



## **SABINO RECOVERY PURPOSE & MISSION**

### **PURPOSE**

The soul of Sabino Recovery is our dedicated and compassionate staff. We are committed to providing a place of trust and safety for the restoration of hope and healing of our residents. At our core, we are accountable to our higher power, ourselves, our community, and our mission.

### **MISSION**

We comprehensively treat trauma and addictions with an engaged and highly trained staff, resulting in an effective therapeutic alliance. We optimize healing by empowering our residents to make positive changes and by providing holistic, integrated, and strength-based treatments.

## **THE SABINO MODEL**

The Sabino Model of Trauma Recovery acknowledges that what happened in childhood or adult life may cause one to behave irrationally in the present, exhibit over-reactive and/or under-reactive responses, and even catastrophize the future. Trauma and resulting PTSD is a normal reaction to an abnormal experience. By treating the core issues of trauma such as traumatic grief, traumatic shame and attachment failure, the root of the presenting problem is attended to and the individual is less likely to relapse, continue to feel depression, anxiety or have a need to medicate emotions with unhealthy behaviors. The model purports that if trauma issues are fully addressed then resulting symptoms also diminish, as the symptoms represent results of traumatic experience. One example of the theory is an individual receiving treatment for skin cancer. If the Doctor removes the lesion on the surface, it will look fine and may appear cured for a bit of time. The skin cancer will eventually return because the Doctor never attended to the root of the cancer growth. The core of the skin cancer, not seen by the naked eye, keeps the cancer present. Our unresolved trauma is like the root of the cancer.

The Sabino Model places emphasis on shame reduction and provision of an environment of empathy, mutuality, kindness, and safety. Staff is selected not only for their skill but also for the presence of nurturing, compassion, and empathy as genuine traits they possess.

We also believe in the resilience and strengths of our Residents. It is important to understand that as staff, we see that suffering is a part of the human condition. We can all relate on some level having experienced adversity or suffering ourselves, which helps to provide the faith in each person and the belief that we all have the capacity to heal.

The Sabino Model follows the current research in neuroscience. We approach trauma symptoms with care and understanding based on evidenced-based-practices to avoid re-traumatization. Sabino Recovery puts into practice the treatment applications derived from recent neuroscientific research on how the brain is impacted by our life experiences and in turn impacts our behaviors, thoughts, and emotions. The latest research on neuroscience and the brain are significant factors guiding the resident's treatment plan. The dys-regulation of



the nervous system and emotions resulting from traumatic experience are attended to by providing the safety to process the traumas through a variety of expressions. Safety is a basic need all humans require in childhood in order for the brain to wire and develop in the most optimal way for mental, emotional and behavioral health.

Some of the model stems from Attachment Theory and our belief that most addictions, depressions, anxiety, obsessive-compulsive behaviors, etc. may be symptoms of disordered attachment occurring in early life. We emphasize not assigning blame to anyone but rather encourage discovery and understanding of one's life through safely guided self-exploration. Staff is trained in the use of metaphor as an effective intervention to bring about self-insight. The treatment method in general will involve staff engaging in re-parenting of the Residents by providing them what lacked in their early development; or what was later lost in adulthood such as the provision of physical and emotional safety, consistent compassion, kindness, and acceptance to provide the ability to trust and be trustworthy, as well as empathy for the suffering each Resident has experienced.

This healing model is truly holistic and integrated by placing equal emphasis on psychotherapy and medical treatment as with all the integrative therapies, and the outdoor and recreational activities. Integrative therapies are designed to address somatic disturbances, dissociation and other trauma symptoms. Body Energy Practitioners specialized in the treatment of psychological, emotional, and physical trauma work closely with other clinicians addressing difficulty with body memories, and disruption of the nervous system. All therapies and modalities are intentionally selected to provide each Resident restoration to health that attends to all aspects of the human condition.

Our program consists of many modalities that help to express and process trauma and aid in recovery from addiction. These include: EMDR, Acupuncture, Massage, Somatic Experiencing, Craniosacral therapy, Neurofeedback/QEEG, group and individual psychotherapy, Equine Therapy, relaxation, fun, fitness, sleep and healthy eating guidance, drumming, music, art, Dance/Movement Therapy, exposure to 12 steps, other healthy activities such as hiking, horseback riding, and more.

The Sabino Model promotes balance in life. Although we follow an abstinence model relevant to alcohol and substance abuse, the model does not treat excess with total deprivation. Thus, Residents will have access to phone, computer, coffee, sugar, etc., but will only be provided what is considered a reasonable amount so as to teach the resident moderation and promote healthy balance in life.

The goal is to expose residents to new experiences that they can carry forward for optimum health. The model will integrate many aspects of life outside the facility so that upon discharge the transition is not a drastic one. Most therapies and activities will be ones that can easily be continued at home. Residents will be exposed to treatment for memory, sleep disorders, physical pain, decision making improvement, and learn how to replace negative cognitions with healthier ones. The connections of brain, heart and gut will be a significant part of the education offered. This will include education on nutrition and prescriptions for natural remedies. Movement therapy will be incorporated to every resident's daily life. Somatic therapies and integrative therapies will work in conjunction with psychotherapy to teach every resident how maintaining a healthy body, we increase our motivation and passion for life.



The equality of the model expands further in having staff and residents as equal partners in healing. Respect for all at Sabino Recovery is at the core of the treatment message. An inter-disciplinary team will work together with mutual respect and recognition in spite of training in different disciplines. No discipline will be considered of greater importance than any other.

Although there will be a power differential between staff and residents, the staff will be very participatory in attending community meetings, morning chimes, mindfulness walks, and other events with Residents. The treatment model creates a cohesive, trusting and bonded community comprised of both Residents and Staff. Community meetings will be held frequently and assist in the development of healthy relationships amongst all staff and Residents. These relationships can help model what healthy relationships are like and benefit the Resident going forward as all disorders are in essence relational. Having a connected community that supports all with respect, affirmation, validation, and kindness are a core concept for Sabino Recovery.

Suffering that was once endured can be transformed into a tool for personal growth through the use of everyday life activities and evidence based modalities. Residents will not be expected to define themselves as their disease or condition. Affirmations will be used such as "I am ... and I am loveable". It is considered less important to ask why the depression, addiction or phobia as why the pain and how to heal from it. This is neuroplasticity: the result of positive focused attention that allows the person's brain to change in response to the experiences one has or has had or internalize.

We value and emphasize the importance of narrative in one's life and changing the Resident's narrative to the belief that they can create and achieve a healthy, fulfilling life.

*"The realization that we are all basically the same human being who seek happiness and try to avoid suffering is very helpful in developing a sense of brotherhood and sisterhood – warm feeling of love and compassion for others. With tragedies or difficult situations, if we can offer some small contribution then we feel purposeful, then life is purposeful, and that gives us determination."*

*-The 14<sup>th</sup> Dalai Lama*



## **COMMON DEFINITIONS**

**Abuse:** To treat another person or oneself wrongfully or harmfully.

**Addiction:** A chronic disease characterized by impaired control over and use of (substance or behavior, despite adverse consequences and distortions in thinking, most notably denial.

**Physical Abuse:** When someone imposes his or her physical power over another. Any invasion of your physical boundaries, or your person, constitutes physical abuse, and this can range from a slap on the back to a fist in the face, or worse.

**Sexual Abuse:** When someone inflicts their sexuality on another physically or emotionally, and ranges from the overt (physical touch) to covert (non-physical, as in sexual innuendo, deprivation of privacy, exposure to sexual acts or pornography).

**Emotional Abuse:** Violation of your emotional boundaries. Violent language, sarcasm, destructive criticism, silence and neglect can all be emotional abuse. Whenever your own unique emotional reality is denied or discounted, you are being discounted.

**Intellectual Abuse:** Occurs when your opinions and ideas are ignored, discounted, or ridiculed. You have an innate right to think for yourself, formulate your own opinions, puzzle things out, and make mistakes (be in error.

**Religious Abuse:** When you are denied the opportunity to explore your spiritual experiences, beliefs, and values. When someone inflicts his or her righteousness on another, religious abuse can occur.

**Posttraumatic Stress Disorder (PTSD):** May develop after a person is exposed to one or more traumatic events, such as major stress, sexual assault, terrorism, or other threats in a person's life. The diagnosis may be given when a group of symptoms, such as disturbing recurring flashbacks, avoidance or numbing of memories of the event, and hyperarousal, continue for more than a month after the occurrence of a traumatic event.

**C-PTSD (Complex- PTSD):** Occurs a result of long-term exposure to traumatic stress, rather than in response to a single incident. C-PTSD typically arises as a result of ongoing stress or repeated traumatic events in childhood or adulthood, and it is sometimes referred to as **developmental trauma disorder** if the events occur during childhood.

**Toxic/Traumatic Shame:** When an individual incurs repetitive verbal, emotional, intellectual, mental shaming in childhood consistently over a period of time, those experiences may represent trauma. When this occurs the relentless shaming is defined as traumatic shame.

## HUMANISTIC PSYCHOLOGY AND DEVELOPMENT OF THE PERSONALITY

The work of Carl Rogers and Abraham Maslow's Humanistic perspectives emphasizes the responsibility people have for their own behavior, even when their behavior is seen as abnormal.

Concentrates on what is uniquely human, viewing people as basically rational, oriented toward a social world, and motivated to seek self-actualization.

Views people as having an awareness of life and of themselves that leads them to search for meaning and self-worth.

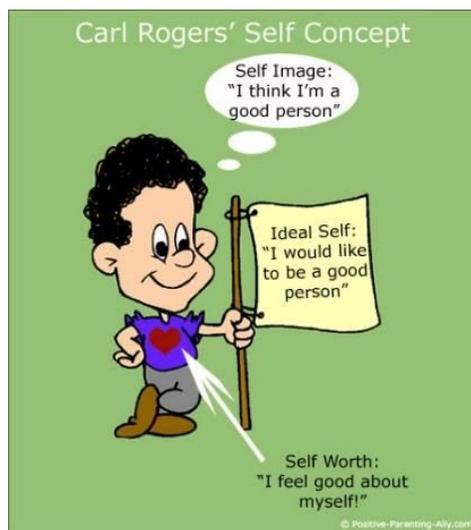
The concept of the "self" is central to the personality theory of Carl Rogers and other humanists. Our self-concept is our subjective perception of who we are and what we are like.

The concept of self is learned from our interactions with others.

Unconditional positive regard communicates that the person is inherently worthy of love, regardless of accomplishments or behavior.

Carl Rogers believed that we are born with an innate need for positive regard—for acceptance, sympathy, and love from others. Rogers understood and identified that one's self-concept as the frame upon which personality is developed. It is the purpose of each person to seek congruence (balance) in three areas of their lives. This balance is achieved with self-actualization.

Rogers emphasized that with regard to self-actualization, the personality of each person is very unique. It also brings into the therapeutic discussion of ***the idea of a holistic view of the person***.



## **THE PRINCIPLES FOR A GOOD LIFE**

A goal that most people seek to attain, the **good life** as described by Rogers is achieved by the person fulfilling certain principles. In his studies Rogers found that there are commonalities among those people who are fully functional. These are:

1. An acceptance of all experiences including those that are new.
2. An existential lifestyle, in which each moment is appreciated and lived to its fullest.
3. A trust level with one's own decisions.
4. Increasing freedom of choice
5. Creativity and adaptability without necessarily conforming.
6. Reliability and constructiveness in their dealings with others.
7. A preference for living a rich, full life.

These traits are fluid in their expression with the person being capable of self-actualizing them.

**“People are just as wonderful as sunsets if you let them be. When I look at a sunset, I don't find myself saying, "Soften the orange a bit on the right hand corner." I don't try to control a sunset. I watch with awe as it unfolds.”**

- *Carl R. Rogers, A Way of Being*



## **THE HEALTHY SELF**

(Based on Heinz Kohut, MD- self-psychology)

**Capacity for empathic attunement**

**Ability to compromise**

**Capacity for love**

**Creativity**

**Humor**

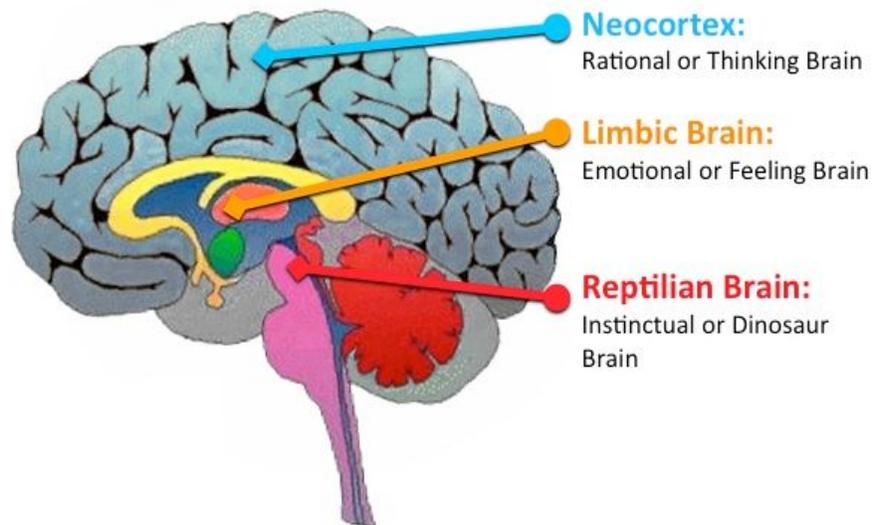
**Capacity to empathize with oneself**

**Wisdom in accepting one's finiteness and mortality**

**Transcends self and connects with a larger whole**

According to Kohut, The Self is "the whole person, or especially, the inner or subjective person, which is accessible through empathic attunement and listening."

## THE TRIUNE BRAIN



Paul McLean's (1960's) theory of brain development helps us to understand the different parts of the brain and how it functions together as a whole. The brain develops from the bottom up, in which the upper brain centers regulate the primitive activity of the lower and central brain structures.

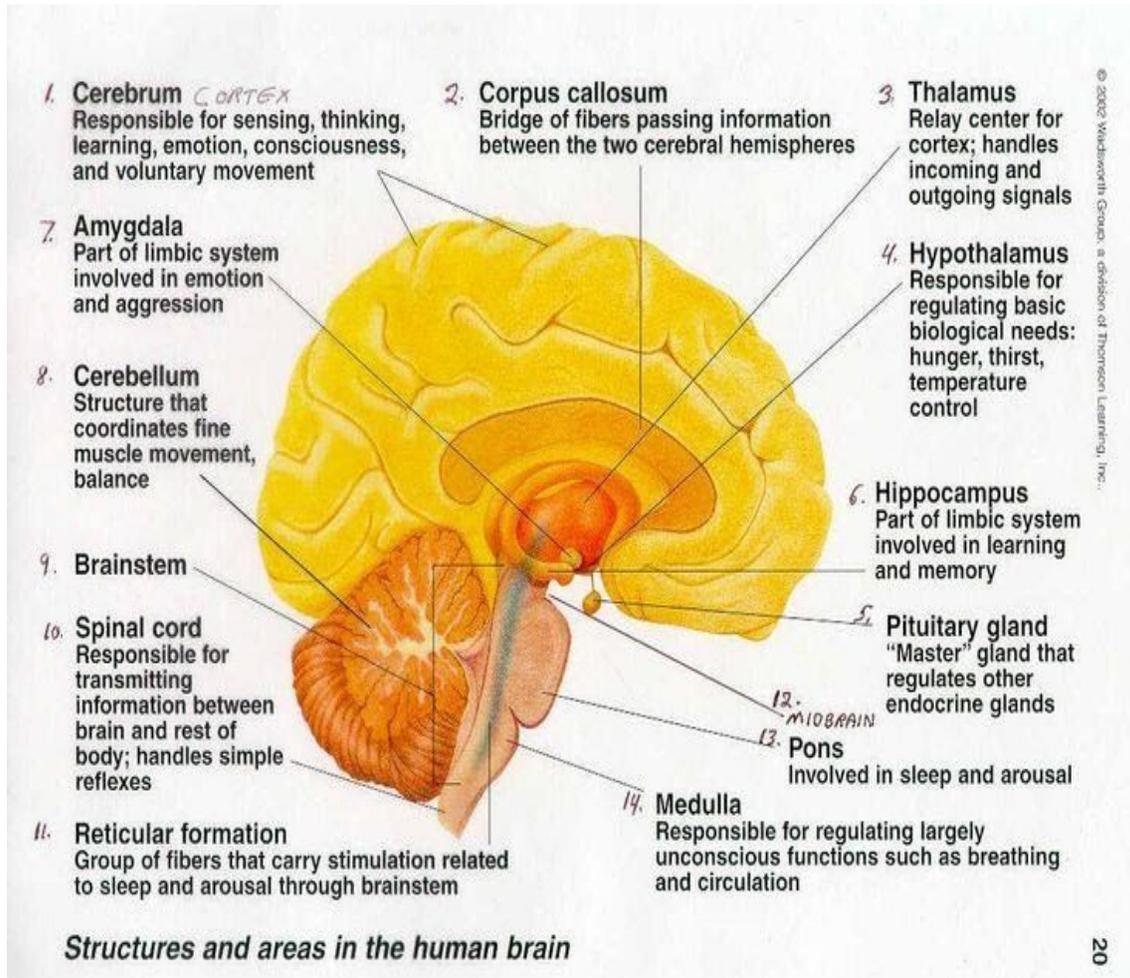
These three major divisions in the brain all must be involved in trauma healing. One part of the brain controls the **autonomic nervous system**, the parts of us that work automatically without our conscious awareness such as control of heart rate, blood pressure, body temperature, digestion and basic animal drives including thirst, hunger and sex. This autonomic system is in the brainstem and midbrain.

Another part of the brain is that referred to as the **limbic system** which is involved in the processing of emotions and emotion related behavior such as sadness, joy, love, anxiety, anger, etc. The limbic system sits on top of and surrounds the autonomic brain. The third important part of the brain is the **neocortex** which is involved in all of the complex abilities we have as humans such as language, music, analytical thinking, judgment, long range planning, etc. The neocortex is involved with all of our thoughts. It sits atop the limbic brain and forms the vast majority of our frontal lobes.

All three of the areas, the **autonomic system (the body)**, the **limbic system (feelings)** and the **neocortex (thoughts)** must be involved in trauma work. We must integrate our bodies, our feelings and our thoughts for healing of the whole person. Traditional psychotherapy does a good job of dealing with feelings, emotions and thoughts and allows us to put together a narrative of our trauma and how it fits into our life story as a whole. However, by not addressing the autonomic nervous system which is at the root of all our traumatic experiences, we are unable to get fully better. We talk about our trauma and we process our feelings but

many of the symptoms of PTSD don't change. Progress and change may not be long lasting because it is the autonomic nervous system which we often fail to address in therapy.

## MORE NEUROSCIENCE



\*In contrast to the highly evolved prefrontal cortex, the limbic system is an ancient collection of structures located much deeper in the brain (even early mammals one hundred million years ago had limbic systems). The limbic system is the emotional part of the brain and is responsible for things like excitement, fear, anxiety, memory, and desire. It is primarily composed of four regions: the hypothalamus, the amygdala, the hippocampus, and the cingulate cortex. The hypothalamus controls stress. The amygdala is the key to reducing anxiety, fear, and other negative emotions. The hippocampus is responsible for creating long-term memories, and because its neurons are very sensitive to stress, it often acts as the canary in the coal mine of depression. Lastly, the cingulate cortex controls focus and attention, which is of huge importance in depression, because what you focus on, whether by automatic habit or willful choice, makes a huge difference to your mood.

*\*From the Book: The 'Feeling' Brain - The Biology and Psychology of Emotions by Elizabeth Johnston and Leah Olson*

## **HOW DOES TREATMENT IMPACT THIS PROCESS?**

**Repair** - Eliminating toxins and addressing food sensitivities (focus on nutrition).

**Stimulate** - this prepares the brain to build new circuits and overcome learned non-use in existing circuits. The stimulation can be in the form of sensory experiences, mental experiences, and physical exercises to revive dormant cells helping the brain to better regulate (therapy/all modalities, physical exercise, sensory motor stimulation by invoking your senses in new ways not familiar to the person).

**Modulate** - Activates the parasympathetic nervous system. This is the system of health, growth, and restoration which is so important for homeostasis, or balance, within the nervous system. Bio or neuro feedback is utilized.

**Relaxation** - Once in a relaxed state, the brain is most available for learning. This state also helps sleep to improve. Mindfulness (meditation, yoga, body work and awareness).

**Differentiation** - Once the brain is modulated and relaxed, attention is restored and the brain is better able to discern increasingly subtle differences in sensory experiences and to integrate them accurately. Ongoing integration of provided information practiced daily (continuing care).

***“The great thing about our brains is that they can adapt and improve quickly as soon as we’re given the support we need. I’ve seen many instances in which children with extreme trauma histories and seemingly insurmountable deficits catch up to their chronological age remarkably fast”- Bruce Perry. MD, PhD.***

## TRAUMA DEFINED WITH EXPLANATIONS

### **Trauma results from:**

- Physical abuse and injury Emotional/ verbal abuse
- Sexual abuse and or exploitation Domestic violence (experience or witnessed)
- Neglect and or deprivation Accidents, natural or human caused disasters
- Sudden Death/Grief
- Anything that causes great fear and overwhelms normal defenses

### **Effects of trauma on the brain:**

- Trauma activates the flight/fight/freeze response
- Limbic system goes into high alert
- Brain is flooded with neurochemicals
- Logical brain temporarily shuts down or has yet to form
- Trauma can cause lasting changes to the brain leading to a high propensity to form addictions, mental health issues and problems with affect regulation

Following are some explanations of terms used in understanding how trauma affects you:

**Trauma shame:** Profound sense of unworthiness and self-hatred rooted in traumatic experiences. Shame cycles, self-mutilation, self-destructive behavior, suicidal ideation, addiction and depressant drug use.

**Trauma arousal/pleasure:** Finding pleasure in the presence of extreme danger, violence, risk taking, or shame.

**Trauma bonds:** Dysfunctional attachments that occur in the presence of danger, shame and exploitation. Abusive/conflictive ties commonly seen in domestic violence and or other traumatic relationships.

**Trauma blocking:** Efforts to numb, block out and overwhelm residual feelings due to trauma (IE: Compulsive overeating and excessive sleeping).

**Trauma abstinence:** Compulsive deprivation, especially around moments of success, high stress, shame or anxiety.

**Trauma splitting:** Ignoring traumatic realities, “splitting off” experiences and not integrating them into personality or daily life. Exs: daydreaming, fantasy and addictive responses such as romance addiction, living a double life, or extreme procrastination.

**Trauma reaction:** Alarm reactions, flashbacks, intrusive thoughts, insomnia, troubling dreams.

**Trauma repetition:** Repetitive behavior or the seeking of situations or people who recreate the trauma experience. This is all called re-enactment. Re-enactment is an effort to resolve the irresolvable- obsessive compulsions or repetition compulsions. This usually happens at the unconscious level.

***“The single most important issue for traumatized people is to find a sense of safety in their own bodies”- Bessel van der Kolk***



Trauma and PTSD are out of the control of the patient. Some say trauma is a “complication of memory”. Even the smallest trigger to some represents a much larger event to the PTSD survivor. It is important that the family of the PTSD survivor understand that any message of “move on” re-damages the survivor bringing up negative cognitions such as, “I am not worth listening to”, “I am not understood”, “I am not worthy of empathy”, and others. The survivor needs validation & empathy verbalized more than anything else. An example of how to validate is to tell the survivor “Based on what you just shared with me, it makes sense to me that you feel \_\_\_\_\_” (angry, hurt, sad, pain, lonely, shame, guilt, fear).

The above is the most basic way to validate another.

When someone is traumatized by a family member’s addiction, and that behavior is repeated, the PTSD victim is re-traumatized over and over. An individual may also feel de-moralized in dealing with a partner or loved

one with sexual addiction, if they continue to be triggered, and may exhibit PTSD symptoms from issues related to the sexual addiction.

Symptoms of trauma with resulting PTSD are many, but what is less recognized is the fact that trauma survivors may either under react or over react to any given situation that someone without trauma would not respond to similarly. It is important to consider that the reaction of a trauma survivor is not personal but rather a result of PTSD and continuing need of support in how to cope with multiple symptoms.

The best way to support someone with unresolved trauma is to do what you can to help the individual feel safe. Safety is paramount to recovery from traumatic experience. A soothing voice, a statement of “I am here for you”, or just allowing the individual to have the time and space to work through conflicting emotions may be helpful.

### **SABINO RECOVERY TRAUMA RECOVERY PROGRAM GOALS**

- Recognition – YOU SURVIVED the trauma
- Understanding -a flashback is only a memory
- Shedding shame and building shame resilience
- Reducing recovery steps to a manageable size
- Finding and using your voice- claiming your worthiness
- Remembering the trauma is not the key issue – learning healthy coping skills is
- Practicing self- forgiveness for not being able to prevent or stop what occurred
- Taking meaning or purpose from the trauma to better yourself and the world

### **WHY TELLING IS TRANSFORMATIVE**

- You move through the shame and secrecy that keeps you isolated
- You make it possible to get help and understanding
- You get more in touch with your feelings
- You get a chance to see your experience and yourself through the compassionate eyes of supporters
- You make space in relationships for the kind of intimacy that comes from honesty
- You establish yourself as a person in the present who is dealing with the traumas in your past
- You join a courageous community of people who are no longer willing to suffer in silence
- You help end the cycles of violence and addictions, breaking the silence in which it thrives
- You become a model for other survivors
- You shed the guilt and shame of your traumas and learn to feel proud and strong
- You learn to separate your sacred self from your story, you come to trust that sacred self and the higher power of your understanding
- By telling your truth, you find your authentic voice; your authentic self

## PROCESS OF HEALING GRIEF AND TRAUMA

Think of a spiral starting with a small circle and then expanding up and out as it takes up more space. This is an image for healing from trauma. Trauma survivors contract their bodies and psyche's due to painful events and overwhelming fear. As people heal from their traumas, they feel more space in their bodies and minds, along with a greater capacity to cope in meaningful ways with normal stress.

Following are 6 normal processes that people find themselves experiencing as they heal from their traumas. Like a spiral, many processes are revisited as the layers of contraction are released.

1. **Denial:** Denial involves dissociating or removing one's self emotionally from the trauma. Sense experiences are commonly reported as: "it was a nightmare". "It felt like a movie". "This didn't really happen to me". Victims often minimize their experiences with the following verbiage: "it wasn't really that bad." "It was only a date rape". "I'll be okay". Victims don't choose to deny or minimize; it is a built-in defense reinforced by society and, inadvertently, those closest to most victims. Denial truly allows victims to function in the early parts of recovery as such should be honored as part of the process, not a shortcoming.
2. **Catharsis:** Catharsis involves talking about the traumas. Victims begin identifying losses and feelings about their overwhelming experiences including the people involved who hurt them. While there may be some relief in learning that feelings and reactions are "normal", it may also be a time of increased sensitivity. In some ways it may feel better to talk and in other ways it may feel worse. What is important is the talking, even if it feels repetitive. It may be helpful to talk to many different trusted people. Sometimes close friends and family naturally grow weary of hearing a victim recount their traumas.
3. **Guilt:** Almost all victims of trauma feel guilt in some way. This is associated with the "if only" thought processes, along with the "would of, could of, should of" thoughts concerning prevention of the assault or tragedy. It is common for trauma victims to become preoccupied with these numerous ways of staving off what has already happened. This is a normal reaction to life threatening trauma. What underlies the guilt is often a healthy survival instinct. "If I can figure out how I caused or contributed to this bad thing, then I can prevent it from every happening again." This sense is often stronger than all the logic and reasoning that one can muster. A group setting is probably the most useful setting for examining the function and unreasonableness of guilt. It is helpful for group members to talk about why they feel guilt, no matter how illogical or harsh those reasons may seem to the rest of the group. It takes a long time to truly let go of guilt and it is a process that continues throughout the healing journey.

4. **Loss of Control/Grief:** Once a trauma victim begins to accept they truly had no control over the trauma, and are able to let go of guilt, the deep grief of their experience of loss begins to surface. Philosophical questions of safety can become a focus: “If I really had no control, then how can life be safe? How can I ever feel secure? What does life mean if it not predictable? What do I have control over? Once the deep grief is accessed, it may feel like “I’ll never stop crying.” Allow the grief, it is healing and it will pass, come again and pass. To heal from trauma, one must accept the losses and form new and expanded beliefs about the ways of the world, life, love and spirituality.
5. **Anger and Rage:** Anger and rage are common feelings that accompany the losses of trauma. Some people are overly angry and others fear expression of it. However, some victims may be in denial of their own anger. Initially victims of trauma may seem angry at everyone and everything. Sometimes anger is misdirected at those who may not deserve it, but are “safe” and accessible, like friends, family, and significant others. Some victims may feel generally angry at sexual assault. Victims may become more aware of their prejudices against opposite or same genders due to sex of perpetrators. All victims need to understand these reactions are normal in the healing process. Taking a self-defense class can, among other things, help victims vent anger in an empowering way.
6. **Integration:** In time and with proper treatment, victims become survivors and survivors become thrivers. Traumas become part of life history; in the past; able to be integrated and used as motivators for the creation of a new version of self. People begin to see their traumas as separate pieces of their life histories, but not the essence of who they really are. The story is not the person. The story is put into perspective and the person is able to move on to a new richer and happier life.

## EXAMPLES OF PRIMAL BELIEFS

### **NEGATIVE BELIEFS**

I don't deserve love  
I am a bad person  
I am terrible  
I am worthless  
I am an embarrassment  
I am a bad parent  
I am not lovable  
I am not good enough  
I deserve only bad things  
I cannot be trusted  
I cannot trust myself  
I cannot trust my judgment  
I cannot succeed  
I am not in control  
I am powerless  
I am weak  
I am no good at anything  
I cannot protect myself  
I am stupid  
I am insignificant (unimportant)  
I am a disappointment  
I deserve to die  
I deserve to be miserable  
I don't deserve good things in my life  
I should suffer  
I am a failure (will fail)  
I have to be perfect (please everybody)  
I am permanently damaged  
I am ugly (my body is hateful)  
I should have done something  
I did something wrong  
I am not worthy of a healthy relationship  
I am a phony

### **POSITIVE BELIEFS**

I deserve love; I can have love  
I am a good person  
I am a loving person  
I am worthy; I am worthwhile  
I am honorable  
I am a good parent  
I am lovable  
I am deserving  
I deserve good things  
I can be trusted  
I can trust myself  
I can trust my judgment  
I can succeed  
I am now in control  
I now have choices  
I am strong  
I am good at things  
I am able to take care of myself  
I am intelligent  
I am significant okay just the way I am  
I am worthy  
I deserve to live  
I can get what I want  
I deserve to have good things in my life  
I can be myself (make mistakes)  
I can succeed  
I don't have to please everybody  
I did the best I could  
I am attractive  
It's over; I am safe now  
I can handle it  
I am worthy of a healthy relationship  
I am real



I cannot trust anyone  
I cannot be normal  
I never get it right

I can choose who I trust  
I am normal  
I do the best I can in the moment

## **WHY WE LEAVE/DISENGAGE**

When emotionally overwhelmed, distressed, preoccupied and more, it is not uncommon for any of us to disengage from another without even knowing we are doing so. Disengagement is at the low end of the trauma spectrum line of behaviors. It is also very normal to be distracted at times, but if your distraction presents as a problem in any of your relationships it is important to identify how we do so and then to determine why. Conversing about this with the person you are in relationship with alone can help solve the problem of being distracted to the point it interferes with relationships.

We use the word “leave” to describe areas in your life where you may be distracted or “leaving”. Leaving does not necessarily mean you physically leave; it may mean checking out by turning on the television, getting on the computer, staring out the window, changing the subject...

- We leave when we experience helplessness in an attempt to connect...
- We leave when we feel true closeness but then fear losing it.
- We leave when we can't find the language to express our feelings.
- We leave when we feel something we weren't supposed to feel in childhood. We leave when we feel the archaic experience of being trapped.
- We leave when we perceive we have been too vulnerable and vulnerability can be dangerous.
- We leave when we see you are in pain and we can't fix it.
- We leave when we want to say no or yes and neither was acceptable in childhood.
- We leave when we've been close and closeness in childhood was always followed by conflict.
- We leave when we are afraid!
- We leave when we don't want to face our mistakes.
- We leave when we don't want you to see our shame.
- We leave when we have no more energy to try and fix things for you.

An honest and healthy relationship uses language to express feelings, rather than behaviors to act them out. To leave is a behavior that acts out our feelings.

Shame is a huge but ignored factor in wellbeing research. In an increasingly impersonal digital society, the problem with shame becomes even greater. A wide range of disorders and self-sabotaging behaviors, from addiction to aggression, can all be traced back to the soul-eating emotion of shame.

## **DIFFERENT TYPES OF SHAME**

There are four major types of shame with different causes, requiring different treatments. All four types of shame can become toxic and severely affect our wellbeing if left untreated.

- 1. Guilt-based shame for some moral transgression.***
- 2. Social-comparison-based shame for not being as good as others or being different from others.***
- 3. Self-image-based shame for one's own deficiency or inadequacy, real or imagined.***
- 4. Trauma-based shame because of physical or emotional abuses, such as sexual assault or verbal abuse that we are not good enough.***

When first recognizing the part that shame has played in their lives, many are amazed at — and sobered by — how influential that part has been— and what a gift it has been, in some ways. It is as if a lost province of themselves has surfaced. Shame kept in the dark keeps us in the dark.

Shame may be not only our most hidden or submerged emotion, but it may be the one we shun the most. I recall a poll that asked what one was most afraid of. Dying didn't top the list, but speaking in public did (speaking in public stripped of all clothing was not one of the items to consider). The fear of speaking in public is a fear of being shamed in public. Our aversion to directly feeling and staying with our shame is highlighted by our commonly describing our experience of it as *mortifying*.

Shame is the painfully self-conscious sense of our behavior — or self — being exposed as defective, with the immediate result that we are halted in our tracks, for better or for worse. The felt sense of shame is that of public condemnation, even if our only audience is our inner critic.

In healthy shame the voice of our conscience picks up volume, and the expression of fitting remorse becomes a very real option for us, which we act on as soon as possible.

In unhealthy or toxic shame — which is much more common than healthy shame — our very self is under attack, whether from outside ourselves or from within in the form of our inner critic.

**Working with Shame**-Essential to working with shame is meeting it with compassion. This gives shame room to breathe, room to openly be itself without fear of being looked down upon.



Bringing our shame into our heart is not easy, but utterly necessary if we are to cease being diminished or run by it. The closer we get to our shame, the more clearly we can see it and our history with it

We also need to differentiate shame from the fear, anger, hurt, or disgust that may arise from and camouflage it.

Does the felt presence of shame drive us into compensatory emotional activity? What do we tend to do emotionally when shame is catalyzed in us? Addressing these and related questions is an essential aspect of working with shame. And to do this, we need to stop shaming ourselves for having shame.

The more room you make in your heart for your shame, the more able you'll be to stay with your shame, separating what's healthy in it from what's unhealthy, making space for whatever action needs to be taken, be it to express remorse or to set a clear boundary with someone who's putting you down.

There's no real getting away from shame, though we may live in a way that keeps us removed from it. In fact, shame may be our most hidden emotion. Bringing it out of the shadows is a deeply healing undertaking, a journey that, sooner or later, we must take if we are to truly live.

When we have become intimate with our shame, we don't let it mutate into aggression or relational disengagement, confessing it as it arises, recognizing that it is simply the herald of conscience and needs to be related to as such.

## **BOOKS & OTHER RESOURCES**

There is a great deal of information on the internet about healing, recovery, addiction and trauma. Many of the people listed below will have videos on YouTube. Educate yourself by reading or watching videos. Healing is a lifelong process. The more engaged you are in working to be kind, understanding and compassionate with yourself, the greater progress you will make. Following is a list of books and resources, authors/clinicians we recommend: (not exhaustive list):

### **Trauma/PTSD**

- The Complex PTSD Workbook by Arielle Schwartz
- TRE – Trauma/Tension Release Exercises by David Bercili
- Waking the Tiger by Peter Levine
- In an Unspoken Voice: How the body releases Trauma and Restores goodness- Peter Levine
- The Body Keeps the Score by Bessel Van der Kolk
- The Body Remembers and 8 Keys to Trauma Healing by Babette Rothchild
- Trauma and Addiction by Tian Dayton
- Principles of Trauma Therapy by John Briere and Catherine Scott
- Trauma and Recovery by Judith Herman Emotional Sobriety by T. Dayton , PhD
- Healing Trauma by Peter A Levine, Ph.D. (with CD)
- The i-Rest Program for Healing PTSD by Richard C Miller, Ph.D
- Sexual Healing Journey by Wendy Maltz
- Overcoming Trauma Through Yoga by David Emerson

### **Love/sex Addiction, Codependency, Betrayal Trauma:**

- Facing Love Addiction by Pia Mellody
- Facing Codependency by Pia Mellody
- Codependent No More by Melody Beattie
- Don't Call it Love- Recovery from Sexual Addiction by Patrick Carnes
- Contrary to Love, Helping the Sexual Addict by Patrick Carnes
- Deceived, Facing Sexual Betrayal, Lies and Secrets by Claudia Black
- After the affair- Janis Abrahms Spring
- The State of Affairs: Rethinking Infidelity by Esther Perel (also has podcasts and Ted talks)
- The Betrayal Bond by Patrick Carnes
- Awakening your Sexuality by Stephanie Covington

### **Self-help/Healing**

- Louise Hay books/cards- You can Heal your life, I Can Do it Cards, Power Thought Cards Loving What Is by Byron Katie

- Soundstrue.com – CD’s promoting spirituality and different modalities of healing Healthjourneys.com – CD’s and downloads of meditations for all types of human issues – depression, anxiety, PTSD, sleep etc.
- Daring Greatly and I Thought It Was Just Me, But it Wasn’t by Brene Brown – the leading researcher and author on Shame
- The Gifts of Imperfection - Brene Brown
- You Can Heal Your Life by Louise Hay – a classic book on how emotions affect the physical body
- The Four Agreements by Don Miguel Ruiz

### **Grief**

- When Things Fall Apart- Pema Chodron
- On Grief and Grieving by Elisabeth Kubler-Ross and other books by her

### **EMDR**

- Getting Past your past: take control of your life with Self-help techniques from EMDR therapy- Francine Shapiro

### **Relationships/Love/Marriage**

- Hold Me Tight: Seven Conversations for a Lifetime of Love by Sue Johnson
- Attached- The New Science of Adult Attachment and how it can help you find-and keep love by Amir Levine, Rachel S.F. Heller
- Getting the Love you want by Harville Hendrix and other books by him and Helen LaKelly Hunt

### **Family/Shame**

- The New Peoplemaking- by Virginia Satir
- Healing the Shame that Binds You by John Bradshaw
- Bradshaw on: The Family by John Bradshaw

### **Eating Disorders**

- Eating in the Light of the Moon- Anita Johnson
- Life Without Ed - Jenni Shaefer

### **Addiction/Recovery**

- Addict in the House: An No-nonsense Family Guide Through Addiction and Recovery by Robin Barnett
- 12-step books - The Big book and other books, Hazleton books, daily meditations
- Resources for families- National Institute on Drug Abuse- drugabuse.gov
- In the Realm of Hungry Ghosts-Close Encounters with Addiction by Gabor Mate
- www.samhsa.gov- Substance Abuse and Mental Health Services Administration
- Film- The Pleasure Unwoven- watch/purchase online
- The Craving Mind by Judson Brewer

### **Mental Health/Neuroscience/Brain**

- NAMI.org- National Alliance on Mental Illness
- Bipolar Disorder- A Guide for Patients an Families- by Frances Mark Mondimore
- The Upward Spiral: Using Neuroscience to Reverse The Course of Depression, One Small Change at a Time- by Alex Korb
- The Developing Mind- by Daniel J. Siegel
- The Emotional Brain- by Joseph Ledoux

## **TRAUMA & ITS IMPACT ON FAMILIES**

It is normal to have strong emotional or physical reactions following a distressing event. On most occasions though, these reactions subside as part of the body's natural healing and recovery process. Family members who experience a shared distressing event often become closer and appreciate each other more.

A traumatic experience is any event in life that causes a threat to our safety and potentially places our own life or the lives of others at risk. As a result, a person experiences high levels of emotional, psychological, and physical distress that temporarily disrupts their ability to function normally in day-to-day life.

### **Reactions to trauma**

In a family, each member will react to the traumatic event in their own way. If family members don't understand each other's experience, then misunderstandings, communication breakdowns and other problems can result.

Even if you cannot understand exactly what another member is going through, being aware of common reactions and their effect on family life can help everyone cope better in the long run.

Examples of common reactions to trauma are:

- feeling as if you are in a state of 'high alert' and are 'on watch' for anything else that might happen
- feeling emotionally numb, as if in a state of 'shock'
- becoming emotional and upset
- feeling extremely fatigued and tired
- feeling very stressed and/or anxious
- being very protective of others including family and friends
- not wanting to leave a particular place for fear of 'what might happen'.

Also, it is important to remember that despite the above traumatic reactions, many families look back and see that crises have actually helped them to become closer and stronger. However, don't hesitate to seek professional help if you are uncertain or think your family is struggling to recover.

### **Family life following the event**

Every family is different but, generally speaking, common changes to family life soon after the event include:

- Parents may fear for each other's safety and the safety of their children away from home.
- Family members may experience nightmares or upsetting dreams about the event.

- Fear of another distressing experience happening may affect family life.
- Anger at whoever is believed to have caused the event can often flow on to the affected loved one or the family in general.
- Family members may feel overwhelmed by insecurity or lack of control, or at the thought of having so much to do.
- Family members may not know how to talk to each other. Each person is struggling to understand what has happened and how they feel about it. If talking makes people upset, they will often avoid it.
- Impatience, misunderstandings, arguments over small things and withdrawal from each other can all impact on family life and relationships.

### **Disruption to family relationships**

- Family relationships can also be affected by a traumatic event – for example, parents may feel unsure about how to help their children after the crisis.
- Spouses/partners may feel unsure about how to help their loved one after the crisis.
- Communication breaks down as each family member struggles in their own way to come to terms with what has happened.
- Children don't want to go to school.
- Adult children don't want to go to work or college/university, etc.
- Parents don't want to go to work.
- Household schedules tend to lapse – for example, chores are missed, regular mealtimes are disrupted or recreation is neglected.
- The usual arrangements for household responsibilities change. Children may cook meals for a time, parents may feel unable to do tasks, or children may not want to be alone.

### **People react differently to trauma**

It is important to remember that it is normal for people to respond in different ways to distressing events. However, sometimes people's responses can clash. One person may withdraw and need time to themselves, while the other needs company and wants to talk about it. Although this can seem quite confusing at times, giving a person the necessary space to work through their own reaction can be extremely helpful.

With families, common reactions may include:

- strong feelings – include anxiety, fear, sadness, guilt, anger, vulnerability, helplessness or hopelessness. These feelings will not just apply to the event, but to many other previously normal areas of life as well
- physical symptoms – include headache, nausea, stomach ache, insomnia, broken sleep, bad dreams, changed appetite, sweating and trembling, aches and pains, or a worsening of pre-existing medical conditions
- thinking is affected – include difficulties with concentrating or thinking clearly, short-term memory problems, difficulty planning or making decisions, inability to absorb information, recurring thoughts of the traumatic event, thinking about other past tragedies, pessimistic thoughts or an inability to make decisions

- behavior changes – include a drop in work or school performance, turning to changed eating patterns, using drugs or alcohol, being unable to rest or keep still, lack of motivation to do anything, increased aggressiveness or engaging in self-destructive or self-harming activities.

### **Family life – weeks or months later**

Family relationships may change weeks or even months after the event. Because time has passed, family members sometimes don't realize how changes are directly linked to the event.

Every family is different but, generally speaking, common changes in the weeks or months after the event include:

- Family members may become short-tempered or irritable with each other, which can lead to arguments and friction.
- They may lose interest in activities or perform less well at work or school.
- Children may be clingy, grizzly, demanding or naughty.
- Teenagers may become argumentative, demanding or rebellious.
- Individuals may feel neglected and misunderstood.
- Some family members may work so hard to help loved ones, they neglect to look after themselves.
- Individual family members may feel less attached or involved with one another.
- Parents or Couples may experience emotional or sexual problems in their relationship.
- Everyone feels exhausted and wants support, but cannot give much in return.

### **Family life – years later**

Sometimes, the response to a distressing or frightening event may take a long time to show. In some cases, it may take years for problems to surface. This can happen if the person is very busy helping others or dealing with related issues, such as insurance, rebuilding, relocation, legal processes or financial problems. When things have returned to normal, their reactions may show up.

Every family is different but, generally speaking, changes to family dynamics can include:

- The experience may be relived when faced with a new crisis.
- Problems may seem worse than they are and be more difficult to handle.
- Changes to family life that occurred in the days, weeks or months after the event may become permanent habits.
- Family members may cope differently with reminders of the event. Some may want to commemorate the anniversary or revisit the scene of the event, while others may want to forget about it.
- Conflict in coping styles can lead to arguments and misunderstandings if the family members aren't sensitive to each other's needs.

### **Helpful strategies for recovery from trauma**

Some things you can do to reduce complications and support family recovery include:

- Remember that recovery takes time. Prepare the family members to go through a period of stress and cut back on unnecessary demands to conserve everyone's energy.
- Don't just focus on the problems. Make free time to be together and relax, or else the stress will not subside.
- Keep communicating. Make sure each family member lets the others know what is going on for them and how to help them.
- Plan regular time out and maintain activities you enjoyed before – even if you don't much feel like it. You probably will enjoy yourself if you make the effort. Enjoyment and relaxation rebuild emotional energy.
- Keep track of your family's progress in recovery and what has been achieved. Don't just keep thinking about what is still to be done.
- Stay positive and encouraging, even if at times, everyone needs to talk about their fears and worries. Remind yourself that families get through the hard times and are often stronger.

### **Seeking help from a health professional**

Traumatic stress can cause very strong reactions in some people and may become chronic (ongoing).

You should seek professional help if you:

- are unable to handle the intense feelings or physical sensations
- don't have normal feelings, but continue to feel numb and empty
- feel that you are not beginning to return to normal after three or four weeks
- continue to have physical stress symptoms
- continue to have disturbed sleep or nightmares
- deliberately try to avoid anything that reminds you of the traumatic experience
- have no one you can share your feelings with
- find that relationships with family and friends are suffering
- are becoming accident-prone and using more alcohol or drugs
- cannot return to work or manage responsibilities
- keep reliving the traumatic experience
- feel very much on edge and can be easily startled.

\*Excerpts/Information Modified from the National Child Traumatic Stress Network

Source URL:

<https://www.nctsn.org/trauma-informed-care/families-and-trauma/introduction>

Link-[www.nctsn.org](http://www.nctsn.org)

## **INTER-GENERATIONAL TRAUMA: 5 WAYS IT AFFECTS FAMILIES**

By Tamara Hill, MS, LPC



Have you ever heard of the term inter-generational trauma? What about “generational curse?”

Inter-generational trauma is a concept developed to help explain years of generational challenges within families. It is the transmission (or sending down to younger generations) of the oppressive or traumatic effects of a historical event. For example, a great grandmother who was placed in a concentration camp in Germany may have learned to cope by “cutting off” her emotions. Because of this, this grandmother may interact with her family in an emotionally distant fashion. That relationship may be tumultuous to say the least.

The transmission of the historical trauma may begin to negatively affect her grandchildren and her grandchildren's children, etc., leading to generations of emotional distance, defensive behaviors around expression of emotions, and denial.

Inter-generational problems including oppression can often be found in families that have been traumatized in severe forms (e.g., sexual abuse, rape, murder, etc). This article will highlight some of the ways inter-generational trauma can affect younger generations and families.

The consequences of inter-generational trauma are rarely if ever discussed unless a therapist or other mental health professional mentions it. While it is a very important topic, it's a topic that many mental health professionals are either uninformed about or simply disinterested in. But for trauma therapists, it is important for us to explore how trauma may have negatively impacted generations of family members. For example, a mother who is struggling with her daughter's sexual abuse, might also have been sexually abused by her father, who, may have also been sexually abused by his father. The impact of generational trauma is significant. A parent or grandparent who never truly healed from or explored their own trauma may find it very difficult to provide emotional support to a family member suffering from his or her own trauma. Sadly, many families "cope" with inter-generational trauma by employing two unhealthy coping mechanisms:

- **Denial** – refusing to acknowledge the trauma happened
- **Minimization** – ignoring the impact of the trauma and making the traumatic experience appear smaller than it really is

The ways in which family members "cope" with inter-generational trauma can set the precedence for younger generations. For example, a grandparent who refused to examine the impact of her trauma may be teaching her grandchildren (intentionally or unintentionally) to ignore the impact of their trauma. Sooner or later the trauma is likely to be triggered by something. Trauma is not something you can hide from, no matter how hard you try.

As a result, I have learned over time, by treating multiple clients with trauma histories, that there are a few ways inter-generational trauma negatively impacts families:

1. **Generations may struggle with emotions:** As noted above, older generations often set the stage (knowingly or unknowingly) for how emotions within the family are dealt with. Do you hide your emotions and act as if nothing is happening? Do you internalize your emotions until something triggers them to come spilling out? Or does your family drink and/or use drugs to cope with the pain? Whatever way the trauma is dealt with, older generations within a family set the stage for how traumatic events should be (and often are) coped with. Sadly, the trauma continues throughout generations because those who needed help, never received it. In other cases, the family member who is traumatized may even transfer negative emotions on to others within the family such as children or other family members.

- 2. Trauma can limit the parent-child relationship:** Parents who have not received help or support for their trauma can develop unhealthy relationships with their child or grandchild. An unhealthy relationship may be characterized by emotional, psychological, or verbal abuse. In serious cases, the abuse may be sexual or physical. Family members who sexually or physically abuses their child may scare them into not telling anyone or asking for help. This type of abuse can severely alter the parent-child relationship as the abuser (the once-traumatized) is misplacing emotions onto the innocent child and keeping the child from telling others of the abuse. This, of course, is not a justification for all cases of abuse but there are many families that fit this description.
- 3. Unresolved psychiatric problems can lead to relational turmoil:** It is a known fact that older generations do not believe in pursuing the help of mental health (and even medial health) professionals. The attitude is often, “I can heal myself.” Some people go so far as to say “they don’t know me, I know myself better. I can help myself.” Family members who are struggling with mental health conditions (depression, anxiety, psychotic symptoms, etc.) truly need help because unresolved psychiatric symptoms can lead to further trauma and emotional turmoil within one’s family. In severe cases, the psychiatric symptoms spread to social and work relationships.
- 4. “Borderline” behaviors may develop in younger generations:** One of the presuming ideas around BPD is that invalidating environments (i.e., environments where one’s emotions were minimized or ignored), which are often present in families of inter-generational trauma, may lead to the developing symptoms of BPD and ultimately failed familial and social relationships. Because of the trauma of an older relative, the younger generation may experience emotional and psychological abuse which can result in feeling invalidated. These repeated feelings can then lead to labile (or switchable emotions), leading to BPD-like symptoms. Of course, genetics and upbringing, including many other risk and protective factors, also play a role.
- 5. Younger generations may develop a “content” attitude with how things are:** As noted above, older generations set the stage for how things within a family are addressed. If ignoring and minimizing (and even accepting) the trauma is “normal” for the family, younger generations will adapt to this way of “survival” and mimic the behaviors for generations to come. Individuals who ignore or minimize and deny family trauma are only making matters worse for younger family members. Much of how we cope with traumatic experience is learned. If your family has never learned to seek therapeutic support, reach out for social support, etc., then you are likely to become content with the way you have learned to cope.

## **TAKING THE ESCALATOR: AN ALTERNATIVE TO THE 12 STEPS**

By Kenneth Peccoraro – [www.takingtheescalator.com](http://www.takingtheescalator.com)

### **Strategy List for Families Dealing with a Loved One's Substance Use Issue**

There are no easy answers. If anyone tells you they have a simple solution don't listen to them. Change is challenging. (Consider yourself, for example – is change easy for you?)

Positive change is derived from a combination of insight, internal motivation and external motivation. These factors often change with time so you may need to adapt your approach

Every human has free will (whether we like it or not, acceptance of this is important)

There is HOPE – Part of your mission should be to hold on to hope and remain a source of hope (often in combination with a lot of patience) – Believe in the capacity for change in your loved one

Keeping a positive focus is better than relying primarily on negatively focused strategies – (Often easier said than done because of all of the emotions involved)

Nagging is ineffective. Nagging is often a dysfunctional outlet for the frustrated family member but does little for the individual who is struggling with addiction

“Tough Love” has a time and place – It is often not a first line tactic but to be used more as a last resort.

“FBI tactics” alone are not enough – Staying alert is fine but focusing entirely on staying “one step ahead” is often a losing proposition when dealing with addiction. No matter how hard you try, you will be fooled on occasion and valuable energy can be wasted on surveillance and spying.



Honesty is essential and means a lot more than using deception or trickery. If you expect honesty, then model it yourself for your family member. You lose credibility and trust when you lie.

“Use your brain and not your pain” – As difficult as it can be, do your best to remain reasonable, rational, using sound judgement, rather than lashing out emotionally. Help one another with this.

Try to be proactive rather than reactive – Clear concise warnings of expectations ahead of time can make difficult decisions much easier later. Avoid overly repetitious warnings which can mirror nagging. Follow through on warnings when needed.

The saying is true: “Trust has to be earned” – Trust is a lot like managing a bank account with “deposits” and “withdrawals” – Allow trust to be earned with time even when it can be scary to let go.

Behavior and attitude are the best measures of progress – Stay alert to subtle changes either way (but avoid nagging about them). Notice, recognize and praise the positive that you see.

Do not undervalue the power of encouragement – Sow sincere “seeds” of encouragement which may sprout with time. Emphasize the positive even when it seems small – Praise is powerful.

Sometimes there is more – If someone is “holding on” to their substance use, often they may not let go until they see something else better to reach out for. \*But they have to want it.

Coexisting issues often play a role – Mental health, trauma, and other issues can be a huge part of the puzzle – Or not – Sometimes addiction is just addiction.

Family should be as united as possible – Communicate, work together, and avoid undermining each other. Be there to provide checks and balances for each other as it is easy to get caught up in emotions and pain. Remember self-care and caring for one another. Don’t be afraid to seek help for yourself.

## **12-STEP RESOURCE LIST**

Adult Children of Alcoholics / <https://adultchildren.org/>

Al-Anon / <https://al-anon.org/>

Alcohol & Drug Education / <https://www.healthworldeducation.org/>

Alcoholics Anonymous / <https://www.aa.org/>

Anorexia Nervosa & Associated Disorders / <https://anad.org/>

Co-Dependents of Sex Addicts / <https://www.cosa-recovery.org/>

Co-Dependents Anonymous / <http://coda.org/>

Crystal Meth Anonymous / <https://crystalmeth.org/index.php>

Debtors Anonymous / <https://debtorsanonymous.org/>

Depressed Anonymous / <http://depressedanon.com/>

Eating Disorders Anonymous / <http://eatingdisordersanonymous.org/>

Emotions Anonymous / <https://emotionsanonymous.org/>

Families Anonymous / <https://www.familiesanonymous.org/>



Gamblers Anonymous / <http://www.gamblersanonymous.org/ga/>

Marijuana Addicts Anonymous / <https://www.marijuana-anonymous.org/>

Mothers Against Drunk Driving / <https://www.madd.org/>

Narcotics Anonymous / <https://www.na.org/>

Nicotine Anonymous / <https://nicotine-anonymous.org/>

Obsessive Compulsive Anonymous / <https://obsessivecompulsiveanonymous.org/>

Overeaters Anonymous / <https://oa.org/>

Parents Anonymous / <http://parentsanonymous.org/>

Pills Anonymous / <https://www.pillsanonymous.org/>

Rational Recovery / <https://rational.org/index.php?id=1>

Refuge Recovery / <https://refugerecovery.org/>

Runaway Hotline / 800-Runaway / <https://www.1800runaway.org/>

Sarpashana / <https://tucson.shambhala.org/programs/sarpashana/>

Sex Addicts Anonymous / <https://saa-recovery.org/>

Sex and Love Addicts Anonymous / <https://slaafws.org/>

Sexual Compulsives Anonymous / <https://sca-recovery.org/WP/>

Survivors of Incest Anonymous / <https://siawso.org/>

Workaholics Anonymous / <http://www.workaholics-anonymous.org/>

## **12-STEP MODEL FOR ADDICTION**

**12 Steps:** a program to provide tools for getting and staying sober, commonly used in Alcoholics Anonymous meetings. The following are the original twelve steps as published by Alcoholics Anonymous:

1. We admitted we were powerless over alcohol – that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we *understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends with them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory, and when we were wrong, promptly admitted it.



11. Sought through prayer and meditation to improve our conscious contact with God as *we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

## **12-STEP SUPPORT GROUPS – WHAT ARE THEY?**

- Anonymous over the last 80 years
- Based on the Principles set forth by Alcoholic
- Spiritually based programs
- Have continued to morph and now encompass a multitude of relationship dynamics and promote individual and family health
- Higher Power Concept:
  - o God as we may or may not understand
  - o A Power greater than self
  - o GOOD ORDERLY DIRECTION

### **Types of 12 step meetings:**

- AA: Alcoholics Anonymous
- Al-Anon: For people who have an alcoholic in their life
- CODA: Co-dependents Anonymous
- NA: Narcotics Anonymous
- OA: Overeaters Anonymous
- SAA: Sex Addicts Anonymous
- SLAA: Sex and Love Addicts Anonymous
- EA: Emotions Anonymous
- RCA: Recovering Couple Anonymous
- ACOA: Adult Children of Alcoholics Anonymous

### **Types of groups within each fellowship:**

- Big Book Meetings
- Open vs. Closed
- Open Discussion Meetings
- 12 and 12 Meetings
- Candlelight Meetings
- LGBTQ Meetings
- Birthday (or Anniversary) Meetings
- Speaker Meetings
- Newcomers Meetings

**Concepts of recovery:**

- 12 Steps are a suggested program for living that allows healing to occur
- 12 Steps - a solution for many problems
  - Chemical Dependency
  - Behavioral Addictions
  - Co-dependency
  - Trauma
  - Chronic Pain

**The steps require action:**

Can be understood by looking at the verbs

.... Admitted

.... Came to believe

.... Made a list

**Sponsors – What are they?**

- A sponsor is active in the same fellowship
- A sponsor exhibits the type of recovery you want
- A sponsor is readily available
- A sponsor has a minimum of 1 year of sobriety
- A sponsor guides you through working the steps
- A sponsor helps you develop a program of Recovery
- A sponsor is the same sex as you, unless you identify as gay or lesbian

## **CHILDREN EXPERIENCING ADDICTION IN THE FAMILY**

### **Children and Addiction**

Alcoholism and drug addiction is taking a toll on the American family. As a result, 8.3 million children in the United States, approximately 11 percent, live with at least one parent who is in need of treatment for alcohol or drug dependency. One in four children under the age of 18 is living in a home where alcoholism or alcohol abuse is a fact of daily life. Countless others are exposed to illegal drug use in their families.

The toll addiction takes on these children can be substantial. Children of addiction or (COAs) are at significantly greater risk for:

- Mental illness or emotional problems, such as depression or anxiety Physical health problems.
- Learning problems, including difficulty with cognitive and verbal skills, conceptual reasoning and abstract thinking.

In addition, children whose parents abuse alcohol or drugs are almost three times more likely to be verbally, physically, or sexually abused, and four times more likely than other children to be neglected. Strong scientific evidence also suggests that addiction tends to run in families. Children of alcoholics are four times more likely than non-COAs to develop alcoholism or other drug problems.

### **You can help**

Research shows that many children with drug or alcohol-dependent parents can benefit tremendously from adult efforts to help and encourage them. In fact, children who cope most effectively with the trauma of growing up in families affected by alcoholism or drug addiction often attribute their sense of well-being to



the support of a non-alcoholic parent, step-parent, grandparent, teacher, or other significant other in their lives.

Health professionals, school teachers and guidance counselors, community-based program personnel, social workers, athletic coaches and faith/community native spirituality leaders are just some of the adults who regularly come in contact with children. As trusted and respected figures in their lives, they are in a unique position to support children who live in alcohol or drug-dependent families.

### **Understanding children and addiction**

Children living in alcohol or drug-dependent homes are regularly confronted with denial and are silenced about their family experience. The unpredictability and irrationality based by the addiction in the family often creates an atmosphere that is blaming, personally hurtful and sometimes physically unsafe. COAs often feel obligated to take on the parental responsibilities. For many, this results in a loss of childhood.

Although some COAs will outwardly exhibit negative behaviors that alert the adults around them that there may be a problem at home, others work hard to succeed and release in spite of the stresses at home. Often these children do not have a balanced childhood that may result in negative consequences for the future including an increased risk of substance abuse problems.

## **OTHER HELPFUL DEFINITIONS**

### **Sabino Recovery language & therapy modalities:**

**Acupuncture:** Adjusting and altering the body's energy flow into healthier patterns, and is used to treat a wide variety of illnesses and health conditions. The World Health Organization (WHO) recommends acupuncture as an effective treatment for over forty medical problems. Acupuncture has been used in the treatment of alcoholism and substance abuse. Acupuncture has long been used to treat depression, anxiety, mood swings, an insomnia, as well as psychosis such as schizophrenia and mania. It is an effective treatment for headaches and chronic pain, associated with problems like back injuries and arthritis.

**Addiction:** A pathological relationship in mood altering experience that has life damaging consequences. In recent years, the American Society of Addiction Medicine changed its definition of addiction to "a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Addiction affects neurotransmitters and interaction within reward structures of the brain..." The definition continues for several paragraphs naming parts of the brain, their purpose, and how the healthy functioning of the brain hijacks and negatively impacts the brain connectivity and neural pathways when repeated consumption of alcohol, drugs, food, sex and more, turn craving into addiction. The Sabino Model uses the concept of neuroplasticity to change the neural pathways in the brain through healthy and positive experiences and relationships.

**Anxiety:** A multisystem response to a perceived threat or danger. It reflects a combination of biochemical changes in the body, the individual's personal history or memory, and the social situation. It can also be about ruminating on the future for which we can have no control.

**Attachment Failure:** When an individual had a failure to form normal attachments to a primary caregiver figure in early childhood. The first three (3) years of a human's life are critical because it is the time period in which the brain grows most rapidly and attachment failure can occur at this time when a child is completely dependent on others to survive. Children who are repeatedly shamed verbally, emotionally, physically, and/or intellectually will develop traumatic shame. This shame can lead to behaviors, which have negative consequences such as addictions or other mental health conditions. Disruption of the attachment system is trauma.

**Attitude:** It truly is everything! Be kind to *yourself* as well as others. Be honest with *yourself* as well as others. Be grateful for *yourself* as well as others. Treatment is not easy. Pace yourself and acknowledge your work. Spend time to observe your progress.

**Co-dependency:** A state resulting in trauma in which one's good intention to help, results in harm for themselves and others. Filling needs externally instead of internally. When you fill everyone else's bucket and expect your bucket to be filled. "A pattern of painful dependence on compulsive behaviors and on approval from others in an attempt to find safety, self-worth, and identity". A loss of an inner reality and an addiction to an outer reality. A loss of personal identity in a process of painful external validation.

**Complex PTSD:** When a person experiences chronic trauma that continues or repeats for months or years at a time. Involves a real or perceived sense of extreme helplessness.

**Dance/movement Therapy:** The psychotherapeutic use of movement and dance to further the emotional, cognitive, physical and social integration of the individual.

**Depression:** A mood disorder that causes a persistent feeling of sadness and loss of interest. Can also be about ruminating on the past of which we can do nothing.

**Detachment:** A healthy behavior to remove oneself from enmeshment.

**Enmeshment:** When an individual in a relationship has no clear boundaries and over-concern for others leads to a loss of autonomous development.

**Eroticized Range:** The anger that is underneath sexual behavior that is considered socially unacceptable.

**Eye Movement Desensitization and Reprocessing (EMDR):** A psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences. It is one of the most widely researched and validated methods used today in the treatment of trauma. It is an integrative approach, based on the premise that a disturbing experience becomes locked in the brain and stored with the same perceptions that existed at the time of the event. Its greatest strength lies in its ability to access a natural physiological process so that the individual can tap into his or her own inherent healing ability. We are hardwired to heal. Resolution occurs when we are able to access the disturbing experience via bilateral stimulation. EMDR is also effective with anxiety, addictions, stress, depression and more.

**Integrative Therapies:** The integration of elements from different schools of Psychotherapy in the treatment of an individual. Integrative psychotherapy may also refer to the psychotherapeutic process of integrating the personality: uniting the affective, cognitive, behavioral, and physiological systems within a person.

**Neuroplasticity:** The brain's ability to reorganize itself by forming new neural connections throughout life. Neuroplasticity allows the neurons (nerve cells) in the brain to compensate for injury and disease and to adjust their activities in response to new situations or to changes in their environment.

**Nightmare:** An unpleasant dream that can cause a strong emotional response from the mind, typically fear or horror but also despair, anxiety and great sadness. The dream may contain situations of danger, discomfort, psychological or physical terror. Sufferers often awaken in a state of distress and may be unable to return to sleep for a prolonged period.

**Night terrors:** A sleep disorder, causing feelings of terror or dread, and typically occurs during the first hours of sleep and is characterized by the dreamer believing he/she is awake.

**Posttraumatic Stress Disorder (PTSD):** May develop after a person is exposed to one or more traumatic events, such as major stress, sexual assault, terrorism, or other threats in a person's life. The diagnosis may be given when a group of symptoms, such as disturbing recurring flashbacks, avoidance or numbing of memories of the event, and hyperarousal, continue for more than a month after the occurrence of a traumatic event.

**Psychiatrist:** A physician who specializes in the prevention, diagnosis, and treatment of mental illness. A psychiatrist must receive additional training and serve a supervised residency in his or her specialty. Psychiatrists can prescribe medication, which psychologists cannot do.

**Psychodrama:** An action method, often used as a psychotherapy, in which individuals use spontaneous dramatization, role playing and dramatic self-presentation to investigate and gain insight into their lives.

**Psychologist:** A professional specializing in diagnosing and treating diseases of the brain, emotional disturbance, and behavior problems. Psychologists facilitate psychological testing and cannot prescribe medication.

**Reiki:** A form of therapy that uses light touch, and visualization techniques, with the goal of improving the flow of life energy in a person. Reiki provides many of the same benefits as traditional massage therapy, such as reducing stress, stimulating the immune system, increasing energy, and relieving the pain and symptoms of health conditions. It has been used to successfully treat depression and anxiety.

**Relationship Addiction:** A relationship that mistakes romance for love, and intensity for intimacy. Relationship addiction is paradoxical and is characterized by a feeling of having no way out. It is a desire to get close to someone, but often ending up with a person whose problems make closeness impossible. Relationship addicts crave unconditional love, but live in constant fear of abandonment. Drowning in the whirlpool of their own

emotions, they turn to rescuers who are emotionally unavailable and cannot swim. Relationship addiction is like returning to an empty well trying to quench a thirst.

**Self-Regulation:** Your ability to track, be with yourself, to know when you go into overwhelm, and to know what is needed to return to center.

**Sleep Apnea:** A sleep disorder characterized by pauses in breathing or instances of shallow or infrequent breathing during sleep.

**Somatic Experiencing:** “The SE approach teaches that trauma is not caused by the event itself, but rather develops through the failure of the body, psyche, and nervous system to process adverse events.” The SE approach offers a framework to assess where a person is “Stuck” in the fight, flight or freeze responses and provides clinical tools to resolve these fixated physiological states. It provides effective skills to appropriate to a variety of healing professions including *mental health, medicine, physical and occupational therapies, body.*” – Peter A. Levine, PhD. Founder of somatic experiencing.

**SomatoEmotional Release (SER):** A therapeutic process that helps rid the mind and body of residual effects of past trauma associated with negative experiences. The body often retains physical forces, and often the accompanying emotional energy, triggered by physiological, psychological, emotional or spiritual trauma. As the body heals, it can isolate or wall off, this energy. Eventually the body weakens or tires of this accommodation and can develop symptoms of pain, dysfunction or emotional stress in response. SomatoEmotional Release (SER) is a technique developed in the 1970s as an offshoot of craniosacral therapy that releases residual negative energies from past traumatic experiences.

**Trauma:** Trauma can be any experience that results in an overwhelming emotional response to a real or perceived threat to one’s life or the life of someone else. Anyone who is repeatedly exposed to frightening experiences and is unable, for whatever reason, to process the experience receive understanding or be provided comfort for their fears can be wired for extremes. Trauma leaves the individual either over-reacting or under-reacting to the experience.

**Traumatic Grief:** A debilitating form of grief characterized by extreme separation anxiety and traumatic distress. Symptoms may include preoccupation with the deceased, the events of his/her death, shock, disbelief, numbness, detachment, purposelessness, and suicidal ideation.

**Traumatic Shame:** When an individual incurs repetitive verbal, emotional, intellectual, mental shaming in childhood consistently over a period of time, those experiences may represent trauma. When this occurs the relentless shaming is defined as traumatic shame.

**Yoga:** A system of exercises for attaining bodily or mental control and well-being; a part of which, includes breath control, simple meditation, and the adoption of specific body postures.

## **WHEN PARENTS RECEIVE TREATMENT**

Living with an active-alcohol or drug-dependent adult is undeniably difficult for all family members. But surprisingly, the experience of a loved one who is beginning treatment and going through recovery also can be traumatic for children, particularly as the family dynamic associated with addiction begins to change. The uncertainty and tension that are a part of this change may be uncomfortable and confusing for children. When a parent receives treatment, their partner and children should also receive appropriate services as well, so that all members of the family can recover from the impact of addiction.

### **How you can help**

Most adults can support COAs in three ways. First, you can provide children with age-appropriate information about alcohol, drugs, and the disease of addiction. The most important messages for COAs to hear from trusted adults are:

- Alcohol/drug dependency is an illness. It is not your fault that your parent drinks too much or uses drugs, and you are not responsible for correcting it.
- You can take care of yourself by talking with a trusted person and making healthy choices in your own life.
- Treatment for alcohol/drug is available and can be effective in getting a parent with addiction on the road to recovery.

- You are not alone. You need and deserve services. There are safe people and places that can help you.

Second, you can teach children how to identify and express their feelings in healthy ways, especially by seeking out and speaking with “safe” adults. You can guide them toward educational support programs at school or in your community. Such programs can help develop coping skills to deepen their innermost strength and resilience.

Third, and perhaps most important, you can take the time to develop a healthy adult/child relationship with a COA who needs you. Children who live in alcohol and drug-dependent families learn not to trust adults. By offering your time and an open ear to provide assurance and validation, you can counteract much of that mistrust and make an immeasurable and positive impact on a child’s life.

If you are in a position to influence the adults in the family, help them find a qualified professional who is experienced with intervention and can help them get the assessment and treatment they need to begin recovery. An actual family intervention should be undertaken with a qualified professional who is experienced in the intervention process.

### **Where you and COAs can turn for help**

A number of resources are available to help adults identify and support COAs, and refer them to local programs and services that can assist them. If you want to help children in alcohol or drug-dependent families, familiarize yourself with area peer support groups, such as Alateen and Al-Anon, school based student assistance programs, and therapy programs that can assist COAs. Additionally, there are a number of national organizations dedicated to raising awareness, educating and assisting COAs that can provide resource materials to caring adults, as well as COAs themselves. All of these organizations are available to help COAs, but, for you, just showing an interest in the child and offering support can make a difference in his/her life.

### **About the Author [www.samhsa.gov](http://www.samhsa.gov)**

SAMHSA works to improve the quality and availability of substance abuse prevention, alcohol and drug treatment, and mental health services. Includes links to support groups, information resources, events and articles.

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**WILD GEESE**  
**BY MARY OLIVER**

You do not have to be good.  
You do not have to walk on your knees  
for a hundred miles through the desert repenting.  
You only have to let the soft animal of your body  
love what it loves.  
Tell me about despair, yours, and I will tell you mine.  
Meanwhile the world goes on.  
Meanwhile the sun and the clear pebbles of the rain  
are moving across the landscapes,  
over the prairies and the deep trees,  
the mountains and the rivers.  
Meanwhile the wild geese, high in the clean blue air,  
are heading home again.  
Whoever you are, no matter how lonely,  
the world offers itself to your imagination,

calls to you like the wild geese, harsh and exciting  
over and over announcing your place  
in the family of things.

