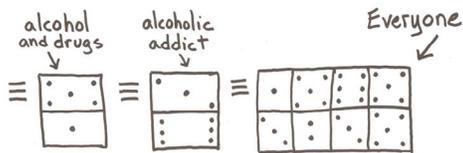


Unspoken Legacy Reverberations of Trauma in the Addictive Family

Claudia Black Ph.D.
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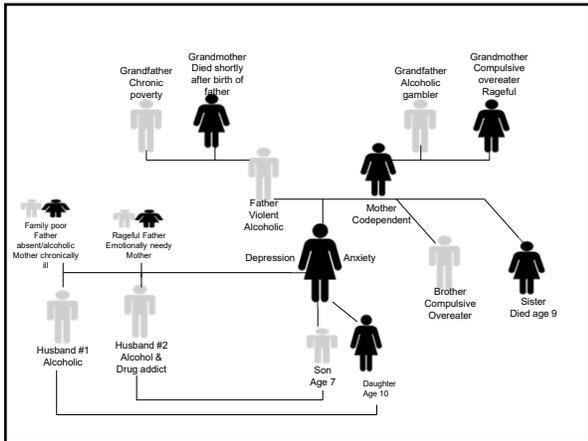
Senior Fellow – Clinical Architect Of Claudia Black Young Adult Center
The Meadows

Alcohol and drugs are like dominoes. They knock down the person who knocks down everyone including themselves.



Therese's Family of Origin Issues

- Overlook (deny, rationalize, minimize) behavior which hurt deeply
- Appear cheerful when hurting
- Make excuses for the hurtful behavior
- Avoid conflict to minimize further anger
- Tolerate inappropriate and hurtful behavior
- Prioritize the needs of other over own
- Caretake others
- Fault self for family's problems
- Discount own perceptions, give others benefit of the doubt
- Believe no options are available
- Believe she is at fault, it is her job to find the answers
- Not ask for help
- Accommodate



Healthy Parenting Practices

- Basic needs of safety, food, shelter
- Appropriate role modeling
- Warm and supportive relationship between the parent and child
- Parental monitoring and supervision
- Maintaining awareness of the child's peer relationships
- Understanding the child's individual risk level
- Establishing appropriate parent child communication
- Healthy rituals

Amelia Arria, Ph.D.

Trauma

A Greek word that means a defeat, a wound or a hurt.

It is not a disease or a condition. It is the body and brain's response to a severe, painful experience that overwhelms the ability to cope with the resulting rush of feelings and thoughts.

Resiliency vs Vulnerability to Trauma

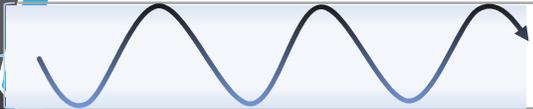
- Fewer previous stressors
- Support at the time of stressor
- Older at time of stressors

Trauma more negatively impacted when:

- Repeated
- Unpredictable
- Undergone in childhood
- Perpetrated by a caregiver, someone supposed to be loving towards you

Autonomic Nervous System

On a daily basis, our nervous systems experience periods of increasing arousal and periods of decreasing arousal. Each one of us has a "Window of Tolerance" or an "Optimal Arousal Zone" where we can experience nervous system fluctuations while still having the capacity to regulate ourselves.



Optimal Arousal Zone

Present, embodied, open, curious, tolerable feelings, relaxed yet alert, able to think, relational

Adapted from the works of P. Levine, Porges, & P. Ogden

Dysregulated Arousal

Regulated Arousal

Sympathetic Hyperarousal

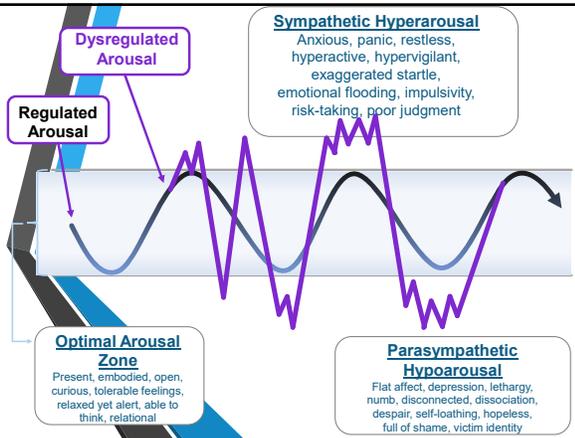
Anxious, panic, restless, hyperactive, hypervigilant, exaggerated startle, emotional flooding, impulsivity, risk-taking, poor judgment

Optimal Arousal Zone

Present, embodied, open, curious, tolerable feelings, relaxed yet alert, able to think, relational

Parasympathetic Hypoarousal

Flat affect, depression, lethargy, numb, disconnected, dissociation, despair, self-loathing, hopeless, full of shame, victim identity



When overwhelmed by a threat and not able to successfully defend self, one becomes stuck in a survival mode.

This continual state, hypo or hyper, of arousal over time can begin to form the symptoms of trauma.

Families that experience trauma...

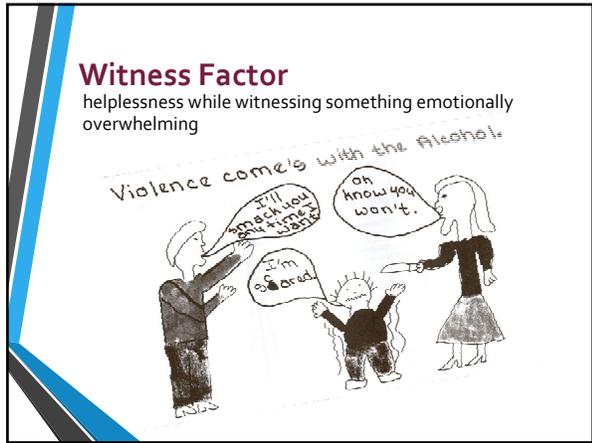
- Addictive
- Abusive
- Rageful
- Chronically less than nurturing families of extreme: — disconnection to enmeshment — rigid to permissive
- Rigid ▶ Emotionally isolated ▶ Denial — creating shame-based beliefs
- Common Denominator — Loss

Prevalent Traumas

Physical Abuse

Witness Factor

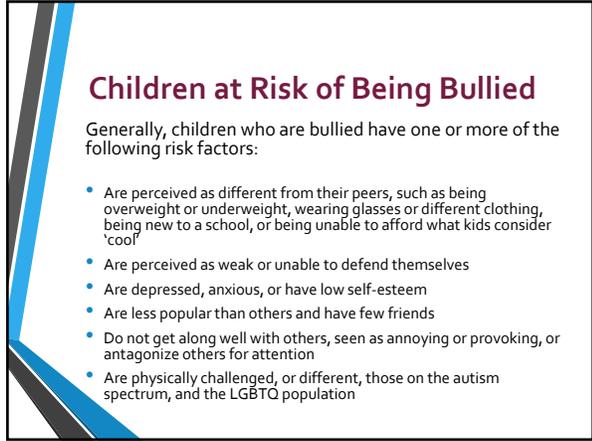
helplessness while witnessing something emotionally overwhelming



Children at Risk of Being Bullied

Generally, children who are bullied have one or more of the following risk factors:

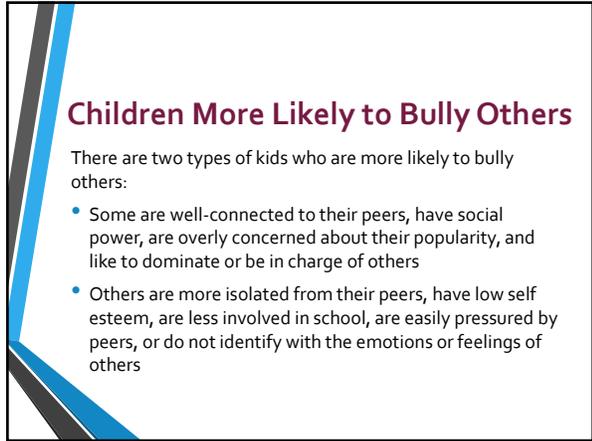
- Are perceived as different from their peers, such as being overweight or underweight, wearing glasses or different clothing, being new to a school, or being unable to afford what kids consider 'cool'
- Are perceived as weak or unable to defend themselves
- Are depressed, anxious, or have low self-esteem
- Are less popular than others and have few friends
- Do not get along well with others, seen as annoying or provoking, or antagonize others for attention
- Are physically challenged, or different, those on the autism spectrum, and the LGBTQ population



Children More Likely to Bully Others

There are two types of kids who are more likely to bully others:

- Some are well-connected to their peers, have social power, are overly concerned about their popularity, and like to dominate or be in charge of others
- Others are more isolated from their peers, have low self-esteem, are less involved in school, are easily pressured by peers, or do not identify with the emotions or feelings of others



Prevalent Traumas

- Physical Abuse
- Bullying
- Sexual Abuse

Children of addiction are 2 to 4 times more likely to be sexually abused. They are prime for victimization as they...

1. Are often starving for attention
2. Are less apt to speak up because of fear of not being believed.
3. Give others the benefit of the doubt.
4. Don't trust their own perceptions.
5. Don't know what they feel and can't use feelings and cues as signals.
6. Are confused about appropriate boundaries.
7. Experience shame upon shame which fuels powerlessness.

Prevalent Traumas

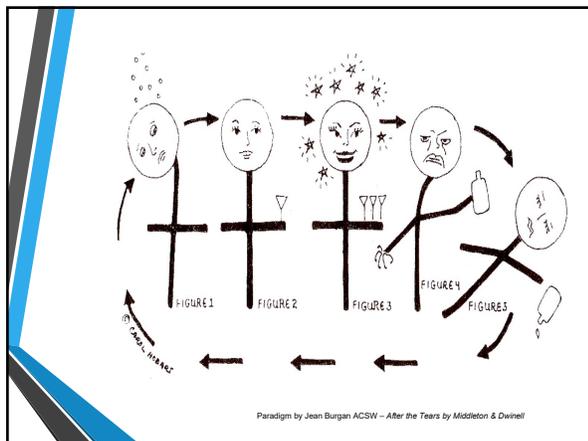
- Physical Abuse
- Bullying
- Sexual Abuse
- Grief & Loss

Prevalent Traumas

- Physical Abuse
- Bullying
- Sexual Abuse
- Grief & Loss
- Emotional Abandonment

I FEEL Scared When my mother drinks.

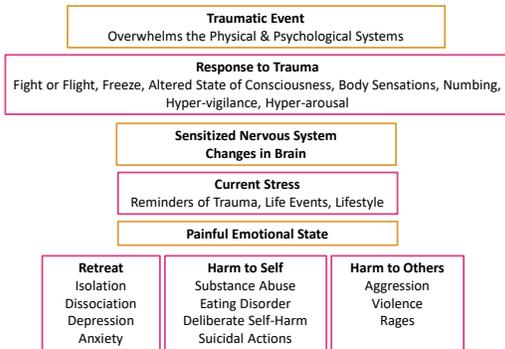




Therese's Family of Origin Issues that impact her parenting

- Overlook (deny, rationalize, minimize) **irresponsible** behavior which hurt deeply
- Appear cheerful when **confused**, hurting
- Make excuses for the **irresponsible** hurtful behavior
- Avoid conflict to minimize further anger
- Tolerate inappropriate and hurtful behavior
- Prioritize the needs of others over own, **diminish her own needs, not expect respect for self**
- Caretake others, **not take care of self, allow others to take advantage of her**
- Fault self for family's problems
- Discount own perceptions, give others benefit of the doubt
- Believe no options are available, **remain in victim position**
- Believe she is at fault, it is her job to find the answers, **not hold son accountable**
- Not ask for help, **don't want help, only wanting to stop**
- Accommodate, **anything to avoid conflict, anything to feel loved**

Process of Trauma



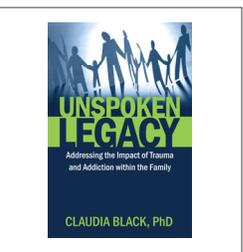
Source: Covington, S., *Beyond Trauma: A Healing Journey for Women and Healing Trauma: Strategies for Abused Women*

Possibility for Recovery

- Identify primary disorders
- Potential for co-occurring disorders and multiple addictions
- Prioritize treatment of intergenerational family dynamics

- Ask clients about their original family history
- Ask pointed questions about the use of alcohol and other drugs
- Ask about the possibility of other addictive disorders
- Ask about possibility of physical or sexual abuse
- Recognize impact of chronic loss and stress as trauma factor

- Realistic & Important Goals**
- Lessen emotional reactivity, calm part of brain that keeps person in fight, flight or freeze state
 - Tolerate uncomfortable feelings without engaging in self defeating behavior
 - Stay in the present
 - Define boundaries that offer safety
 - Set appropriate limits that honor those boundaries
 - Recognize and disrupt shame based thinking and behavior
 - Challenge cognitive distortions
 - Learn new skills



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