From Risk to Protection: Engaging Caregivers Affected by Interpersonal Trauma in Child and Family Focused Trauma Treatment

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Addressing Trauma across the Lifespan: Integration of
Family, Community, and Organizational Approaches
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The Family Center
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Presenter's Disclosures

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Objectives

* Participants will review relevant literature on negative effects of traumatic exposures and stressful circumstances on help seeking behavior and ability to make change.

* Participants will recognize differences between genuine and superficial involvement in child and family focused mental health services.

* Participants will learn strategies for engaging caregivers in positive working partnerships using a trauma informed and strengths based approach.
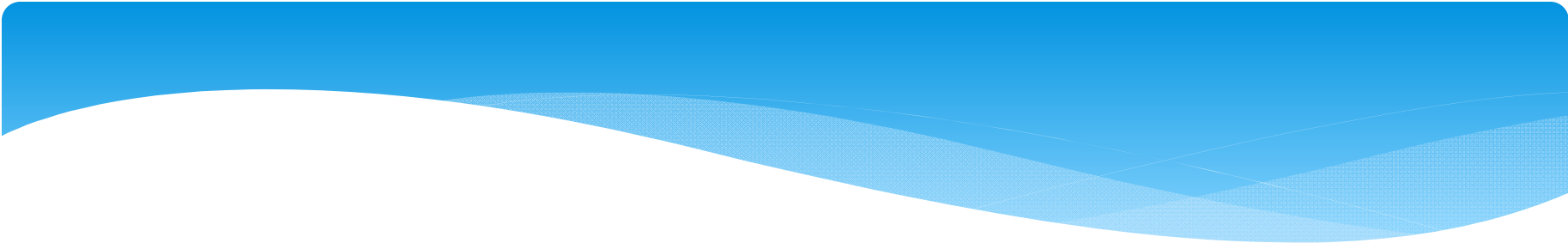
Family Trauma and Engagement

* Families adapting to traumatic contexts and events face significant environmental and psychological barriers to accessing, engaging in and benefiting from trauma focused services. (Snells-Johns et al., 2004).

* Trauma exposures increase risk of attrition from mental health services. (Lau & Weisz, 2003; McKay, 2005).

Core Concepts for Family Trauma Intervention

- Trauma has the potential to alter family functioning including its structure, relationships, coping and communication.

- Identifying family level needs and strengths that will support child and family outcomes is critical to intervention planning and delivery.

- The family's response to trauma influences help-seeking, participation in care, and treatment effectiveness.

FITT Website

Core Concepts Related to the Impact of Trauma on Families

* Family provides an interpretative lens through which its members appraise and make meaning of the traumatic experience.

* Family has the capacity to serve as a source of risk and protection regarding its members' ability to recover.

* Trauma ripples throughout the whole family and gets encoded and transmitted through generations.

FITT Website

Trauma informed services are designed specifically to address the consequences of trauma in the individual/family and to facilitate healing.

http://www.samhsa.gov/nctic/trauma.asp

Characteristics of Trauma Informed Organizations

* Every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services.

* Incorporates an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

SAMHSA National Center for Trauma Informed Care

Trauma Informed Care Providers Attend To:

* The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery

* The interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety)

* The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers

Examples of Superficial Engagement

* Attendance
* In session parent behavior
* Out of session parent behavior
* Response to homework
* Ability to remember previous sessions
* Style of relating to therapist
* Style of relating to child

Generation to Generation

* Transmission of emotional processes from one generation to the next.

* Current family difficulties are often influenced by previous generations of the family.

Bowen, 1978

Adults with histories of childhood maltreatment

* Anger management (Briere, 1988)

* Modulating feelings states (van der Kolk, B.A., McFarlane, A.C., & Weisaeth, L., 1996)

* Social competence (Shipman, Zeman, Penza-Clyve & Champion, 2000)

These difficulties produce functional impairments in parenting patterns that affect their children's outcomes.

Women

* Adult exposures: functional impairment related to PTSD symptoms

* Unresolved childhood abuse: impairments in emotional regulation and interpersonal relationships that exceed those explained by PTSD symptoms (Cloitre, M., Miranda, R., Stovall-McClough, K. C., & Han, H., 2005).

Reflective Function

* Mothers who were able to accurately reflect on their children's affect and intentions better able to provide integrated responses children in times of distress.

* Parents with histories of complex trauma have difficulty with emotional regulation and interpersonal relationships that may persist even after PTSD symptoms resolve (Grienenberger, Kelley, and Slade 2005)

Parent Trauma and Child Functioning cont.

* Higher levels of reflective function, regardless of the severity of PTSD symptoms, were associated with balanced classifications of their children on the Working Model of the Child Interview (Zeanah & Benoit, 1995)

* Good reflective function may inhibit trauma-associated dysregulation (Schechter, D.S., Coots, T., Zeanah, C.H., Davies, M., Coates, S.W., Trabka, K.A., Marshall, R.D., Liebowitz, M.R., & Myers, M.M., 2005)

Family Service Priorities

Families adapting to traumatic contexts and events will benefit most from trauma informed services which are :

* Engagement-oriented
* Strengths-based
* Culturally-sensitive

Partnership with Families

* Children can't fully benefit from mental health services or sustain improvement without constructive family involvement in treatment.

* Families need social support to initiate and sustain changes.

* Family providers need support to manage intensity of work with families affected by traumatic stress.

What is FamilyLive?

* engagement-oriented
* caregiver-focused
* trauma-informed
* strengths-based
* non-pathologizing
* skill development oriented

FamilyLive

* Addresses difficulties with help seeking behavior and basic parenting in families affected by intergenerational trauma.

Gardner, Loya and Hyman, 2013

Key Components of FamilyLive

Verbalizations

Team Lead

Team Members

The Mirror

The Phone

In-Room Clinician with Family
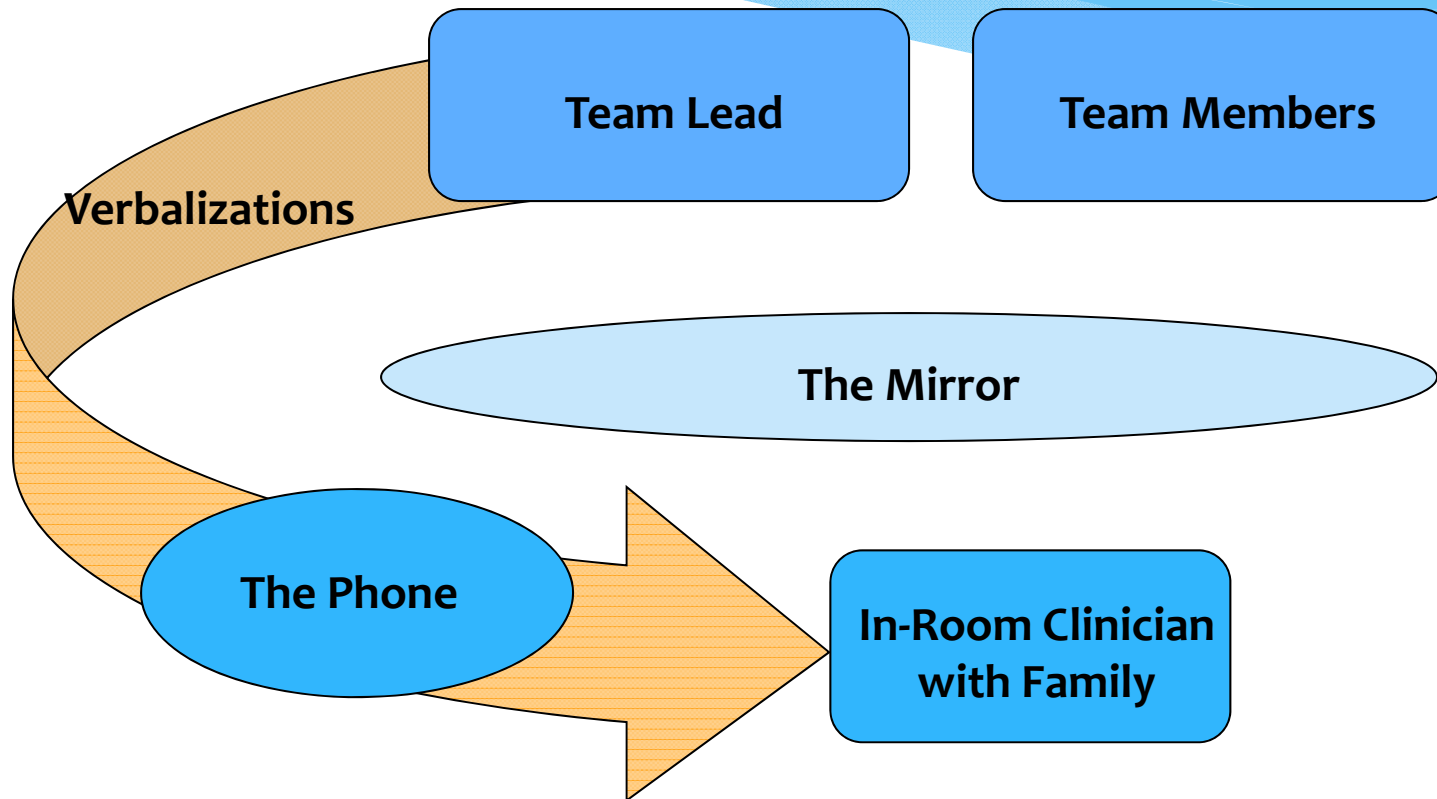
Stages of FamilyLive

* Setting the Stage
* Identifying the Focus
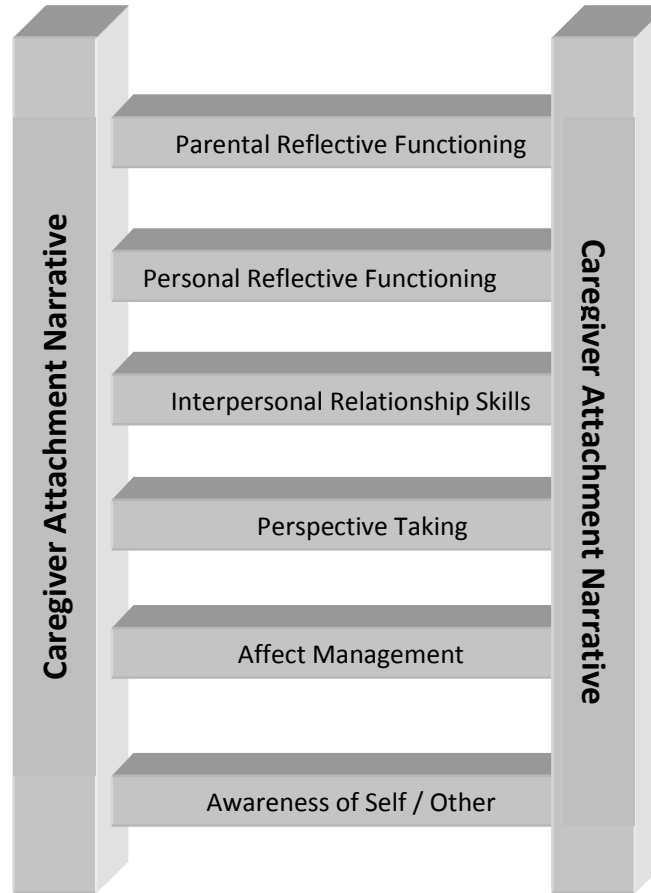* Broadening the Focus
* Changing the Patterns

Treatment Ladder

Engagement

Physical Comfort

Clear Boundaries

Careful Attunement

Non-judgement

Caregiver Attachment Narrative

Parental Reflective Functioning

Personal Reflective Functioning

Interpersonal Relationship Skills

Perspective Taking

Affect Management

Awareness of Self / Other

Caregiver Attachment Narrative

Engagement

Engagement

Emotional Safety

Emotional Safety

Examples of Genuine Engagement

* Attendance
* In session parent behavior
* Out of session parent behavior
* Response to homework
* Ability to remember previous sessions
* Style of relating to therapist
* Style of relating to child

Tools and Resources

* http://fittcenter@umaryland.edu click on "The Model" to find Trauma-Informed Principles and Family Informed Practices

* http://www.samhsa.gov/nctic/trauma.asp National Center for Trauma Informed Care

* Collins, K. et al. (2010). *Understanding the impact of trauma and urban poverty on family systems: Risks, resilience, and interventions. Baltimore, MD: Family Informed Trauma* Treatment Center. http://fittcenter.umaryland.edu/WhitePaper.aspx

Tools and Resources

* General Family Engagement Strategies
* Trauma Informed Family Engagement Strategies
* NCTSN Engagement Policy brief
* Are We Parent Friendly?
* FITT engagement summary
* Birth parent trauma history for birth parent
* Birth parent trauma history for mental health professionals

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