence', with a yellow arrow pointing up to it. Below 'Co-dependence' is the word 'Toxic Shame', with a yellow arrow pointing up to it. Below 'Toxic Shame' is the phrase 'Abandonment/Trauma', with a yellow arrow pointing up to it. In the bottom right corner, the name 'John Freil' is written in the same yellow, italicized font.

*Addiction*



*Co-dependence*



*Toxic Shame*



*Abandonment/Trauma*

*John Freil*

# *Sources of Trauma Continued*

## *2. School*

*Link between bullying and substance use*



*Harry Potter*



*Bill Gates and Harry Potter*

## *Sources of Trauma Continued*

*3. Community*

*4. Natural disasters*

*5. Accidents*

*6. Television/videos and computer games*

*7. Incarceration*

*8. War*

*9. Exposure to an adult caretaker's PTSD*

# *Sources of Trauma Continued*

*10. Multigenerational transmission of trauma*

*11. Addiction's Counseling*

# *How Addiction's Counselors Can Traumatize Clients*

- *Heavy confrontation*
- *Unwelcome touch*
- *Sexual exploitation*
- *Desertion*
- *Unhealthy organizational dynamics*
- *Premature diagnosis*
- *Discharge for confirming the diagnosis*
- *Homophobia*
- *Techniques that lead to decompensation*
- *Countertransference reactions*

# *Risk and Protective Factors for PTSD*

## *Pre-event risk factors*

- *Previous exposure to severe adverse traumatic events in childhood  
(abandonment, neglect, abuse, witnessing abuse)*
- *Depression or anxiety*
- *Family instability*
- *Family history of anti-social behavior*
- *Early substance abuse*
- *Conduct disorder*
- *Absence of social support*
- *Multiple early losses*



# *Event Risk Factors*

- *Geographic nearness*
- *Level of exposure to the event*



Dr. Martin Luther King Jr.

Malcolm X

## *Post-event Risk Factors*

- *The absence of social support*
- *Inability to do anything about what happened*
- *Inability to find meaning in the suffering*
- *Development of acute stress disorder*

# *Protective Factors*

- *Early intervention*
- *One good relationship*
- *A good social support network*
- *Ability to turn pain into purpose*



*Ruby Bridges*

## *Protective Factors Continued*

- *A method of dealing with life's problems that involves talking*
- *Future orientation*
- *Involvement in activities that build heart, endurance, and confidence*
- *A sense of humor*
- *Therapy to help them heal from trauma*
- *A Matrix*
- *A therapeutic sanctuary*
- *Constant and predictable routines*

# *Healing Trauma*

## *The Therapeutic Relationship*

- 1. Recovery is more likely to occur in a warm atmosphere*
- 2. The client is in charge of the pace*
- 3. Teach the client to break before he/she accelerates*
- 4. Give each experience a name*
- 5. You are a "moral witness"*

## *Healing Trauma Continued*

- 6. It is important that you possess the ability to not back away from the story*
- 7. Expect displaced rage*
- 8. Boundaries are important*
- 9. Be aware of your judgments; victims do not always act like victims*
- 10. Utilize principles from harm reduction*



# *Harm Reduction*

- *Stay out of cars of strangers*
- *Do not get high with people you do not know*
- *Don't share needles*
- *Don't mix drugs*

## *Healing Trauma Continued*

*11. Help the client identify strategies to avoid being re-victimized in the future*

*12. Help the client discover strategies to feel safer in the home and community*

*13. Understand that forgiveness is not the end of trauma recovery*

# *Healing Trauma Continued*

*Use principles of cognitive-behavioral therapy*

- A. Listen to the metaphors, i.e., what the client says about him or herself based upon what happened to him/her*
- B. Validate the client's feelings*
- C. Commend the client for his/her symptoms*
- D. Help the client reframe symptoms as survival skills*

# *Healing Trauma Continued*

*E. Help the client explore the usefulness of the survival skills today*

*F. Help with symptom reduction*

*Symptoms can include*

*Flashbacks – Plan for what you will do if you experience flashbacks*

- Hold a safe object*
- Clap your hands*
- Stomp your feet*
- Name objects in your environment out loud*
- Say affirmations*

# *Healing Trauma Continued*

## *Dealing with nightmares*

- *Dream preparation*
- *Reach out for support*
- *Ground yourself*
- *Self-talk*
- *Hold a safe object*

# *Healing Trauma Continued*

## *Difficulty sleeping*

- *Avoid alcohol and caffeine*
- *Exercise at least 4 hours before you go to sleep*
- *Avoid a battle with the bed*
- *Use relaxation techniques*
- *Read a boring book*

# *Healing Trauma Continued*

## *15. The use of Gestalt Therapy*

## *Healing Trauma Continued*

*16. Utilize recovery coaches*



## *Healing Trauma Continued*

*17. Help clients with substance use disorders identify relapse triggers for trauma and drug use, using the five senses:*

- *Touch*
- *Smell*
- *Sight*
- *Hearing*
- *Taste*

# *Self Care – Dealing with Secondary Trauma*

## *Definition of Key Terms*

*Compassion satisfaction – The pleasure you derive from your work. This includes doing your work well, client progress, collegial relationships, and the realization of the difference you are making.*

## Definition of Key Terms

*Compassion fatigue – Secondary trauma as a result of internalization of clients' traumatic experiences*

*Burnout – a form of compassion fatigue that develops much slower than secondary PTSD. It has a gradual onset and is associated with a non-supportive work environment, toxic organizational dynamics, large caseloads, and the feeling that your work does not make a difference.*

## *Work Related Burnout*

*Definition – Work related burnout is a response to chronic stress. It's symptoms include emotional exhaustion, depersonalization, and reduced personal accomplishment, which can occur among people who help others.*

# *Work Related Burnout Continued*

## *Stages of Burnout:*

- *Honeymoon Stage*
- *Stagnation Stage (the honeymoon is over)*
- *Frustration Stage*
- *Apathy Stage*

# *Organizational Responses to Burnout*

- 1. Authoritarian – Someone has to be sacrificed*
- 2. Clinical*
- 3. Cognitive*
- 4. Training*
- 5. Environmental*
- 6. Systemic*

## *Factors that Buffer Staff Against Burnout*

- 1. Feelings of appreciation*
- 2. Team cohesion*
- 3. Open communication*
- 4. Pro-active strategies to deal with chronic stress*

## *Factors that Buffer Staff Against Burnout* *Continued*

*5. Effective supervisor/supervisee relationships*

*6. Creativity*

*7. Individual decision to take responsibility for managing one's own burnout*



# Compassion Fatigue

## Definitions

### *1. The stress of caring too much*

*Compassion fatigue differs from burnout in that burnout is caused by stress; compassion fatigue is caused by caring.*

### *2. Emotional residue as a result of working with those who suffer*

### *3. Secondary trauma*

# *Who is Vulnerable to Compassion Fatigue?*

- *Receptionists*
- *Social service workers - especially those who*
  - *Have rescue fantasies*
  - *Work with traumatized kids*
  - *Have a personal trauma history*
  - *Have heavy trauma caseloads*
  - *Emergency workers*

## *Who is Vulnerable to Compassion Fatigue Continued?*

- *Medical professionals*
- *Clergy*
- *Volunteers*
- *Soldiers*
- *Social service workers*
- *Teachers*
- *Fire fighters*
- *Nurses*
- *Critical incident stress debriefers*

The background is a solid blue color with several lighter blue, wavy, horizontal lines that create a sense of movement or depth. The text is centered and written in a yellow, italicized font.

*Compassion fatigue  
decreases our ability to be  
empathetic and  
compassionate and can  
lead to poor customer  
service*

# *Signs of Compassion Fatigue*

- *Anger*
- *Frustration*
- *Tardiness*
- *Exhaustion*
- *Depression*
- *Feeling hopeless*
- *Blaming others*
- *Irritability*
- *Sleep problems*

# *Signs of Compassion Fatigue* *Continued*

- *Rudeness*
- *Gossiping*
- *Erosion of idealism*
- *Flashbacks*
- *Intrusive thoughts*
- *Spiritual distress*
- *Shift in world view*

# *Compassion Fatigue Intervention Strategies*

- 1. Laughter*
- 2. Centering rituals*
- 3. Alone time*
- 4. Remembering your ideals*
- 5. Have outlets to grieve*

# *Compassion Fatigue Intervention Strategies Continued*

*6. Daily breaks and lunch*

*7. Boundaries*

*8. Avoiding triangles and chaos*

*9. Creativity*



# *Compassion Fatigue Intervention Strategies Continued*

## *10. Support*

*A. Colleagues (with whom you do not work)*

*B. Co-workers*

*C. Supervisor*

*D. Family*

*E. Friends*

*F. Mentors*

## Compassion Fatigue Intervention Strategies Continued

*11. Balance – Individuals experiencing compassion fatigue are often leading lives that are out of balance. An important part of recovery from compassion fatigue involves putting first things first.*

# Organizational Strategies

1. *A balance between trauma and non-trauma cases*
2. *Strategies to increase morals and job satisfaction*
3. *Good supervisor/supervisee relationships*
4. *A good vacation policy*
5. *Good healthy insurance coverage for counseling*
6. *The use of a consultant*
7. *Training*
8. *Outlets to discuss traumatic experiences shared by clients*