

Missouri Department of Mental Health

Presents

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

Presenter

Mark Sanders, LCSW, CADC

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

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 made 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

homelessness 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

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

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

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. Its 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*

*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*