IMPORTANCE of CLINICIAN SELF-AWARENESS WHEN TREATING SURVIVORS of CHILDHOOD SEXUAL ABUSE

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Objectives

Participants will:

- Learn importance of clinician self-awareness in treating trauma survivors
- Learn 3 tools that will help clients manage traumatic memories that resurface
- Learn key role that validation plays when children report sexual abuse
- Learn 3 long term negative effects of childhood trauma when child is not believed

Session will explore how a social workers personal history may negatively impact her/his work with adults who report long term issues with for chronic anxiety, depression and possible PTSD. Emphasis on childhood survivors of trauma; and tools for management of chronic spiritual and somatic pain. Treatment issues for child and adults survivors addressed.

Assessment of New Client

Every agency has an assessment form for collecting data/facts on patient history for research and insurance requirements related to reimbursement. EMR are not standardized and questions asked are often set by MD, RN and PhD with little input from social workers who are trained to evaluate, understand and treat the whole person.

Critical data includes:

- Death of family, friends and significant persons as defined by the client
- Significant losses: home, employment, relationships
- Religious history: role in client's childhood and current relationships. Client's understanding of spirituality.
- History of Trauma: child sexual abuse, violence experienced or witnessed, natural disasters

Insurance companies and agencies may set limits on initial # of visits/groups for treatment. It is ethical responsibility of each social worker to establish plan of care with client input and advocate for client needs as they arise (based on client need and not social worker desire to continue treatment.) Meet client where they are.
Boundaries in Therapist-Client Relationships

As social workers we are guided and governed by a code of Ethical Behavior. It is normal to feel attracted to clients, normal to want to help clients (even wanting to take them home and care for them but NEVER a good idea). http://www.socialworkers.org/pubs/code/code.asp

There are also times when a client’s issues will touch on unresolved issues in our own backgrounds and/or histories. It is NEVER acceptable to use a client to help us resolve personal issues. Supervision and therapy are the correct places for that healing and personal growth.

Clinician Self-Awareness Assessment (1)

• What is your cultural/ethnic background for maternal and paternal family history? Try to go back 3 generations.
• What is your family religious history? Cultural and religious can be very similar e.g. Irish Catholic, Jewish
• Do you have any relatives who ‘disappeared’? Someone that family will not discuss.
• What are your family secrets that are not discussed or shared outside the family?
• Are there any secrets or traumas that you suspect?
• Is there someone living who can give you this information?

Clinical Self-Awareness (2)

• Did you experience any trauma in your childhood? What was it? Trauma is what you label as traumatic for you (when it happened)
• What kind of support did you receive when you reported the trauma?
• Did it happen to you in isolation or with other family members or friends?
• Do you remember how you felt when it happened? What you thought AND what you felt in your body?
• Recall that trauma now. What did you see, smell, feel at the time you experienced the trauma?
• What happens today when you recall that trauma? What thoughts, feelings do you have? What happens in your body when you recall the traumatic experience?
What is Child Sexual Abuse (CSA)?

Sexual abuse of children is an egregious violation of innocence. CSA can seriously compromise the emotional and spiritual well-being of the child and family members. Not all victims of CSA disclose the abuse to trusted adults. Why?

- Molestation: touching a child in a manner that violates her/his personal space and makes them feel unsafe
- Abuse: can be sexual, psychological, physical, emotional and/or spiritual

CHILD ABUSE: Our Largest Public Health Problem

Adverse Childhood Experiences Study (ACE project)

- Initial phase conducted from 1995-1997 with 17,000 Kaiser Permanente patients who agreed to
  A. a physical exam and extensive medical questionnaire.
  B. Answer a 10 item Adverse Childhood Experiences questionnaire about:
     1. Physical and sexual abuse,
     2. Physical and emotional neglect,
     3. Family dysfunction: divorce mental illness, addiction, jail

http://www.cdc.gov/violenceprevention/acestudy/about.html

CHILD ABUSE: Our Largest Public Health Problem part 2

Second phase of study: 25,000 consecutive patients asked to provide info about childhood events and 17,421 said yes. ACE study showed that traumatic life experience during childhood and adolescence are more common than expected.

Respondents were mostly white, middle class, middle aged, well educated and $$$ secure. YET, only 1/3 reported no adverse childhood experiences.

CHILD ABUSE: Our Largest Public Health Problem part 3

Data from the 17K+ subsequent ACE questionnaires:
• 10% reported experiencing verbal and emotional abuse
• >25% reported experiencing repeated physical abuse
• 28% of women and 16% of men reported experiencing sexual molestation; and actual or attempted oral, anal or vaginal intercourse
• 12.5% reported witnessing their mothers sometimes, often or very often pushed, grabbed, slapped or had something thrown at her and/or witnessed their mothers sometimes, often or very often kicked, bitten, hit with a fist, or hit with something hard

Freud: Where lack of Validation Began

• In 1896 Freud claimed that “the ultimate cause of hysteria is always the seduction of a child by an adult”.
• Too risky to say that…..so his dogma on unconscious sexual fantasies of children toward their parents/adults was born.
• “Talking Cure” evolved from his paper with J. Breuer that emphasized importance of active memory (being able to recall event)
• Psychoanalysis evolved into a treatment that required client, more often a woman, to talk and talk and freely associate thoughts. Recollection of abuse/trauma was the goal.

Definition of Validation

• validate
• Origin verb (used with object), validated, validating.

• to make valid; substantiate; confirm:
  *Time validated our suspicions.*

• to give legal force to; legalize.

• to give official sanction, confirmation, or approval to, elected officials, election procedures, documents, etc.
  *To validate a passport.*
Importance of Validation for victim/survivor

Validation is the MOST IMPORTANT thing that survivors of child sexual abuse, sexual assault or domestic violence as an adult need from family, friends and health care professionals.

When a child tells an adult that someone, a family member or a stranger touched them in a sexualized manner or 'makes them feel unsafe', LISTEN and BELIEVE THEM.

When an adult tells someone that they were sexually assaulted or violated, LISTEN and BELIEVE THEM.

Do NOT blame them for what happened, BELIEVE THEM.

In order to validate client, a thorough self-understanding is necessary. Training in the area of treatment needed by the client and a network of colleagues, and supervisors to insure that the client comes first. If personal issues/needs of the social worker arise during our work with the client, it is NEVER appropriate or ethical to continue working with a client to meet any need of the social worker.

Trauma Definition

“Trauma is not the story of something that happened back then—it’s the current imprint of that pain, horror, and fear living inside people.” Van Der Kolk

“We remember trauma less with words and more with our feelings and our bodies.” Van der Kolk and Fisler 1995.

Triune (3 Part Brain)

Brain develops from bottom up. Reptilian brain develops in the womb and organizes basic life sustaining functions. It is highly responsive to threat throughout our entire life span. The limbic system organizes during first 6 years of life & continues to evolve in a use-dependent manner. Trauma can have a major impact on the brains functioning throughout life.

The prefrontal cortex develops last, and is effected by trauma exposure (unable to filter out irrelevant info). Throughout life it is vulnerable to go off-line in response to threat (real or imagined).

Trauma, Information Processing and the Triune Brain

Wilbur’s (1996) concept of hierarchical information processing proposes that there are intertwined, functional relationships among different levels of information processing.

• Cognitive Processing: thoughts, beliefs, interpretations and other cognitions
• Emotional Processing: emotion and affect
• Sensorimotor Processing: physical and sensory responses, sensations, and movement

Feelings of Shame: ways that parents unresolved shame is given to child

Fear of Abandonment: how the parent fosters that and what can be done to break that pattern

• ‘I will leave you’
• ‘You are bad’
• ‘Shame on you’
• Contempt
• Humiliation
• Blame

Development of Shame through the Life Cycle

• Infancy: facial, non-verbal. Failure to respond to child’s spontaneous request for holding, activated by parental anger, confirms shame. Bridge between parent & child must be restored, repeated after parent expresses anger OR the rupture is intensified and child trapped in shame.
• Childhood: shame on you, finger pointing
• Adolescence: paranoid feelings are manifestations of shame. Shame is fertile feeding ground for paranoia.
• Universal vulnerability to shame
• Adulthood: powerlessness-affect-stress cycle. Vocation, relationships
• Old Age: body changes, diminishing abilities, successful retirement, illness, reality of death

SHAME and GUILT

What are the differences?

• Guilt is traditionally seen as auditory and private, and shame seen as visual and public. Gershen says ‘this is wrong.”

• The source of shame can be in the self or from another but the individual can experience and feel that shame without another person being present or watching.

Differences Between Shame and Guilt

(Summarized from Integrative Health Resources posted online 8-21-2012 by Lathy G. Slaughter, LCSW)

<table>
<thead>
<tr>
<th>SHAME</th>
<th>GUILT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am wrong.</td>
<td>1. I did something wrong</td>
</tr>
<tr>
<td>2. Does not lead to change</td>
<td>2. Can inspire us to change</td>
</tr>
<tr>
<td>3. Always leads to disconnection from others</td>
<td>3. Can lead to healing when we admit our mistakes</td>
</tr>
<tr>
<td>4. Connected to our sense of who we are; internalized</td>
<td>4. Fades with time after corrective action taken</td>
</tr>
<tr>
<td>5. NEVER healthy or useful</td>
<td>5. Helpful &amp; useful with others; enhances</td>
</tr>
<tr>
<td>6. Causes pain for individuals; shameful comments hurt</td>
<td>6. Deals with accountability with others; communication</td>
</tr>
<tr>
<td>7. Based on person’s negative assessment of self</td>
<td>7. Changed BX; guilt gone</td>
</tr>
</tbody>
</table>

Erik Erikson’s Stages of Psychosocial Development

Summary Chart. Separate Slide

Gershon Kaufman states “as one probes deep into Erikson’s conceptualization of these recurring crises [stages of development], it seems evident that each subsequent stage represents a linguistic transformation of shame. The negative pole of each crisis is actually an elaboration of shame, given new or wider meaning. Each subsequent crisis involves, at least in part, a reworking of shame.”

Chart of Erikson's Psychosocial Stages of Development

(This slide will be shown separately. If you wish to pull up your own copy from another source, please feel free to do that).

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How Sexual Abuse/Trauma Affects Memory (1)

- We remember insults and injuries best.
- Children retain intense and accurate memory of traumatic events for a long time.
- Precision of memory is directly related to amount of adrenaline secreted.
- Experience of ‘horror’ or ‘inescapable shock’ and memory function is overwhelmed and breaks down.

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How Sexual Abuse/Trauma Affects Memory (2)

There are 2 memory systems: rational and emotional. Brain functions differently for each.

- High arousal that happens during abuse changes balance and disconnects other brain areas needed for proper storage & integration of new information.
- Traumatic experiences are not organized as coherent logical narratives but in fragmented sensory and emotional traces, images, sound and physical sensations.

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How Memories Are Accessed

- Implicit memory: traumatic events that leave memory traces that lack narrative interpretation. Researchers call this procedural memory (Van der Kolk and Janet)
- Explicit memory: active, constructive and reconstructive nature of declarative memory
- Sensory experiences and visual images related to trauma do not fade over time
- If current conditions resemble those experienced at time of trauma, survivors can be aroused, have flashbacks of trauma and show signs of panic.


developmental trauma

Children who survive sexual abuse and trauma will present for treatment with many different psychiatric disorders.

- Depression
- Oppositional defiant disorder,
- Anxiety,
- Reactive attachment disorder,
- ADHD
- PTSD

NONE of these diagnoses fit what the child tries to tell the clinician with her/his behavior. Developmental Trauma disorder would better fit these children. The DSM-V committee declined to accept the extensive data presented by the National Child Traumatic Stress Network teams. The research continues in hope that children can be better served with true understanding of their needs, and not putting the children in the clinical boxes used to give a negative label to the behaviors that result from abuse and trauma.

Betrayal Trauma (1)

“Childhood sexual abuse is especially likely to be seen eventually by the victim as a betrayal. Further evidence shows that the most devastating psychological effects of childhood sexual abuse occur when the victims are abused by a trusted person who was known to them.” p.75

Forgotten traumas are NOT the most terrifying or overwhelming. Trauma where the perpetrator is a trusted & intimate person in child’s life are the traumas that leave an imprint on the brain.

Example: Clergy perpetrated sexual abuse by religious leaders, especially Catholic child victims in 1950s and 1960s.

Betrayal Trauma (2)

Children are taught to attach to and elicit attachment from caregiver/parent
• What is that caregiver betrays them
• Violation of the social contract
When a child is dependent on person who betrays them
1. They block awareness of betrayal
2. Forget betrayal
3. Behave in ways to maintain relationship and which they are dependent
4. Withdrawal from caregiver could be life threatening
5. Survival of core betrayal requires information blockage, even amnesia by child (but the body remembers) 28

Possible Results of Blocked Traumas

• Increased arousal (agitation & hypervigilance)
• Generalized numbing (depression & avoidance)
• Intrusive cognitions (unwanted & disruptive thoughts)
To survive betrayal traumas, some information must be blocked from active memory (Ms. America 1958). 29

Peter Levine (1)
Facing Trauma and Surviving

• Arrest: increased vigilance, scanning
• Flight: try first to escape
• Fight: action if escape is not possible
• Freeze: scared stiff from fright, muscles stiffen
• Fold: Collapse into helplessness
Freezing or ‘numbing out’ is the default reaction when in state of helpless resignation to impending trauma. Response to frequent repeated trauma or anticipation of repeated trauma. 30
Collapsing and ‘going numb’ describes the physical, visceral and bodily experience of intense fear and trauma. Therapists must understand these reactions by clients to help them to transforming the trauma experience.

- Immobilization provides a profoundly altered state of numbing.
- Extreme pain and terror are dulled when body is numb
- This analgesic effect provides a flooding of endorphins for pain minimization
- State of analgesia/numbness lets victim go outside the body and observe=dissociation

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Health Issues That Can Result from History of Childhood Abuse

- Depression
- Anxiety
- Obesity
- Drug and ETOH abuse
- Domestic Violence
- Suicide
- Early Death from multiple of chronic illnesses
- Relationship issues and Work instability

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Long-term Effects of Incest

Results of longitudinal study of impact of sexual abuse on female development done in 2011. Study of 84 girls who were abuse victims and 82 that were not. Comparison of girls of same age, race and social circumstances showed sexually abused girls suffer from large range of profoundly negative effects, including:

- Cognitive deficits
- Depression
- Dissociative symptoms
- Troubled sexual development
- High rates of obesity
- Self-mutilation
- More major illnesses; health care utilization
- Abnormal stress hormone responses

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Adapted from: Levine, Peter. In An Unspoken Voice. pp. 48-50


Long Term Negative Effects of Childhood Trauma/Abuse

- Chronic Pain Syndrome (pain can be physical, spiritual, psychological)
- Shame
- PTSD
- Health Issues (Obesity, HBP, Diabetes, Drug and ETOH abuse)
- Increased risk for future abuse (domestic violence, professional misconduct)
- Child sexual abuse is a strong indicator for multiple medical illnesses, especially later in life

PAIN

- Chronic Pain Syndrome is another possible long term effect of unresolved child sexual abuse or trauma.
- Pain can be physical, emotional and/or spiritual. Pain most often presents physically in the body.
- Pain can be acute or chronic
- Why might pain continue decades after a traumatic experience?
- How to manage pain: are prescription meds the only option
- Importance of differentiating organic physical pain from a recent injury and long term residual pain from a previous experience/trauma

Automatic Negative Thoughts (ANTS)

- All-or-Nothing Thinking
- Always/Never Thinking
- Mind-reading
- Fortune-Telling
- Magnification and minimization
- Personalizing
- Focusing on the negative
- Emotional reasoning
- Comparative thinking
- Labeling
- Blaming
Resources for Management of Trauma Affect Breakthrough

- When client is exposed to situation that reminds them of the original trauma (by sight, sound, smell, voice or touch) it can trigger a panic response that is actually an unconscious memory of the original trauma (the body remembering)
- Clients can be taught ways to manage these unexpected feelings and physical reactions (self-soothing)
- Client knowledge and mastery of these skills can decrease anxiety, lessen thoughts and desire of self-harm to control overwhelming affect, and empower client to know the difference between feeling safe and being safe
- People who “forget” abuse/trauma may be afraid of certain people/situations without knowing the basis of that fear

Treatment Options

- Cognitive Behavioral Therapy (CBT)  www.nacbt.org
- Eye Movement Desensitization and Reprocessing (EMDR)  www.EMDR.com
- Dialectical Behavior Therapy (DBT)
- Trigger Point Therapy  www.myofascialtherapy.org
- Thought Field Therapy (TFT)  www.rogercallahan.com
- Acceptance and Commitment Therapy (ACT)  www.nrepp.samhsa.gov/ViewIntervention.aspx?id=191
- Play Therapy  www.a4pt.org
- Theraplay  www.theraplay.org
- Emotion-Focused Therapy (EFTT)  www.iceeft.com
- Complementary Therapies  www.myofascialtherapy.org

Complementary Therapies for Use with Traditional Talk Therapy

- Yoga
- Mindfulness Meditation
- Aromatherapy
- Bach Flower Remedies
- Homeopathy
- Herbal Medicine (use caution with prescription medications due to possible interactions)
- Journaling
- Acupuncture
- Reiki
- Reflexology
- Chakra Balancing
Mindfulness Meditation

• Impacts brain functioning positively
• Postures
• Hand positions
• Importance of proper breathing
• Scheduled time for practice (learn MM before you need it for calming/soothing)
• Teaching your client present moment awareness

The Callahan Techniques

• Thought Field Therapy (TFT) is the sequential tapping procedure that Dr. Roger Callahan discovered, which provides a code to nature’s healing system. When TFT is applied to problems it addresses their fundamental causes, balancing the body’s energy system, and allows you to eliminate most negative emotions or fears within minutes.
• www.rogercallahan.com offers free guide and online resources for TFT

Eye Movement Desensitization and Reprocessing

• History
• How used
• Importance of clinician training
• Used successfully with PTSD, first w/veterans now with trauma of all kinds
• Disaster
• Team of clinicians travel internationally
• Research proves that PTSD can be prevented when EMDR used soon after trauma
Experiential and Emotion-Focused Therapy (EFTT)

EFTT enhances clients' abilities to access and explore emotional experience within an affirming, empathy-based therapeutic relationship. P. 286

Adaptive processing of intense emotions in the context of a safe relationship is a foundation for enlarging the trauma survivor's perspective from preoccupation with danger and damage to a fuller experiencing of oneself as alive and of one's life and relationships as having fundamental worth and meaning. P. 286

Sensorimotor Psychotherapy (SP)

Traditional therapies for trauma related disorders focus on what individual says. “The narrative retelling evokes associated nonverbal, implicit memory states: internal sensations, images, emotions and autonomic dysregulations”. (Van der Kolk and Fisler)

Major components of SP
• Mindful Self-Awareness of Body Experience
• Self-Regulating bodily Arousal
• Sensorimotor Memory Processing
• Action and Movement

Review and Summary

• Clinician Awareness
• Purpose of Validation
• Brain and Memory
• Facing/Surviving Trauma
• Long Term Effects of Abuse/Trauma
• Pain
• Shame
• Treatment Options