Working with Trauma Impacted Families

A Conceptual Framework for Clinical Practice
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 positives 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

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

- Social & Systems Demands
- Financial Instability
- Residential Instability
- Social and Public Incivilities
- Daily Hassles
- Trauma
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

Accumulated Traumatic Circumstances

dynamic processes through which families change structures and functions to meet contextual demands

modification in a family system to respond to a change in context
Family Stressor Context
- Stressors ($S_1-S_n$)
- Trauma exposure ($T_1-T_n$)
- Secondary Stressors ($SS_1-SS_n$)
- Historical stressors & traumas

Family Stress Reaction
- Resource utilization
- Co-regulation attempts
- Shared meaning develops

Family Perceptions and Processing of Stressor Context

Family Healing Resources
- Efficacy
- Connectedness
- Collaborative coping
- Structure
- Material Resources
- Family Health Resources

Model of Family Adaptation to Trauma

Figley & Kiser, 2013
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

- shifts in needs & relational dynamics
- role changes
- altered subsystem functioning
- anxious anticipatory coping style
- systemic dysregulations
- disturbed relations & supports
- altered schemas

- coping styles & strategies
- vulnerability to disorder
- response dyssynchronies

- individual distress
- disturbances in the family unit
- reciprocal distress reactions

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

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

disturbances in the family unit

Family-Informed Trauma Treatment Center

A Partner in
NCTSN
The National Child Traumatic Stress Network
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

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

- Caregiver Functioning
- Child Caregiving Needs
- Distress Related to Accumulated Trauma
- Caregiving Subsystem

Arrows indicate the relationships between the components:
- a: from Distress to Caregiver Functioning
- b: from Caregiver Functioning to Child Caregiving Needs
- c: from Child Caregiving Needs to Caregiving Subsystem
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 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

- Thriving
- Resilient
- Acute Stress
- Disorder
- Delayed
- Chronic

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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.
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
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

Phase I: Joining the Family

Phase II: Understanding and Framing their Trauma Response

Phase III: Building Healing Coping Skills

Phase IV: Sharing and Healing

Phase V: Moving Forward

Figley & Kiser, 2013
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.
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  traumatic loss/separation
  physical abuse  community violence
  emotional abuse  natural/manmade disaster
  neglect  political violence
  medical events  cultural violence
  family 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.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>There is no evidence of family violence.</td>
</tr>
<tr>
<td>1</td>
<td>Family member has experienced mild violence between family members. This might include slapping or pushing.</td>
</tr>
<tr>
<td>2</td>
<td>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.</td>
</tr>
<tr>
<td>3</td>
<td>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.</td>
</tr>
</tbody>
</table>

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
20. Closeness
21. Organization
22. Coping Skills
23. Family Efficacy

**Needs**
28. Role/Boundary Appropriateness
29. Family Sense of Safety
30. Family Affect Management

24. Savoring and Optimism
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.*

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>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.</td>
</tr>
<tr>
<td>1</td>
<td>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.</td>
</tr>
<tr>
<td>2</td>
<td>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.</td>
</tr>
<tr>
<td>3</td>
<td>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.</td>
</tr>
</tbody>
</table>
## Family Unit Needs and 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

<table>
<thead>
<tr>
<th>Item Name</th>
<th>Date</th>
<th>Scale/Add</th>
<th>Needs Action</th>
<th>Needs Immediate Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Family Unit (Mr, Mrs, Aiden, Stephanie, Monica)</td>
<td>04/02/2013</td>
<td>8.00/4</td>
<td>Famly Affect Management</td>
<td></td>
</tr>
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</table>

### Centerpiece Needs

<table>
<thead>
<tr>
<th>Item Name</th>
<th>Date</th>
<th>Scale/Add</th>
<th>Centerpiece</th>
<th>Identified</th>
<th>Useful</th>
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</thead>
<tbody>
<tr>
<td>The Family Unit (Mr, Mrs, Aiden, Stephanie, Monica)</td>
<td>04/02/2013</td>
<td>18.00/16</td>
<td>Organization, Coping Skills, Family Efficacy, Savoring and Optimism, Family Rituals</td>
<td>Family Communication, Closeness, Community Connections</td>
<td></td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>Module</th>
<th>Description</th>
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<tbody>
<tr>
<td>Module I</td>
<td>Rituals and Routines</td>
</tr>
<tr>
<td>Module II</td>
<td>Strengthening Family Coping</td>
</tr>
<tr>
<td>Module III</td>
<td>Trauma Resolution and Consolidation</td>
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</table>
# Ties to Trauma Treatment

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

What did you do today?

What are you learning about in school?
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: ____________________________

<table>
<thead>
<tr>
<th>Steps</th>
<th>Who</th>
<th>When</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
Path to My Future

Step 1:

Step 2:

Step 3:

Step 4:
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

- 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

“Are you ready to hear this, its an ear breaker.”
Adding to the Family Scrapbook
Making Positive Memories

• Play
• Positive experiences
• Affection
• Laughter

“What feels good to you?

“Getting tickled feels good”
Celebrating Achievement

Certificate of Completion

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

Signature
Selected References

Selected References