

NAADAC
PARENTS WITH PTSD: HOW ADDICTION CAN RE-TRAUMATIZE FAMILIES
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>> ANNOUNCER: The broadcast is now starting. All attendees are in listen-only mode.

>> SAMSON TEKLEMARIAM: Hello, everyone. Welcome to today's webinar on "Parents with PTSD: How Addiction Can Re-Traumatize Families, presented by Sean Swaby. My name is Samson Teklemariam, I'm the Director of Training and Professional Development for NAADAC, the association for addiction professionals. I'll be the organizer for this event. This online training is produced by NAADAC, the association for addiction professionals and closed captioning is provided by Caption Access. Please check your most recent confirmation email or our Q&A and chat box for the link to used closed caption.

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If applicable, submit payment for the CE certificate or join NAADAC. The fee is \$15 for one CE for non-members. Then a link to download the certificate will be emailed within 21 days of submitting the quiz.

We're using GoToWebinar for today's live event, and here are important instructions. You've entered into what is called listen-only mode. That means your mic is automatically muted to prevent any disruptive background noise. If you have trouble hearing the presenter for any reason, I recommend switching to a telephone line as some Internet connections are not strong enough to handle webinars. If you have any

questions for the presenter, just type them into the questions box of the GoToWebinar control panel. It looks just like the one you see on my slide here. We'll gather the questions and if time permits I'll pose the questions to the presenter.

Otherwise we will collect all the questions and send them to the presenter in a document that will be posted on our website one week after the webinar.

Now, let me introduce you to today's webinar presenter. Sean Swaby is a family counselor with Alberta health services, provincial government funded treatment program, youth residential programs, addiction and forensic mental health. Mr. Swaby has worked for Alberta Health Services since 2005 and has over 25 years of experience working with youth and families in various recovery settings. He has a master's degree in counseling psychology, is a Canadian certified counselor, with the Canadian Counseling and Psychotherapy Association, and is an internationally certified clinical addiction counselor with the Canadian Addiction Counseling certification federation. Sean uses acceptance and commitment therapy family systems therapy, internal family systems therapy and mindfulness in his work. NAADAC is delighted to provide this webinar presented to you by this accomplished trainer. So, Sean, if you're ready, I will hand this over to you.

>> SEAN SWABY: All right, thank you, Samson, for the introduction both to the session and also to the Webinar Series.

So welcome, everybody. These trainings are interesting because I don't know who is here, but just know that wherever you are, whoever is on the line, that you are welcome here and I hope this is a very positive and productive use of all of our time together.

So for today we're going to be looking at these three objectives, and as it says here, our first one is to gain an understanding of research regarding ACEs, which we'll talk about in a moment, and then look at principles of trauma therapy from ACT and mindfulness perspectives. And we'll looking to understand how family member's addiction can

re-traumatize families, partners, children, that kind of thing. And then also we'll be looking at practical strategies that you can hopefully take to your work right away using them with partners, families that you might be working with in your practices.

Now, as part of this presentation I do use pop culture movies, various references to imaginative or fictional stories, and I actually do this in my practice, because I find, number one, in a way they're metaphors. It's like they're stories. If someone likes something like X files or Star Wars, they might think about what we talk about in our sessions in their own time. In a way, these shows can be kind of like a -- you know, a therapist or a way of reminding someone of the work they're doing, or of some things that we have talked about. And obviously you can use their own stories, and really it's whatever happens to work for you. Now, in this story briefly, I don't know if anyone is fans of X Files, but the character on the right, Fox Mulder, he went through a traumatic event when he was quite young where his sister was abducted by aliens. You know where this is going. In the story this was the primary motivator for this character, Fox, where he went in the FBI because of his sister and that whole event. And it became this thing that drove him, sometimes obsessively and in an unhealthy way, but it was this thing that happened to someone else in his family but it dramatically affected his life. And really we're going to be talking about today, I know this isn't about addiction, but it is about family trauma and there's a lasting effect on people. The question we think about today is: What are the effects of secondary trauma on the families themselves? Not only the person who is using, but also the actual members who, I guess, are there, they witness, they participate by being frustrated, concerned, worried, angry about what is happening. And then also what can we do as counselors and therapists to support when family trauma has occurred?

Now, in terms of definitions, I won't necessarily go through every one. I think the important thing to underline is that with the title of PTSD, number one, this is also about families in general. So siblings, too, and other family members, as well when we say

"PTSD," that is a diagnosis, as you all know, but I'm certainly not suggesting or saying that we're looking to diagnose family members by no means. It's more the idea they experience that intense trauma experience. And just as it says here, trauma, number one, is that sudden disturbing or threatening event leaving lasting and troubling memories, and families often express this, although some of the trauma goes on for a significant amount of time. And as we move through the definition, secondary trauma is where, perhaps, if the family member who is using experiences their trauma, will they come home and then they talk about it, you know, we hear or see the effects, you know, we live with it the next day and days after and how it affects our loved one, and that secondary trauma, that indirect exposure is that it sets the emotional burden that families carry.

So I'll leave the rest of the definitions there for you to have a look at.

Now, secondary trauma, as we talked about is defined as the "cost of caring" for other people.

We often talk about how secondary trauma can affect counselors. I think that is part of counseling ethics, that we need to understand secondary trauma and know how it affects us. But sometimes when families come in and their loved one is getting the help or they want them to get the help, it's like that's where the family part kind of ends. They go to the door, they stop, we work with the person who has got the addiction and maybe as therapists or counselors, we're managing our own, you know, self-care. And sometimes families get kind of not intentionally, by any means, but they get kind of left on their own. Sometimes because of their own choice so that's really what today is about.

Just looking at the ACEs research, I'm sure you're very familiar with ACEs, the Adverse Childhood Experiences, and this is based on a significant enormous research project that was in the late '90s and what they found was that certain childhood experiences can literally affect permanently the developing brain and a person's attachment system.

and later on they will have literally lingering results from that for sometimes the rest of their life. And it's not only mental and emotional and anxiety and depression but also sometimes a person might experience a tendency towards addiction or other things. Then also diabetes and health consequences that can be quite devastating.

This slide, I won't spend a lot of time on it, I'm sure you're quite familiar with your own stats in your communities. It gives an idea of the prevalence of substance use and addiction. Now, this is what we do all the time if we work in this field. It is interesting on the very bottom of the slide on the left there we look at Internet gaming, Internet addiction and workaholism. I'm certainly not saying that those things are for sure addictions, because I know there's some debate about that, but what they do point to is that people cope in a variety of different ways. And I hope that we'll also think about with families that, you know, to have an eye out for those. I know we have an eye out for the drug use and alcohol use, but also what else is happening other than that? A person could seem like they're very resilient and adaptable, yet maybe they are dealing with significant workaholism or they work all the time, or maybe an exercise obsession or addiction. Some of these more healthy things can also become really quite unhealthy in a person's life.

And just touching on this, the ACEs work looks at five areas that are personal and then five areas that are more of related to other family members. If we look on the left part, abuse and neglect, it would be sort of more what happens inside, or to me, to a person. And on the right side it would look -- sorry, I think the slide is a little different, but there are five that are essentially more about the family member. So personal would be physical abuse, verbal, sexual, physical neglect or emotional neglect, and then the family member would be those pieces that -- where they might be in jail or family member substance use, divorce, mothers treated violently, that kind of thing.

What we experience with the family in general and then also what happens to us.

And the reason I bring up ACEs, where this concept came out, I worked like Samson and when I first started working with families, it was supporting youth or young adult in being clean or somehow supporting their recovery. Of course, we talk about communications and triggers in the home and how to support that.

Often I talk about parents and family experience and how challenging that is and stressful.

They were on track with life and yet they had significant effects from their kid or their substance use experience. If one person in the family is affected by trauma and stressful experience, then the whole family is likely to be impacted. So we of course say if mom or dad had cancer, of course it's going to affect all of us.

In the same way, if mom or dad or sister or brother experiences some kind of addiction significantly impacting them, then it will significantly impact each one of us in a different way.

So we have polling questions number one and I certainly hope that everyone will take a moment just to participate and as it says here, on a scale of 1-10 how helpful is understanding your own personal ACEs as a person, each of us on the line in our work as a counselor. So we'll give you a few seconds to complete that.

>> Thanks, Shawn. Thank you for answering so quickly. I hit the button and almost half of you have answered. We'll give 10 or 20 more seconds as you respond to the poll and then turn this back to the presenter.

Over three-quarters of you still answering. I'll leave it open another second. If you have questions for Sean, please be sure to click on the questions box and send your questions into the questions box and we'll answer in the order received during the live Q&A and they will get posted on our question and answer document on the website used to register for the webinar. About 85% have answered. I'm going to close the poll and share the results and turn this back over to our presenter.

>> SEAN SWABY: All right, so looks like the bulk of us are saying it's very helpful. I would certainly agree with that myself. You know, in many cases it's helpful. And I also think, too, when some people vote kind of on the 11% altogether, minimal and somewhat, there is certainly times where my own experience doesn't necessarily have to be something I bring in or something that continually comes back to me. And so certainly there are certain ACEs to be very aware of others that certainly it may not necessarily come up that often.

So let's see here.

So we have, you know, the movie "Beautiful Boy" based on a book that was a true-life story of this family. And it really shows -- they do a fantastic job in the movie and the book about talking about the layers of trauma that both experience. And really that everyone experiences in the family.

Forgive me for a moment. This is a slide where I kind of geek out. Roll with me for a second. If you're not familiar with Star Wars, I encourage you to stop, go home tonight and watch the movie. That aside, I don't get money from Disney or Star Wars, you can enjoy that on your own.

Just to get us on the same page, Star Wars is a sci-fi legend. It's been out since I think the '70s, if I'm correct. And it resolves around the story of Darth Vader, who is the dark character on the left. Obviously he's on the darkness and the evil, and Luke and his family and friends are kind of on the good side of the force.

Now, if we think about it for a second, Darth Vader was drawn internally by this powerful force. They talk about how it flowed through him and made him feel alive, powerful, free of anxiety and security. It was that thing that just drew him so powerfully. As it turned out it was quite destructive to him, and interestingly, you know, it took him away from his family, anything important he abandoned and also betrayed some of his friends, so a lethal and damaging force in his life. I know the movie wasn't talking about this and I don't want to stretch things, but in a way that is like substance use. Now, certainly we're not saying that Vader was an addict or that he was drinking by any means, but certainly the force has that power.

So as we work through the story, when Luke and his sister Leia were very young, they were taken away from their home potential of violence or danger because there was a belief that either Vader could kill them or try to take them to the dark side of the force. Because Vader at that point had turned and there was potential he would do the same thing with his children who also had some kind of powerful connection to the force. And then his children, they were told that his father was murdered. In their own ways, they lived with that deep sense of grief and that longing that really never was satisfied through the whole series. A bit of a spoiler alert: Vader is the father, but they don't know that. In this picture Luke is battling Vader and he has no idea that Vader is his dad. It's interesting in how all the episodes Vader wears a mask, and it's a pretty intimidating mask. You can see no facial expression, there's his voice -- he breathes in

this very ominous way, and the voice is very deep and, you know, there's a foreboding sense about Vader. There's no facial expression you don't know where he's looking, which is pretty scary, and he also leads an army of other guys, other guys who are mask wearers. So it's interesting that that whole mask thing is very present both in Vader's life and I think also in families where there's addiction present.

Luke himself, you know, has this sort of drawing towards Vader. He doesn't know Vader's father, but a drawing towards confronting Vader, and as the series works through he prepares and eventually they have this big epic fight, and Vader knows that he is Luke's dad and Luke has no clue. There they are in a brutal fight. Spoiler alert: Luke is seriously wounded, and Vader tells him, I'm your dad. Which would shock Luke, sent him in all kinds of spirals internally. He just had his hand cut off by his father. If you can imagine that... like imagine if that was your father, someone's father you were working with, that's horrific. Luke jumps off a bridge, I don't know if it was suicidal, but he tries to escape. As the show goes on and various episodes continue, Luke goes through successes and he escapes and bands together with other people and they find a way of escaping. And yet despite all this, Luke really can't make sense of that loss, loss of his father. He can't resolve it or move on with his life. And he continues to make very poor decisions where he allows himself to put into mortal danger to pursue longing for relationship with his father. And there was this desire in him to somehow turn his father back to the good side of the force, and it was like this draw that really drove him at times to unhealthy decisions.

Vader shows no remorse, and really if you look at it from stages of change perspective, he is precontemplative. It's your fault, your problem, and he wanted to actually turn Luke to the dark side. Luke on the other hand would probably be in the action stage, so you can see how opposed they are that way.

And interestingly, when we look from a family perspective and from a genogram perspective, when Luke was on the quest, a longing, a search, that drive to, you know, confront his father, Leia, his sister did none of that. She was quiet. She took on

gigantic responsibilities where she sacrificially took care of people on the good side of the force. There was no sense from my memory that she longed for a relationship with her father. She kind of pushed that far away and took care of other people. Perhaps this could just be a healthy way of coping. Perhaps it might be workaholism, I don't know, but she would be that responsible child who, you know, took on that impossible goal.

You know, as I kind of reflect on the story, there is a significant redemptive part. Luke is very resilient. Yes, his boundaries are not the greatest, but he has pure hope and belief that somehow he can reach something inside his father, which in the end was actually what happened. And it took a very long struggle, which also, you know, folks in our work, that's what they go through, and as the story evolved, Vader eventually came to Luke's aid and he was killed in the process, and then became, as Star Wars does, he's not dead, thank goodness, he's back for the sequel, but kind of the spiritual mentor in a way, where every now and then, Vader, his spirit, visits Luke. You know, there are sometimes in our work where a person cannot resolve something in this life, but in a way, they can find ways to settle something. And if anything else, sometimes you know, they look at that other family member or someone else in their life and it's like they can draw some lesson from them even if that relationship was unhealthy. And it reminds me that we can learn no matter how dark things might be with our family.

So I know we spent a bit of time on that and I hope that it was interesting. I'm sure there's many spiritual traditions, culture traditions where similar stories can be drawn out.

Now, in terms of the literature, the impact of addiction on families is significant. If you just look at the highlighted parts here, theft and loss of trust, where someone who is using would steal from a family member. They also would make threats where family members would be concerned about their own safety. I'm sure you all have experienced times where there are people who use and they might have someone who they bring drugs in the home, they bring weapons, sometimes there are threats against

families from outsiders. I have families that I worked with where people who use with youth will throw rocks through the home trying to get back at youth or scare families. I know families where they have drug dealers or other people come to family home and assault parents even though it wasn't them that caused any issue or involved. So there can be significant feeling of threat, lack of safety, as it says here, that sense of anxiety, always on edge, fearing the worst, difficulties coping, and even parents or families have their own dramatic changes in behavior. Sometimes family members go through their own addiction or overeating or working long hours because they can't cope or it's just too much to think about what is going on.

It's like their life is taken over by their loved one's substance use. Siblings really don't get away with anything. They often feel ignored or abandoned, not on purpose, but where parents or a parent might be trying to take care of another, the person is using -- siblings are just trying to find a way to survive on their own. I'm working with one family where I have a client that literally said "I had to learn how to do everything on my own so long, now, Mom, you're in my life and focusing on me, I don't want you." We're working on that, she's opening up, but it's that idea, I've done it on my own so long, now it's, you know, back off.

There can be a variety of issues where siblings feel ignored or abandoned because this other person who is using, but also they have issue with a parent. So obviously you can see from that, there's a complex nature to it.

And also oftentimes people can neglect their own values and goals, focus on their own health.

Communication breakdown where, like we talked about, families react, raw emotions and anger, there can be that backlash where families themselves take on anger and it can create an unhealthy cycle. . Sometimes there's distraction or blame where a parent is drinking or using or unhealthy and then it's all about that other person. It's 100% them to blame or their issue or they're using meth, crystal meth, or they're using

some kind of opiate, but parents might be drinking significantly but they're focusing only on that other person in their home.

Now, this one... I want to draw your attention to the small box on the right where it talks about how trauma is by nature interpersonal. And when I first read that, it's one of those things where, yeah, of course, but then as I thought about it, it's profound. Because trauma, we think about it's an event of abuse and, you know, it happened, and then the person who was abused carries that and they have to do therapy work, well, obviously. Well, that event was interpersonal. And there are some traumas perhaps where if it was a car accident or some kind of accident or earthquake, there wouldn't be that person who is doing it to us, but we would experience that event together.

So really there is no trauma without someone else involved. Even if it's just me by myself having that horrible experience with, let's say, you know, earthquake or something, I walk out, and I talk to people around me. And this also affects them. So there are layers of interpersonal stress and effect.

And as it says here in the first point that personal ACEs... so let's say a parent themselves, maybe a mother or father or brother go through some issues when they were young, as children, there could be some abuse or abandonment or neglect, and they find a way to put that behind them. Maybe they go to therapy or they're able to just move on. Maybe sometimes it's healthy. Other times unhealthy. But as they go on and their loved one now brings the stress and chaos in from the substance use, what I found is that often that personal ACE, that trauma, gets relived, and parents, family members themselves have all this anxiety and issues come up. They, of course, want their loved one to get help, but that's only part of the story. Parents, as it says here, often experience dissociation, anxiety, fear or other kinds of responses. I've seen all of that, as I'm sure you have in your work.

This is a great quote where it talks about how that in their research study, participants talked about cycles where a parent would be triggered by something that would happen

to their child, the person who was using. And then parents themselves would, you know -- sorry, the child themselves would be triggered into a fight and talks about how parents also then react. It's this idea that there is this -- well, there's this love and caring that is hopefully there. There's also this sense of one person will trigger another person. And it's not to say that the person who is using, it's their fault, by no means, it's just that how they're interacting is really not effective. It's not working. And there's this arousal happening in both of them and that bond that should be there, that attachment, is really overridden by this trauma bond. And there are times where families because they experienced the trauma together, they're sort of on the same page or same side, but as a person who is using gets some help, then the effects start to come out where we're bonded over this trauma. That other person is getting help, and sometimes there can be this feeling of we're locked in this cycle or now this other person who is sitting on the sidelines, what do they do with their experiences? And so it can be -- there can be dramatic effects because families sometimes aren't ready to go for their own help.

Just looking here, I think we kind of covered that. We'll move on from that slide.

This one I have thought about -- you know, we talk about the idea of secondary trauma or vicarious trauma. We go through a list, counselors, and see all those statements from a counselor's perspective. So as actually replaced some statements with what it would be like if a parent was experiencing that or a family member. So you go through the list and you really any of those things that we could experience as counselors when sitting day after day, you know, year after year, hearing stories, and in a way kind of carrying some of that, families could have that exact same experience, which to me it was just one more confirmation of how important this topic is.

Now, this slide, I want to spend a minute or two on this. So let's... I'll tell you a story that will kind of make sense. A family comes in, they've got a loved one, a young adult in their mid-20s who is trying to get help, or at least families wanted to get help. They come in and talk about their story, how stressed they are, all the things they've done, spent money, spent time, out of vacation hours and worried they could be fired because

all their energy is on this loved one who is using or going through all these issues. And the whole family seems to be tied up in this and everyone -- some people are close and working together. Others are fighting. Because, you know, they're resentful. Everyone has their own reactions. They come in and you want to get help for this person. At first they come to our offices and feel a sense of relief that someone is hearing them. You know, I'm not going crazy, that sort of feeling, that, you know, also I just need relief. Which sometimes translates into I'm relieved when they're in treatment, or when they're suddenly not using. If that could happen.

And that's kind of where often families stop, I want help for them, release, and then I'm kind of okay.

Now, there's a point where, you know, families will say you know what, this is really a "you" problem, it's not me. I'm okay if you stop using you know, I'll find a way through, you're the one who needs to get some help. I'm certainly not saying that's the family's fault and they need to work on that, but I've seen it often where it's a subtle message but it's very there.

What is behind that is sometimes families are just not ready. It's not a criticism. It's just that they have been through so much, to go through the stage of finally getting help or not sure if their loved one will actually do it this time, they're still on guard and they may stay in that phase for a very long time or maybe forever. They may not be able to do their own work, maybe they don't feel safe enough, they don't feel they can relax. Whatever reason families can often kind of camp out at that. In a way it really echoes the stages of change.

Underneath that not ready part can be a lot of unacknowledged pain, parts of parents where they have their own ACEs or trauma, which kind of gets to the other slide. and families can move back and forth on that. They might come into the office and talk about how stressed they are and I want to work on self-communication, then as the loved one stops treatment, then parents back to that, you know, help and frustrated,

then they move back in and forth. You might talk one day about how trauma and parents might or family members might disclose some things, then the next session they're talking about how they're lying again, you know, doing all these various things, which can make it very challenging to work with families about this topic.

So here we are to polling question number 2. So I've given you a couple choices here, but I would like you to look at a movie metaphor that describes the challenging dynamic of family life. So families are like the beauty and the beasts. Lion king and the circle of family life.

Harry Potter and the sorting hat... hmm, very difficult.

Or Star Trek, exploring strange new worlds.

>> SAMSON TEKLEMARIAM: Thank you, Sean. We'll give you 20 second or so to respond to the poll. Another reminder if you have any questions related to the content of this training, please feel free to send them into the questions box. And we will answer them in the order they're received or they will get added to our Q&A document that will be posted on our website within a week of the end of the webinar.

It looks like about 65% of you have responded. I'll give you about five more seconds.

Excellent. Thank you so much, everyone. About 75% have responded. I'm going to go ahead and close the poll and share the results. And I'll turn this back over to Sean.

>> SEAN SWABY: All right, so 7% beauty and the beast. 47, the circle of family life. Okay, pretty strong. In fact, that's the winner, ladies and gentlemen.

Harry Potter, you know, that kind of wait and see... real tough. And then Star Trek which is, let's explore some strange new things.

So interesting. Thanks, guys, for going with me with that.

So sorry about that.

Okay. So now assessment and support. So what do we do as counselors and therapists when we see these things with families.

Now, metaphor that I've got here, the story is, of course, Harry Potter. And the picture on the last end and both pictures talk about the seventh -- kind of the end of the story. And Harry Potter is with...

It's one of those funny moments where I can see him but I forget the gray-haired character's name. Oh, Dumbledore, there we go. Harry Potter is looking under this bench in this waiting area and he sees his enemy, Voldemort. But instead of seeing the enemy, Harry sees his own shadows and faces various weaknesses and fears that often go back to his own childhood. So here is an adult, been through successful, very -- almost an experience where he almost lost his life and friends, very destructive this whole journey, and here it is at the end of it all, he's kind of back -- you know, he's kind of doing well in life in a way, yet what happens is all this early stuff comes back to him quite quickly.

Now, what we're looking at here is... now, I'm taking from acceptance and commitment perspective, but this applies for no matter what kind of therapy approach you might take with your clients. It's that idea that we have to in some way accept the turmoil that is there, because family members cannot just make it disappear or go away.

Find a way that somehow that trauma that they're experiencing, that turmoil, is protective. Not to say it's a good thing, but the fact they're reacting how they are, there's a desire inside of them to keep themselves and their families safe or at least try to regain some control or certainty. Those are healthy things. If we didn't have that, trauma would destroy us.

And really that appreciation of that trauma and those -- that inner struggle, that is what is going to lead people out of that storm.

As we mentioned, one of the approaches I use is internal family systems, and I know that there is a webinar on internal family systems, I believe it's last year in June, so have a look at that on the NAADAC website. I have taken a number of trainings on this and I encourage you to look into it, because it's a very helpful approach. So just in brief, from a parts work, internal family systems, they look to say that there's four different, I guess, parts of that internal system. At the middle we have the self, which is the core part that has been there really forever. That's you, kind of deep inside.

And then we have the parts of us that are kind of the manager parts, and they're kind of connected with firefighters. They protect us. We try to keep everything in control, not feel bad stuff, you know, kind of just, you know, go vacant and just kind of not feel things, or plan being in control. The manager part, just like the word says. Then the firefighters that rush in when things go bad and want to put stuff out. A person is overwhelmed, what do they do? Sleep all the time or they drink. Maybe they go to the gym and kind of go crazy on that. Or maybe they play video games or look at porn, or whatever that may be that a person feels overwhelmed. Of course, we know that substance use definitely fits into that category.

And what is often underneath that is there is this idea of exiles, that wound that people have. Painful emotions, ACEs, for example, other you know, anger that was never dealt with or acknowledged when they were a child, you know, other family members went through addiction, but they themselves were neglected, so that gets put away because

it's not really talked about. So from an internal family systems, you kind of get an idea where substance use would fit.

Now, just out of curiosity, I would invite you to kind of a bit of a -- you know, take just a few seconds here and go inward right now and just take a second and I'll kind of give you a moment where we'll just pause. Notice, you know, your own parts. For example, any thoughts you're having, or emotions that might be popping up. Anything you notice.

It's curious when we do these kinds of exercises because sometimes it might be that, nah, nothing really popped up. Sometimes it's that idea that there's a part that pops up that says, I wonder where this is going. And that's literally how parts pop up. Many parts are productive and helpful. Think of the manager parts. You know, there's a good side to that, to make sense of things, wonder what is going on, that critical thinking. Firefighter parts, sometimes we actually need to jump in and kind of take control of things.

And so there's definitely parts of ourselves that can pop up and be very productive and effective. Now, when I work with families, and how I approach this is I use a variety of different words to talk about parts. I sometimes I use that word "parts" with people and they look at me like... parts? What? What?

That sort of reaction. I might say there are different reactions you have or you're thinking about different things, reacting different ways, or you might be having, you know, a variety of different thoughts that pop up.

So I don't necessarily stay with that language, but, you know, when a person says, I've got this anger that has come up and they talk about their anger or their mistrust or whatever it is, then I say, so you have an angry part that is really coming out right now. And what that does is it identifies that anger part. And as it says there, that anger often protects other more sensitive parts. The way I talk about it is it's like, you know, these reactions, emotions, parts, it's like they're a family inside and you've got the angry...

you've got a brother or sister that is right along there, that angry brother or sister is trying to keep the other one safe. So I ask them, so I wonder what would that other little brother or sister say, what would they talk about right now, how old is that sibling right there?

Now, family members or people who use might have extreme parts or reactions like we talked about that substance use part, they might have avoidance reactions where they just don't want to feel things or they want to be completely in their head, that logic and complete control. And often, you know, like we mentioned before, if they do have those neglected parts. And oftentimes in that early stage of work, families aren't necessarily interested in talking about the exiles. In fact, they don't want to go there, but they will talk about some of that other stuff. And sometimes it's mainly their own anger or frustration. And so I don't try to make people go to any other place, but we start by acknowledging with some compassion and space, let's hear what the anger has to say.

But also knowing it's not just this reactive anger. There's something really important that that person wants to say, I've been hurt, I've been violated, my trust is gone. And if you think about it, those are essential human needs that we all have.

Now, often like we have talked -- we talked about here, those parts at least originally had some kind of good intent. You know, if a person has a lot of anger, well, then that anger isn't just that they're trying to be angry and hurt the world, but there is a point when the anger starts to come up more consistently, where there's a part that feels no more, I'm not going to take this, I'm not going to let people do this or say this, which there's a side to that where a person wants to keep themselves or someone else safe.

You could go through the list of each of those emotions, blame, denial, feeling done, they're just, you know, finished with this, or substance use or many other behaviors, there's a part of that at least that originally that part wanted to keep us from feeling

anything, all kinds of violation or trauma or many different things. And that's something to at least beware of. A key question in internal family systems is how do you feel towards this part? Not about this part, which is kind of distance, but how do you feel towards it? You know, this idea that if this part, this anger was a big brother and you got this little sister/brother right there, how would that little sister/brother look at the anger part that is keeping them safe? Yeah, sometimes it goes overboard, but what else would it say?

And there are times where, you know, the work really sits a lot at this idea of, can we be compassionate, give a bit of space to that anger? Of course it can go overboard and hurt people, but if we listen to the big brother, the protective side, can we just stay there for a bit and honor that, you know, this side tried to keep us safe.

This is -- it's a great quote by Steven Hayes, one of the founders of ACT. I'll draw your attention to the orange side just in terms of time. He talks about how if you look at where the pain is, if you flip it over like a coin, you will find that's where the values are. So, for example, if we look at kind of, you know, this idea that I am angry because my family member has used substances and here is the effect on me and they really want to focus on that anger, absolutely validate some of that anger and we talk about how there's some hurt there. But on the ore this side of that, what else is there? If they're angry because they're hurt, there's a part that wants to be okay. There's part of them that wishes and longs for trust in the family, longs that we can talk without the other person judging me or reacting. So those values of being okay, not judging, communicating, trying to be present, those are huge values. And that's why people have families and relationships. And it's not to say that talking about it just makes it better. It doesn't. But what it does do is knowing our values, these things keep us grounded because then if a family can get a sense that, you know, I really want to have better communication, they can work on that side of it even if their loved one isn't necessarily aware or working on their own experience.

Now, these next couple slides are about ACT. I won't read it all because it's there for you for a bit of background. I encourage you that if you're interested in ACT, there are resources at the end of the webinar, and there's also a variety of different trainings and resources available on the Internet. Just go to Dr. Google and you'll find it all right there.

Now, ACT principles talk about validating suffering and also recognizing there are things that we really can't change.

The emphasis in recovery is on acknowledging being present to finding a way to slowly open up to whatever is there, what is uncomfortable. You know, those difficult parts that are there.

We look for things that are life-giving or enlivening. And that points often to what is important, where families might talk about how they miss bowling, for example, or gardening, and you notice that suddenly they light up a little bit, and that's often those values that perhaps we're neglecting. With ACT, the therapy is experiential. I know many other therapies are, but I'm just talking about ACT here for a moment. We talked about using senses, being aware of body, giving voice to whatever sensations, we identified parts, perhaps giving certain parts a name. Sometimes there's worksheets, stretching or moving, and really it's that idea of being present with what is happening.

In ACT they talk about this idea of fusion or defusion. Fusion would be where we completely feel enmeshed by this system or emotions or reactions. And that's who we are right now. We're overwhelmed by everything. Whereas ACT would be working to get a sense that, you know, this is my experience, it's really difficult, but I'm also able to kind of stand a little bit apart of that, apart from that, that this is a part of what I'm going through, it's not all of me, it's that idea. Acceptance would be obviously that part of being able to make room for things where, you know, I accept this is really overwhelming and it's incredibly hard rather than denial or numbing.

And then contact with present moment would be that idea that as hard as it is and overwhelming, I'm sensing that anxiety and anger. I'm sensing what is there and underneath.

Really ACT would be this simple idea. Sometimes I use this simple. I don't necessarily talk about this theoretical foundations of ACT, but I'll just say these statements. It's the idea that in our work together, as Mom and Dad and family members, our hope is have you slow down a bit, because things are kind of out of control. You know what... we're going to try to breathe a bit more. And it's not going to fix everything, we all know, but the big part is we're going to try to help you get in touch with what is important to you. Yes, your son, daughter, brother, it's really important, you love them and doing these things for them, but what about you, the person in my office sitting here, you're also important. So how can we help you get in touch with what is important to you? Because we want to help you be there for the long term you know, be present for yourself, and that kind of idea.

And I find that very powerful. I know this approach could work with many different models. So by no means am I saying that ACT is an approach that you know, only works with no other models or no other approaches.

Now, we're looking here at our third poll. So just out of curiosity, in terms of you in your own work, how often do you pause to listen to your parts? Or, you know, kind of get a sense of that mindfulness as a counselor, a therapist, and we've got some different responses here. So I encourage you to take a few seconds to respond to that.

>> SAMSON TEKLEMARIAM: Excellent, thanks, Sean. I'm launching this poll now. You'll see it on the screen. This is third and final poll to interact with the presenter. And

you will see four answer options there. We'll give four seconds to answer those. On the GoToWebinar control panel you can click the questions box if you have questions for the presenter. It will either get answered in the live webinar or online in a Q&A document in about a week.

We are going to go ahead and close the poll. And we are sharing the results. And I'll turn this back over to Sean.

>> SEAN SWABY: Great. So we see, you know, a pretty wide margin, you know, in terms of only when somebody pops up sometimes and then we have kind of daily. And really it's -- the goal is for whatever happens to work for you and helps you be aware of kind of what is happening. I have practices that I do between sessions to get a sense of grounding again. And I think that's a pretty common practice for many of us.

So just based on time, just a few things here that we will kind of just touch on. Other things I'll spend a little bit of time on. Now, in terms of where I start, certainly with -- depending on where a family member might be, we do a lot of psychoeducation. I might basically talk about a roadmap, kind of giving like a metaphor of you're at the beginning of where you are, which can give a person a bit of control. Sometimes that might be all a family member needs. My loved one is in a journey and I am too. I discuss nervous system -- I use various approaches to just let families know about their physical reactions and how the mind can become high jacked. We name it. I provide ACEs handouts as well I won't go into it, but I review the limbic system. On the little link on the left here, the model of the brain, I played that with some of my clients and I encourage you to look at it. It's a fantastic tool. And it really provides a lot of information and help for clients just to be aware of how they're reacting.

And this talks about the importance of ACEs for families and parents. There we go. So now, this one here, sometimes you'll find that some families have a sense of control. Control agenda. And really when we're thinking about it, it's an invitation for us.

And to explore the idea of willingness. They definitely get hooked and pulled into the idea of control. And then on this next part here we talk about, you know, how we can approach it as counselors. And one approach -- this is an ACT approach, it's that idea of what have you tried so far? So talk about the story of how you have lectured, tried different programs, you worked hard to try to get them in.

What is the cost and what it's like for you. It brings families that awareness of I'm frustrated, I can't go forward. And that's that point of invitation where, you know, it just about your loved one or are you willing to start to open up to some things?

Now, we do some things in ACT that help people to be present you know, many of those exercises, the 5-4-3-2 I'm sure you're familiar with, I have others here that I actively use, but the idea that we invite people to begin to become more present with their experience. And link with some important values.

This next slide here literally I have actually played videos of boats in storms for families and members that are obviously you know, whoa don't want to put something like that in front of someone if they're terrified of water or boats, but I often share this metaphor that, you know, we know what anchors are for, and a friend of mine who is very familiar with kind of the ocean and sea and boats, he told me about how with boats there's a type of anchor that is actually -- I don't know if it's called an core, but they put it down and it actually keeps the boat going forward, like straight. If they're in a storm and the boat is going -- you know, the waves are hitting the side, there's a huge chance of the boat cap sizing. They're meant to go straight into that wave and that storm. Not that boats want to go into storms, but if they have to go through one, this is how boats go through it. And so I use that as a metaphor to talk about how your values are that anchor that keeps you moving forward even though the storm is happening. So that's

why you're talking about your values are so important, to help you to keep your feet on the ground.

These are some examples of questions here. Now, I know we've got just a few minutes left. I think in terms of perhaps timing, we're right at the end of our presentation, I think. So I'm not sure... I know there's a bit of a close, but I'm sure, looking here, are there any questions that we might have?

Anything that popped up.

>> SAMSON TEKLEMARIAM: Thanks, Sean, yeah, we do have some questions. Before we get to them, do you have thoughts on your selected references and websites before we get to Q&A?

>> SEAN SWABY: There's a few there, particularly the second one by Ferguson does a beautiful overview of parts work, and then the reference down there to Harris, Russ Harris. It's a nice overview of ACT. And also he has a website that, you know, if you look up Russ Harris plus ACT, the letters A-C-T, you find he does training. It's quite cost effective. It's webinars like this one. And you can get a lot of training through his site. He's an excellent ACT trainer. So interested in ACT, that's the direction I recommend folks go.

Perfect. We do have questions that have come in. I'll go ahead and throw one out there.

Fatima from Nigeria has logged in and she ask: How can you assess your own self-ACEs as a currently practicing counselor?

>> SEAN SWABY: That's a great question. What I would first of all recommend is I know that you can go into -- there's ACEs questionnaires. If you look up -- I've done this with families where I looked up ACEs questionnaires and they'll run through these various questions, and I really would recommend all of us to do that because number one it just makes us aware, like you're saying, but it also does provide a bit of objective check mark. And sometimes it goes into kind of history stuff, which I think is really important, and we all want to become aware of that.

>> SAMSON TEKLEMARIAM: Great. Thank you so much. As we conclude the webinar I invite you to complete the post webinar survey. Your feedback will be used to customize our 2020 webinar experience with NAADAC. It will also take you just a few minutes, and when the webinar closes you will be automatically rerouted to the webinar survey. If you don't see the webinar survey, no worries, you will have a second chance to complete the post webinar survey in an automated email from GoToWebinar that says thank you for attending.

I just want to remind you that everything you need to know about this particular presentation is on the NAADAC website. You can watch the recording after the live event, and usually is posted about an hour after the live event. Download the PowerPoint slides, take the CE quiz, and if you are not a NAADAC member you can make the payment. The web address for this webinar is www.naadac.org/parents-PTSD-trauma-webinar.

You can go to this page in the future when you need information related to this webinar.

And here are the instructions again for receiving CE credit. Just one more time briefly for anyone who missed our introductory statement. If you do wish to receive CE credit for attending the webinar, you must be registered for the webinar, watch it in entirety and pass the CE quiz located at the website you see here.

Certificates are free to NAADAC members. Otherwise there is a \$15 fee for nonmembers. This applies to those who are online today for the live presentation, as well as those who are participating in the on-demand version. Please feel free to email us any time at CE@Naadac.Org.

The CE quiz will be posted in about an hour or less, and here is the schedule for our upcoming webinars, just like today. We have some incredibly gifted presenters training on pertinent topics in advancing the addiction profession. As you may already know, NAADAC offers two new specialty online training series and still a chance to join the upcoming live training sessions, so you can interact with our live presenters or you can register for the sessions that you missed. And participate in the self-paced archived on-demand option. Course five of a six-part Specialty Training Series on addiction treatment in military and veteran culture continues on Saturday November 23rd, 2019 from 12:00 to 1:30 p.m. Eastern facilitated by Duane France, the director of veterans services of the Family Care Center and retired combat veteran. You can join this series to be better equipped at meeting the unique needs of our service members veterans and their families.

You can also become eligible to earn a certificate of achievement on addiction treatment and military and veteran culture. This will be a great resource to add to your resume to validate your growing expertise in this area. Registration is only \$25 per training, and, again, this includes eligibility for the certificate of achievement and, of course, access to the CE quiz. If you have not done so already, please visit our website that is dedicated to this specialty series.

www.naadac.org/military-debt-training-webinar-series.

Also you can save this page if you are a clinical supervisor or aspiring clinical supervisor. We do have a clinical supervision in the addiction profession Specialty Training Series that is also linked to our new clinical supervision workbook. To learn more visit our website any time. And if you join NAADAC you have access to over 145 free CEs through educational webinars and receive our quarterly advances and

addiction recovery magazine and many other benefits. If you're interested in joining NAADAC and haven't done so, you can email us or go to www.naadac.org/join.

Thank you for participating in the webinar. And, Sean Swaby, thank you for your expertise on this topic. I encourage you to take some time to browse our website and learn how NAADAC helps others. You can stay connected on LinkedIn and Facebook and Twitter.