Incorporating the Family into Treatment and Recovery, Part 4: Trauma Integrated Family Programming In Addiction Treatment

Presented by Michael Barnes, PhD, LAC, LPC

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Incorporating the Family into Treatment and Recovery, Part 4: Trauma Integrated Family Programming In Addiction Treatment

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Part 4: Trauma Integrated Family Programming In Addiction Treatment

Incorporating the Family into Treatment and Recovery, Part 4: Trauma Integrated Family Programming In Addiction Treatment

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Incorporating the Family into Treatment and Recovery, Part 4: Trauma Integrated Family Programming In Addiction Treatment

Webinar Presenter:

Michael Barnes, PhD, LAC, LPC

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“Yes, every family is different...to a degree. They are different in how they interact with one another. They're different in their ability to connect and their attachment styles; they're different in how they organize, communicate, and deal with emotions and problems. They're different in terms of how much addiction, mental illness, and trauma their current and previous generations have experienced. None of these issues cause addiction. But they do influence how families deal with addiction. While families may be unique, there are certain patterns of coping and identification of solutions that can evolve out of their family of origin organization, i.e., the rules, roles, routines, rituals, and relationships that they grew up with, as well as their family's emotional and relational abilities.

Families should not be shamed or blamed; they should be provided an opportunity to learn about addiction, trauma, mental health issues, and transgenerational issues. They should be helped to identify system patterns that serve to maintain the problem that they're desperately trying to change.”

M.F. Barnes, 2021 “When the Solution Becomes the Problem.”
2020 – Goals and Objectives in New Program Development. Family and Trauma Integrated Addiction Treatment

- Based on medical, Chronic Disease Model that is currently the foundation of treatment.
- A Model that is consistent with family systems thinking and that includes the Family as a client/partner in the recovery process.
  - Move away from “we are a family with a loved one who struggles with addiction and trauma,” to “we are a family in recovery for addiction and trauma.”
- A Model that exceeds payor requirements, that make clinical sense
- That increases addiction treatment effectiveness, outcome measures, data collection.
- To Change the World of Addiction Treatment
  - Before you can change the system, you must show the system that the change can be integrated (i.e., fit the current paradigm), improve outcomes, and be fiscally responsible.

“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!
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.*
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As Addiction & Trauma Progresses, Family Coping Creates New Normal

Normal

Addiction and Recovery
The Jellinek Curve

New Normal

Priority #1 – Help family understand and accept the Parallel Process required for Individual and Family Healing

- **Perception/Beliefs about the illness**
  - What caused it? What maintains it? It is a disease, weakness, or moral failure etc., What do you do to heal it?
- **Acceptance**
  - The diagnoses and prognosis is accurate, it is a family disease, we all need to work on it as a team
- **Need for Connections**
  - Who can I talk to? Acceptance of social support, medical support, Dealing with wellness/illness beliefs
- **Powerlessness**
  - What does Powerlessness mean? What do I have control over? Can I ask for help without shame?
- **Traumatic Stress Awareness and Healing**
  - 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**
  - Who needs to trust who? Why?
- **Autonomic Nervous System Dysregulation and Impact on Communication (Marbles)**
### Family Adaptation to Chronic Illness

**CRISIS PHASE – DEVELOPMENTAL TASKS**
- Family understand themselves as a system.
- Psychosocial understanding of the illness.
- Family appreciation of individual developmental needs & family life cycle.
- Make sense out of Crisis reorganization (5 R’s).
- Create meaning - promotes mastery & competence.
- Define challenge as shared one in “WE” terms.
- Accept permanence of illness.
- Grieve loss of family identity before chronic illness.
- Learn to live with symptoms.

**CHRONIC PHASE DEVELOPMENTAL TASKS**
- Maximize autonomy for all family members given constraints of illness.
- Balance connectedness and separateness.
- Minimize relationship skews.
- Mindfulness to possible impact on current and future phases of family and individual life cycle.

**Diagnosis**
- Crisis: Any Symptomatic Phase before diagnosis through initial readjustment period, initial treatment plan.
- Chronic: Can have constancy, progression, relapse, episodic flare-ups.
- Terminal: Preterminal to Mourning and loss.

**“Long-Haul”**
- Can have constancy, progression, relapse, episodic flare-ups.

**Death**
Incorporating the Family into Treatment and Recovery, Part 4: Trauma Integrated Family Programming In Addiction Treatment

Critical Factors in Family System Response to Chronic Disease
Rolland, J.S., (2013, 2018)

- 3 Generation Assessment
- Foundation for understanding all following aspects of The Model. Critical 1st Step!
- Health/Illness Belief Schemas
- Individual Development of Family Members
- Organization (5 R’s)
  - Rules, Roles, Routines, Rituals, Relationships
- Family Life Cycle Stages

Individual and Family Assessment

- It is important to include multisystem (individual and family) trauma assessment. Include assessment of 3 generations (if possible).

- Assessment should include a family history of each of the following:
  - Childhood abuse (emotional, physical, & sexual)
  - Childhood neglect (emotional & physical)
  - Individual trauma assessment for each family member
  - Addiction
  - Mental Illness
  - Thorough medical history (cancer, cardiac, premature death, chronic illness)
  - Domestic Violence
  - Criminal Behavior, Incarceration
  - Systemic Assessment (5 R’s, Communication, Boundaries, etc.)
**Individual and Family Assessment**

- Assessment should include a family history of interpersonal factors:
  - Genogram
  - Traumagram (trauma timeline)
  - Assess Family Rules and Roles (across 3 generations)
  - Assessment family coping strategies
  - How do parents create or inhibit safety in the family
  - Cohesion – enmeshed vs disengaged, how well they work together as a system, etc.
  - Tolerance for one another – internal conflicts, feuds, blaming, scapegoating
  - Affection – caring, physical touch (hugging, kissing, etc.), smiles, etc.
  - Communication – talk openly, argue, debate, collaborate, non-verbal communication
  - Boundaries – open, closed, diffuse

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**Critical Factors in Family System Response to Chronic Disease**
Rolland, J.S., (2013, 2018)

Either supports or inhibits help seeking and family view of illness/treatment

- Health/Illness Belief Schemas
- Organization (5 R’s): Rules, Roles, Routines, Rituals, Relationships
- Family Life Cycle Stages
- Individual Development of Family Members

3 Generation Assessment
Key Family Beliefs that Shape Illness Narratives/Coping

- **Beliefs about Normality** (create shame when outside perceived Normal)
- Mind-body relationship, need for control, needs for mastery of the problem
- Assumptions about what causes an illness, what influences its course & outcome
- Meanings attached by family, ethnic group, religion, or culture to symptoms, type of illness or specific diseases (stigma, etc.)
- Multigenerational factors that shaped a family's health beliefs (3 generations)
- Anticipated points in the illness, family development when health beliefs will likely be strained or need to shift.

“When family values allow having a 'problem' without self-denigration, it enables family members to seek outside help and yet maintain a positive identity. When families define help-seeking as weak and shameful, it undercuts this kind of resilience.” (Roland, 2013)

Therapeutic Triangles with Chronic Conditions

- Framework used to understand differences that emerge in the health beliefs of the client, family, and care team.
- There must be a certain level of beliefs agreement between all active participants to maintain a collaborative working relationship.
Critical Factors in Family System Response to Chronic Disease
Rolland, J.S., (2013, 2018)

Family organization health: Values & the 5 R's (Barnes, 2019)

Values
- What are your family values?
- Where did these values originate? Parents? Grandparents?
- How have they been taught to be family members?
- How are Values enforced?
- Have they changed in recent weeks/months?
- What new values would you like to see in the family?

Rules
- Are family rules about communication overt or covert?
- Are secrets tolerated/supported?
- Are family members permitted to express concerns/complaints and/or feelings?
- How do you deal with deviation from family rules?
- Have the rules or enforcement of rules changed with addiction or traumatic events?

Roles
- Is there a clear delineation of who is responsible for certain roles (parenting responsibilities, decision making, bread winner, etc.)
- Are family members asked to be responsible for things that are not typically their responsibility?
- Do family members take on roles that everyone knows, but no one talks about?

Relationships
- Have relationships changed between you and specific family members?
- Are there family members who feel like insiders (hold a special place) and others who don’t feel included (outsiders)?
- Has your family’s interactions with systems outside of your family (i.e., school, work, social services) different than in the past?
- How would you like to see the various relationships in the family?

Routines
- Is there a structure to what is expected of family members in terms of daily routines and responsibilities? Chores, picking up kids, after school care, etc.?
- Is everyone clear on the expectations for their daily activities?
- How do you respond when family members don’t follow through with the expected routines?
- Are there desired changes to daily routines that would make the family function better?

Rituals
- Do you have unique ways to recognize family members for a job well done?
- Do you celebrate Cultural or Religious holidays?
- Do you celebrate birthdays, births, etc.
- What rituals would you like to implement in the family?
Critical Factors in Family System Response to Chronic Disease
Rolland, J.S., (2013, 2018)

Family Life Cycle Stages (Carter & McGoldrick, 1988)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Stage-Critical Task</th>
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</thead>
<tbody>
<tr>
<td>1 Unattached Adults</td>
<td>a. Differentiation from family of origin &lt;br&gt;b. Development of peer relations &lt;br&gt;c. Initiation of career</td>
</tr>
<tr>
<td>2 Newly Coupled Adults</td>
<td>a. Formation of intimate couple system &lt;br&gt;b. Making room for partner with family &amp; friends &lt;br&gt;c. Adjusting career demands</td>
</tr>
<tr>
<td>3 Childbearing Adults</td>
<td>a. Adjusting relationship to make room for child &lt;br&gt;b. Taking on parenting roles &lt;br&gt;c. Making room for grandparents</td>
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<tr>
<td>4 Preschool-age Child</td>
<td>a. Adjusting family to the needs of specific child(ren) &lt;br&gt;b. Coping with energy drain and lack of privacy &lt;br&gt;c. Taking time out to be a couple</td>
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<tr>
<td>5 School-Age Child</td>
<td>a. Extending family/society interactions &lt;br&gt;b. Encouraging the child’s educational progress &lt;br&gt;c. Dealing with increased activities and time demands</td>
</tr>
<tr>
<td>6 Teenage Child</td>
<td>a. Shifting the balance in the parent-child relationship &lt;br&gt;b. Refocusing on midlife career and marital issues &lt;br&gt;c. Dealing with increasing concerns for older generation</td>
</tr>
<tr>
<td>7 Launching Center</td>
<td>a. Releasing adult children into work, college, marriage &lt;br&gt;b. Maintaining supportive home base &lt;br&gt;c. Accepting occasional returns of adult children</td>
</tr>
<tr>
<td>8 Middle-aged adults</td>
<td>a. Rebuilding the intimate relationship &lt;br&gt;b. Welcoming children’s spouses, grandchildren into family &lt;br&gt;c. Dealing with aging of one’s own parents</td>
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<tr>
<td>9 Retired Adults</td>
<td>a. Maintaining individual and couple functioning &lt;br&gt;b. Supporting middle generation &lt;br&gt;c. Coping with death of parents, spouse &lt;br&gt;d. Closing or adapting family home</td>
</tr>
</tbody>
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Carter & McGoldrick, 1988
Foundry Family Program Operating Model

Adapted from Rolland, J.S., (2013, 2018)

3 Generation Assessment

Family Secrets

Addiction/Trauma Unhealed Wounds

Overdose Threats
Anger/Rage
Arrests
Medical Emergencies
Abandonment
Dissociation
Fear/Terror

Family Life Cycle Stages

Individual Development of Family Members

Health/Illness Belief Schemas

Anxiety
Betrayal
Intrusive Thoughts
Grief & Loss
Lies
Resentments
Mental, Physical & Emotional Abuse

Organization (5 R’s)
Rules, Roles, Routines, Rituals, Relationships

Understanding Secondary and Systemic Trauma In Families
Incorporating the Family into Treatment and Recovery, Part 4: Trauma Integrated Family Programming In Addiction Treatment

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.”

In families, 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.
DSM-5 Diagnostic Criteria for PTSD

- **Criterion A: Traumatic Event**
  - How does someone get traumatized?

  - Direct **personal experience** of an event that involves threatened death, actual or threatened serious injury, or threat to one's physical integrity;

  - Or **witnessing an event** that involves death, injury, or a threat to the physical integrity of another person;

  - Or **learning about**, unexpected or violent death, serious harm, or threat of death or injury **experienced by a family member or other close associates**;

  - Or **experiencing repeated or extreme exposure to aversive details of the traumatic event** (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

  DSM V

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**Family Response to Living with Active 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**.

  - 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

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<th>Common Emotional Response</th>
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<td>Anger</td>
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<td>Fear</td>
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<td>Grief</td>
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<td>Guilt</td>
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<td>Horror</td>
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<td>Terror</td>
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<td>Shock</td>
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<td>Hurt</td>
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<td>Depression</td>
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<td>Frustration</td>
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<td>Shame</td>
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<th>Common Cognitive Responses</th>
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<td>Helplessness</td>
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<td>Fear of the Future</td>
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<td>Obsession</td>
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<td>Intrusive Thoughts</td>
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<td>Uncertainty</td>
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<td>Self Blame</td>
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<td>Fault Finding</td>
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<td>Resentments</td>
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<td>Hopelessness</td>
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<th>Common Physical Responses</th>
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<td>Sleeplessness</td>
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<td>Worry</td>
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<td>Exhaustion</td>
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<td>Nightmares</td>
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<td>Response</td>
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<th>Common Behavioral Responses</th>
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<tr>
<td>Hypervigilance</td>
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<td>Control–self/others</td>
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<tr>
<td>Care Taking</td>
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<tr>
<td>Impose Structure</td>
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<td>Avoid triggers &amp; Reminders</td>
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<th>Common Defense Mechanisms</th>
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<tr>
<td>Denial</td>
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<td>Rationalization</td>
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<td>Intellectualization</td>
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<tr>
<td>Projection</td>
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Anxiety/worry - hypervigilance/control
Traumatic Stress Response
Frustration with Medical Community

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

- **State 0**: Relaxed & Alert
  - Calm, responsive, awake

- **State 1**: Stressed
  - Slightly anxious, annoyed, nervous, physical tension

- **State 2**: Highly anxious, angrily, 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

**Perceived Level of Threat**

**Sympathetic NS**

**Parasympathetic NS**

**Dissociative State**

Individuals Communicate Well When:

- They feel safe
- They believe that they are not being judged.
- They are not going to be made to feel guilty.
- They believe that they will be understood.
- What they say will not be used against them.
- They are not afraid that their partner will withdraw
- What they say will be kept confidential
- They believe that the goal of the communication is to solve a problem, rather than win an argument.
We Just Don't Communicate!  
(Mehrabian, Albert. 1981)

- We can't NOT communicate! We communicate constantly!
- **7% of Communication is the spoken word.**
  - Words are labels and the listener puts their own interpretation on the speakers' words
- **38% Paralinguistic**
  - The way in which something is said – the accent, tone and voice modulation is important to the listener.
- **55% Body Language**
  - What a speaker looks like while delivering a message affects the listener’s understanding most.

"The Mehrabian formula was established in situations where there was incongruence between words and expression. Where the words did not match the facial expression . . . People tended to believe the expression they saw, not the words spoken."

BusinessBalls (www.businessballs.com 4-24-2023)

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Secondary Trauma – Perception becomes more important than reality
(Barnes, 1998; Barnes, Todahl, & Barnes, 2002)

"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)

The ABCX-Model of Family Stress
Rubin Hill, 1949

- Family of origin (Family Illness/Health Schemas)
- Personal Trauma History
- Adverse Childhood Events
- Personal Addiction History
- Cultural influences (Race, Religion, Gender, Class etc.)
- Relationship History, Marital Status,
- Extended Family influence
Secondary Trauma – Impact on Family Systemic Functioning

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

- 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

Survivor

Triangle

Adult 1  Adult 2

Brothers  Sisters

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

Understanding & 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)

Bonadaptation Adaptation Maladaptation

Values & Goals

Perception of "X"

Crisis/ Trauma Both

Existing & New Resources

Pile UP

COPING

Pre-Crisis/Trauma

Post-Crisis/ Trauma
“As far as the newer normal is concerned, like any other area of your life that you have a 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 create different relationships.
*Different relationships promote family healing.

Thus, we’re talking about the creation of new insights, solutions, and relationships.”

M.F. Barnes, 2021 “When the Solution Becomes the Problem.”
Trauma Integrated Addiction Treatment – Foundry Model Prior to 2021 (Barnes, 2017)

A lens that we look through to understand client behaviors and to better understand the roadblocks that trauma symptoms provide for clients in addiction treatment.

NeuroAffective Relational Model (NARM)
Organizing Therapeutic Model
(Heller & La Pierre, 2014)

New Foundry Model of Family and Trauma-Integrated Addiction Treatment – 2021 (Barnes 2021)

Addiction as Chronic Disease

NeuroAffective Relational Model (NARM)
Organizing Therapeutic Model
(Heller & La Pierre, 2014)
NeuroAffective Relational Model (NARM)  

NeuroAffective Relational Model - Central Organizing Model  

- Model designed to help resolve nervous system dysregulation, disruptions in attachment and distortions in identity  
- Somatically-based therapy model (Based on Levine’s Somatic Experiencing Model)  
- Focus on supporting individual’s capacity for increased connection and aliveness  
- Strongly emphasizes personal strengths, capacities, resources, and resiliency  
- Builds current connection to the body, emotions, and regulation of the Autonomic Nervous System (sympathetic and parasympathetic balance)  
- Builds on capacity for interpersonal connection

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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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| Connection (With Self & Others) | Be in touch with body and emotions  
Be in connection with others | Disconnected from physical/emotional self  
Difficulty relating to others |
| Attunement (Needs)    | Attune to our needs and emotions  
Recognize, reach out for, and take in physical and emotional nourishment | Difficulty knowing what we need  
Feeling our needs do not deserve to be met |
| Trust (Trust Self & Others) | Healthy dependence and interdependence | We cannot depend on anyone but ourselves  
Feeling we must always be in control |
| Autonomy              | Set appropriate boundaries  
Say no and set limits  
Speak our mind without guilt or fear | Feeling burdened and pressured  
Difficulty setting limits and saying no directly |
| Love-Sex              | Live with an open heart  
Integrate in loving relationship with a vital sexuality | Difficulty integrating heart and sexuality  
Self-esteem based on looks and performance |
“Families enter the world of illness and disability without a psychosocial map. To master the challenges presented by an illness or disability, families must understand the impact of the condition on the entire family network.”

— Roland, 2013

**Family and Trauma Integrated Addiction Treatment**

*Education – Coaching - Support*

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**Trauma-Integrated Addiction Treatment is Developmental**

- **Provided through a Developmental Model of Care:**
  - **Tri – Phasic Model of Trauma Recovery (Herman, 1992)**
    - **Safety** – Starts with control of the body and then control of the environment.
      - Management of hyperarousal (ANS Regulation), cessation of dangerous coping behaviors (self-harming, using drugs/alcohol, acting out, acting in), management of intrusive symptoms, begin to re-establish trust, relationships, attunement.
    - **Remembrance and Mourning** - Working on specific traumatic events
      - Telling the story in its entirety, in depth, and in detail.
      - May use trauma-specific models of care such as EMDR, Somatic Experiencing, Sensory Motor Psychotherapy.
    - **Reconnection with the Community**
      - Reconsider safety issues from phase 1 and implement action plan for return to community.
      - Generally focused in IOP or Outpatient level of care
## Incorporating the Family into Treatment and Recovery, Part 4: Trauma Integrated Family Programming in Addiction Treatment

Presented by Michael Barnes, PhD, LAC, LPC

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

<table>
<thead>
<tr>
<th><strong>Phase 1 (Family 101): Education and Engagement (5 Weeks)</strong></th>
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<tbody>
<tr>
<td>1. Weekly Video Educational Series (90 Minutes)</td>
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<tr>
<td>2. Multi-Family Support Group (90 Minutes)</td>
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<tr>
<td>3. Weekly Family Session including Client in Treatment (60 Minutes)</td>
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<tr>
<td>4. Weekly Summary/Education Session – (90 Minutes). Review topic for the week, answer questions about the topic, &amp; identify lessons learned</td>
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<tr>
<td>• Goal is to assist the family through education, coaching, and support.</td>
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<tr>
<th><strong>Weekly Topics</strong></th>
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<tr>
<td>Week A: Addiction as a chronic disease</td>
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<tr>
<td>Week B: Trauma 101</td>
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<tr>
<td>Week C: Impact of Addiction and Trauma on Family Function</td>
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<tr>
<td>Week D: Keys for Family Healing: Moving from “Normal,” to “A Newer Normal.”</td>
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<tr>
<td>Week E: Family Trauma, Boundaries, Enabling, and other Protective Factors.</td>
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<table>
<thead>
<tr>
<th><strong>Phase 2 (Family 201): Assessment and Integrating Insights and New Experiences, Building Resilience Through New Interactional Patterns</strong></th>
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<tbody>
<tr>
<td>• 12 Week program</td>
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<tr>
<td>• Weekly 60-minute Family Session including the “client”</td>
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<tr>
<th><strong>Goals and Objectives:</strong></th>
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<tr>
<td>• Facilitate family discussion to honestly address the impact of addiction, trauma, and family history on each family member.</td>
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<td>• Build increased family resilience</td>
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<tr>
<td>• 3 Generation Assessment, Genogram, Assess 5 R’s, Family Life Cycle Assessment</td>
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<tr>
<td>• Develop new family Healing Story</td>
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</table>
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• Key Questions for Starting Family Recovery Process

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. 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.?

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UPCOMING WEBINARS

May 24th, 2023
A Fire Within: Working With the Rage of Trauma and Oppression
By: Ellen Elliot, PhD, LCAS, LCMHC, CSAT

May 25th, 2023
Peer Recovery Support Series, Part 4: Peer Supervision - Leadership and Lived Experience
By: Kyle Brewer, BS, PRPS

June 2nd, 2023
Incorporating the Family into Treatment and Recovery, Part 5: Celebrating Families!™ - Nurturing Family Resiliency and Healing
By: Toni Welch Torres, LAADC and Mary Beth Collins

June 7th, 2023
Inviting in LGBTQiA2S+ Folx Through Expressive Arts Therapies
By: Shannon Kratky, MS, LPC, LCDC, NCC and Eliza Harris (she/her), MA, MS

www.naadac.org/webinars

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Thank You
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