Secondary and Systemic Trauma: Understanding Why Families Struggle to Follow Recommendations

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Common Questions that Families ask me:

“What do you think we should do?”
“How do you think we should do it?”

I typically ask them, “If I tell you, will you do it?”

What do you think the most common answer is to this question?

Barnes, 2021
“If I tell you, will you, do it?”

Simon Sinek  
Start With Why

“We cannot solve our problems with the same thinking we used when we created them”  
Albert Einstein

It is common for people to ask me what I think they should do.

I used to answer them. Now I ask:

"if I tell you, will you do it?"  
What do you think is the most common answer?

Family Adaptation to Addiction as a Chronic and Progressive illness.
"If our loved one would just get sober, we could go back to normal."

— Almost every family I've worked with at the start of therapy!

While this might make logical sense, it is not supported by the research on families with a loved one who struggles with a chronic disease!
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<table>
<thead>
<tr>
<th>Intoxication</th>
<th>Hangovers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety, Agitation,</td>
<td>Financial Problems</td>
</tr>
<tr>
<td>Intrusive Thoughts, Nightmares</td>
<td>Frustration of other Family Members</td>
</tr>
<tr>
<td>Dissociation, Depression</td>
<td>Medical Problems, Hospitalizations</td>
</tr>
<tr>
<td>Anger, Conflict, Arguments, Defensiveness</td>
<td>Legal problems, arrests</td>
</tr>
<tr>
<td>Unreasonable Resentments, Blame, No One Understands</td>
<td>Employment Problems, Job Loss</td>
</tr>
</tbody>
</table>

Family system perspective: addiction and trauma symptoms are experienced and remembered as an integration of the behavior and the relational and recursive responses of all family members (i.e, bio-psycho-social).

- Each client/family members’ subjective memory and of what happened will be different.
- It will influence how each shows up for treatment, their attitudes & beliefs about change.

**Relationship Characteristics Linked to Chronic Disease Outcomes** (Fisher 2006)

- Individuals with a chronic disease tend to be **LESS SUCCESSFUL** in managing their illness when their family demonstrates the following competencies:
  - Feeling *disconnected & distant*
  - Frequent *conflict*
  - Greater *difficulty resolving conflict*
  - *Disagreement about what the problem is* and *what the solutions should be*,
  - Growing *relationship dissatisfaction*
  - Growing *criticism* by more family members.
  - *Poor Problem solving*
  - Increased *hostility, fear, & resentments* in multiple family members
### Relationship Characteristics Linked to Chronic Disease Outcomes (Martire & Helgeson, 2017)

Individuals with a chronic disease tend to be **MORE SUCCESSFUL** in managing their illness when their family demonstrates the following competencies:

- A shared family understanding. *We have all been impacted and need to work together.*
- **Improved communication** and **problem-solving skills**
- Family ability to **integrate illness management activities into family routines.**
- Family uses **support (i.e., encouragement)** rather than **Pressure (i.e., nagging, guilt).**
- **Family members** demonstrate modeling of their own efforts towards **improved emotional and physical health.**

### Parallel Process for Individual with a Chronic Illness and their family members

- **Impact of History**
  - Transgenerational impact of illness, trauma, mental health struggles, etc.
- **Perception/Beliefs about the illness**
  - What caused it? What maintains it? It is a disease, weakness, or moral failure etc.
- **Acceptance**
  - The diagnosis and prognosis is accurate, it is a family disease, we all need to work on it as a team
- **Connections**
  - Who can I talk to? Acceptance of social support, medical support, Dealing with wellness/illness beliefs
- **Powerlessness**
  - How do I successfully deal with this illness? What do I have control over? Can I ask for help without shame?
- **Control**
  - Saying and doing the right things, controlling behavior (ours and others), keeping secrets, etc.
- **Hypervigilance**
  - Staying focused on everything around us that could influence the illness or the person with the illness
- **Trust**
- **Autonomic Nervous System Dysregulation and Impact on Communication (Marbles)**
"As far as the newer normal is concerned, like any other area of your life that you desire to change, learning more about it is the prerequisite for action.

* New Insights stimulate new solutions.
* New solutions allow for new actions.
* New actions allow for different relationships.
* Different relationships promote family healing.

M.F. Barnes, 2021 “When the Solution Becomes the Problem.”
**Relationship Characteristics Linked to Chronic Disease Outcomes**  
(Martire & Helgeson, 2017)

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**Secondary and Systemic Traumatic Stress**

**Family Trauma**
Impact of addiction and trauma on family members and family system functioning

CeDAR Family Questionnaire (Pretest Responses) n=260
- Living with an addict can be traumatizing
  - 74% Strongly Agree; 21% Agree

*Quote from the mother of a 20-year-old female heroin addict*

“It’s really been overwhelming. I can sit here calmly and talk now, but that’s not the same as when I don’t know where my daughter is and what’s happening and I’m getting phone calls from somebody on the street saying that she’s been beaten, and she’s been raped. You know, really bad things are happening to her. It’s not such a calm feeling when you get those phone calls. Or you get phone calls in the middle of the night. I think there is a sort of posttraumatic stress disorder for families going through this.”

*Mother of 37-year-old, with chronic addiction and mental health issues*

“My second son has mental health issues and is an addict. It has been very difficult for our family unit to understand where he is coming from, how this happened, etc. I often wonder if there will ever be a light at the end of his dark tunnel...he is now 37-years old, about 25 years into his dual-illness. However, I see me in this segment of the webinar, instead. I have never been diagnosed with PTSD, but what I read and followed along in your presentation, it was like I was being spoken to.”

- Anxiety, Fear, Anger
- Intrusive thoughts about the traumatic event
- Nightmares
- Flashbacks
- Hypervigilance
- Feeling a need to control others behavior, the environment, their own feelings.

- Sleep disturbances, Fatigue, Dissociation
- Feeling detached or estranged from others.
- Avoidance of activities that remind them of the trauma
- Avoidance of places that remind them of the trauma

Family Response to Living with Active Addiction/Trauma – Individual Response
(Barnes, 1995; Barnes, Todahl, & Barnes, 2002)

Posttraumatic Stress Response
- Family members report having experienced emotional, cognitive and behavioral symptoms that are similar to those reported by the primary victim.
Family Response to Living with Active Addition/Trauma – Individual Response

Common Emotional Responses
- Anger
- Fear
- Grief
- Guilt
- Horror
- Terror
- Shock
- Hurt
- Depression
- Frustration
- Shame

Common Cognitive Responses
- Helplessness
- Fear of the Future
- Obsession
- Intrusive Thoughts
- Uncertainty
- Self Blame
- Fault Finding
- Resentments
- Hopelessness

Common Physical Responses
- Sleeplessness
- Worry
- Exhaustion
- Nightmares
- Startle Response

Common Behavioral Responses
- Hypervigilance
- Control
- Care Taking
- Impose Structure
- Avoid triggers & Reminders

Common Defense Mechanisms
- Denial
- Rationalization
- Intellectualization
- Projection

Anxiety/worry - hypervigilance/control
Traumatic Stress Response
Frustration with Medical Community

Family Symptom Rating Test (n = 170)

<table>
<thead>
<tr>
<th>*Family Symptoms</th>
<th>Never</th>
<th>Sometime</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling tired or lack of energy?</td>
<td>8.95</td>
<td>48.8%</td>
<td>42.3%</td>
</tr>
<tr>
<td>Feeling nervous?</td>
<td>6%</td>
<td>50.3%</td>
<td>43.7%</td>
</tr>
<tr>
<td>Feeling scared or frightened?</td>
<td>28%</td>
<td>48.2%</td>
<td>23.8%</td>
</tr>
<tr>
<td>Heart beating quickly or strong without reason (throbbing or pounding)?</td>
<td>48.5%</td>
<td>37.1%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Poor Appetite?</td>
<td>46.1%</td>
<td>42.5%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Restless or jumpy?</td>
<td>28.6%</td>
<td>56%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Poor Memory?</td>
<td>21.3%</td>
<td>56.6%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Feeling Guilty?</td>
<td>17.2%</td>
<td>52.7%</td>
<td>30.2%</td>
</tr>
<tr>
<td>Worrying?</td>
<td>3%</td>
<td>29.6%</td>
<td>67.5%</td>
</tr>
<tr>
<td>Thoughts you can't push out of your mind?</td>
<td>17.1%</td>
<td>51.8%</td>
<td>31.2%</td>
</tr>
<tr>
<td>Irritable?</td>
<td>10.1%</td>
<td>71%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Unhappy or depressed?</td>
<td>17.8%</td>
<td>60.4%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Sleep Disturbance (trouble falling sleep, nightmares, trouble staying asleep)?</td>
<td>17.5%</td>
<td>47%</td>
<td>34%</td>
</tr>
</tbody>
</table>
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**Secondary Trauma – Impact on Safety & Autonomic Nervous System Dysregulation** (Barnes, 1995; Barnes, Todahl, & Barnes, 2002)

- **Physiological Response** - Because of the consistent experience of fight/flight and anxiety, family members frequently experience a change in world view (perception) associated with personal vulnerability, safety, and control.

- **Cognitive Response** – Shattered Assumptions (Janoff-Bulman, 1985)
  - The world is safe & relatively benevolent. We are relatively invulnerable.
  - The world is meaningful. If I am responsible, I will have some control over what happens to me/family
  - Good things generally happen to good people.

- **Due to concerns about safety and vulnerability, families engage in protective behaviors:**
  - Hypervigilant, Control, Enabling, overprotection, defensiveness, etc.
  - Focus on traumatized family member, avoid focus on their own response

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**Levine-Wolterstorff 5 States Map of the Autonomic Nervous System** (Wolsteroff, 2009)

- **State 0**: Calm, responsive, awake
- **State 1**: Slightly anxious, annoyed, nervous, physical tension
- **State 2**: Highly anxious, angry, panic symptoms, intense physical tension (stomach, chest, breathing), powerful fight or flight responses
- **State 3**: Dual activated (a mixture of activation with dissociative symptoms): tension with somatic collapse, anxiety, sleepy, panic, hopelessness, heaviness, blurred vision
- **State 4**: Pure dissociation marked by a distinct lack of physical sensation and flat affect, numbed out, blank, feeling ‘floaty’, depersonalized, and disconnected

Presented by: Michael Barnes, PhD, LAC, LPC
Secondary and Systemic Trauma: Understanding Why Families Struggle to Follow Recommendations

Levine-Wolterstorff 5 States Map of the Autonomic Nervous System (Wolterstorff, 2009)

- Doubt
- Distrust
- Caution
- Anger
- Fear
- Worry

- Sadness
- Hostility
- Shame
- Guilt
- Depression
- Competition

- Gratitude
- Love
- Joy
- Inspiration

- Presence
- Trust
- Peace
- Problem Solving

Activation of Autonomic Nervous System

- Parasympathetic NS

- Sympathetic NS

Dual Activation of Sympathetic & Parasympathetic NS

Perceived Level of Threat

- Relaxed & Alert 0
- Strongly Stressed 2
- Stressed 1
- Overwhelmed

Secondary Trauma – Perception becomes more important than reality

(Barnes, 1995; Barnes, Todahl, & Barnes, 2002)

- Family member perceptions/experience of stress/anxiety associated with the traumatizing event will influence interactional patterns, coping mechanisms, and degree of emotional sequelae experienced by family system.

"The crisis is not the problem, but it is the family's constraining beliefs that restrict alternative views about the crisis that becomes the problem" (Shaw & Halliday, 1992)
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Implications of Pre-Crisis/trauma adaptation

- Developmental transitions
- Addiction
- Trauma
- Illness
- Employment changes
- Financial Changes
- Legal Issues
- Relationship Issues

- Secure Attachment
- ANS Regulation and Affect Management
- Healthy organization (open boundaries, open/clear communication, clear roles, healthy routines, etc.)
- Financial Security
- Insurance, EAP, Counseling, Medical Care, etc.
- Employment
- Extended Family Support, Friendships, willingness to seek support

- Family of origin
- Personal Trauma History
- Adverse Childhood Events
- Personal Addiction History
- Cultural influences (Race, Religion, Gender, Class etc.)
- Relationship History, Marital Status,
- Extended Family influence

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G & ASSESSING POST-CRISIS ADAPTATION (OLD NORMAL)

Over Time, begin to see a shift in Values & Goals!

Changes in 5 R's: Rules, Roles, Routines, Rituals & Relationships (Boundaries)

Michael Barnes Family Institute
Secondary Trauma – Impact on Family Systemic Functioning

Systemic Trauma (Barnes, 1995; Barnes, Todahl, & Barnes, 2002)

- See significant change/disruption to coping strategies
  * Shifts in family organization: Rules, Roles, Routines, Rituals & Relationships/Boundaries
  * Increased Conflict, Anger, Resentment, Emotional Distance, Emotional Intensity, shifts in intimacy, shifts in parenting, shifts in decision making, etc.

Sibling Role Changes

- Boundaries Close
- Rigid External Boundaries
- Diffuse Internal Boundaries
- Enmeshment
- Lack of external support
- Promote Covert rules
- Organizing around problem

Family Healing
The goal is to help families change from “we’re a family with a loved one who struggles with addiction” to “we are a family in recovery from addiction and trauma.”

Michael Barnes Family Institute (2021)

A Family Systems, Family-Centered Clinical Program for Trauma-Integrated Addiction Treatment Program (Barnes, 2020)

The Solution Has Become the Problem?

It is imperative to help families understand, that despite their best efforts, and despite their best intentions, the solutions that they selected (intentionally or unintentionally) to solve their problem with an addicted or traumatized family member, have become the new problems that they will need to be addressed!

Each member must look at how their changing thoughts, feelings, physical reactions have changed their coping strategies and family and external relationships, as the chronic disease of addiction and associated trauma have progressed!
A Family Systems, Family-Centered Clinical Program for Trauma-Integrated Addiction Treatment Program (Barnes, 2020)

- **Family Growth & Family Recovery**
  1. Engage clients and family members in treatment process focused on “Family Healing.”
  2. Shift focus from Identified Client to focus on all family members impacted by addiction/trauma.
  3. Begin process of externalizing Addiction/trauma to become something that the entire family can rally together to fight. (i.e., all engage in treatment, identify strengths, areas for growth.).
  4. Challenge members to break rules of “Don’t Talk,” “Don’t Feel,” “and “Don’t Trust.”
  5. Assess family system functioning, boundaries, alliances, power structure, coping strategies, and motivation for change.
  6. Help families to become open to looking at family history of addiction, trauma, mental illness, and how this history may have impacted how the family responded to their loved one’s addiction.
  7. Focus on safety-role modeling ANS regulations, teaching others ANS regulations, co-regulation.
  8. Allow family to have a new experience of safety and membership in the family system through use of techniques that interrupt old patterns of interaction and existing recursive homeostasis, and unbalance existing power structures.

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3 Key Areas of Family Dysfunction

- When families fail to process and mourn the losses associated with trauma (and addiction), it leads to 3 areas of dysfunction (Catherall, 1998).

1. **The family’s Connection** – a breakdown in the family’s ability to care for its members
2. **The family’s reality** – the development of distortions in the family’s consensual reality
3. **The family’s symptoms** – the continuation of issues related to the trauma(s).
A Family Systems, Family-Centered Clinical Program for Trauma-Integrated Addiction Treatment Program (Barnes, 2020)

- **Phase 1: Education and Engagement**
  1. **What will need to happen before** all members will become willing to see themselves as a necessary piece of the Family Healing Puzzle?
  2. How much **anxiety, distrust, resentment, fear or anger needs to be resolved** in order for you to begin the process of healing and change as a family?
  3. What is it like for each family member **to be asked to engage in this process of self-reflection and ownership of how you were impacted by the addiction and trauma**, whatever role you played in how the family coped (both effectively and in-effectively), and how your life has been impacted by the family coping strategy?
  4. If the chronic disease that impacted your family had been cancer or heart disease, would it have been easier for your family to cope? How?
  5. How have you been impacted by addiction, trauma, and the symptoms of both in your own life, as well as the experiences by our current client, other family members, past generations, friends, etc.?
  6. How does this experience influence how you have coped with the addiction/trauma of your family member?

A Family Systems, Family-Centered Clinical Program for Trauma-Integrated Addiction Treatment Program (Barnes, 2021)

- **Phase 1 (Family 101): Education and Engagement (5 Weeks)**
  1. Weekly Video Educational Series (90 Minutes)
  2. Multi-Family Support Group (90 Minutes)
  3. Weekly Family Session including Client in Treatment (60 Minutes)
  4. Weekly Summary/Education Session – (90 Minutes). Review topic for the week, answer questions about the topic, & identify lessons learned
  - Goal is to assist the family through education, coaching, and support.

- **Weekly Topics**
  - Week A: Addiction as a chronic disease
  - Week B: Trauma 101
  - Week C: Impact of Addiction and Trauma on Family Function
  - Week D: Keys for Family Healing: Moving from “Normal,” to “A Newer Normal.”
  - Week E: Family Trauma, Boundaries, Enabling, and other Protective Factors.
A Family Systems, Family-Centered Clinical Program for Trauma-Integrated Addiction Treatment Program (Barnes, 2021)

- **Phase 2 (Family 201): Assessment and Integrating Insights and New Experiences, Building Resilience Through New Interactional Patterns**
  - 12 Week program
  - Weekly 60-minute Family Session including the “client”

- **Goals and Objectives:**
  - Facilitate family discussion to honestly address the impact of addiction, trauma, and family history on each family member.
  - Build increased family resilience
  - 3 Generation Assessment, Genogram, Assess 5 R’s, Family Life Cycle Assessment
  - Develop new family Healing Story

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**Childhood Trauma and Attachment – Core Need** (Heller & LaPierre, 2012)

<table>
<thead>
<tr>
<th>Core Needs</th>
<th>Core Capacities for Well-Being</th>
<th>Core Difficulties – Survival Strategies</th>
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<tbody>
<tr>
<td><strong>Connection</strong> (With Self &amp; Others)</td>
<td>Be in touch with body and emotions&lt;br&gt;Be in connection with others</td>
<td>Disconnected from physical and emotional self&lt;br&gt;Difficulty relating to others</td>
</tr>
<tr>
<td><strong>Attunement</strong> (Needs)</td>
<td>Attune to our needs and emotions&lt;br&gt;Recognize, reach out for, and take in physical and emotional nourishment</td>
<td>Difficulty knowing what we need&lt;br&gt;Feeling our needs do not deserve to be met</td>
</tr>
<tr>
<td><strong>Trust</strong> (Trust Self &amp; Others)</td>
<td>Healthy dependence and interdependence</td>
<td>Feeling we cannot depend on anyone but ourselves&lt;br&gt;Feeling we have to always be in control</td>
</tr>
<tr>
<td><strong>Autonomy</strong></td>
<td>Set appropriate boundaries&lt;br&gt;Say no and set limits&lt;br&gt;Speak our mind without guilt or fear</td>
<td>Feeling burdened and pressured&lt;br&gt;Difficulty setting limits and saying no directly</td>
</tr>
<tr>
<td><strong>Love-Sex</strong></td>
<td>Live with an open heart&lt;br&gt;Integrate in loving relationship with a vital sexuality</td>
<td>Difficulty integrating heart and sexuality&lt;br&gt;Self-esteem based on looks and performance</td>
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Tools to Work on Core Trauma and Attachment Needs - Helping Families Make a Connection with Loved Ones

### Trauma & the Autonomic Nervous System (Woltenhoff, 2006)

- **Sympathetic NS**
  - Relaxed & Alert 0
  - Stressed 1
  - Severely Stressed 2

- **Parasympathetic NS**
  - Dissociative State

#### Dual Activation of Sympathetic & Parasympathetic NS

- **Overwhelmed**: Cognitions, Emotions, Behavior

### Top-Down Processing

**Cortical, Cognitive processing that initiates with thoughts, which flow down to emotions, sensory information.**

- Pre-frontal cortex fully engaged
- More relaxed emotional state
- Intentional interaction with full executive functioning
- Environment experienced as safe or relatively safe

Talk therapy works!
- CBT, MI, 12 Step Facilitation

### Bottom-Up Processing

**Subcortical, limbic system processing of sensory information, Autonomic Nervous System Response, Pre-Frontal Cortex off-line**

- Highly activated, anxious, panic, dissociative
- Reactive Interaction with limited to no executive functioning
- Environment experienced as threatening or dangerous
- Talk Therapy doesn't work!

Clinical focus must shift to affect regulation, resourcing, DBT skills until patient resumes lower stressed state.

In Trauma Integrated Treatment, Therapists must be able to move quickly and insightfully between these two types of information processing!
Thank You For Attending!

Michael F. Barnes, Ph.D., LAC, LPC
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Michael Barnes
PhD, Chief Clinical Officer

• Master Addiction Counselor, Licensed Addiction Counselor, Licensed Professional Counselor, and Diplomate in the American Academy of Experts in Traumatic Stress
• Chief Clinical officer at the Foundry Treatment Center Steamboat
• Served for five years as the Clinical Manager of Residential Services at CeDAR (Center for Dependency, Addiction, and Rehabilitation) at the University of Colorado Hospital and 10 years as a full-time clinical professor in Counseling.
• Developed trauma integrated clinical models for the treatment of individuals with co-occurring addiction and trauma and trauma-integrated programs for families who are struggling with addiction and trauma issues
• Speaks nationally on Trauma-Integrated Addiction Treatment, Families, Trauma, and Addiction, and Compassion Fatigue
Michael Barnes Family Institute

A virtual, two-level program facilitating positive change for family systems affected by addictive disorders

Developed by Dr. Michael Barnes using insights from forty years of clinical experience and research, Barnes Family Institute combines specialized curriculum, coaching, and group work to help families address the pervasive effects of addictive disorders.