



Family-Informed
Trauma Treatment Center

Working with Trauma Impacted Families

A Conceptual Framework
for Clinical Practice

Continuing Medical Education Commercial Disclosure

I, Laurel Kiser, have the following commercial relationship(s) to disclose:

- Book royalties
- Grant support
- Training and consultation contracts
- Speakers fees

Learning Objectives

As a result of attending this workshop, attendees will ...

- increase awareness of the contextual conditions or accumulated traumatic circumstances that influence families.
- be familiar with adaptations that families make related to exposure to chronic stress and multiple traumas.
- determine the clinical implications of these complex adaptations for working with families.

Outline of the Presentation

- Widening the Lens
- Overview of Complex Family Trauma
 - Accumulated Traumatic Circumstances
 - Adaptations within the Family System
- Practice Implications

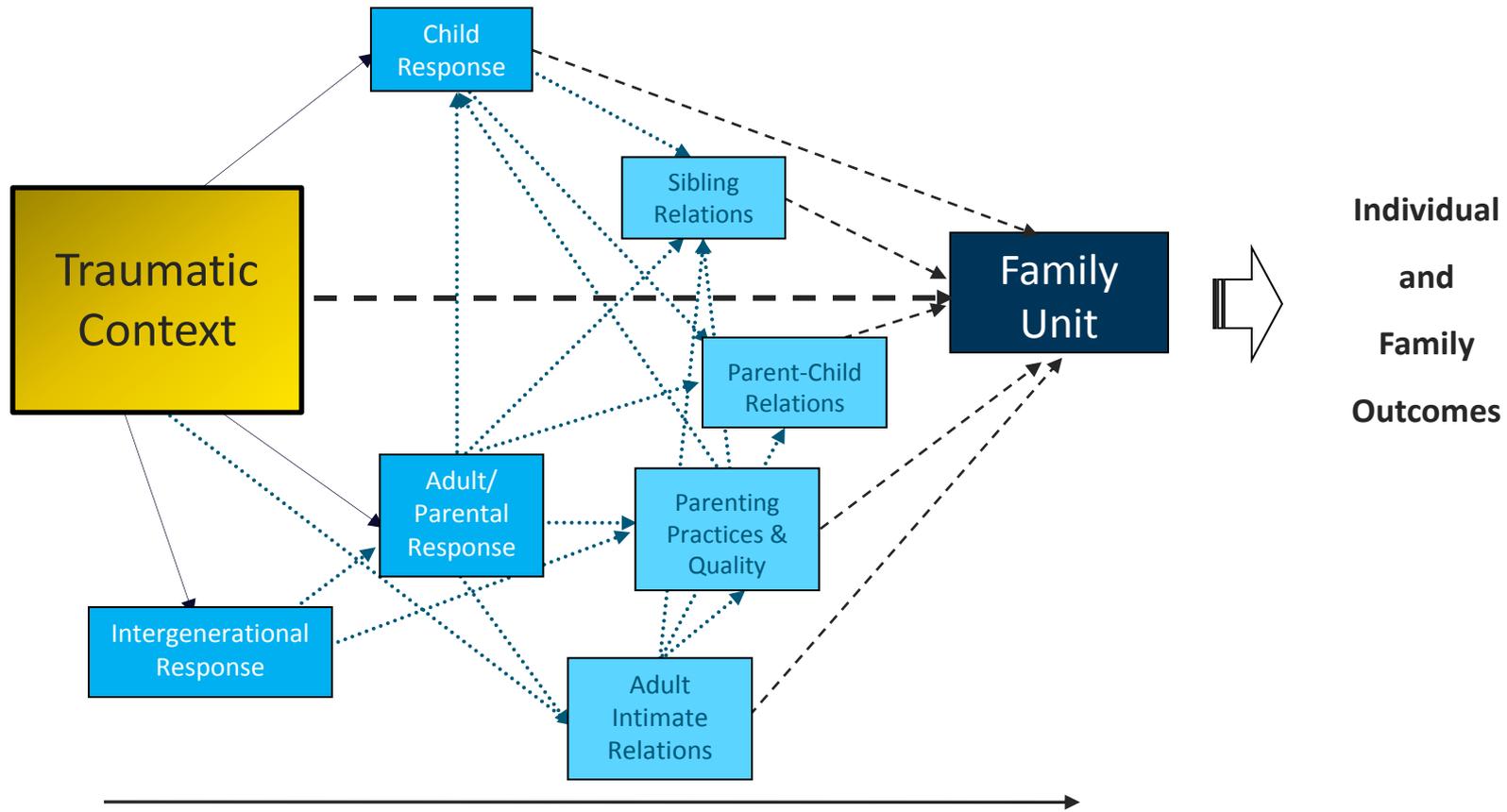
Widening the Lens

- Core Concepts for Family Trauma
 - Family provides **an interpretative lens** through which family members appraise and make meaning of traumatic experience.
 - Family has the capacity to serve as a **source of risk and protection** regarding a family member's ability to recover.
 - Trauma ripples throughout the whole family and **gets encoded and transmitted through generations.**

Widening the Lens

- Core Concepts for Family Trauma
 - Trauma has the potential to **alter family subsystem and system functioning.**
 - Identifying **family level needs and strengths** that will support positive outcomes is critical to intervention planning and delivery.
 - Families who are traumatized **are unlike other families seeking help**, due to the complexities of their adaptation to the multitude of stressors – including traumatic memories.

Family Informed Trauma Treatment (FITT) Model



Time Acute and longer-term effects
Individual development
Family life cycle

Adapted from Kiser & Black, 2005

Definition: Complex Adaptations to Trauma in the Family

- When family strengths and processes are overwhelmed by **accumulated traumatic circumstances** families may exhibit distress and disrupted functioning.
- **Adaptations to trauma in families** are determined by:
 - the intensity, duration, chronicity, predictability, or toxicity of the accumulated trauma, and
 - the nature of the family's response.

Working definition created with input from the Family Informed Trauma Treatment Toolkit Expert Panel Meeting, October 1 & 2, 2009.

Components of Accumulated Traumatic Circumstances

- exposure to multiple and on-going stressors
- repeated traumas
- along with associated secondary stressors including continued threats

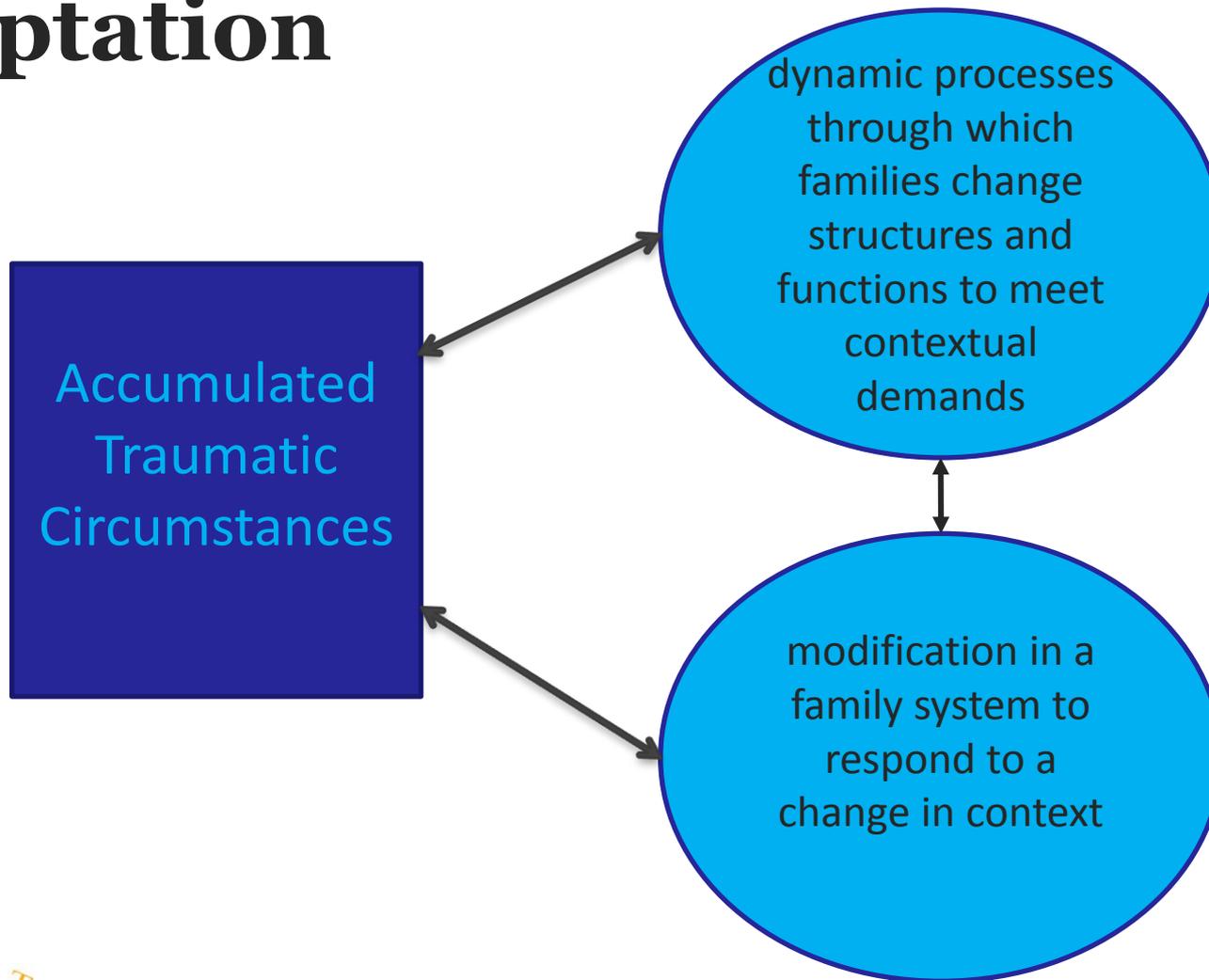
Example: The Context of Poverty



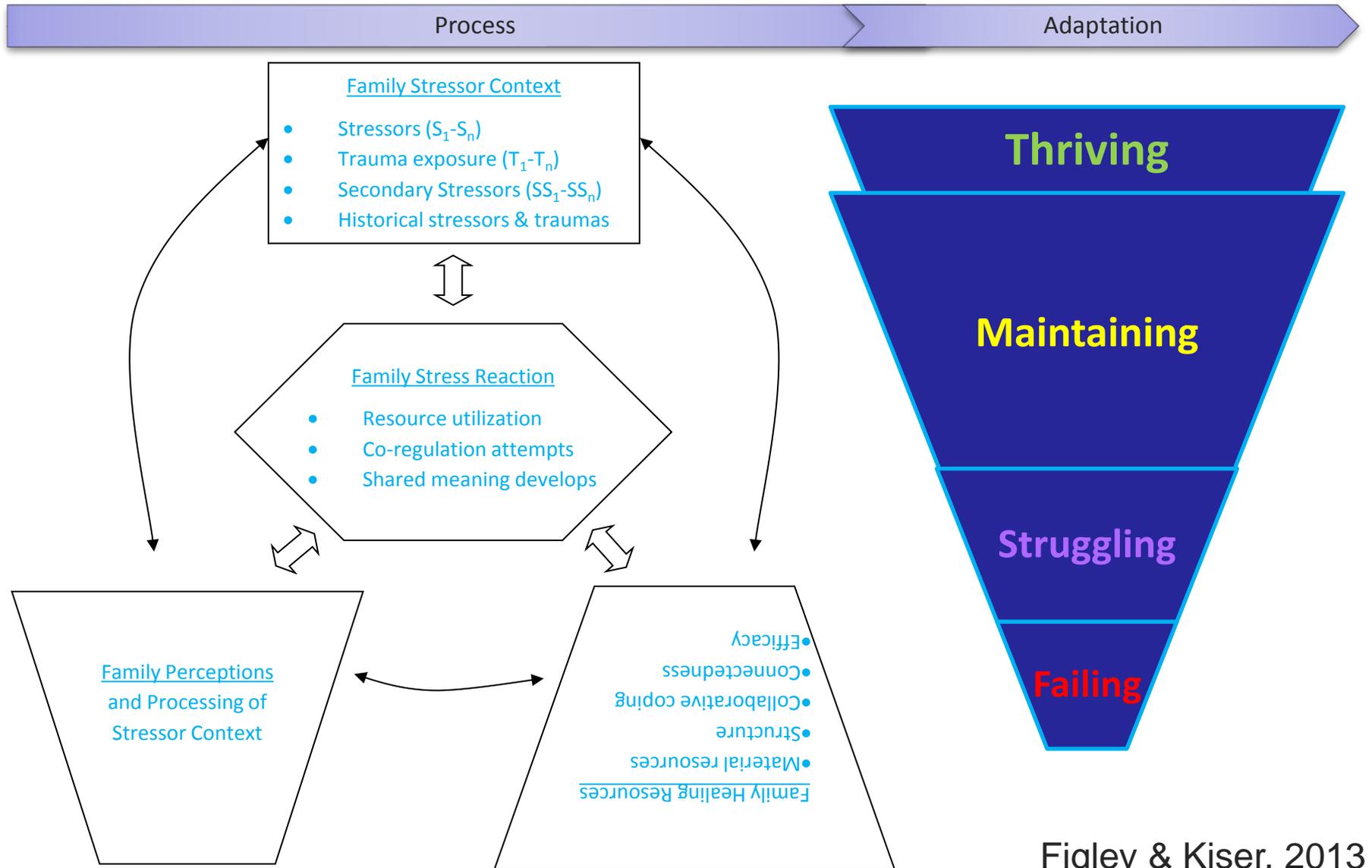
Complex Adaptations within the Family System

- Adaptation Processes
- Family Adaptation to Accumulated Traumatic Circumstances
 - Disturbances in the Family Unit
 - Reciprocal Distress Reactions
 - Individual Distress
 - Lapses in Basic Family Functioning

Adaptation



Model of Family Adaptation to Trauma

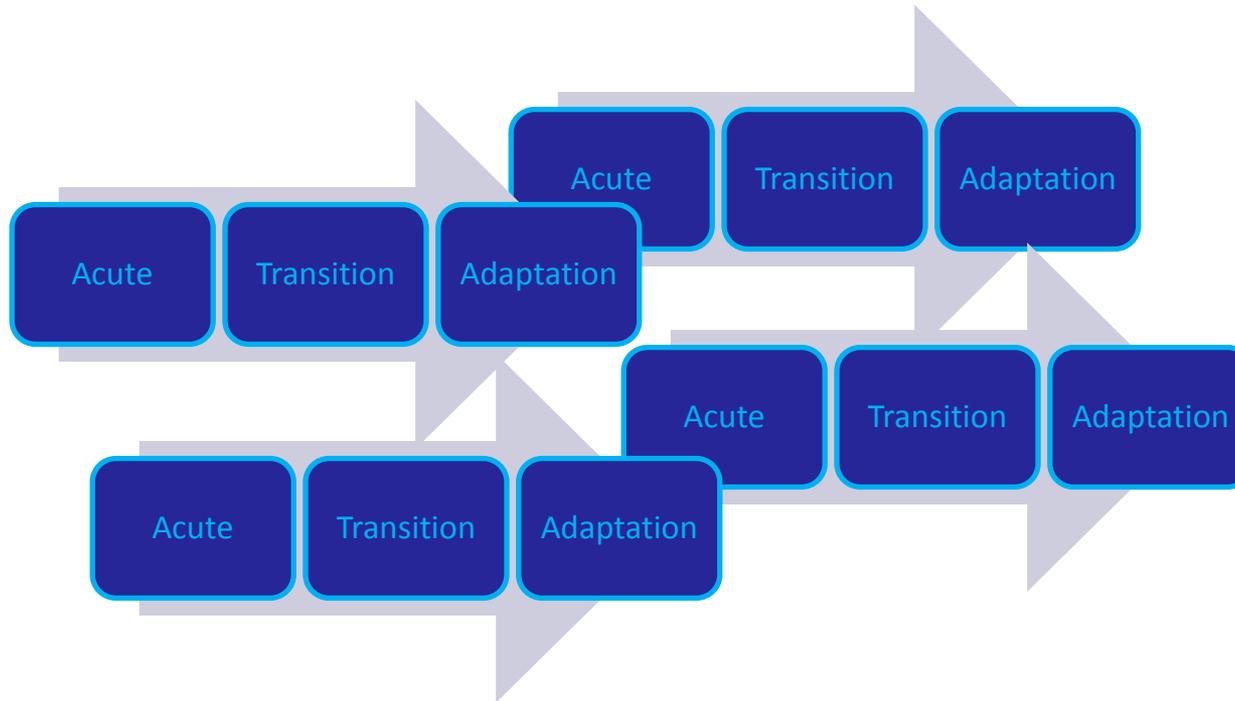


Families Who Thrive

- Acceptance of stressor
- Family-centered locus of problem
- Solution-focused problem-solving
- High tolerance
- Commitment
- Open, effective communication
- High cohesion
- Flexible roles
- Structure & predictability
- Efficient resource utilization
- Self-efficacy
- Shared beliefs



Multiple trauma stage model

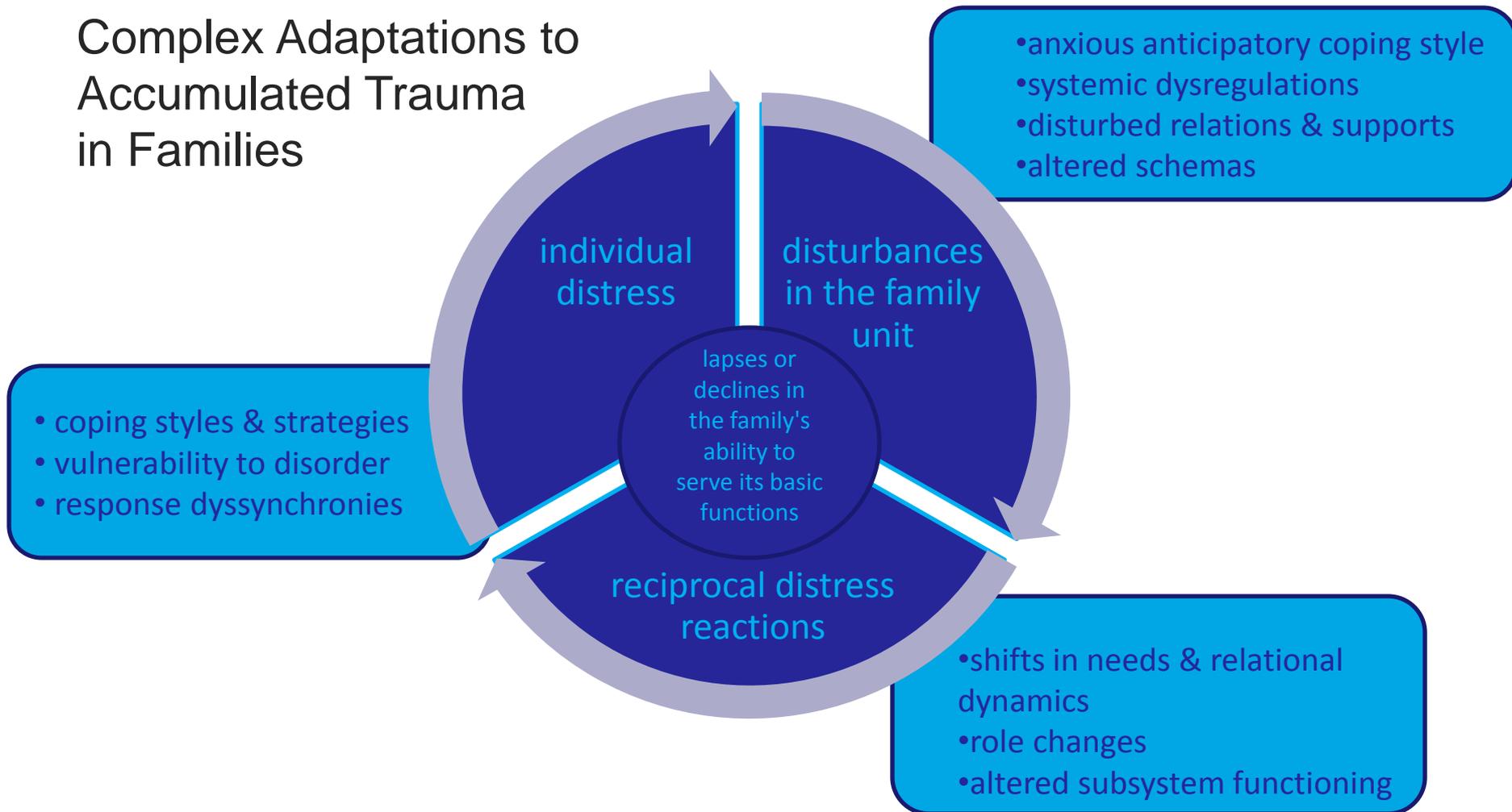


Complex and interdependent adaptation processes

- What works to reduce distress related to one event may not work for another although the family may try it over and over again
- Adaptations that are positive in one instance may be negative or harmful when used to address a different traumatic event
- Need for ongoing adjustments can create less efficient and flexible use of coping strategies in the family



Clinical Characteristics of Complex Adaptations to Accumulated Trauma in Families



Family Unit Response

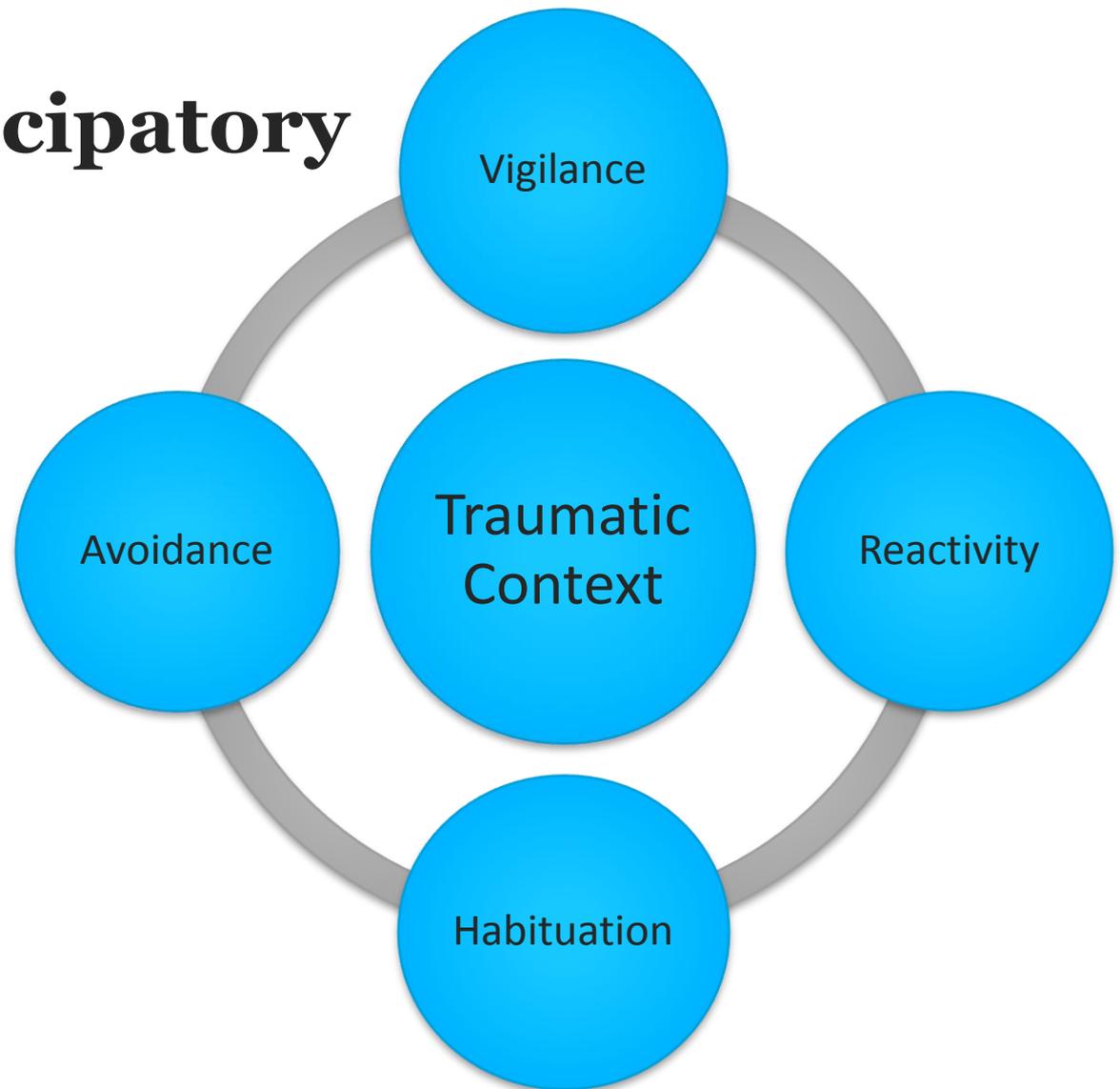
- anxious anticipatory coping style
- systemic dysregulations
- disturbed relations & supports
- altered schemas

disturbances
in the family
unit



Anxious Anticipatory Coping Style

“anticipatory stress, by its very nature, is a cognitive construct which is ‘learned’ [29], p. 9).”



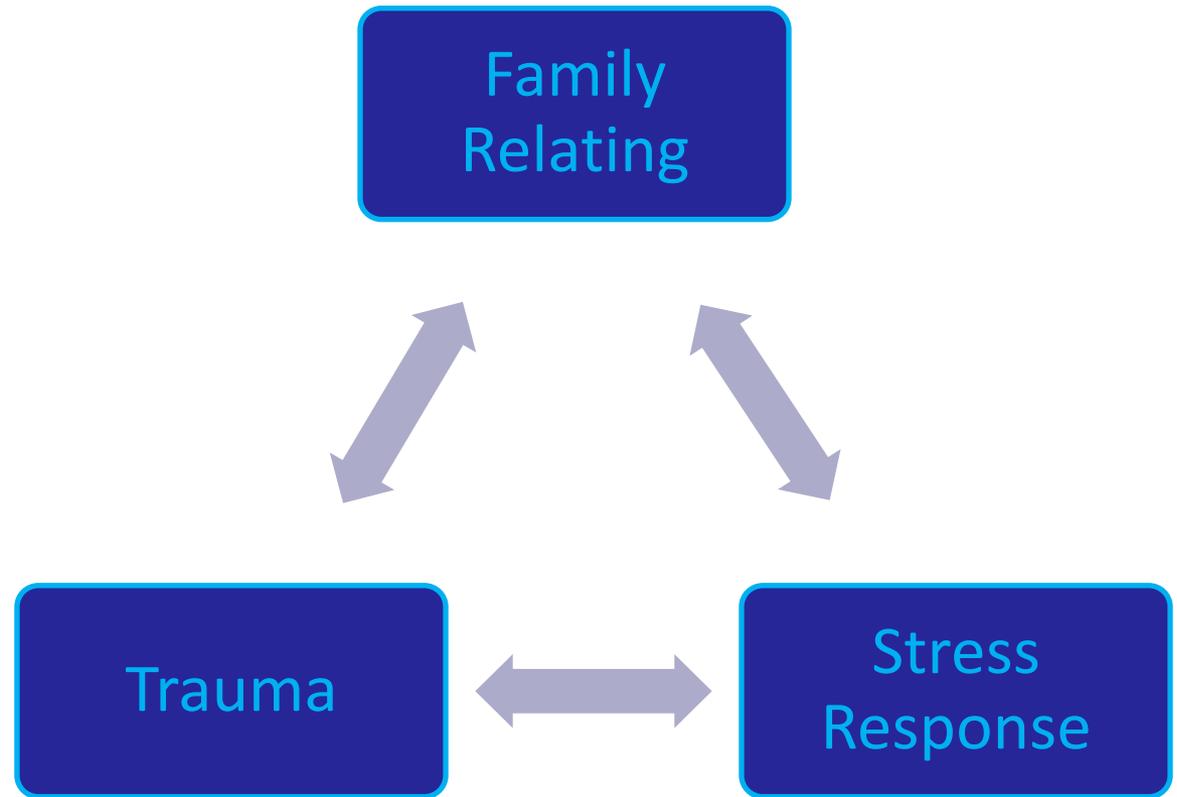
A Moment to Consider...

- What anxious anticipatory coping style best fits the Garrett family?

Systemic Dysregulations

- Chronic wear and tear
- System no longer efficient at responding to the environment
- Alterations in physiological response within the family context
 - Safety system dysregulation
 - Difficulty modulating negative affect with heightened risk for conflict and violence

- Social context influences the stress response through physiological and cognitive processes



A Moment to Consider...

- In what ways have the Garrett family's norms regarding acceptable affective and behavioral expression between family members become less effective?
- In what way does the family environment play a role in children's physiological functioning?

Disturbed Relations & Supports

Intra-familial

- Compromised family solidarity
- Poor communication channels
- Heightened levels of negativity and conflict
- Decreased relational security
- Family membership transitions or dissolution

Extra-familial

- Mistrust
 - negative representation of relationships
 - suspiciousness
- Heightened levels of negativity and conflict
- Social withdrawal and isolation

Supports

- Difficulty identifying resources
- Difficulty asking for or accepting support
- Compromised and burned out support network
- Limited or absent reciprocity
- Avoidance of help-seeking



A Moment to Consider...

- How does the traumatic context influence relationships within the family and its subsystems?
- How has the family altered relationships with people outside the family unit?

Altered Schemas*

- Family schemas become consistent with traumatic exposures
 - biases or distortions in family appraisal and inferencing
 - distorted rules, beliefs, and world views

*may increase individual family members vulnerability to PTSD when exposed to trauma
(Weingarten, 2004)

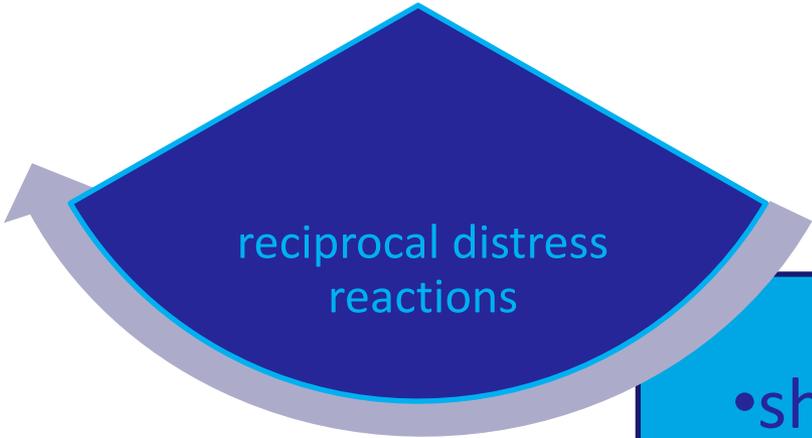
Examples of Altered Schemas

- The world is a dangerous place.
- People are not trustworthy or dependable.
- Things usually go wrong for our family
- There is nothing that we can do to prevent bad things from happening to us.
- Our future will be much like our present with nothing good happening.
- We are not able to deal with the things that happen to us and never will be.

A Moment to Consider...

- In what ways do the Garrett's altered schemas impact on the children?
- Consider how each child's own schemas may impact on sibling relationships.
- Further, how does the altered schemas of each family member impact the family as a whole?

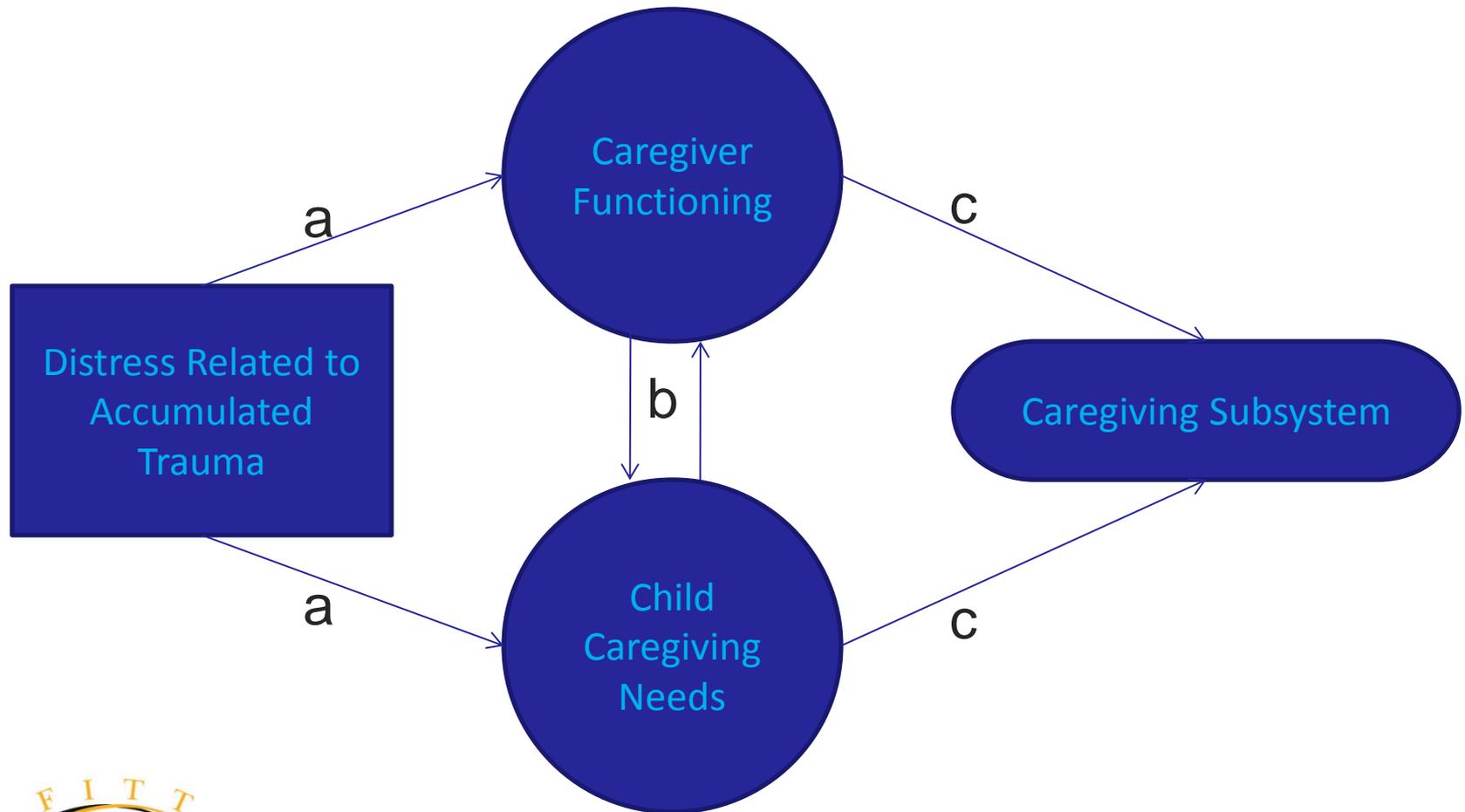
Reciprocal Distress Reactions



reciprocal distress
reactions

- shifts in needs and relational dynamics
- role changes
- altered subsystem functioning

Reciprocal Dyadic Process



A Moment to Consider...

- Identify how accumulated traumatic experiences and its effects decrease Ms. Garrett's functioning and at the same time increase the children's caregiving needs.
- How do the interactions of family members impact on the caregiving subsystem?

Individual Distress

- trauma-related disorders
- coping styles & strategies
- developmental stage
- response dyssynchronies



individual
distress

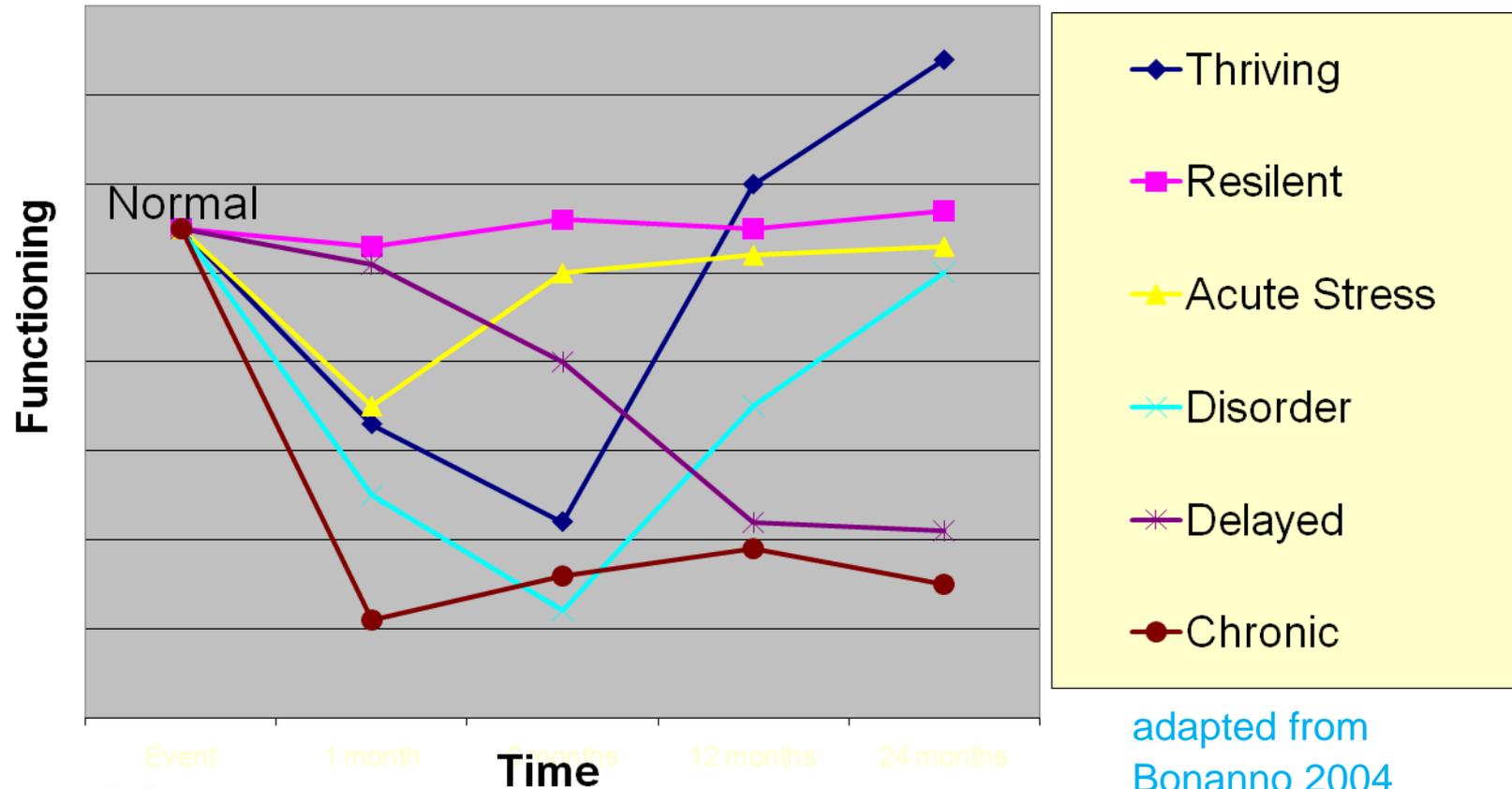
Individual Coping Styles

- Styles
 - Problem-focused
 - Cognitive coping
 - Behavioral coping
 - Emotional coping
 - Social coping
 - Preventive coping
- Congruence model of effective coping

Trauma Related Disorders

- Posttraumatic Stress Disorder (PTSD)
- Complex PTSD
- Developmental Trauma Disorder, proposed
- Other common disorders
 - Depression
 - Dissociative
 - Panic attacks
 - Substance use
 - Attachment

Continuum of Responses Possible for Individuals within the Family



adapted from
Bonanno 2004

Response Dyssynchronies

- Different traumatic exposures
- Differing appraisals of events and contexts
- Continuum of responses
- Individual, developmentally appropriate coping strategies and styles
- Developmental differences in response to trauma

A Moment to Consider...

- Identify how each family members' response impacts on the family unit.

lapses or
declines in the
family's ability
to serve its
basic
functions

1. Struggle, and often fail, to provide safety, stability, and emotional security
2. Low or altered source of identification or sense of belonging
3. Decreased intergenerational transmission of protection and attachment
4. Limited resources for relating to the larger community



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Practice Implications

Practice Implications

This conceptual framework ...

- reduces blame and encourages strengths based thinking
- encourages systems thinking rather than individual symptom focus
- supports emphasis on building resiliency

Practice Implications, Continued

This conceptual framework ...

- puts present day functioning in context
- helps with identifying high risk areas that require increased focus
- helps with clinical supervision
- helps with coordination of care with other providers, across disciplines

Practice Implications, Continued

This conceptual framework ...

- provides a basis for understanding and describing the intervention fundamentals that increase the likelihood of successful outcomes for these families regardless of the specific strategies used
- helps identify those family interventions that represent “best practices” with this population

Using a consistent conceptualization, clinicians and families can partner to develop a trauma-focused family service plan.

Five Phase Approach



Family Trauma Assessments

- Conceptual framework leads to family trauma assessment methods which identify complex adaptations across the family system.
- Measures impact of traumatic events and contextual stressors on each member of the family, on family subsystems, and on the family as a whole.

Family and Trauma Informed Treatment Planning

- Addresses the multiple pathways along which exposure to chronic and acute stress impacts family members and the family unit.
- Collaborative process to develop a course of action that is tailored to families' needs and strengths and maximizes family- and caregiver-level curative factors.



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Family Assessment of Needs and Strengths – Trauma (FANS-Trauma)

Laurel Kiser
Kay Connors
Sarah Gardner
Fred Strieder
& John Lyons

I. THE FAMILY TRAUMATIC CONTEXT

- Items 1-11 cover different trauma types.
 - sexual abuse
 - physical abuse
 - emotional abuse
 - neglect
 - medical events
 - family violence
 - traumatic loss/separation
 - community violence
 - natural/manmade disaster
 - political violence
 - cultural violence



6. FAMILY VIOLENCE - *This rating describes the severity of exposure to family violence including domestic violence. Domestic violence refers to physical fighting in which family members might get hurt. Physical abuse is not considered here.*

0	There is no evidence of family violence.
1	Family member has experienced mild violence between family members. This might include slapping or pushing.
2	Family member has experienced moderate violence between family members. This might include repeated episodes of family violence but no significant injuries requiring emergency medical attention have occurred.
3	Family member has experienced repeated and severe episodes of violence between family members. This might include when significant injuries or death have occurred; weapons have been used; a restraining order is currently in place; or a family member is incarcerated due to family violence.

List family members exposed:

Assessing Family Needs & Strengths

Section

- II 14 items assess the Family Unit
- III 11 items assess Adult family members
- IV 11 items assess Child family members
- V 3 items assess Intergenerational family matters
- VI 4 items assess Adult Intimate Partnerships
- VII 9 items assess Caregiving
- VIII 2 items assess Caregiver-Child Relations
- IX 3 items assess Sibling dynamics

II. THE FAMILY UNIT

Strengths

19. Family Communication

Optimism

20. Closeness

21. Organization

22. Coping Skills

Connections

23. Family Efficacy

Needs

28. Role/Boundary Appropriateness

29. Family Sense of Safety

30. Family Affect Management

24. Savoring and

25. Spiritual/Religious

26. Family Ritual

27. Community

31. Family Conflict

32. View of the World



30. FAMILY AFFECT MANAGEMENT – *This item refers to the family unit’s process of initiating, maintaining, or modulating the occurrence, intensity, or duration of emotion-related discourse across a whole range of emotions.*

0	Family unit displays no difficulties co-regulating emotional responses. Family members recognize and respond appropriately to the affect expressed. Family is able to express strong emotions, both positive and negative, when appropriate, and maintain control. Emotional responses are appropriate to the situation.
1	Family unit displays some minor difficulties with affect regulation. Family members generally recognize and respond appropriately to the affect expressed, but there are some miscues and miscommunications. Family could have some difficulty tolerating and expressing intense emotions and become uncomfortable in response to emotionally charged stimuli. Family members may be more watchful or hypervigilant in general.
2	Family unit displays moderate problems with affect regulation. Family may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). Family may deal effectively with positive emotions but may be unable to tolerate or express negative affect. At times, family members’ affect may be inconsistent with the situation.
3	Family unit displays severely dysregulated affect. Affective communication among family members is often misunderstood. Family members demonstrate severe problems as evidenced by unpredictable mood and inability to modulate emotional responses (feeling out of control of their emotions or emotionally “shut down”). Family may exhibit tightly contained emotions with intense outbursts under stress. Affect expressed is generally not consistent with the situation.



Family Unit Needs and Strengths



Family Assessment of
Needs & Strengths

FANS Needs & Strengths Inventory

for the Garrett Family family. This report was generated on 04/23/2013.

Date Range: 04/02/2013 to 04/23/2013.

FANS Needs Items

Item Name	Date	Scale/Add	Needs Action	Needs Immediate Action
The Family Unit (Mr, Mrs, Aiden, Stephanie, Monica)	04/02/2013	8.00/4	Family Affect Management	

Item Name	Date	Scale/Add	Centerpiece	Identified	Useful
The Family Unit (Mr, Mrs, Aiden, Stephanie, Monica)	04/02/2013	18.00/16		Organization, Coping Skills, Family Efficacy, Savoring and Optimism, Family Rituals	Family Communication, Closeness, Community Connections



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NCTSN

The National Child
Traumatic Stress Network

Therapeutic Objectives

- Building Rapport and Trust
- Rebuilding Safety: Eliminating Unwanted Consequences of Trauma
- Re-Establishing Structure and Regulation
- Building Family Social Supportiveness
- Developing New Rules and Skills of Family Communication
- Sharing the Family Trauma Story
- Building a Family Healing Theory

Figley & Kiser, 2013



Module I	Rituals and Routines
Module II	Strengthening Family Coping
Module III	Trauma Resolution and Consolidation

INTERVENTION

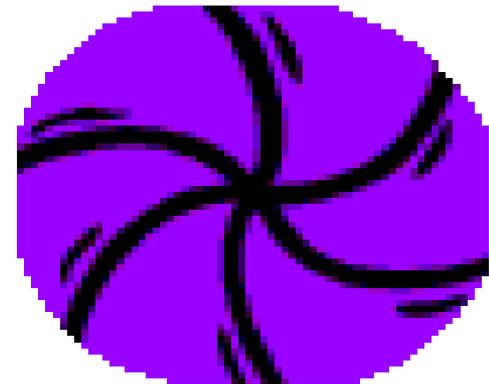
Ties to Trauma Treatment

Focus	Components	Links to EBPs
Physiological	Enhancing safety	cognitive therapy, exposure therapy, anxiety management training, mindfulness, kinesthetic activities
	Stress inoculation skills	
	Exposure with response prevention	
	Mastery	
Cognitive	Psychoeducation	cognitive therapy, anxiety management training, evaluation/reframing of cognitions
	Cognitive processing	
	Narrative	
Behavioral	Behavioral regulation (limits)	anxiety management training, kinesthetic activities
	Parenting skills	
Affective	Affective regulation	anxiety management training, direct exploration of the traumatic experience
	Narrative	
Social	Attachment	support, anxiety management training
	Narrative	

Constructive Family Coping

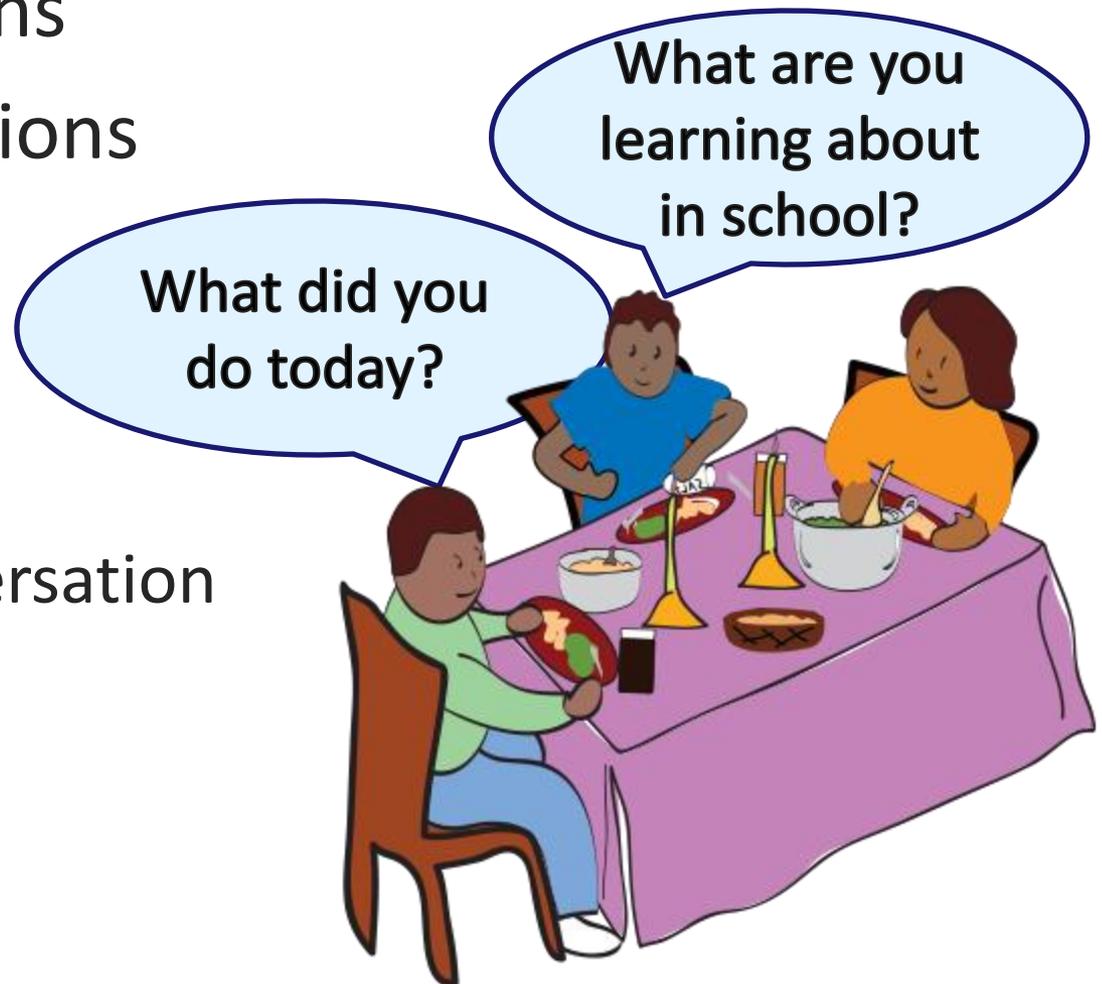
- *Constructive family coping* involves complex behavioral repertoires and skills characterized across the following dimensions:

- Deliberateness
- Structure
- Connectedness
- Resource Seeking
- Co-regulation & Crisis Management
- Positive Affect, Memories, & Meaning



Shared Family Meal

- Protective functions
- Important dimensions
- Meals in SFCR
 - Setting the table
 - Serving the food
 - Starting the conversation



Sharing Family Stories

***Facilitator:** I am willing to bet that each and every family here has some great stories to tell. Tonight we are going to get a chance to hear some of those stories. Please gather your families around and get comfortable. Now spend a few minutes thinking about something good that the whole family experienced together in the past few years. Once you have decided on something good that happened to your family, discuss this event. Just pretend that you were sitting around and someone brought it up.*

Worksheet: Developing Routines

Routines are the things we do the same way everyday, day after day. Routines can be developed by breaking certain activities down into steps and deciding what, when, and where each activity is done.

Pick a time of day when you need to get something done on a regular basis. Getting going in the morning, getting ready for bed are some examples. Break this activity down into the small steps it takes to get the job done. Then write out the when and where of each step. Be very specific as you fill in each box.

ROUTINE: _____



Steps	Who	When	Where
1.			
2.			
3.			
4.			
5.			

Anticipatory Anxiety and Safety

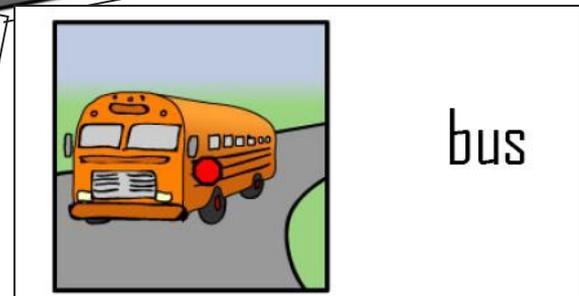
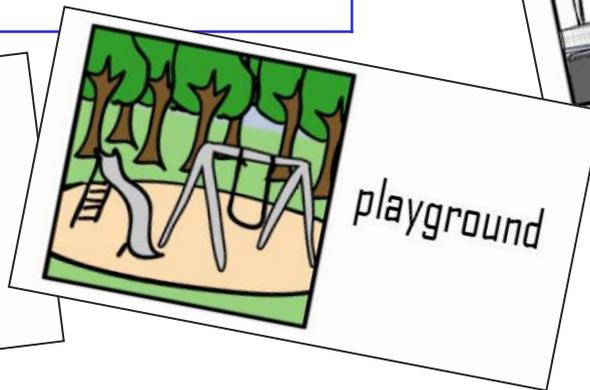
Safety Mapping Activity

Invite the family to draw a map of their community/neighborhood. Identify places, rooms, houses, schools, stores, hospitals, churches, relatives' and friends' homes, etc. Include the place(s) where violence has occurred and places the family considers safe.

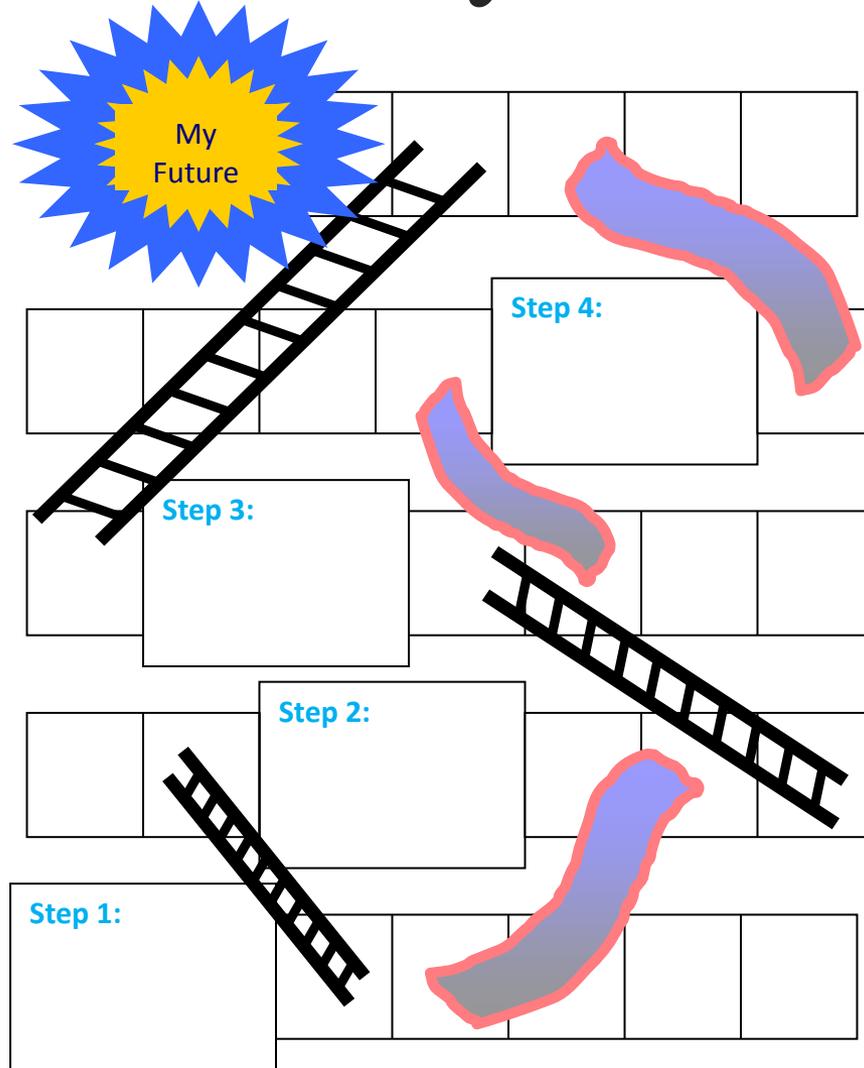
Who goes there:
With who:
When:
Feel Safe?

3
2
1
0

Almost always
Half the time
Once in a while
Never



Path to My Future



Things Get in the Way Skit Card

Things get in the way...

Tonight the family planned on watching a movie together. They rented a video and mom and the kids were looking forward to it! Just before starting the video, mom and her boyfriend start talking about something that leads to an argument (such as money, time spent together, etc.), and the argument lasts for over an hour. The family never gets to watch the video.

What got in the way??

Child-friendly Activities to Teach about Problem-Solving

Harold and the Purple Crayon

By Crockett Johnson

So he put a frightening dragon under the trees to guard the apples.

It was a terribly frightening dragon.

It even frightened Harold. He backed away.

His hand holding the purple crayon shook.

Suddenly he realized what was happening.

But by then Harold was over his head in an ocean.

He came up thinking fast.

And what did he draw?



Facilitating a Family Trauma Narrative



“Are you ready to hear this, its an ear breaker.”

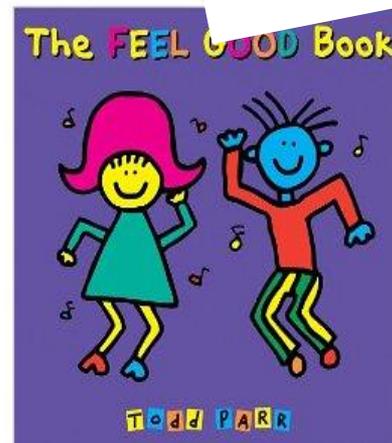
- Titrate experience so it is not overwhelming
- Help to co-regulate family members
- Elicit pieces of the story from multiple family members
- Help family recognize multiple “truths” about what happened
- Integrate experiences
- Look for meaning consistent with family values, goals, and history
- Externalize the trauma
- Ask questions to look for untold parts of the story and “unique outcomes”
- Help the family change the storyline

Adding to the Family Scrapbook

Making Positive Memories

- Play
- Positive experiences
- Affection
- Laughter

"Getting tickled
feels good"



What
feels
good to
you?

Celebrating Achievement



This certificate is awarded to:

Family's Name Here

In recognition of their participation in and contributions to
Strengthening Family Coping Resources

On the Date of January 1, 2009

Signature

Signature

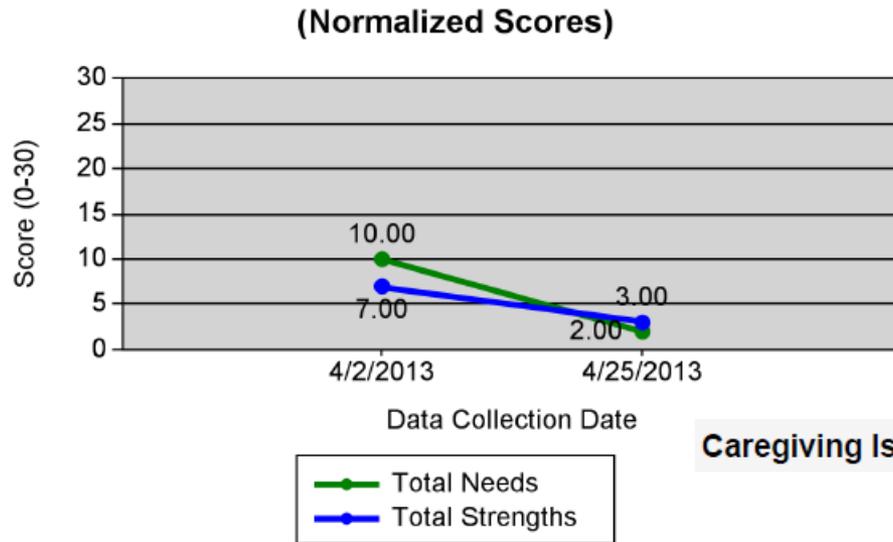
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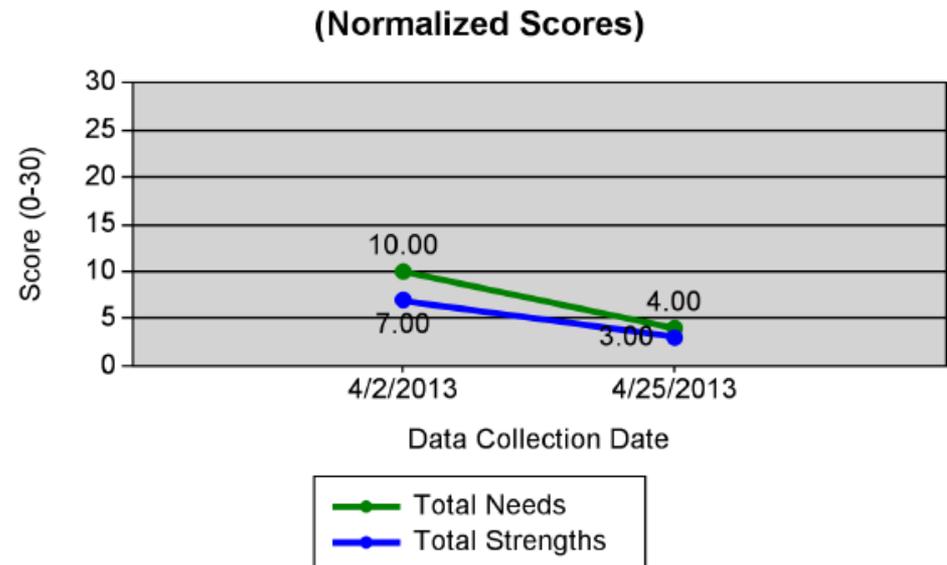
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Caregiving Issues Scores for Garrett, Mr



Tracking Progress: Caregiver Needs and Strengths

Caregiving Issues Scores for Garrett, Mrs



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