

Become an Honoring Witness

Education Pamphlet for Chemical Dependency Counselors

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"...long-term effects of childhood physical and/or sexual abuse contribute to drug and alcohol relapse"

The Chemical Dependency Counselor's Role in Responding to Issues of Childhood Physical/ Sexual Abuse

This pamphlet is designed to begin addressing the complex and important challenges CDCs face when working with drug and alcohol recovery clients who also have histories of childhood physical and/or sexual abuse. Since 1995 the King County Multi-abuse Peer Consult Group has struggled with these complex and recurring issues.

Over and over we have seen how the long-term effects of childhood physical and/or sexual abuse contribute to drug and alcohol relapse. As we attempted to identify resources to give us guidance around these issues we have often felt stuck and overwhelmed. Our need for more information and guidelines when working with these early recovery clients prompted this project.

Therefore, with the support of the Washington State Coalition on Women's Substance Abuse Issues, we hope this pamphlet will begin a dialogue and exchange of resources around how to address the issues of childhood physical and/or sexual abuse that frequently interfere with adult CD recovery.

Has this Ever Happened to You?

Group Scenario:

You are the CDC for a group of ten to twelve women. The group has finished the "feelings round." You ask what issues or struggles they are having staying clean and sober. A group member states she has an issue with her daughter. She goes on to explain at length that her young daughter has been staying with her parents. However, this weekend the daughter was "touched" by her grandfather. The client then reveals her own sexual abuse by this same person and how she was alienated from her family when she told. The client continues that she confronted her father this weekend about "touching her daughter" and complains she doesn't have a baby-sitter any longer!

The client is immediately challenged by another group member, "What kind of a mother are you? How could you leave your child with someone that abused you?" Other group members come to the client's defense. "She is doing the best she can and you have no right to interfere!" The client starts crying. Some of the group members start trying to "fix" the problem. The group is now very split and angry. It is time for the group to end and you are running late for your next meeting.

The CDC is a mother herself and is having difficulty not being judgmental. She also has her own abuse history which is intensifying her emotional response. She feels that she and the clients are left unraveled with conflict and disparity in the room. She thinks, "What am I supposed to be doing and where do I go from here?"



Self Test

The following self test questionnaire provides some guidelines. The answer key is located at the end.

Multiple Choice

When working with survivors of childhood abuse, it is important to:

- A.) Affirm the good in them
- B.) Reinforce their courage and strengths
- C.) Help them set small achievable goals
- D.) Not blame them for their emotional pain
- E.) Listen attentively without probing for details of their abuse history
- F.) All of the above

When a survivor client begins talking about her childhood abuse spontaneously, it may be most helpful to:

- A.) Be a respectful witness
- B.) Gently help the client 'emotionally shift gears' and get grounded back in the present
- C.) Avoid rushing to fix the past.
- D.) Listen without probing for more information (unless the client, a minor child, or a disabled adult are currently being abused)
- E.) Reply. "It takes courage to share what you have just shared-thank you for trusting me enough to tell me."
- F.) All of the above

*"If in
doubt, DO
NO
HARM!"*

True False

If in doubt, DO NO HARM! Acknowledging your own limits and skills will then modal good boundaries for your clients. *True or False?*

Physical and psychological boundaries are violated when children are abused. Therefore, it is necessary to be consistent with professional boundaries and clearly define the rules of treatment without acting in an authoritarian manner. *True or False?*

The primary treatment goal for a survivor of childhood abuse and chemical dependency recovery is to help her regain a sense of safety and control within herself and in her life. *True or False?*

CD counselors should not dig into a client's abuse history. *True or False?*

When CD counselors find themselves suddenly having nightmares, feeling depressed, feeling angry, feeling confused, or feeling too involved in a client's issues, debriefing with a supervisor or CD colleague is necessary. *True or False?*

Survivors of childhood abuse need to be given the choice-about when, if, or how much of their abuse history they want to share. *True or False?*

Telling a beginning recovery group that childhood abuse issues frequently surface in recovery but the group focus will be on addiction not, childhood abuse is therapeutic. This is because it lets the group know that abuse issues are common (normalizes) and respectfully limits what the group structure will be. *True or False?*

If childhood physical/sexual abuse issues are interfering with the client's current safety and sobriety, then those issues must take priority. *True or False?*

Answer Key: All true and all of the above.

We Know:

Approximately 50-80% of women and 20% of men in chemical dependency recovery programs report having been victims of childhood sexual abuse; 69% of women and 80% of men in recovery report childhood physical abuse (Bigham and Resick, 1990; Dansky et al, 1995; Kunzman, 1990b).

These survivors of childhood abuse frequently self medicate with drugs and alcohol to relieve their emotional pain. When these clients become sober, the distress and emotional pain (from their abuse) are no longer blocked by chemical numbing. They become at risk for relapse!

Long Term Effects of Childhood Physical and/or Sexual Abuse:

The after effects of childhood abuse (also referred to as post-traumatic stress) refers to a set of symptoms and problems that may develop after experiences which are intensely frightening, & dangerous and uncontrollable. The persons' ability to cope is overwhelmed and basic safety is severely threatened. Many individuals subjected to physical and/or sexual abuse as young children have some of these long term effects from their trauma. (Notice the overlap of symptoms from drug and alcohol addiction!)

- low self esteem and low self confidence
- emotional numbing (trying to block feelings to avoid pain)
- forgetting or trancing out (mentally going away to avoid pain)
- distrust of others, distrust of authority figures
- avoiding people, places, or things that are reminders of the abuse
- negative self perceptions (I'm bad, dirty, blame self for abuse)
- difficulty sleeping
- difficulty concentrating
- hyper vigilant (constant surveillance of the environment for physical/emotional safety)
- exaggerated startle response. (jumpiness or involuntary over reacting to sudden noises or movements)
- nightmares or flashbacks of the abuse
- emotional intimacy problems
- feelings of helplessness/hopelessness
- anxiety and/or depression

- self-destructive behaviors
- re-victimization
- freezing (being unable to move, speak or interact)
- feeling emotionally disconnected from others, withdrawing
- controlling behaviors (trying to be in charge to regain a sense of power and safety)

Why Is it important to recognize these symptoms? Because otherwise, you may unintentionally facilitate relapse instead of recovery! First and foremost, DO NO HARM! Emotional and physical safety must be created as a foundation before doing emotionally charged work.

This means clients must obtain a certain degree of internal and external safety before having their abuse history probed or fully assessed and before opening up traumatic memories. Consideration must be given when dealing with the recovery concepts of moral inventories, amends, and forgiveness when working with abused clients around their abuse issues

Remember, first things first! The primary treatment goal with these clients should be to help them create safety in their lives! This means drug and alcohol abstinence, ending abusive or exploitive relationships and situations, learning to say no, learning to assert appropriate boundaries, and learning self care. Transforming from a victim to a survivor and thriver requires learning and using safety skills. Facilitating these safety skills for early recovery clients with abuse backgrounds is vital to prevent relapse!

Book References

Child Abuse Trauma Theory and Treatment of Long Lasting Effects. John N. Briere

Living in Process. Ann Wilson Schaefer

Many Roads, One Journey: Moving Beyond the 12 Steps. Charlotte Davis Kasl

The Drama of the Gifted Child. Alice Miller

Trauma and Recovery. Judith Lewis Herman

Post-Traumatic Stress Disorder, A Complete Treatment Guide. Aphrodite Matsakis

Understanding Posttraumatic Stress Disorder and Addiction. Katie Evans and J. Michael Sullivan

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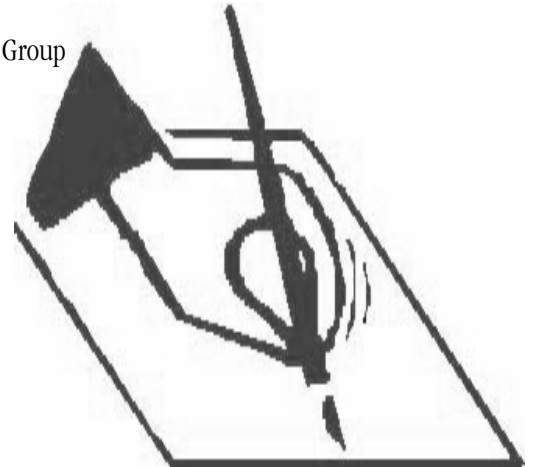
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Call for Feedback

We invite you to share your resources on these topics and your feedback so we may better serve this enormous client population. How are you dealing with these issues and what are your local resources?

As a second part of this project; we have developed and locally tested a pilot training to enhance the content of this pamphlet. Let us know if you or your agency are interested in participating or sponsoring one of these trainings. Please send comments, questions, feedback, and/or resources you are willing to share to:

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