

How Are ACEs and Trauma Incorporated Into *Celebrating Families!*[™]?

Celebrating Families![™] was originally developed for families in the Family Treatment (Drug Dependency Courts) where participants are mostly female, in substance abuse treatment programs, and experienced trauma as children and domestic/family violence as adults. The program developers assumed that participants would have experienced a high number of ACEs, be dealing with trauma and toxic stress and have learning differences or cognitive deficits. Therefore *CF!* was created as a trauma-informed, strength-based curriculum by a team of experts, many having had personal experiences with substance use disorders, abuse/neglect and family violence (ACEs). The curriculum specifically addresses adverse childhood experiences through teaching/modeling

- attachment strategies and components healthy living
- centering, self-care, appropriate expression of feelings/defenses, service to others, seeing beauty in the world
- strategies on how to be a healthy parent and break the family cycles of addiction, abuse, neglect and violence
- boundaries and healthy relationships, and
- anchoring parents in recovery.

Screening: Most participants attending *CF!* come from Family Treatment Courts or residential treatment facilities for women with children with full assessment teams. *CF!* provides sites with a suggested Intake, as the focus on the children may be new to sites. Questions include

- Who lives in the place of residence, who does the child live with, who has legal custody, restraining orders, have there been any problematic custody issues?
- What's the family's preferred language?
- Who is chemically dependent? Are they in recovery? What is their support system?
- What's the children's knowledge of substance use, domestic violence, incarceration?
- What's the medical history of the pregnancy including exposure to alcohol, tobacco, and other drugs, other toxins, violence? Are there guns in the home?
- What's the family medical history of learning difficulties, mental health concerns (hyperactivity, autism, and depression), speech problems, suicide or attempts, and domestic/family violence?
- What's the legal history? Have police ever come to the home; children ever been in court; "anyone in the house/family ever pushed, hit, called names or felt afraid"; have there been legal problems due to substance use; or has there been incest, abuse; what has the child witnessed or heard?

These questions, asked by a trained staff member, generally elicit information similar to the ACE survey and alerts *CF!* staff for possible safety and trigger concerns.

Training on this evidence-based program is provided by certified, national NACoA trainers and includes specific information on ACEs and the recently amended ACE pyramid, toxic stress, risk and resilience factors, trauma-informed group leadership, attachment, empowerment of parents (Guide on the Side), and learning differences. Trauma informed group leadership includes how to create

- Safe, nurturing, structured environments.
- Safe, respectful boundaries - between participants, as well as among participants and staff.
- Importance of language in communicating the values of empowerment and recovery. (Empowerment helps individuals figure out what is best for themselves.) The

curriculum also teaches parents nurturing and empowering skills to use with their children. It specifically discourages group leaders and parents from using punitive approaches and shaming, rather than “time outs” *CF!* teaches “time in’s” – standing beside a child (or adult) and teaching/modeling.

- Opportunities for families to learn, practice and experience family skills supporting attachment, communication, positive discipline, social skills and resiliency; and building parent-child relationships through play, games, family nights and meals.

It also includes how to deal with conflict through negotiation, teaching and modeling how to manage anger and peacefully resolving disagreements. The training concludes with an exercise reminding group leaders and administrators of the importance of their own self-care, as working with traumatized participants is hard.

As a trauma-informed program *Celebrating Families!*[™] staff have the obligation to provide for participants a safe and appropriate learning environment. It is our belief that recovery happens through healthy relationships. Group leader training also includes

- Basic safety for participants and leaders
- Awareness of possible triggers and how to address them when they occur
- Handling of transition times, especially for small children
- Importance of group agreements and consistent strength-based consequences (all ages) to create environments free from violence, harassment, bullying and teasing
- Stress reduction and centering for all-ages to be used in group as well as taught
- Importance of
 - Consistent, nurturing, strength-based environments (leaders, rooms and agendas)
 - Multi-modal instructional techniques
 - Connection and collaboration, encouraging open and welcoming dialogue; respect of participants; and communication with family and significant others when physically and emotionally safe.

Resilience-building principles and approaches: *CF!*'s mission is to help children and families become healthy, responsible and addiction free. Its specific goals are to increase protective factors and decrease risk factors in participants' lives in order to promote resiliency. Besides training Group Leaders on Risk and Protective (resiliency) factors, in Session 11, parents/caregivers are specifically taught risk and protective (resiliency) factors, from which they establish a goal for the next 5 sessions. (Group leaders check-in on progress towards achieving goals on a weekly basis.) Curriculum objectives include:

1. To decrease participants' use of alcohol and other drugs by increasing their knowledge and use of healthy living skills:
 - a. Participants will develop better communication skills.
 - b. Participants will learn how to express their feelings appropriately.
 - c. Participants will be able to demonstrate anger management skills.
 - d. Participants will increase their knowledge of the impact of alcohol, and prescription and illegal drugs on children, individuals and families.
 - e. Participants will be able to use problem solving and decision making skills.
 - f. Participants will develop coping skills to deal with stressful situations.
 - g. Participants will develop a list of resources they can turn to for help.
2. To work with agencies that serve children and families impacted by addiction to alcohol and other drugs to Increase:
 1. Rate of family organization and cohesion
 2. Rate of successful completion of treatment (court program)

3. Positive parent/child interactions
4. Children’s well-being and functioning, and their knowledge of chemical
5. dependency and future potential for their use of alcohol and drugs, and
6. their use of healthy living skills
7. Social responsibility of participants (employment, service to others)

Outside evaluation has shown that *CF!* achieves these goals with large effect sizes. (Studies available at www.celebratingfamilies.net/evaluation_reports.htm.) Specific skills taught include:

Skills *	Information *
<ul style="list-style-type: none"> ● Strengthening family relationships: family meals, family night ● Centering/ meditation/relaxation ● Affirming, encouraging children: Importance of 1-on-1 time with children, telling children “I love you”, reading to children ● Planning nutritious meals ● Communication: Use of “I” messages, ways to communicate, active listening. With children 0-3 using: baby cues and sign language, sportscasting, turn taking, following children’s lead ● Anger management, keeping out of fights, avoiding conflicts (especially with children) ● Appropriate expression of feelings, understanding defenses ● Becoming a nurturing parent, giving children age-appropriate choices (decision making) ● Becoming a safe family: Safety plans, check lists ● Choosing safe and trustworthy friends ● Identification of safe people ● Problem solving: Steps in making wise decisions ● Goal setting, dreams for the future ● Recognizing and establishing boundaries ● Saying no to others ● Relaxing and enjoying children 	<ul style="list-style-type: none"> ● Components of healthy living, including sleep, importance of dependable schedules, limited screen time ● Nutrition and Impact of sugar on brain chemistry ● Facts about alcohol, tobacco, prescription and illegal drug use; addiction; brain chemistry; dangers of children’s and adolescents’ use ● Recognition of the influence of media and advertising ● Facts about how chemical dependency affects families, friends and relationships ● Truth Statements for chemical dependency and domestic violence ● Attachment and attachment-based limit setting ● Facilitating healthy brain development, language development, and encouraging autonomy and exploration ● Bullying and power & control ● Choosing safe and trustworthy friends & How to be a good friend ● Facts about domestic/family violence ● Learning differences and in-utero exposure ● Risk and Protective Factors ● Relapse and staying safe ● Protecting children: safety planning, good taking action on their behalf ● Resources
Insights *	
<ul style="list-style-type: none"> ● Helping others: Acts of Kindness ● Personal & family values clarification ● Knowledge that we are part of something larger than ourselves: Wonder of the World (WOW Moments) ● Self-Worth/Self-Efficacy: Recognizing and celebrating each person’s uniqueness and personal power 	

The following are a couple of pages from *Celebrating Families!* Preface (used in training). For more information visit: www.celebratingfamilies.net or call NACoA at 301-468-0985



NACoA
10920 Connecticut Ave, Suite 100
Kensington, MD 20895
301-468-0985 nacoa@nacoa.org

From *CF!* Preface: Why These Program Topics

Families affected by chemical dependency usually have unhealthy:

Family Rules

- Don't Talk
- Don't Trust
- Don't Feel

False Beliefs

- Caused the disease
- Can cure the disease
- Can control the disease

Family Members Lack Information About What Addiction Does to Them

- Don't react normally
- High risk for addiction themselves
- Focus on alcohol/drug use

- At risk for abuse, family violence
- At risk for learning differences, fetal alcohol spectrum disorders

Need to Learn:

Facts about:

- Alcohol, tobacco, prescription and illegal drugs use
- Addiction and brain chemistry

- Learning differences and FASD
- How the whole family is affected
- Who is at risk
- Resources

Healthy living skills:

- Anger management
- Appropriate expression of feelings and defenses
- Communication

- Choosing safe and trustworthy friends
- Meditation/centering/ relaxation
- Setting healthy boundaries
- Problem solving, dreams and goal setting
- Refusal skills

They are unique and special!

- Knowledge that they are a part of something larger (Wonder of the World)
- That they make a difference (Acts of Kindness)
- How to affirm themselves, their children and others (Affirmations)

What they need

- * Structure: Agenda, consistency, clear/consistent Agreements and Consequences, patience and support
- * Multi-Sensory Instruction: Do, hear, see, write

- * Healthy Living Skills
- * Help with rage and impulse control
- * Validation: Affirmation

Attachment & Trauma-Informed Services

Definition of Terms:

Attachment: A powerful emotional tie or bond between children and caregivers (usually mother) important for survival. Attachment keeps infants close to their mothers, which is important for getting food, staying away from danger and getting comfort. This bond continues over time and involves a desire for regular contact with, and the experience of distress during separation from, the caregiver.

Trauma: Trauma refers to the cluster of symptoms, adaptations and reactions that interfere with the functioning of an individual who has experienced extreme suffering in the past. Causes of this suffering include one or more of the following: neglect and deprivation, severe physical abuse and injury, sexual abuse and/or exploitation, witnessing or surviving severe community or domestic violence (including accidents and natural or human-caused disasters).

Trauma-informed Services: Trauma-informed services are not specifically designed to treat symptoms or syndromes related to trauma, but are informed about and sensitive to trauma-related issues present in survivors. Trauma-informed Service Systems take into account knowledge about trauma and incorporate this knowledge into all aspects of service delivery.

As we learn about the impact of attachment and trauma on brain development, it may well be that a key to breaking the multigenerational cycle of addiction will be increasing attachment while reducing trauma. Dr. Joe Benamati (www.sanctuaryweb.com/computer-metaphor.php) describes trauma as a virus in the human operating system, similar to viruses in a computer. This virus spreads inter-generationally as it interferes in the ability to:

- care for self and others,
- appropriately express feelings,
- manage behavior,
- remember, store and recall information (cognitive functioning), and
- recognize normal consequences.

All of the above are characteristics of families with addiction or substance abuse. Some studies show that as many as 75-80% of female participants in substance abuse treatment programs have experienced childhood trauma. Others have found that 90% of female participants have histories of domestic violence (U.S. DHHS 1999). Several sections in this Preface contain important recommendations based on meeting the needs of participants who are likely to have experienced abuse, trauma, violence, or neglect. Do NOT skip over these pages, but read them carefully!

Sections:

- Why These Program Topics
- Importance of Approach
- Importance of Words
- Effective Group Leadership

It is important that ALL staff be trained in how to make the implementation of your *Celebrating Families!*[™] trauma-sensitive.

Staff has the obligation to provide for participants a safe, appropriate learning environment.

To help you implement a trauma-sensitive program, you will find many strategies throughout the curriculum. This may be in the form of Group Leader Notes to help leaders understand the importance of certain activities or directions, or it may be written into the curriculum directly. In addition, the following list contains important guidelines to follow:

- 1. Provide safety and structure.** This is essential to creating safety in the group, which in turn reduces major stressors that can interfere with relationship building and skill development. To be safe, program leaders must be sure their groups are free from violence, harassment, bullying and teasing.
To promote structure and safety in your groups, give attention to guidelines such as the following:
 - **Provide intakes.** During intakes, program administrators can assess individual behaviors that might be harmful to themselves or others and learn about any outstanding restraining or protective orders.
 - **Provide nurturing, consistent environments.** For example, create a circle for participants (more intimate than rows of chairs) and play calming music in all age groups as participants arrive and during reflective activities. This has proven to help participants settle into group and reduce their stress.
 - **Be aware of potential triggers during teaching and activities.** Participants who have experienced trauma in their past may have some of their painful memories triggered by a particular topic, question or activity that occurs during group. Be sure all program leaders know how to recognize when a participant has been triggered and what to do if it happens. In particular, strictly enforce the right to pass rule, never forcing a group member to participate or making them feel uncomfortable for not doing so. Also, give participants permission to let a group leader know if they need to step away from the group for a few moments or they would like to talk with a co-leader about an incident that triggered painful memories.
 - **Promote recovery.** Tolerate no substance use by participants (all ages) or staff.
 - **Think through transitions.** A particularly important time is moving from dinner to group. This is particularly stressful for young children who are separated from their parent during the week. Suggestions for handling such transition times are included in the curriculum.

- 2. Emphasize resilience, strength, connection and collaboration.** Some guidelines to help in this area:
 - **Engage in open and welcoming dialogue.**
 - **Respect and collaborate with participants.**
 - **Validate their experiences without judgment or discrediting statements.** Unconditionally accept each individual's worth. This is something that needs careful attention, especially with participants who may be someone you have a hard time accepting. In these cases, it is very important to be aware of your body language, which may communicate something different to participants than what you wish to communicate!
 - **Encourage communication with family and significant others.** Both in and outside of group, help your families build a family support system. This is one reason the family dinners and ending *Connecting With My Family* are so important! Encourage families to continue meeting together after *CF!* is over. One *Connecting With My Family* activity

near the end of the program teaches families how to have an on-going Family Night after group ends. Because recovery happens through healthy relationships (community), provide family-focused services and encourage all children be involved in treatment.

NOTE: This edition contains a section entitled Parents/Caregivers Pages. These pages were designed for caregivers not attending *CF!* to inform them as to what the children/teens learn each week. They have also been found to be valuable to parents/caregivers attending the program. Each page also includes a Do-At-Home activity they can use to reinforce the *CF!* skills.

- **Help participants identify behaviors and relationships that may be harmful.** As substance abuse is multi-generational, many participants do not recognize harmful behaviors and unsafe relationships. Again, the curriculum covers this important area.
3. **Pay attention to boundaries-between participants, as well as among participants and staff:**
 - **Give participants permission to pass in group and say "no" to hugs or touch.**
 - **Be thoughtful about using men as program leaders.** If males are trauma trained and sensitive, it can be helpful in building resiliency. Men, in particular, need to be aware of their nonverbal (body) language, which can be easily misconstrued by women participants.
 - **Use same sex program leaders, if warranted.** If a group is composed primarily of females, consider all female program leaders. Similarly, if a group is composed of numerous males, it is important to have a male leader or co-leader.
 4. **Use language that communicates values of empowerment and recovery.** Empowerment helps individuals figure out what is best for themselves. Program leaders can help this process by sharing their own stories. However, BE AWARE of the difference between sharing your own journey (which is helpful) and telling a participant what you think they should do (which is not). Punitive approaches, shaming, and intrusive monitoring are never appropriate. It is also important to empower participants in their parenting by teaching them nurturing and empowering skills to use with their children. Again, the curriculum provides information to help program leaders accomplish this.
 5. **Deal with conflict through negotiation.** Teach and model how to manage anger and peacefully resolve disagreements.
 6. **Remember your own care.** Working with traumatized participants is hard. Notice your own reactions and use your self-awareness to help yourself and others.