

Community Education Series

The Recovery Village and Advanced Recovery Systems





Presentation Topic:

Breaking the Cycle:

Intergenerational Trauma, Personality, and Treating Substance Use Disorders

Speaker:

Alex Ribbentrop, LCSW-QS, CFTP, EMDR Trained

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About the Speaker:

Alex Ribbentrop, LCSW-QS, CFTP, EMDR Trained



Alex Ribbentrop is a Licensed Clinical Social Worker in both Virginia and Florida, Qualified Supervisor, EMDR Trained Clinician, and Certified Family Trauma Professional. Alex received his B.A. in Philosophy from George Mason University where he also completed a Master's Degree in Clinical Social Work and was twice recognized with the "Outstanding Master of Social Work Award". Alex's clinical career has included work in for-profit and non-profit settings, levels of care ranging from residential treatment to community based mental health care and time working with one of the top co-occurring treatment facilities in the country.

Alex's clinical training has focused on the areas of complex trauma, family systems, personality disorders, and substance use disorders; his approach integrates trauma informed care and existential considerations to support individuals in the development of personal meaning and value for their lives.

Alex currently owns and operates Live Free Psychotherapy, a private practice with locations in Palm Beach County, Florida and Northern Virginia. In addition to clinical practice, Alex works as a consultant, speaker, and facilitator of psychotherapeutic group and family workshops.



OBJECTIVES

- Bridge gaps between areas of study and levels of understanding. Intersection of genetic, psychological, biological, and environmental factors.
 - From academic to clinical practice and clinical practice to consumer
- Bridge gaps between mind/body dichotomy. Integrate care.
- Inform approach to treatment and clinical practice.
 - How to work with individuals and families using complex/intergenerational trauma lens.

CRITICAL THINKING

- Understand “presenting issue(s)” as tip of iceberg
 - Connect Personality “disordered” features and SUDS to evolution, survival, and heredity/family systems
- Balance considerations of the individual and the system(s)
 - Systems include: family/social, mind/body, cultural/historical, etc.
- The interplay of factors

CRITICAL THINKING

- What is actually meant by terms like, family treatment, personality disorder, trauma, co-occurring?
- How do we take these terms/phrases and use them to meaningfully inform our efforts in providing quality care?
- Can we continue to take steps toward improved care, improved outcomes, and better integration of treatment efforts?

GROUNDED IN HISTORY

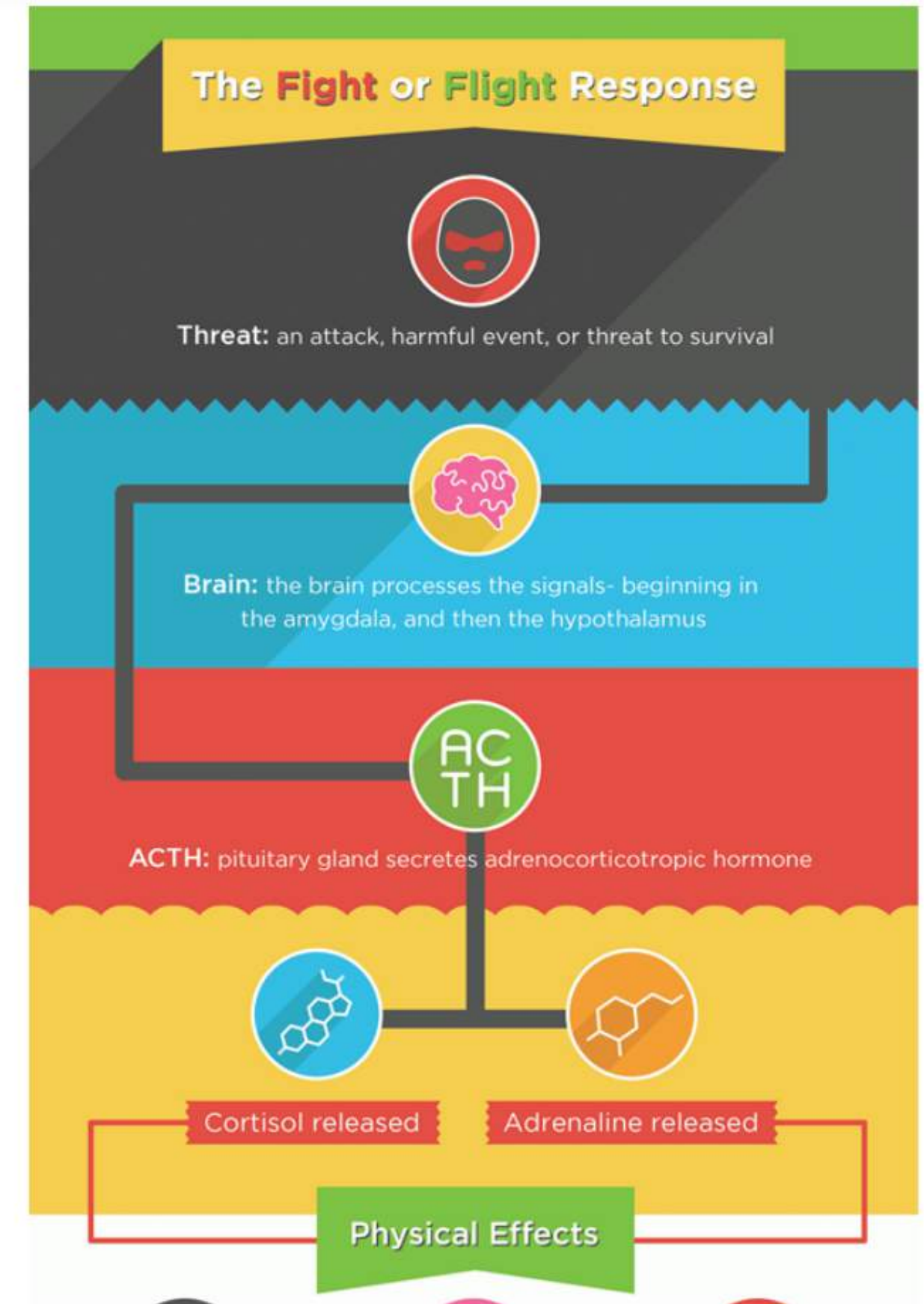
- There is A LOT that goes into what we see and what shows up in treatment
 - Grounded in History: Thematic elements are cross cultural and historical spanning millennia. What was important continues to be important.
 - Hippocrates, Age of Pericles, Classical Greece (460-370 BCE).
Temperaments/Humors. Galen (129 AD – c. 200/c. 216) built on this work.
Avicenna, 1025 Golden Age of Islam
- Modern study ranges from genetics research to philosophical considerations.

EVOLUTION, SURVIVAL, AND TRAUMA

- Much of what we see is the consequence of generational themes and patterns of coping/survival.
- This results/contributes to the development of maladaptive coping strategies.
- These strategies are often seen as acute presentations that are then labeled as disordered.
- Trauma is not the event(s)
 - We are actually treating is a person's effort to regulate a dysregulated stress and survival system.

UNDERSTANDING “TRAUMA”

- Autonomic Nervous System: Primary mechanism of Fight/Flight. Integrated reflexes/preconscious. Mediated by the following
- Sympathetic Nervous System: Activate changes for Fight/Flight. See also, freeze/fawn.
- Parasympathetic Nervous System: Activate Rest and Digest. See Vagus Nerve



UNDERSTANDING “TRAUMA”

- Acute trauma results from a single incident.
- Chronic trauma is repeated and prolonged such as domestic violence or abuse.
- Complex trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.
 - Where there is Acute and/or Chronic Trauma(s) Complex Trauma follows.

SCOPE OF TRAUMA: THE HUMAN ELEMENT

- Our initial range of defenses includes Fight/Flight/Freeze/Fawn
 - As we grow/develop these take on more nuanced qualities and may emerge as PD traits/characteristics
- Often trauma, especially complex trauma is of an interpersonal nature. Because of this we view others as a threat, therefore our defenses serve to keep others at what feels like a “safe” distance.

FAMILY AND INTERGENERATIONAL CONSIDERATIONS

- Relating to, involving, or affecting multiple generations of a system (family, culture, society)
- Intergenerational (F0-F1) Transgenerational (F0-F2)
- Trauma can be transmitted through physiological, environmental and social pathways.
- Parallels to heredity.
 - Look for continued advances in biological sciences, especially genetics, epigenetics, and brain imaging

IMPLICIT CONSIDERATIONS

- Exposure to and caregiving from a traumatized person(s) can be traumatizing, transmission of the trauma response, coping style(s) occurs.
- Transmission may occur via, Emerging research on biology and genetics associated with stress/trauma. Consider the Diathesis Stress Model
- A child's feelings of responsibility for parental well-being
- Patterns of parenting or interpersonal interaction and communication
- Implicit messaging or unspoken rules

SCOPE OF TRAUMA

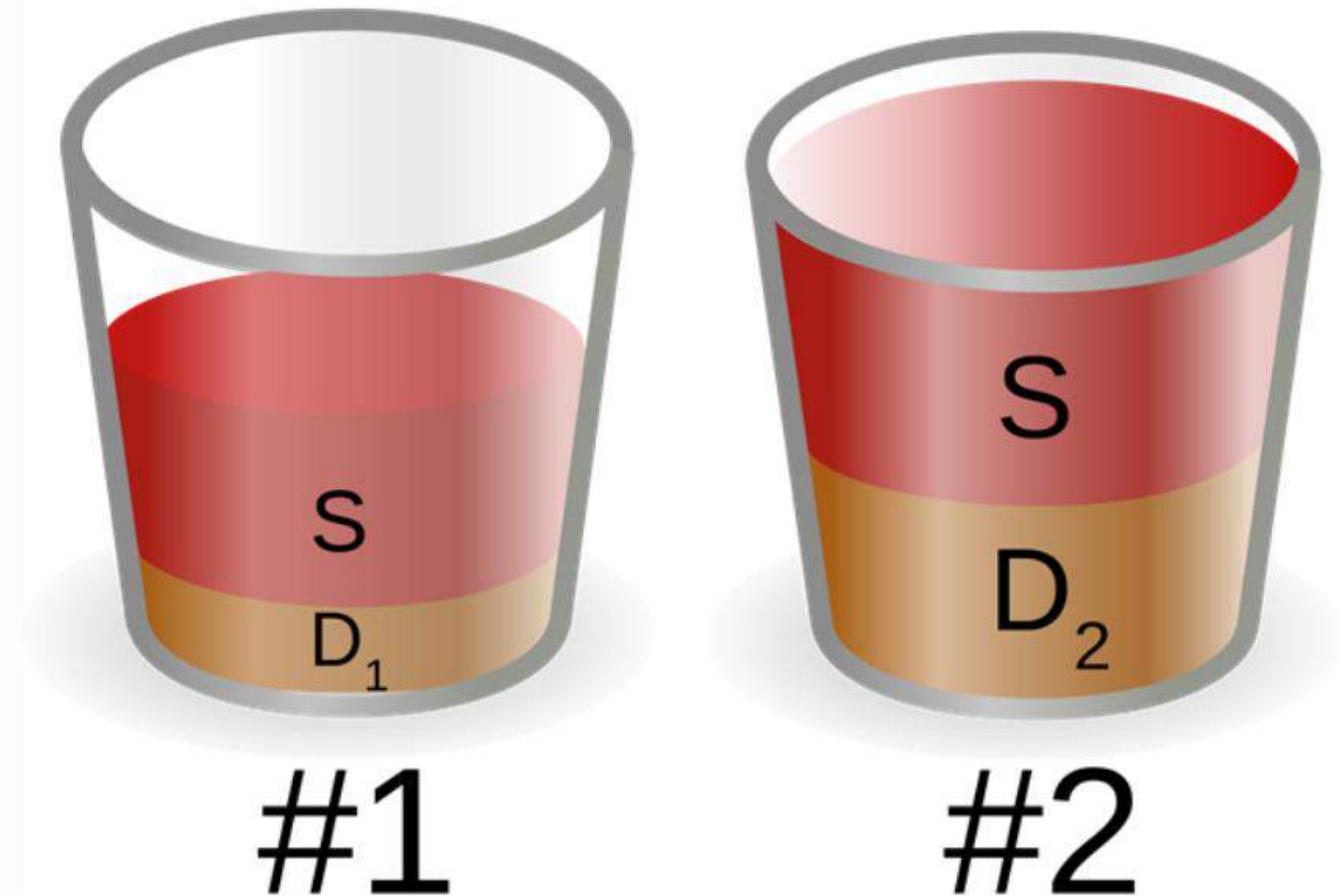
- Attachment: Boundaries, trust, isolation, perception of others
- Biology: Somatization, medical issues, pain, fatigue, etc.
- Emotional Regulation: Difficulty identifying/processing emotions
- Dissociation: Depersonalization, discrete states, memory impairment
- Behavioral Control: Impulsivity, soothing, sleep
- Cognition: Attention, memory, information processing
- Self-Concept: Fragmented sense of self, maladaptive beliefs

FAMILY ROLES AND PERSONALITY

- We take on roles within our primary system or family unit.
- Features of co-dependence emerge here and are offshoots of personality features and more primal 4F defenses.
 - Feeling states within the system, family roles are developed in effort to take care of the feeling state
 - Lack of personal responsibility and coping for individual affective experience. Dependency rather than interdependence emerges

PERSONALITY DISORDERS*

- Consisting of maladaptive* patterns of thought, emotional response, and behavior.
- A person with a “personality disorder” has difficulty in the development and/or maintenance of a cohesive sense of self, others, and the world.
- Diathesis Stress Model



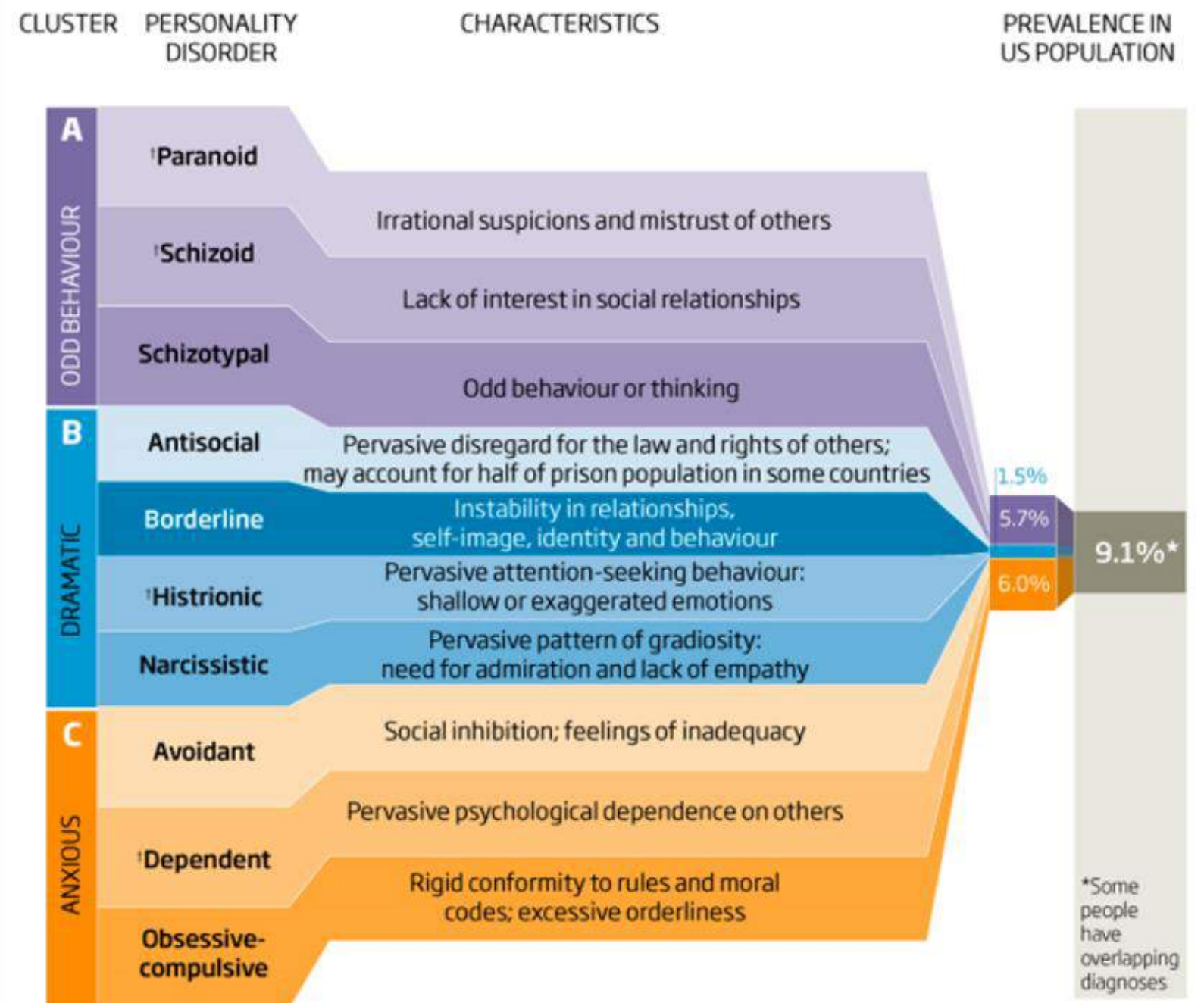
PERSONALITY DISORDERS*

- An enduring pattern of thoughts, feelings, interactions and behaviors that make us the individuals that we are.
- A “mental disorder” characterized by inconsistent moods, behavior, and relationships.

Spectrum of personality disorders

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There are currently 10 personality disorders but psychiatrists think this diagnostic framework is in need of an overhaul

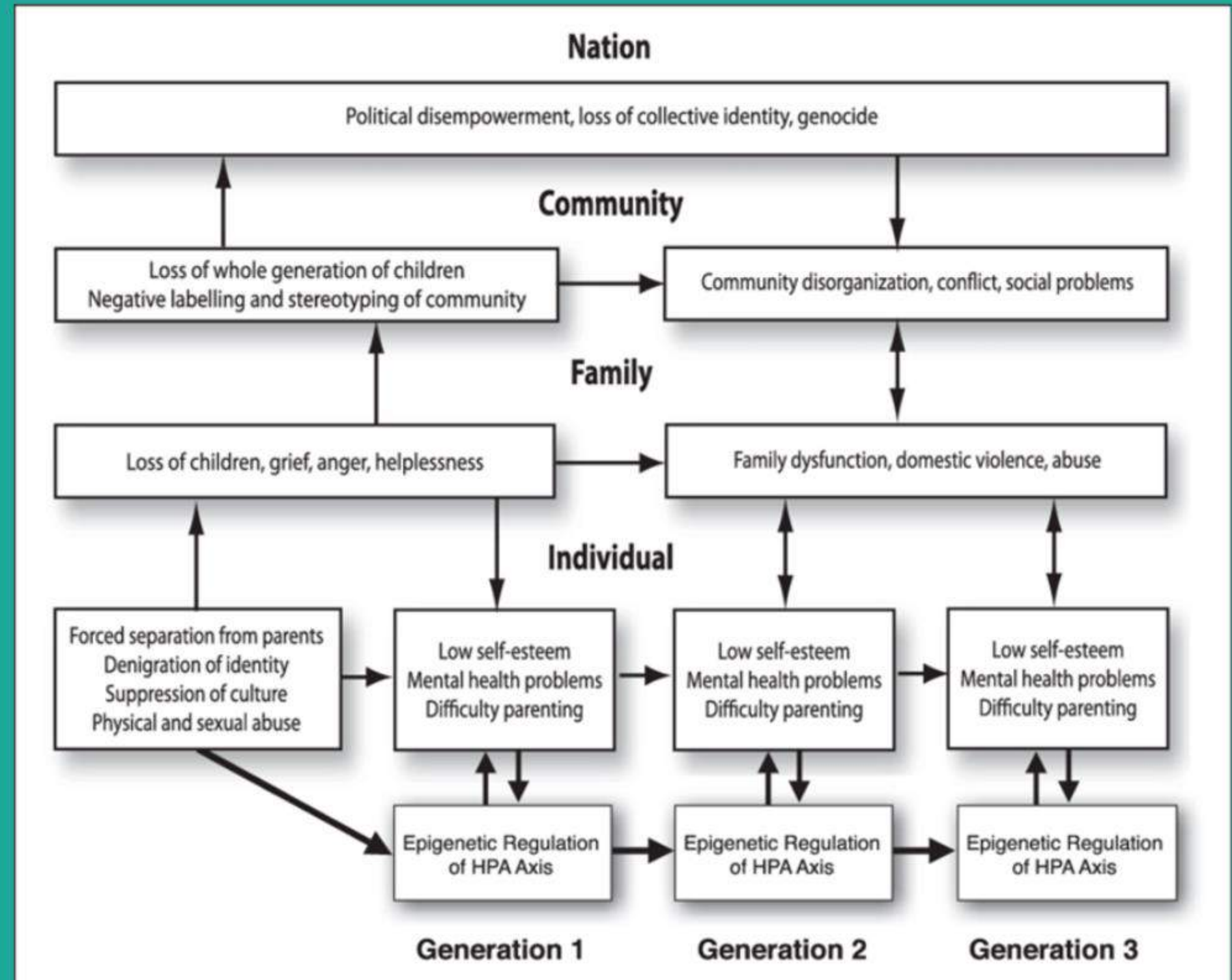


PERSONALITY CONTINUED

- Labels can be helpful for collective understanding and treatment purposes.
- Limited range of feelings, attitudes and Behaviors to cope with everyday challenges.
 - “Disordered” when the above are so inflexible that they cause clinically significant distress or impairment.
 - Something “wrong” with everyone else
- Traits may be “disordered” but not constitute a diagnosis. Traits exist along a spectrum.

INTERCONNECTION & CONCLUSION

- Interconnected nature of trauma. Including impact spanning historical/political factors to genetics



CITATIONS

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Questions?

THANK YOU

