TRAUMATIZED FAMILIES: UNDERSTANDING THE EPIGENETIC, HISTORICAL, AND SYSTEMIC IMPACT ON FAMILIES

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Successful therapy is built on a foundation of client and family acceptance, hope, honesty, and the willingness to engage in difficult conversations.

Healing occurs when individuals and their family members can move beyond the thoughts, feelings, beliefs, and behaviors that maintain their problems and begin to engage in new thoughts, feelings, beliefs, and behaviors that promote healing!

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Primary Trauma
(Primary Trauma Victim)

Secondary Trauma
(Trauma Experienced by Family Members, Friends, First-Responders, Helping Professionals, etc.)

Compassion Fatigue
(Trauma Experienced by Care-Givers and Helping Professionals)

Organizational Trauma

Posttraumatic Stress Disorder

Secondary Trauma

Developmental /Complex Trauma

Burnout
**Criterion A: Traumatic Event**

- *How does someone get traumatized?*

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

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

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

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

*DSM-V*
EFFECT OF EMOTIONAL AROUSAL ON DECLARATIVE (SEMANTIC) MEMORY (VAN DER KOLK, 1996)

Information NOT filed in memory database
Experience memories as sensory triggers
Bottom-Up Memory – experienced as present

Pre-Frontal Cortex
Offline/Unavailable

Extreme Stress interferes with hippocampal functioning, memories based on fragments of information!
Broca’s Area is off-line (language center)
No language = No narrative memory

Hippocampus
Spatial Memory
Shift from Short to Long Term
Fit information into existing cognitive Schema

Thalamus
Auditory
Olfactory
Kinesthetic
Gustatory
Visual

Fear, terror, powerlessness, anger, somatic experience, images, sounds, smells, etc.

Processing memory and Emotional Reactions

Autonomic Nervous System
Fight/Flight/Freeze

Amygdala
High Threat Fear-Terror

Threat  ➔  Event  ➔  Semantic  ➔  Procedural
Time
TRAVMA & THE AUTONOMIC NERVOUS SYSTEM (WOLTERSTORFF, 2009)

Activation of Autonomic Nervous System

- **Sympathetic NS**
- **Parasympathetic NS**
- **Overwhelmed**
- **Dissociative State**

Perceived Level of Threat

- **Relaxed & Alert**
- **Stressed**
- **Strongly Stressed**
- **Overwhelmed**
- **Traumatized**
- **Severely Traumatized**

Dual Activation of Sympathetic & Parasympathetic NS

- Sounds songs backfire
- Fear
- Powerlessness
- Anger
- Smells
- Body sensations
- Anxiety
- Shame
- Guilt
- Images
- Colors

That anger, disappointment, frustration, impatience look on another person’s face!
COMMON SYMPTOMS OF TRAUMATIC STRESS

• **Hypervigilance**
  - Watching everything around you for any type of threat.
  - Looking at facial expressions (anger, frustration, disappointment, expectation, disrespect, etc.)
  - Neuroception (happens unconsciously – part of procedural memory)
  - Constantly ready for fight, flight, freeze response

• **Control**
  - Making every attempt to be in charge of your life.
  - Putting pressure on others to do what you want (i.e., makes you feel safe)
  - Talk about what you are comfortable talking about (i.e., avoid talking about what you are uncomfortable talking about)
  - Controlling what others think and say (i.e., agree with you).
  - Controlling expectations of yourself and others,
Family Systems can act like one big limbic system? Who is the Amygdala?

- Isomorphism?
- Therapist ability to self-regulate?
HOW DO FAMILIES CREATE “NORMAL” INTERACTIONS? THEY DO IT ACROSS THREE GENERATIONS

There are multiple ways that families can transmit and maintain trauma, addiction, and other chronic diseases from one generation to the next:

- Epigenetics
- Attachment
- ACES
- Secondary/Systemic Trauma
- Family System Organization/Interactions

These factors can also influence how families adapt to crisis, trauma, etc.

The three-generation assessment is critical to the treatment process.
**INTERGENERATIONAL TRANSMISSION: EPIGENETICS**

- Romens, McDonald, Svaren, Pollak (2014)
- **Child maltreatment affects the way children’s genes are activated.**
  - Studied DNA methylation
  - Biochemical mechanism - helps cells control which genes are turned on or off.
  - First study of human children.
  - Increased methylation of glucocorticoid receptor gene.
  - Impacts HPA axis
  - Fewer glucocorticoid receptor sites
  - Makes it more difficult to regulate emotions.
- Studies on children of:
  - Native Americans (Yellow Horse Brave Heart, 2011)
  - Holocaust survivors (Nissenbaum, 2011)
  - African American Families – slavery and its aftermath (Graff, 2014)

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Epigenetics

Alterations in genes that do not include structural changes to the DNA nucleotide sequence.

(Orr & Kaufman, 2014)

**Theory of Dissolution (J.H. Jackson, 1910)**
Under stress, the human system tries:
- Newest system (in terms of evolution!) first. **Humans will initiate Social Engagement first.**
- If that doesn’t reduce stress, **it will initiate fight/flight.**
- If that doesn’t reduce stress, **it will initiate immobilization as a survival strategy!**
- Hierarchical relationship among three subsystems of the autonomic nervous system.

1.) **Social Communication or Social Engagement:** Facial Expression, vocalization, listening
   - Dependent on **Ventral Vagal** (myelinated) nerve
   - From brain stem to nucleus ambiguous. Fosters calm behavioral states by inhibiting the influence of the sympathetic Nervous system on the heart.

2.) **Mobilization:** Fight/Flight behaviors
   - Dependent on sympathetic nervous system (increased metabolic activity & cardiac output)

3.) **Immobilization:** Dissociation, Behavioral Shutdown
   - Most primitive – shared with most vertebrates
   - **Dorsal Vagus** nerve (from brain stem to dorsal motor nucleus). Connected to all organs below the heart.

*Over time, child develops unconscious process called Neuroception.*
## Developmental/Complex Trauma and Attachment – Core Needs

(Heller & Lapierre, 2012)

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

Family members report having experienced emotional, cognitive and behavioral symptoms that are similar to those reported by the primary victim.

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

- Sleep disturbances, Fatigue, Dissociation
- Feeling detached or estranged from others.
- Avoidance of activities that remind them of the trauma
- Avoidance of places that remind them of the trauma
FAMILY RESPONSE TO LIVING WITH ACTIVE ADDICTION/TRAUMA – INDIVIDUAL RESPONSE

### Common Feeling
- Anger
- Fear
- Grief
- Guilt
- Horror
- Terror
- Shock
- Hurt
- Depression
- Frustration
- Shame

### Common Defense Mechanisms
- Denial
- Rationalization
- Intellectualization
- Projection

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

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

### Common Behavioral Responses
- Hypervigilance
- Control – self/others
- Care Taking
- Impose Structure
- Avoid triggers & Reminders

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**Anxiety/worry - hypervigilance/control**

**Traumatic Stress Response**

**Frustration with Medical Community**
SECONDARY TRAUMA – IMPACT ON SAFETY & AUTONOMIC NERVOUS SYSTEM DYSREGULATION (BARNES, 1995; BARNES, TODAHL, & BARNES, 2002)

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

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

• Following a traumatic event, families commonly experience a shift in attitudes and beliefs that represent a need to focus on safety issues, related to self and others.

• **Due to concerns about safety and vulnerability, families engage in protective behaviors:**
  • Hypervigilant, Control, Enabling, overprotection, defensiveness, etc.
  • Focus on traumatized family member, avoid focus on their own response
Family member perceptions/experience of stress/anxiety associated with the traumatizing event will influence interactional patterns, coping mechanisms, and degree of emotional sequelae experienced by family system.

“The crisis is not the problem, but it is the family’s constraining beliefs that restrict alternative views about the crisis that becomes the problem” (Shaw & Halliday, 1992)
Like a mobile adjusts to wind to maintain stability, all families adjust to life's demands to maintain stability, and system integrity.

Trauma Survivor/Patient

Intoxication
Anxiety, Hyperarousal/Agitation
Intrusive Thoughts, Nightmares
Anger, Conflict, Arguments
Dissociation, Depression
Medical, Legal, Employment Crises

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

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

Values & Goals
Existing Resources
Perception of “a”
Crisis/Trauma Both
More Rigid/less flexible
Existing & New Resources
Coping

Pre-Crisis/Trauma
Post-Crisis/Trauma

Time
Time
FAMILY COPING TIED TO PERCEPTION OF THE PROBLEM

Family Perceptions, Understanding, and Beliefs about the “Stressor” will influence how they will utilize Resources to solve resolve the stressors/demands!

1. Rules  
2. Roles  
3. Routines  
4. Rituals  
5. Relationships

- Healthy System Organization – Stable Patterns  
- Intellect, Emotional Intelligence  
- Secure Attachment  
- ANS Regulation and Affect Management  
- Healthy organization (open boundaries, open/clear communication, clear roles, healthy routines, etc.)  
- Recovery Capital  
- Financial Security, Insurance, EAP, Counseling, Medical Care, Employment  
- Extended Family Support, Friendships, willingness to seek support

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

Values & Goals

- Developmental transitions  
- Addiction  
- Trauma  
- Illness  
- Employment changes  
- Financial Changes  
- Legal Issues  
- Relationship Issues
SECONDARY TRAUMA – IMPACT ON FAMILY SYSTEMIC FUNCTIONING
SYSTEMIC TRAUMA (BARNES, 1995; BARNES, TODAHL, & BARNES, 2002)

• See significant change/disruption to coping strategies
  • Shifts in family organization: Rules, Roles, Routines, Rituals & Relationships/Boundaries

• Increased Conflict, Anger, Resentment, Emotional Distance, Emotional Intensity, shifts in intimacy, shifts in parenting, shifts in decision making, etc.

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

Sibling Role Changes
FAMILY INFORMED TRAUMA TREATMENT (FITT) MODEL

Adapted from Kiser & Black, 2005

Time

Acute and longer-term effects, Individual Development, Family life cycle
Family Formation – Values, Goals, Boundaries (Identity)

• What was it like growing up in your family of origin?

• Was there addiction, trauma, domestic violence, mental or physical illness?

• How did it impact your childhood?

• How did it impact your ability to feel, to deal with conflict, to communicate honestly, to trust, to manage your anxiety or anger?

• How has it influenced the way you deal with your loved one’s addiction/trauma?
Whether the crisis is a trauma, addiction, or both, the longer the family goes without resolving a problem, the more these organizing principles tend to change, in order to allow the family to survive the crisis.
FAMILY ORGANIZATIONAL HEALTH – VALUES & THE 5 R’S IN IDENTITY DEVELOPMENT

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

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

**Roles**
- Is there a clear delineation in terms of who is responsible for certain roles (parenting responsibilities, decision making, bread winner, etc.)?
- Are family members asked to be responsible for things that are not typically their responsibility?
- Do family members take on roles that everyone knows, but no one talks about?
- What changes would you like to see made to the roles carried out by each family member?

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

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

**Rituals**
- Do you have unique ways to recognize family members for a job well done?
- Do you celebrate Cultural or Religious holidays?
- Do you celebrate birthdays, births, etc.
- What rituals would you like to implement in the family?
3 Generation Assessment

Individual Development of family members

Health/Illness Belief System/ Schemas

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

Family Life Cycle Stages
TRAUMA SYMPTOMS OVERRIDE ABILITY TO LOOK AT FAMILY GOALS AND IDENTITY. CRITICAL TO UNDERSTAND TRAUMA & FAMILY.
Like a mobile adjusts to wind to maintain stability, all families adjust to life’s demands to maintain stability, and system integrity.

- Intoxication
- Anxiety, Hyperarousal
- Intrusive Thoughts, Nightmares
- Dissociation, Depression
- Anger, Conflict
WHAT ARE WE LOOKING FOR? WHAT IS A RECURSIVE PROCESS?

- **Family member #1** walks into the house drunk, angry, and defensive.

- #1 sees **family member #2**, who has seen this many times before, and who responds to #1 with a look of distain.

- #1 and #2 get into an argument about #1’s state of intoxication and get into a loud and threatening argument.

- **Family member #3** (a child) watches the interaction, becomes fearful for #2’s safety, and joins in the argument to defend #2.

- #1 and #2 stop arguing. #1 goes to his room, while #2 starts to pay attention to comforting #3.
The primary work of individual therapy will be to work on Addiction Milestones, while connecting with the patient in the present moment, with a focus on present moment experience.

**Trauma & the Autonomic Nervous System (Wolterstorff, 2009)**

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

### What are you thinking? (Cognitions)

### What are you feeling in your body? (Somatic)

### What are you feeling? (Emotions)

### What are you feeling the Impulse to do? (Behavior)
Figley (1989) identified characteristics of families that tend to cope more efficiently with stress and trauma:

1. **Accept responsibility** for dealing with the situation and to **mobilize energy and resources** for action.
2. **Shift focus** from any one family member and recognize that it is a problem that the **entire family must face together**.
3. Move quickly from a blaming stance to a **solution-oriented** problem-solving focus.
4. Family members exhibit **increased tolerance and patience** for one another.
5. Clearly **identify and express emotions** associated with the traumatic event and verbalize their commitment to one another throughout the posttraumatic process.
6. Allow members to **access their own individual and interpersonal resources**, both internal and external to the family system.
7. **Reach out for social support** with little difficulty or embarrassment.
8. Finally, they are able to do this without resorting to **impulsive violence or dependence on alcohol or other drugs**.
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