Unspoken Legacy

Reverberations Of Trauma In The Addictive Family

Claudia Black Ph.D.

Senior Fellow – Clinical Architect of Claudia Black Young Adult Center

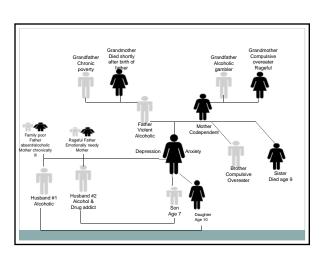
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Therese's Family of Origin Issues

- 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

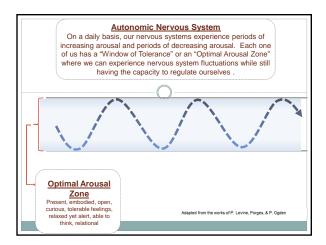


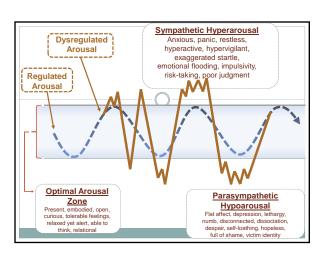


Healthy Parenting Practices

- · 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.





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 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.	
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Trauma	
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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.	
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Resiliency vs Vulnerability to Trauma	
Support at the time of stressor	
• Fewer previous stressors	
 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	
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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



Experiences that fuel traumatic responses

- Humiliation
- Being left out
- Bullied
- Unrealistic expectations
- Adoption Attachment disruption
- Acrimonious divorce
- Absent parenting



Trauma Addiction Interaction

Kim

TRAUMA - Kim grows up with a severely alcoholic father and a hypercritical mother. From the time Kim is in kindergarten, her mother is preoccupied with Kim's body and weight. Soon after Kim turns nine, her dad goes into rehab and stops drinking.

TRAUMA OF ABANDONMENT - A month after that, her mom reveals that she has had a long-time boyfriend and runs off with him.

TRAUMA - For the next eight months, Kim's parents fight over her in an angry and acrimonious divorce.

BULIMIA NERVOSA - At fourteen, Kim is exercising excessively to keep herself thin.

She binges on junk food, then sticks her finger down her throat and vomitis tup. She also begins to party—drinking excessively and taking large amounts of opiates.

TRAUMA - One night, when drunk, she passes out and is raped by several guys at a party.

TRAUMA - One of them posts a video of the rape on social media.

TRAUMA - Kim's humiliation, shame, and inability to reach out to her parents continues as does the partying, binging, bulimia, drinking, drug use, and the sexual assaults.

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ADDICTION - By age twenty-four, Kim uses heroin and alcohol addictively. By age thirtyone, she has attempted suicide three times.

Trauma Addiction Interaction

Julie, Leo, and Bryce

TRAUMA - In late 1998, Julie fell while riding a horse. Her pelvis was seriously injured, and her doctor prescribed oxycodone during her recovery.

ADDICTION - In the process she became addicted to pain pills.

TRAUMA - Three years later, Julie's husband, a firefighter, was one of the first responders to the 9/11 attacks. He was in one of the towers when it collapsed; his body was never found. ADDICTION - Suddenly widowed, with traumatized boys ages seven and nine, Julie began to drink herself to sleep each night.

ADDICTION - As the months and years passed, Julie's drinking and pill usage kept her in bed longer and longer. See became more self-sufficient, asking less and less of her.

conger and longer. She became moody and unpredictable. The boys became more self-sufficient, asking less and less of her.

This enabled Julie to take even more pills and alcohol. By the time Leo, the oldest child, turned fifteen, Julie was profoundly depressed, sometimes nearly manic, occasionally overly reactive, and at times disengaged from everything.

Generational TRAUMA OF ABANDONMENT - She provided little structure or support for the boys other than meals, clothing, and an occasional hug. In response, Leo threw himself into school and school related activities. The younger boy, Bryce, stayed in his room, compulsively surfing the internet and playing video games, becoming steadily more isolated from everyone and everything.

Eventually, through an intervention led by her physician, Julie was able to stop using and get into recovery.

Generational Repeat of ADDICTION - She woke up to an older son in community college who was quite responsible, and a younger son who was showing signs of gaming and porn addiction.

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
- 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

Possibility for Recovery

- Identify primary disorders
- Identify co-occurring disorders and multiplicity of addictions
- · Address both dynamics of trauma and addiction
- Prioritize treatment of intergenerational family dynamics

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 Ask clients about their original family history Ask pointed questions about the use of alcohol and other drugs Assess the possibility of other addictive disorders Ask about possibility of physical or sexual abuse Recognize impact of chronic loss and stress as trauma factor Work with a bottoms up and top down approach claudiablack Realistic & Important Goals in **Creating a New Legacy** · 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

Do Not Ever Underestimate -

the role you will play in someone's life when you empower them with validation and truth.

