

*Preventing & Treating  
Substance Abuse  
Based Trauma  
in Families*

National Council on Alcoholism and  
Drug Dependence, Sacramento



*WHY FACING THE TIGER EMPOWERS  
INDIVIDUALS, FAMILIES AND THE  
COMMUNITIES THEY LIVE IN*

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# The Nature of Trauma

- Traumatic experience defined
- Points to Ponder...
  - Everyone Experiences Trauma
    - Severe traumas may include; combat exposure serious accidents
    - Childhood trauma may include; problems in childbirth, childhood illness or injury, parental alcoholism or mental illness, parental divorce
    - Adult Trauma may include; motor vehicle accidents, surgical procedures, loss of job, loss of relationship, or death of loved ones

# Symptoms of emotional and psychological trauma

Following a traumatic event, or repeated trauma, people react in different ways, experiencing a wide range of physical and emotional reactions. There is no “right” or “wrong” way to think, feel, or respond to trauma.

**Responses to trauma are NORMAL reactions to ABNORMAL events**

# Emotional and psychological symptoms of trauma

- Shock, denial, or disbelief
- Anger, irritability, mood swings
- Guilt, shame, self-blame
- Feeling sad or hopeless
- Confusion, difficulty concentrating
- Anxiety and fear
- Withdrawing from others
- Feeling disconnected or numb

# Physical symptoms of trauma

- Insomnia or nightmares
- Being startled easily
- Racing heartbeat
- Aches and pains
- Fatigue
- Difficulty concentrating
- Edginess and agitation
- Muscle tension

# Processing Trauma

These symptoms and feelings typically last from a few days to a few months, gradually fading as you process the trauma. But even when you're feeling better, you may be troubled from time to time by painful memories or emotions—especially in response to triggers such as an anniversary of the event or an image, sound, or situation that reminds you of the traumatic experience.

# The Impact of Trauma & Substance Abuse on the Family

## Why Focus on Chemically Dependent Families?

- Critical to understanding and preventing the destructive intergenerational cycle of substance abuse and addiction.
- Alcoholism and drug abuse are referred to as family diseases because of the serious negative consequences of addiction.
- The importance of recovery affects not only the substance abuser but all members in the family as well.



# The Correlation Between Substance Abuse & Child Welfare Services

## Alcohol and Drug Treatment (2004)

- 1.84 million adults were admitted to the public treatment system.
  - 566,648 (30.8%) were women.
  - 1.085 million (59%) were parents of minor children.
    - 294,000 parents (27%) had one or more children removed by CPS.
      - 106,000 parents (36%) had parental rights terminated.

## Child Welfare Services (2004)

- 5.5 million children were reported for abuse or neglect in 2004.
- 872,000 children were victims of:
  - Neglect = 64.5%
  - Physical Abuse = 17.5%
  - Sexual Abuse = 9.7%
  - Emotional/Psychological Abuse = 7%
  - Medical Neglect = 2.1%
  - Other Neglect/Abuse = 14.5%
- 268,000 children entered out-of-home care.
- 1/3 – 2/3 of families in CPS are affected by substance use disorders.

**SAMHSA's National Survey on Drug Use and Health discovered:  
Youths who have ever been in foster care had higher rates of any illicit drug use 33.6%  
compared to youths who have never been in foster care 21.7%**

# What Happens When Family Members Get Help?

McNabb & DerKarabetian (1989) compared three groups to determine whether or not family therapy made a difference in the identified person and possible sobriety.

- Group #1 had no family involvement
  - Group #2 had partial family involvement
  - Group #3 had extensive family involvement in the treatment process\*
- \*Reports longer term addiction and a greater number of past relapses*

## Findings:

\*Group #3, the one who had extensive family involvement in the treatment process claimed to have:

- Better or much better family relationships
- More positive self-concepts
- Better physical health

Stanton and Todd (1982) researched the issue of health impacts due to family engagement in chemical dependency treatment.

## Findings:

- Chemical dependents who did not participate in family therapy displayed a greater incidence (10%) of untimely deaths
- Chemical dependents who did involve their families displayed a lessened incidence (2%) of untimely deaths

# Children of Substance Abusing Parents

49% of all children in the United States (**35.6 million**) live in a household where a parent or other adult uses tobacco, drinks heavily or uses illicit drugs.

37.4% of children (**27 million**) live in a household where a parent or other adult smoke or chew tobacco.

23.8% of children (**17 million**) live in a household where a parent or other adult is a binge or heavy drinker.

12.7% of children (**9.2 million**) live in a household where a parent or other adult uses illicit drugs.

# The Influence of Addiction on Children of Substance Abusing Parents Is Dependent Upon:

- Age of the child when the parent becomes involved in substance abuse.
- Extent or severity of the involvement in substance abuse.
- Parent's ability to fulfill the parental role in a healthy way.
- Child's temperament.
- Extent to which the family and child are isolated socially from friends and the surrounding community.
- Stress due to family conflict and inconsistencies in rules, disciplines and rituals exacerbate the effects of substance abuse on children.

# Dynamics of Chemically Dependent Families

Have boundaries that are either too rigid or non-existent.



Creates isolation or enmeshment of family members.

Engage in behaviors that eliminate individualization and promote continued use of chemicals.



Encourages oppression and enables using behaviors.

Rigid resistance to outside influences, multi-generational addiction, and firm adherence to homeostasis.



Family members have difficulty expressing emotions, processing troubles, and achieving intimacy.

The basic emotions experienced, but rarely expressed are; anger, shame, guilt and depression.



The emotions become the person's regular response to any situation they encounter or experience.

# Three Main Rules of Chemically Dependent Families

## “Don’t Trust”

It is unwise to believe that what is good today will necessarily be good tomorrow.

## “Don’t Feel”

Many family members of addicts are punished physically or emotionally for expressing any emotions such as anger or happiness.

## “Don’t Talk”

Implies that expressing oneself, within or outside of the family, could result in retribution.

# The Abusive Impact of the Addiction on Family Members

Types of Abuse	Examples
1. Overt	<ul style="list-style-type: none"><li>• Cursing, name-calling, fighting, verbal threats, broken household items.</li></ul>
2. Covert	<ul style="list-style-type: none"><li>• Emotional and manipulative abuse that targets the families trust, self esteem and confidence.</li></ul>
3. Stealth	<ul style="list-style-type: none"><li>• Deliberate use of false information to make others doubt their own reality, memory and perceptions.</li></ul>
4. Structured	<ul style="list-style-type: none"><li>• Predictable abuse of any form towards anyone.</li></ul>
5. Impulsive	<ul style="list-style-type: none"><li>• Unpredictable abuse where the addict can go into a fit of rage at any moment.</li></ul>

# Chemically Dependent Families

## Protective Factors

- Parenting efficacy
- Family organization
- Effective communication
- Parent-Child attachment
- Parental mental health
- Consistent/Predictable parenting
- Love/Bonding/Attachment

## Risk Factors

- Family conflict
- Excessive punishment
- Child abuse and/or neglect
- Ineffective discipline
- Modeling of substance use by family members
- Family alcohol or drug abuse
- Differential acculturation



# Homeostasis

What it is

How it impacts systems

How it impacts individuals

How to minimize the disruption that comes with change

Recovery itself is traumatic

# Post-Traumatic Stress Disorder Chemically Dependent Families

- The Family Member PTSD Scale Note1 is a cutting-edge approach to treating chemically dependent families.
- Recommended as the first tool to use when working with families of addicts.
- The scale was designed to determine the degree of trauma and the residual effects that trauma has had on parents and siblings of the addict.
- The Family Member PTSD Scale Note1 assesses chemically dependent family members for seven of the following possible symptoms:
  1. Shock
  2. Isolation
  3. Victimization
  4. Shame
  5. Over-Responsibility
  6. Lack of Hope
  7. Grief

# Seeking Safety Therapy

## Treatment for PTSD & Substance Abuse

- Seeking Safety is a present-focused therapy to help people attain safety from trauma related to post-traumatic stress disorder and/or substance abuse.
- The treatment was designed for flexible use in a multitude of settings whether the clients are in a group or individual formats.
- Anyone can use the Seeking Safety Therapy, the client does not need to meet any specific requirements in order to benefit from it.
- Seeking Safety topics are independent of one another so that treatment staff can determine which topic is relevant and time sensitive to meet their current client populations needs.

# Key Principles of Seeking Safety

- 1.) Safety as the Overarching Goal → Helping clients to attain safety in their relationships, thinking, behaviors & emotions.
- 2.) Integrated Treatment → Working on both PTSD & substance abuse at the same time.
- 3.) A Focus on Ideals → Counteract the loss of ideals in both PTSD & substance abuse.
- 4.) Four Content Areas → Cognitive (7 topics), Behavioral, (7 topics), Interpersonal (7 topics), & Case Management (4 topics)
- 5.) Attention to Clinician Processes → Helping clinicians to work on countertransference, self-care & other issues.

# Seeking Safety

## Substance Abuse Treatment Goals

### Three Models Proposed for Reducing Use

#### *1. Abstinence Model*

Clients give up all substances

#### *2. Harm Reduction Model*

Clients decrease use with the possible goal of ultimately reaching abstinence

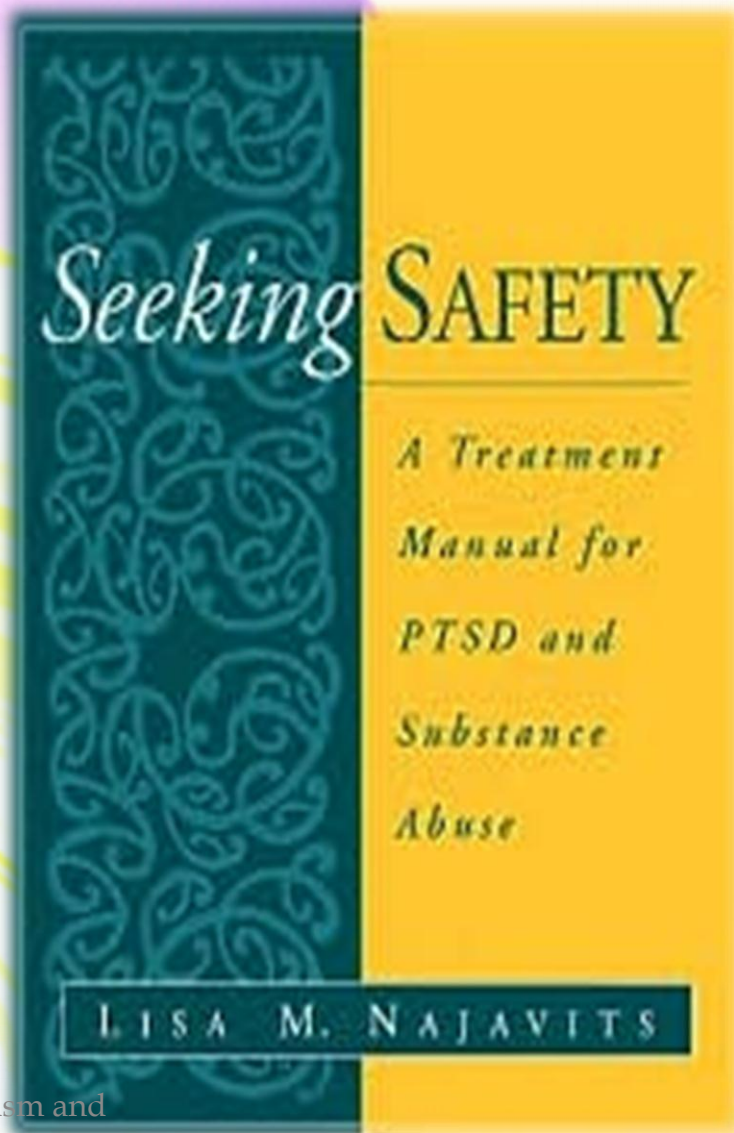
#### *3. Controlled Use Model*

Clients decrease use to a manageable level with the goal of remaining there

### Chosen Model will Depend on 4 Factors

- Philosophy of the Treatment Staff
  - Program Needs
  - Client's Needs
- Goals Desired to Achieve

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# Seeking Safety Treatment Therapy Evidenced Base Published Studies

The evidence base of published outcomes is representative in fifteen studies

- 7 Pilots Studies
- 4 Randomized Controlled Trials
- 1 Controlled Nonrandomized Trial
- 2 Multisite Controlled Trials
- 1 Dissemination Study

## Targeted Client Population

- Various gender, racial & socioeconomic populations included;
  - Men, Women, Veterans, Adolescents, Homeless and Criminal Justice backgrounds.
  - 77% were of minority status
- All clients substance abuse or PTSD was classified as severe.
- All clients had;
  - Symptoms of the disorders for years
  - A history of multiple traumas (most occurring in childhood)
  - A form of substance dependence
  - Additional co-occurring Axis 1 and/or Axis 2 disorders.

# Seeking Safety Treatment Therapy Evidenced Based Outcomes

- Every published study found clients improved from pre-treatment to end of treatment.
- Every published study found reductions in trauma symptoms by end of treatment.
- Almost all published studies, except one, found reductions in substance use.
- Every study found improvements in the following additional areas: HIV risk, suicidal symptoms, problem solving, social functioning & sense of meaning.
- Treatment satisfaction was a consistent finding throughout Seeking Safety literature whether measured by clients or clinician standards, it was high in all studies conducted.

# 10 Steps Parents Can Take to Prevent Youth Substance Use and Abuse

- Set a good example
- Know your children's whereabouts, activities and friends
- Eat dinner together regularly
- Set fair rules and hold your children to them
- Be caring and supporting of your children
- Maintain open lines of communication
- Surround your children with positive role models
- Incorporate religion or spirituality into family life
- Know the signs/symptoms of teen substance abuse and the risk factors
- If problems occur, get help immediately



# Strengthening Families Program (SFP)

- Involves children ages 6-16 and their families in a 14 week series.
- Families in attendance get a free dinner each week and free childcare provided for children under age 6.
- SFP uses family systems and cognitive behavioral approaches to increase resilience and reduce risk factors.
- SFP seeks to improve family relationships, parenting skills and youth's social and life skills.



# Strengthening Families Program Expected Outcomes for Parents

## Increased

- Effective Parenting
- Parenting Skills
- Marital Communication

## Decreased

- Stress
- Depression
- Alcohol & Drug Use

# Strengthening Families Program Expected Outcomes for Children

## Increased

- Cooperation
- Pro-social friends
- Social competencies
- School Grades

## Decreased

- Depression
- Conduct Disorders
- Aggression
- Tobacco, Alcohol or Drug Use

# Chemically Dependent Family Prevention Strategies

- Strengthen family management
- Emphasize attitudes that discourage involvement in substance use/abuse
- Be active in parenting and in your children's lives
- Keep your children active and involved in the family and household
- Combat the effects of a family history of addiction
- Combat past problem behavior of sibling substance use/abuse

## Aligned Goals of Prevention & Treatment

- Reduction of the age of onset for children
- Growth in family resiliency
- Expansion of family capacity building
- Development of parental skill building

# Key Points to Remember

- Families are deserving of treatment- whether loved ones seek treatment or not.
- Resilience can be expanded in individuals and families.
- Trauma is minimized when families are strengthened before their hour of need.
- Trauma is a part of life. How it is responded determines whether the long-term impact is positive or negative.
- Combining the best practices of prevention and treatment is essential to address issues of trauma in individuals and families.

# References

All References provided upon request

# Thank you!

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