Poverty and Addiction

J. Mark Blakeslee MS, LCMFT, LCAC, CACH.
Objectives

1. Identify the types and influences of Poverty on Addictions.
2. Provide interventions for the individuals effected by poverty and addictions.
3. Determine need areas in which to support those effected.
4. Look at ways to intervene with those in poverty
Defining Poverty

- **Poverty** is the lack of resources necessary for material well-being: food, water, housing, land, and health care.

- **Absolute poverty** is the lack of resources that leads to hunger and physical deprivation.

- **Relative poverty** refers to a deficiency in material and economic resources compared with some other population.
What is Addiction?

- Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.
- It is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long lasting, and can lead to the harmful behaviors seen in people who abuse drugs.
Addiction occurs in various environments and affects different types of people from wide-ranging walks of life. How then does the stereotype exist that all addicts are poor, unemployed, homeless and uneducated? Elaborating further on that theory, many people naturally assume addiction itself is a disease that only impacts the weak-willed or lazy. The 23.1 million people who are dependent on drugs and alcohol paint a different picture though.
Some common associated links between economic status and substance abuse are:

Education
Abuse and neglect
Genetics
Mental health

Race
Parental substance abuse
Poverty versus wealth
Culture of Poverty-Five Major points

- First Point:

- The conditions of poverty present the poor with unique problems in living when compared to the non-poor
Culture of Poverty-Five Major points

- **Second Point:**

- In order to cope with these problems, the poor develop a unique lifestyle
Culture of Poverty—Five Major Points

- **Third Point:**

  Through the collective interaction by the poor, and isolation from the non-poor, the unique life style becomes a common characteristic of the poor, producing common values, attitudes, and behavior (a subculture is developed)
Culture of Poverty—Five Major Points

- **Fourth Point:**

  - The characteristics of this subculture become relatively independent from the social conditions that helped to create it.

  - The subculture becomes institutionalized and self-perpetuating

  - The children are socialized into this culture of poverty
Culture of Poverty-Five Major points

• Fifth Point:
  Because this process of socialization shapes the basic character and personality traits of those raised in poverty, those traits are maintained even in the face of opportunity to become non-poor

• Hence, poverty remains
## Reasons for Poverty

<table>
<thead>
<tr>
<th>Behaviors of the Individual</th>
<th>Human and Social Capital</th>
<th>Exploitation</th>
<th>Political/Economic Structures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependency</td>
<td>Lack of employment</td>
<td>Dominated groups for profit</td>
<td>De-industrialization</td>
</tr>
<tr>
<td>Single parenting</td>
<td>Education</td>
<td>Raw resources or materials</td>
<td>Globalization</td>
</tr>
<tr>
<td>Work ethic</td>
<td>Inadequate skill sets</td>
<td></td>
<td>Race to the bottom</td>
</tr>
<tr>
<td>Breakup of families</td>
<td>Declining neighborhoods</td>
<td></td>
<td>Increased productivity</td>
</tr>
<tr>
<td>Addiction</td>
<td>Middle-class flight</td>
<td></td>
<td>Shrinking middle class</td>
</tr>
<tr>
<td>Mental illness</td>
<td></td>
<td></td>
<td>Corporate influence</td>
</tr>
<tr>
<td>Language</td>
<td></td>
<td></td>
<td>Economic disparity</td>
</tr>
</tbody>
</table>

- Dependency
- Single parenting
- Work ethic
- Breakup of families
- Addiction
- Mental illness
- Language

- Lack of employment
- Education
- Inadequate skill sets
- Declining neighborhoods
- Middle-class flight

- Dominated groups for profit
- Raw resources or materials

- De-industrialization
- Globalization
- Race to the bottom
- Increased productivity
- Shrinking middle class
- Corporate influence
- Economic disparity
A Structural View of Poverty

- A structural view of poverty argues that poverty can only be understood and explained with reference to political and economic characteristics of society rather than any characteristics of the poor.

- This theory does not neglect the characteristics of the poor; it is just not the primary focus.

- As it is with the working class, middle class, and upper class, the individual characteristics are secondary to the structural situation.
A Structural View of Poverty

- **The occupational structure**
  - The poor are at the bottom of the occupational structure with few skills or only skills that can be easily learned by anyone.
  - The large number of people competing for such jobs reduces the chances for secure jobs and reduces the wages when the jobs are found.
  - The poor are most affected by the business cycles of boom and bust creating cycles of employment and unemployment.
A Structural View of Poverty

- The authority structure
  - The poor are almost exclusively located at the bottom of the economic or occupational authority structure
  - Politically, the poor can be considered the most powerless of classes
  - When the poor have had political influence, it was often gained outside the normal channels of political influence
## Hidden Rules Among Classes

<table>
<thead>
<tr>
<th>POSSESSIONS</th>
<th>POVERTY</th>
<th>MIDDLE CLASS</th>
<th>WEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People.</td>
<td>Things.</td>
<td>One-of -a-kind objects, legacies, pedigrees.</td>
</tr>
<tr>
<td>MONEY</td>
<td>To be used, spent.</td>
<td>To be managed.</td>
<td>To be conserved, invested.</td>
</tr>
<tr>
<td>PERSONALITY</td>
<td>Is for entertainment. Sense of humor is highly valued.</td>
<td>Is for acquisition and stability. Achievement is highly valued.</td>
<td>Is for connections. Financial, political, social connections are highly valued.</td>
</tr>
<tr>
<td>SOCIAL EMPHASIS</td>
<td>Social inclusion of people he/she likes.</td>
<td>Emphasis is on self-governance and self-sufficiency.</td>
<td>Emphasis is on social exclusion.</td>
</tr>
<tr>
<td>FOOD</td>
<td>Key question: Did you have enough? Quantity important.</td>
<td>Key question: Did you like it? Quality Important.</td>
<td>Key question: Was it presented well? Presentation important.</td>
</tr>
<tr>
<td>CLOTHING</td>
<td>Clothing valued for individual style and expression of personality.</td>
<td>Clothing valued for its quality and acceptance into norm of middle class. Label important.</td>
<td>Clothing valued for its artistic sense and expression. Designer important.</td>
</tr>
<tr>
<td>TIME</td>
<td>Present most important. Decisions made for moment based on feelings or survival.</td>
<td>Future most important. Decisions made against future ramifications; Traditions and history, most important. Decisions made partially on basis of tradition and decorum.</td>
<td></td>
</tr>
<tr>
<td>EDUCATION</td>
<td>Valued and revered as abstract but not as reality.</td>
<td>Crucial for climbing success ladder and making money.</td>
<td>Necessary tradition for making and maintaining connections.</td>
</tr>
<tr>
<td>LANGUAGE</td>
<td>Casual register. Language is about survival.</td>
<td>Formal register. Language is about negotiation.</td>
<td>Formal register. Language is about networking.</td>
</tr>
<tr>
<td>FAMILY STRUCTURE</td>
<td>Tends to be matriarchal.</td>
<td>Tends to be patriarchal.</td>
<td>Depends on who has money.</td>
</tr>
<tr>
<td>WORLD VIEW</td>
<td>Sees world in terms of local setting.</td>
<td>Sees world in terms of national setting.</td>
<td>Sees world in terms of international setting.</td>
</tr>
<tr>
<td>LOVE</td>
<td>Love and acceptance conditional based upon whether individual is liked.</td>
<td>Love and acceptance conditional and based largely upon achievement.</td>
<td>Love and acceptance conditional and related to social standing and connections.</td>
</tr>
</tbody>
</table>
Adverse Childhood Experiences

- Adverse Childhood Experiences
  - Social, Emotional, and Cognitive Impairment
  - Adoption of Health Risk Behaviors
  - Disease, Disability, and Social Problems
  - Early Death

Death
Conception
Poverty Effects on Cognitive Development

- Short attention span because thinking about food
- Lower academic support – poor quality school
- Low motivation to learn – always thinking about something else
- High dropout rate because think they are not smart enough
- Developmental delays because of poor nutrition or not enough support
- Learning disabilities
- Illiteracy and low achievement in schools
- Little participation in extracurricular activities
- Duration of poverty affecting cognitive development
Learning Disabilities
WHAT IS A LEARNING DISORDER?

- Learning disabilities are **neurologically-based processing problems**. These processing problems can interfere with learning basic skills such as reading, writing and/or math. They can also interfere with higher level skills such as organization, time planning, abstract reasoning, long or short term memory and attention. It is important to realize that learning disabilities can affect an individual’s life beyond academics and can impact relationships with family, friends and in the workplace.
WHAT IMPACT DO LEARNING DISORDERS HAVE ON PSYCHOTHERAPY?

1. Restricted self expression
2. Limited self awareness
3. Hindered goal determination
4. Unable to remember therapeutic content
5. Unable to transfer therapeutic content to the natural environment
6. Incorrect comprehension of therapeutic content
7. Difficulty establishing rapport
MEMORY

Sensory Input
- sight
- sound
- touch
- taste
- balance
- smell

Sensory Register
- Short-term memory
- Working memory
- Long-term memory

Decay
- displacement
- interference or retrieval failure
- incomplete encoding or retrieval failure
WHAT IS THE RELATIONSHIP OF LD AND PSYCHIATRIC DISORDERS?
WHAT ARE THE TYPES OF LEARNING DISORDERS?

- AUDITORY PROCESSING-problems interpreting sounds and meanings of sounds
- DYSLEXIA-problems interpreting letters, words and language correctly
- DYSGRAPHIA- problems processing thoughts and transferring them to written format.
- VISUAL PERCEPTUAL-problems interpreting visual cues or transferring visual information
- LANGUAGE PROCESSING-problems attaching accurate meaning to sounds and words
- NON-VERBAL LEARNING-problems interpreting non-verbal cues, interpreting non-verbal meanings and patterns of information.
- DYSCALCULA- poor comprehension of math symbols, memorizing and organizing numbers.
- https://ldaamerica.org/professionals/
ARE THERE OTHER DISORDERS THAT IMPAIR LEARNING?

- ADHD- inconsistent regulation of executive Functions and impulse control
- Executive Function Deficit- An inefficiency in the cognitive management systems of the brain that affects planning, organization, strategizing, paying attention to and remembering details, and managing time and space.
- Dyspraxia-difficulty in muscle control, which causes problems with movement and coordination, language and speech.
- Memory-problems storing, holding and retrieving information.
Behavior Disorders

• Chronic stress disorder
  No safe-haven or stress reducing outlets
  Exposure to violence in neighborhood or home
  No caring or dependable adult

• Greater impulsivity
  Acting before gaining permission

• Poor short-term memory
  Forgetting what to do next
Trauma Informed Approach
What Is Child Traumatic Stress?

- Direct exposure
- Witnessing, in person
- Indirectly
- Repeated, extreme indirect exposure to aversive details
The Nature of the trauma

- Traumatic events overwhelm a child’s capacity to cope and may elicit feelings of
  - terror,
  - powerlessness, and
  - out-of-control
  - physiological arousal.
How Youth Respond to Trauma: Traumatic Stress Reactions

- Intrusion
- Avoidance
- Alterations in arousal and reactivity
- Dissociation
- Negative alternations in cognitions and mood
How Children/Youth Can Respond to Trauma:

AVOIDANCE  SYMPTOMS

Avoidance of *internal reminders*
- thoughts, feelings, or physical sensations

Avoidance of *external reminders*
- People, places, objects
- Activities, situations, conversations
How Youth Can Respond to Trauma:

ALTERATIONS IN AROUSAL & REACTIVITY

• Bullying and aggressive behavior
• Self-destructive or reckless behavior
• Jumpiness or quick to startle
• Problems with concentration
• Sleep disturbance

• Hyperarousal can lead to hypervigilance: a need to constantly scan the environment and other people for danger.
How Youth Can Respond to Trauma:

ALTERATIONS IN AROUSAL & REACTIVITY

- Bullying and aggressive behavior
- Self-destructive or reckless behavior
- Jumpiness or quick to startle
- Problems with concentration
- Sleep disturbance
- Hyperarousal can lead to hypervigilance: a need to constantly scan the environment and other people for danger.
How Youth Can Respond to Trauma:

DISSOCIATION

Mentally separating the self from the experience

May experience the self as detached from the body, on the ceiling, somewhere else in the room

May feel as if in a dream or unreal state
How Youth Can Respond to Trauma:

NEGATIVE ALTERATIONS IN COGNITION/MOOD

- Inability to remember parts of traumatic event
- Persistent negative emotions
- Persistent difficulty experiencing positive emotions
- Decreased interest or participation in activities
- Feeling detached from others
- Persistent exaggerated negative expectations
- Persistent distorted blame of self or others
Types of Traumatic Stress

- Acute
- Chronic
- Complex
Types of Trauma: What About Neglect?

- Failure to provide for a child’s basic needs
- Perceived as trauma by a young child who is completely dependent on adults for care
- Opens the door to other traumatic events
- May interfere with a child’s ability to recover from trauma
Summary

- Childhood trauma impacts many domains of functioning
- Initiates a coping response that may be maladaptive
- A shift in perspective allows for targeted intervention
Trauma Informed Principles

- Safety
- Empowerment
- Collaboration
- Trust
- Choice
- Cultural sensitivity
Careful assessment of the Client's strengths and the treatment demands should guide the choice therapeutic technique. (P. Willner, 2005)
WHAT DO YOU NEED TO AVOID DOING WITH LD CLIENTS?

1. Focus only skill building which does not lead to internalization or generalization.
2. Wing it
3. Assume the client will come with a plan or preference for therapy session.
4. Continue doing the same thing without any results.
5. Blame the client's motivation, commitment or capacity for therapy.
6. Let the client's or caregiver's complaints guide the course of therapy.
WHAT ARE SOME EFFECTIVE TECHNIQUES?

1. STRUCTURE SESSIONS AND ESTABLISH A SESSION ROUTINE
2. BREAKDOWN CONCEPTS INTO SMALL CHUNKS
3. REVIEW, REPEAT, REPRESS
4. PLAN IMMEDIATE AND SHORT TERM REINFORCEMENTS FOR MOTIVATION
5. USE PROMPTS TO HELP SELF EXPRESSION AND AWARENESS
6. USE EDUCATIONAL TECHNIQUES I.E. SCAFFOLDING, CHUNKING, ANALOGIES
7. USE MULTISENSORY APPROACH
8. PRODUCE A THERAPY PRODUCT (BOOK, DRAWING)
9. REGULARLY USE TOOLS FOR OUTCOME MEASUREMENT (PRE AND POST SESSIONS)*

- The same techniques can be applies to adult and child populations with delivery modification. With adults the plan is more discrete and with children the plan is more concrete.
THERAPY TASK 1: CHECK IN

- SEQUENCING WARM UP ROUTINES
  - Complain/Confess/Compliment; Grateful for/Hindrances/Needs/Plans; writing sprints

- STRUCTURE SESSION WITH (PPP) PLAN, PREP AND PRIORITIZE

- USE A TIMER TO GOVERN TIME

- USE AN INTERVAL SCHEDULE - work and play, work and break
THERAPY TASK 2: RAPPORT BUILDING

- INCORPORATE CONTEMPLATIVE PRACTICES- brain breaks, relaxation exercises, yoga
- SHARE CONTROL- offer choice of activities, time on task and order of task.
- WORK UP - start with the easiest to the hardest work, keep activities within a theme i.e. narrative therapy- use mad lib, fictional story, personalized story
- Keep length of a session to a “SUCCESSFUL SESSION LENGTH”
- PROTECT THERAPY TIME- give parents surveys to complete or met in separate session and avoid damage to rapport with client, or client loss of interest
THERAPY TASK 3: GOAL SETTING

- QUANTIFY THE ABSTRACT- emotional/physical/mental energy, feeling intensity and needs with numbers 0-100 or comparisons
- USE CONSISTENT OBJECTIVE MEASUREMENTS- DSM 5, Connor Davidson Resiliency Scale, Scott Miller outcome rating scale
- USE REPETITIVE PROMPTS: I want to..... Then I will... when I ...
- USE A REWARD MENU- find out what motivates them.
- USE PHASES FOR TREATMENT: i.e. 3 sessions close together 1 week off for self guided practice.
THERAPY TASK 4: INTERVENTION

- SUPPORTED NARRATIVES- Story Book Templates, Comic Strip template
- MAKE ABSTRACT CONCEPTS 3D with
  - Info graphics, Diagrams i.e. Continuums, and Functional Feeling chart,
  - USE ANALOGIES-i.e. Car motor analogy, remote control
THERAPY TASK 5: TEACHING

- USE MULTI-SENSORY APPROACH-
  - Unhelpful thinking Style chart, ball toss, puzzle
  - VIDEOS/APPS- Watch Well Cast, EMDR APP
- USE A GROUP DYNAMIC- sibling or parent participation
- USE DRAMA THERPAY TECHNIQUES- role reversal, empty chair, director of a script
- USE NOVELTY- keep changing techniques before they get bored.
THERAPY TASK 6: APPLICATION

- Use multi-mode treatment i.e. group and individual or individual and family therapy
- Assign the client to explain what they learned to someone
- Have them create a product or image based on what they learned i.e. voice memo, phone screen saver, word art, drawing,
THERAPY TASK 7: REINFORCING INTERVENTIONS

- REVIEW CONTENT from the beginning (not memory) play fill in the blank, or hangman with vocabulary, copy cat white board, review story from beginning
- ASSIGN HOME MONITORING i.e. behavior charts. Frequently use measures for the effectiveness of the session, the targeted behavior, and the intervention. i.e. Scott miller outcome rating scales, writing sprints, 1-10 scales.
- TEACH PARENTS same content through their participation in child's therapy (Parents as observers and participants in session)
- SET SPECIFIC GOALS AND REWARDS. Therapist control goal and reward until parents learn how to set good goals and rewards and follow through.
What does not work.

- Focusing only on basics (drill and kill)
- Maintaining order through show of force
- Eliminating or reducing time for arts & sports
- Delivering top-down lectures
How to create Hope

- Daily affirmations
- Asking to hear hopes and offering reinforcements of those hopes
- Telling people why they can succeed
- Providing needed resources
- Help to set goals and build goal-setting skills (SMART goals)
- Telling true stories of hope about people to whom people can relate
- Offering help, encouragement, and caring when needed
- Teaching life skills in small daily chunks
- Avoid complaining about deficits. If they don’t have it, teach it!
Generational Poverty Cycle

1. Parents struggle to find or hold a job
2. Family is homeless or lives in temporary housing
3. Feeling of hopelessness, fear, and loss of dignity
4. Struggle to keep children nourished
5. Children lacks in obtaining proper education or skills
Risk factors with substance abuse which include: "childhood experiences, genes, mental illness and psychological factors; people who are poor also are high risk factors" (Califano, et al., 2005).
Continuation of Poverty

- Community Conditions
- Policy (political environment)
- Choices of the Poor
- Exploitation (predators, pimps, drug dealers, landlords, etc.)

Families in poverty are wired for right now. The *tyranny of the moment* - is such an overwhelming urge to act occurs that all of one's attention is given to the immediacy of problems, situations.

So "choices" and personal power are not typically how families see their lives and their world. We don't convince them they have choices. Poverty is lived through a lens of "constraint" not a lens of choice.
Considerations for Treatment
Jobs

• In order to escape poverty, one must have a stable job and income. Acquiring and keeping a steady job is an issue for substance abusers. A 1995 study found that between 10 and 30 percent of welfare recipients were limited due to alcohol or drug problems (LAC,1997) Therefore education/training are needed.

  job training
  job searching
  job retention
Women

- Substance abuse acts as a barrier towards women and children as well. "One of the greatest barriers that women experience is the stigma associated with drug and alcohol use" (Dannelly, p. 9).

- Several women feel guilt, shame and low self-esteem as a result from their substance abuse. These emotions lead to depression and isolation (Dannelly).

- Another barrier that women face is experience with violence. Many women who have alcohol and drug problems experience domestic violence or have been raped or assaulted. "Histories of this nature often make these individuals especially susceptible to relapse identified by certain triggers" (Dannelly, p. 10).
Depression

- In addition to the relationship between poverty, substance abuse, and family violence, there is also an association between poverty and depression especially in women.
- Self-medication for depression and other forms of mental illness
- Depression in mothers may be linked to child neglect through affective withdrawal and lack of attention to care giving tasks. Interactions with their young children have found to be negative, critical, hostile, and rejecting (Grant, Jack, Fitzpatrick, & Ernst, 2011).
- Regarding infants, depressed mothers show more negative effect, they are less responsive and provide less stimulation in face to face interactions (Grant, Jack, Fitzpatrick, & Ernst, 2011).
- Infants of depressed mothers begin to mirror the depressed affect in the earliest months of life, leading to inhibition in social interaction and exploratory behavior by 12 months of age.
Health Concerns

- Health Risks: “Drinking while pregnant can cause fetal alcohol syndrome which is damaging to the baby's brain. Smoking in the household can cause health problems for family members from secondhand smoke. Being under the influence of drugs and alcohol will overall impair your judgment and can lead to neglect or harm" (Lameman, 2013, p.2).
Impact on Families

- Poverty has a significant impact on entire families, which can lead to increased risk factors for infants and children, such as (Califano, et al., 2005) increased rates of parental depression associated with:
  - Financial stress
  - Heightened risk for maltreatment
  - Increased exposure to alcohol and substance abuse.

  (Califano, et al., 2005)
Impact on Families

- Addictions often create interpersonal problems for all family members (Lameman, 2013)
  - Conflict with partner
  - Conflict with children
  - Conflict over money: “For low-income families you struggle economically, making poor financial choices or simply pouring your money into your addiction” (Lameman, 2013 p.1).
  - Emotional trauma: “You may create emotional hardships for your partner and/or your children by yelling, talking down, insulting or manipulating” (Lameman, 2013, p.1).
  - Patterns: “Your life example will influence your partner, your children and other family members. There is a high likelihood that your children will become addicted to drugs or alcohol” (Lameman, 2013, p. 1)
Outcomes/Vulnerabilities

- Later school failure
- Learning disabilities
- Behavior problems
- Developmental Disabilities
- Developmental delay
- Health impairments
  (Califano, et al., 2005)
Treatment

- One of the most significant risk factors for people who suffer the effects of poverty and substance abuse is the access to appropriate health services.
- For an individual with adequate money or health insurance this is not an issue, but for those in poverty they do not have the resources available to them for treatments and detoxifications.
Treatment

- Families who have suffered from substance abuse, depression, or domestic violence and are in poverty are able to apply for or seek help in different family care programs.
- Establish a safe, secure family environment helps low income substance abuse families by giving adequate treatment and counseling to the families.
- The program should offer a place for the families to stay and also out of home care to help them get back on their feet again financially and also giving them the mental support.
<table>
<thead>
<tr>
<th>Survival-Culture</th>
<th>Features of Addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-image, episodic memory, fatalistic attitude, and lack of motivation make it difficult to see the need to change</strong></td>
<td>Addicts cannot see the problem they have with drugs because they have learned to rationalize and explain away the consequences of alcohol/drug use.</td>
</tr>
<tr>
<td></td>
<td>Addicts cannot see the problem because of memory issues associated with their alcohol/drug use. Blackouts rob them of vital information about their behavior by simply not storing in their memory the things they did while under the influence. The repression of painful memories also robs them of information they need to see their addiction. The addict’s self-image is not based on reality.</td>
</tr>
<tr>
<td>Survival-culture</td>
<td>Features of addiction</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>Discipline:</strong> Punishment is about penance and forgiveness, not about change.</td>
<td>Most addicts have an enabling system of people who will cover for them, clean up after them, lecture them, assist them, care for them and forgive them. Their enabling system absorbs the pain and consequences of the alcohol/drug use, thus robbing them of the chance to learn from the pain or correct their own mistakes.</td>
</tr>
<tr>
<td><strong>Ownership of people:</strong> people are possessions. There is a great deal of fear and comment about leaving the culture and “getting above your raisings.”</td>
<td>Addicts use their enabling system to survive and to retain their primary relationship with their drug of choice. They often manipulate the people in their enabling system to keep it intact. “I’ll leave you (kill myself, kill you, runaway) if you…”</td>
</tr>
<tr>
<td><strong>Importance of relationships:</strong> one only has people upon which to rely, and those relationships are important to survival.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Survival-Culture</td>
<td>Features of addiction</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Identity is tied to lover/fighter roles for men and rescuer/martyr role for women. The rules are rigid: A man is expected to work hard, be a lover and fighter: a good woman takes care of and rescues her man and children.</td>
<td>In families where there is addiction, survival roles are established to help the family deal with frequent crises that arise from the alcohol/drug use. The spouse generally becomes the chief enabler, taking on additional responsibilities and relieving the addict/alcoholic of his/her responsibilities. The eldest child will often act as the family hero to make the family look good and bring balance and stability back to the situation. Other children will take on the roles of scapegoat, the lost child, and the clown. Each role assists the family in hanging together as a unit and weathering the storms.</td>
</tr>
<tr>
<td>Survival Culture</td>
<td>Features of addiction</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>The importance of entertainment, humor, and personality: When one can only survive, then any respite from the survival struggle is important. Entertainment brings respite. Individual personality is what one brings to the setting because money is not brought. The ability to entertain, tell stories and be funny are valued.</td>
<td>In the early stages of the disease, preoccupation with alcohol/drug use increases, and a pattern of use is established. During this phase the spouse and family may enjoy the socializing that goes with the alcohol/drug use. A tolerance is developed, demanding larger dosages and activities, and some relationships are given up in order to make time for alcohol/drug use. The addict gravitates toward people who use as he/she does. Later, as the disease progresses, the family falls under rigid rules: Keep the family secrets, don’t talk, don’t trust, don’t feel: even family members can’t be relied upon. For the alcoholic/addict, the drugs become the only solution. For the family members, their survival roles become their only solution. Humor and entertainment are key survival techniques for the family in deep trouble with addiction.</td>
</tr>
<tr>
<td>Survival Culture</td>
<td>Features of addiction</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>Lives in the moment---</strong>&lt;br&gt;does not consider future ramifications: Being proactive, setting goals, planning ahead are not a part of generational poverty. Most of what occurs is reactive and in the moment.</td>
<td><strong>Addicts and their families</strong>&lt;br&gt;lead reactive lives. They are constantly having to react to crisis, unpredictable behavior, and problems brought on by alcohol/drug use. <strong>Efforts to control the drug use by the addict along with efforts by the family to control the addict, fail repeatedly. The family members cannot plan ahead with any certainty.</strong></td>
</tr>
</tbody>
</table>
## Survival Culture

**Casual-register language and episodic story pattern may result in an episodic, random memory pattern and thus make learning difficult. A failure to provide children with adequate medication will likely result in cognitive deficiencies.**

## Features of addiction

Alcohol/drug use can cause memory problems other than blackouts and repression. When a person stops using and has detoxed, he/she often experiences short-term memory problems as part of post-acute withdrawal (PAW) during the six to twelve months of PAW, the individual also may experience emotional swings, cognitive interruptions, and sleep disturbances. Women who drink during their pregnancies expose their children to FASD. FASD often causes mental and physical developmental delays. Symptoms of FASD may include problems with impulsivity. Drug-affected babies and their mothers have great difficulty bonding because the babies cannot handle the stimulation required to bond. Alcoholic/addicts may not provide sufficient medication for their children. They spend time planning to use, using and recovering from using. They are often away from home and/or emotional absent.
<table>
<thead>
<tr>
<th>To get out of poverty</th>
<th>What happens in Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>People in the survival culture need motivation to move from poverty to middle class. Self-image can be a barrier and may need to be changed.</td>
<td>In order to recover, alcoholics and addicts must experience the consequences of their alcohol and drug use (i.e. “I was sick and tired of being sick and tired”). The delusional self-image must be replaced with a vision of what is real. The work of the twelve steps restores the person to sanity.</td>
</tr>
<tr>
<td>To get out of poverty</td>
<td>What happens in Recovery</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>To move from poverty to middle class, an individual must give up many relationships for achievement.</td>
<td>To move from the drug culture to a lifestyle of recovery one must be in “dry places with dry people.” Recovery can mean making 180-degree changes. Giving up alcohol/drugs and the using crowd starts a grieving process that must be acknowledged and dealt with.</td>
</tr>
<tr>
<td>To get out of poverty</td>
<td>What happens in Recovery</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>People in poverty culture must learn the hidden rules of the middle class.</td>
<td>The rituals of AA are learned by going to a lot of meetings. Newcomers are encouraged to go to “90 meetings in 90 days”. The meetings have a structure and ritual that are simple and welcoming. AA is based on the 12 steps and 12 traditions. These form the basis of recovery and the fellowship of AA.</td>
</tr>
<tr>
<td>To get out of poverty</td>
<td>What happens in Recovery</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>It helps to have someone teach you the ropes.</td>
<td>In AA members are encouraged to ask someone who works “a good program” to be their sponsor. This person should know and be working the 12 steps of recovery himself/herself. The sponsor is more than a friend, he/she is a guide.</td>
</tr>
<tr>
<td>Mediation is needed to explain the stimuli, meaning, and strategies of past issues and present conditions.</td>
<td>AA mediates the drinkers’ past experiences by exposing them to a series of speakers who share their leads or stories. They describe their own drinking, ”what is was like,” and thus point to the stimuli. This is reframed in terms of the disease—“I am an alcoholic”—thus providing the meaning. Next the speaker tells “what I did,” there by providing strategies. Finally the speaker tells “what it’s like now,” which offers hope. This is mediation at its best.</td>
</tr>
<tr>
<td>To get out of poverty</td>
<td>What happens in Recovery</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>People in poverty need to learn how to use formal and consultative language registers, along with the casual register. New story structures need to be learned, as the episodic storytelling structure is ineffective for storing memory or communicating clearly.</td>
<td>AA leads or speakers often use the casual register to tell their stories. The three-part format (what it was like, what I did, and what it’s like now) teaches a simple story structure with a beginning a middle, and an end. It helps in remembering. Over the course of the meetings the listener will hear some stories by speakers who also model formal and consultative registers.</td>
</tr>
<tr>
<td>To get out of poverty</td>
<td>What happens in Recovery</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td><strong>People in the poverty culture value relationships, entertainment and humor.</strong></td>
<td>AA members often gather for coffee after the meetings. Humor plays a large part in the fellowship and in story telling. Relationships, entertainment, and humor continue to be valued, but honesty, humility, and becoming accountable are values that are also very important. New values are taught.</td>
</tr>
<tr>
<td>To get out of poverty</td>
<td>What happens in Recovery</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>People in poverty need to be afforded the respect of making choices about their lives—whether or not they want to build or cross bridges to the middle class.</td>
<td>AA is a choice. Meetings are opened with a statement acknowledging that the AA program doesn’t work for everyone. Members are encouraged to “take what you want and leave the rest.”</td>
</tr>
<tr>
<td>To get out of poverty</td>
<td>What happens in Recovery</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td><strong>People from the poverty culture must overcome their general distrust of organizations.</strong></td>
<td><strong>The 12 traditions of AA describe an organization with no entrenched leadership. Chairmanship and other roles rotate among the members. AA is not affiliated with any other organization, including treatment centers. There are no dues.</strong></td>
</tr>
<tr>
<td>To get out of poverty</td>
<td>What happens in Recovery</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Some people from the poverty culture will need to develop cognitive structures.</td>
<td>The AA fellowship, its slogans, and the sponsors provide mediation. Short-term memory problems are mediated through the use of short, memorable phrases, such as HALT (Don’t get Hungry, Angry, Lonely, or Tired), Easy Does it; Live and let Live; One Day at a Time; Think, Think, Think; Let Go and let God</td>
</tr>
<tr>
<td>To get out of poverty</td>
<td>What happens in Recovery</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Memory problems and self-image make change difficult for most people from the poverty culture. The use of metaphor assists people in learning about themselves, then choosing new behaviors.</td>
<td>AA is one of the few remaining oral traditions. The many leads that are heard over the course of the first year are metaphors for the life of individual alcoholics. They can identify with the feelings (if not the precise particulars) of “how it used to be,” they can get new ideas for managing their lives from “what we did,” and they can begin to visualize the telling of their own story when they hear “what it’s like now.” The story structure begins to build memory and store it where it can be found. A new self-image can be built: “I’m an alcoholic, a recovering alcoholic.”</td>
</tr>
<tr>
<td>To get out of poverty</td>
<td>What happens in Recovery</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Gender roles may need to be changed. The fighter/lover for men and the martyr/rescuer role for women tend to keep the pattern of crisis revolving.</td>
<td>People new to the program are encouraged to avoid serious romantic relationship for at least a year. Spouses, significant others, and family members are encouraged to attend Al-Anon meetings.</td>
</tr>
</tbody>
</table>
The Cycle

Sensory experiences triggers as taste, touch, smell, sight or hearing (Sensory Memory).

Short-Term (Working) Memory. Long-Term Memory. Declarative (Explicit) and Procedural (Implicit) Memory. Episodic and Semantic Memory. Retrospective and Prospective Memory.)

Emotions: Anger, Contempt, Fear, Disgust, Happiness, Sadness and Surprise. Plus feelings and thoughts.
References


References

6. Trauma Informed Care: Responding to Bullying within a Multi-tiered Framework Ginny Sprang, Ph.D. University of Kentucky, Professor, College of Medicine, Executive Director, Center on Trauma and Children