Family Engagement and Partnership: Sharing Power in Trauma Services
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What Does Family Look like?
- I am from..........
- Create 3 sentences or 10 words activity

Impact of Trauma on Family Functioning
- When family strengths and processes are overwhelmed by traumatic circumstances security and stability decrease and disrupt functioning, communicating and connectedness.
- Adaptations to trauma favor survival and new learning and growth are not prioritized.
**Intergenerational Transmission of Trauma**

- **Biological**: Epigenetics, brain development and stress response studies showing a second generational vulnerability to PTSD possibly caused by lower cortisol levels
- **Psychological**: Attachment system, Working Model of Relationship, transmission of emotional processes from one generation to the next.
- **Familial and societal**: Shame, stigma, silence and secrets

**Negative Social Conditions**

Negative social conditions stemming from marginalization based on race, ethnicity, class status, gender, disability or geographic location are associated with an increased risk of trauma exposures and decreased access to necessary and relevant services and supports.

Jiang 2015; Brennan 2008; Doherty 2015

**Trauma and Adversity Impacts Family Engagement in Services**

- Trauma affects how people and families approach services designed to help them
- Families and providers fear doing more harm than good
- Services designed to help only one member of the family can be and often have been inadvertently re-traumatizing and disempowering

Harris, M., & Fallot, R. D. (2001)

- Recovery and healing are possible
- Protective factors facilitate healing
- **The family is the most important protective factor**

**Think about times you have been a consumer of health or mental health services**

Have there been both positive and negative experiences?

What were the characteristics of the positive experiences when you consider:

- Environment
- Staff interactions
- Provider interactions
- The care itself
• What were the characteristics of the negative ones when you consider:
  • Environment
  • Staff interactions
  • Provider interactions
  • The care itself

• Have you ever ended or avoided services with a particular health or mental health provider?
• What contributed to your decision to end or avoid services?

Provider Readiness for Partnerships

Self-awareness
Being hydrated
Being wake
Mindful not Mind filled
Peer support and supervision
Knowing your triggers

Mindfulness is a mental state achieved by focusing one’s awareness on the present moment, while calmly acknowledging and accepting one’s feelings, thoughts, and bodily sensations and tuning it other’s emotional states.

What Do Family Services Look Like?

• Focused on the systems surrounding the child that shape child’s behaviors & experiences.
• Support change amongst family members and support growth for the whole family unit, its subsystems as well as individuals
• System’s perspectives is efficient and effective way to understand and intervene to help children and families.

Engaging Families Common Process Elements

The Therapeutic Alliance is among the most robust predictors of treatment outcomes for both adult and youth clients.

Clinician’s Interpersonal Engagement Skills: Empathy, warmth, genuineness, positive regard help clients reveal information and change their attitudes.


Reflective Stance

“How you are is important as what you do?”
  - Jeree Pawl

Relational Perspective

• Strong link between parent/family responses to child outcomes (Scheeringa & Zeanah, 2001)
• Conflict between parent and child is inevitable, can be repaired, and serve a valuable developmental function when handled lovingly. (Lieberman & Van Horn, 2005)
Collaborative Stance

Incorporating families into child-focused treatments requires that providers address threats to caregiver involvement, account for the impacts of stress on caregiving adults and operate from a strengths oriented perspective. Madsen calls for a “collaborative stance” as a necessary foundation of effective work with “multi-stressed” families.

Madsen, 2007

Trauma Informed Engagement Strategies

Emphasize physical environment and comfort
Demystify treatment process
Minimize use of jargon
Maintain low anxiety in the room
Use blame-free, neutral language
Take responsibility when things go wrong in service delivery context
Explore beliefs about hope and change

Trauma Informed Engagement Strategies

Emphasize parental competency and good intentions
Support caregiver’s self-care efforts, especially those relating to managing stress
Support caregiver to participate in activities unrelated to role as parent
Have parent be decision-maker as much as possible, in small and large ways

Sharing Power:
Family Readiness Tool

- "I really didn’t think counseling could help our family but it helped us open up to each other and now we have more fun, even though we have been through hard times together."
- "We thought the kids wouldn’t talk but once they got used to the counseling meetings, we realized we were the ones that were having the harder time being open. Pretty soon, we caught up with them."
- "I was worried that my family blamed me for what happened. It turned out we were all blaming ourselves and needed a chance to admit that to each other. The counselor helped us do that."
- "I thought I had to be strong for my whole family and tried to hide how sad and scared I was. When we discussed this in counseling, I found out that my family wanted me to take more time for myself so I could feel better. That helped a lot."

WORKING WITH PARENTS/CAREGIVERS IN TRAUMA-FOCUSED THERAPY: A CONVERSATION GUIDE

To view and download the guide, visit: https://www.fittcentertoolkit.org/
Step 1

The items below are common examples of responses people have when thinking about what might happen in trauma counseling with their families. Circle any that apply to either you or your family members:

- Not wanting to show strong feelings like anger or sadness
- Worrying about safety
- Thinking it was your/their fault
- Feeling relieved to be talking about it together
- Thinking nothing will ever change
- Feeling grateful for family and friends
- Thinking that talking about it will make it happen again
- Worrying that your family will be separated
- Not wanting to talk or think about it at all
- Feeling blamed or blaming others for what happened
- Thinking there must be steps you can take to make a difference
- Worrying someone's feelings will get hurt
- Feeling embarrassed
- Feeling grateful for your faith

Step 2

Your family might find these questions useful to consider what it would be like to meet with a counselor.

- What good might come from talking about our experiences?
- What could we do to get ready to talk about what happened?
- What can we do to take care of ourselves if things get upsetting or uncomfortable when we are talking with a counselor?
- Are there things we could look forward to if we started meeting with a counselor?

Step 3

Now that you have gotten through this worksheet and talked with your family, circle the picture that best represents how ready you feel.

When seeking help, find the right fit for your family

We hope going through these steps helped you think about how ready you and your family are to deal with trauma experiences in counseling.

If you decide to move ahead, the attached document has a list of questions to ask counselors to see if they will be a good fit for your family. It’s important to find someone who focuses on the whole family, builds on your family’s strengths and works with you to set your own goals and priorities. This “family-informed” approach helps individuals and the whole family to heal and move forward.

Widening the Lens

- Core Concepts for Family Trauma Assessment and Intervention
  - Family provides an interpretative lens through which family members appraise and make meaning of traumatic experience.
  - Family has the capacity to serve as protection and support in recovery process.
  - Trauma ripples throughout the whole family and gets encoded and transmitted through generations.
  - Identifying family level needs and strengths that will support positives outcomes is critical to intervention planning and delivery.
Family Informed Care Principles

• Family/caregiving system as equal partner in decision making about all elements of service.
• Family and caregiving systems viewed as important curative factors for individuals exposed to both chronic and acute stressors.
• Incorporates a strengths-based approach that builds on family resiliency factors.

Tools: Genograms, Timeline and Eco Maps

• Charles Figley adapted the genogram to add trauma exposures
• Laurel Kiser uses family timeline to include family life cycle changes and traumatic events
• An Ecomap is a pictorial representation of a family’s connections to each other and community

Goal: Creates a shared awareness of the family’s significant experiences and opportunities

Team Approach to Family Centered Care

“Any form of reductionism reduces our understanding and our effectiveness”

“One size does not fit all, and decent housing, social support, empowerment of the patient, psychological understanding, and drugs are all essential ingredients for a flexible and responsive treatment system.”

Allen Frances. Resuscitating the biopsychosocial model. The Lancet Psychiatry - 1 December 2014 ( Vol. 1, Issue 7, Pages 496 - 497 )
DOI: 10.1016/S2215-0366(14)00058

Family Tree of Strengths

The goals of this activity are:
- To identify the strengths of everyone in your family.
- To identify the unique pattern of strengths in your family.

Instructions:
- Identify family member strengths
- Using a family tree format, list every family member’s top strengths.
- Meet as a family and discuss.

Discussion questions:
- What patterns of strengths can we find? Are there some strengths that several family members share? Some that are unique to one family member?
- Which family member(s) helped you develop your top strengths?
- Are there behaviors you understand differently now that you know family members’ top strengths?

Rashid, 2008

Adverse Childhood Experiences: Primary Care Example

Got Your ACE Score? What's Your ACE Score? (and, at the end, What's Your Resilience Score?)

There are ten types of ACES and numerous associated in the ACE Study. Here are examples — physical abuse, neglect, sexual abuse, sexual abuse, severe emotional abuse, severe emotional neglect, severe emotional abuse, severe emotional neglect, severe emotional abuse, severe emotional neglect. These are related to either family members as parents or a substantial caregiver who has experienced these forms of trauma. Each type of trauma causes damage, either physical or emotional, and the impact of a parent through illness, death, or abandonment. Each type of trauma occurs across the span of ages from prenatal to young adulthood, and in a person's life, whether identified or not, and one who was exposed to an ACE scored higher.
ACE Score

• Not a diagnostic
• Not a screening tool
• Not predictive at the individual level

• History tool
• Communication tool
• Gateway to empathy, compassion and healing

Shaking the Shame and Lifting up Hope

• Change the conversation from what is wrong with you or your community? To what happened to you or community?
  — Sets the stage for a solutions rather than shame and blame.
• ACEs are common so universal precautions are warranted and its impact is potentially substantial to children’s development and families’ health and well-being
• Help visualize future: “If I were to meet you in five years what would you like to tell me about how you got through these tough times?”

Resiliency Questionnaire

Angels from the past: We are our relationships

• Remember a time when you felt safe, loved and understand
• Share it
• Share how you want to bring it into the work with families in your program

Angels in the Nursery

Healing Centered Engagement: “What is Right with You?”

• Focus on strengths and adaptations
• Asset driven
• Culturally grounded and views healing as the restoration of identity and connection to family and community
Family Assessment of Needs and Strengths-Trauma (FANS-Trauma)

1) To document the range of strengths and needs exhibited by families affected by trauma,
2) To describe the contextual factors and systems that can support a family’s adaptation to trauma, and
3) To assist in the management and planning of services for families with exposure and adaptation to traumatic experiences.

Communimetric Theory

- Identifies the ‘shared vision’ of the system(s): healthcare and well being of youth and families
- It’s about clinical utility
  - Item-level tool – responses to each item have implications for action
  - Items translate immediately into action, without any need to calculate a total score or interpret
- It’s about the child and family, not about the service
- It’s about what, not why.

Protective Factors for Families

Protective factors that limit the potential intergenerational transmission of violence include strong social bonds, attitudes about the inappropriateness of violence, strong sense of culture and racial identity and disengagement from family-of-origin trauma (Delsol & Margolin, 2004; Goodman & Olatunji 2008; Waller 2001).
**Sharing Powering, Social Support and Peer to Peer Opportunities**

- Positive, supportive relationships with friends, family members, neighbors, and/or community members provide parents with several types of resources:
  - Emotional support – i.e., listening and showing empathy
  - Informational support – i.e., offering advice
  - Instrumental support – i.e., helping with childcare or transportation
  - Spiritual support – i.e., providing encouragement.
- Positive social connections also allow parents to “give back” to those in need.
- When parents are facing major stressors (i.e., illness, trauma), extra support from formal services can be helpful.

**Positive Routines and Rituals**

- Routines and rituals are specific, repeated practices. Routines are focused on getting things done. Rituals involve communication about ideas or beliefs.
- Share one of your favorite family routines or rituals

**Characteristics Associated with Family Resilience**

- Strong commitment to the family
- Organization with clear leadership and role boundaries
- Believe in themselves and their ability to succeed
- Implement strategies to manage stressor demands
- Work to resolved issues
- Have and maintain social connectedness
- Develop a shared sense of family meaning

**Changing the Narrative and the Stories Ending**

Story-telling. Allowing the family to talk about what happened to them as well as plotting out a future script.

Strengthen Families Coping Resources -Laurel Kiser, PhD
Trauma Adapted Family Connections – Kathryn Collins, MSW, PhD

**Strengthening Families Coping Resources**

Family Informed Trauma Treatment Message

- Trauma changes people and their relationships
- Families are mediators either way meaning they can make a difference in either directions
- Trauma changes the way families mediate or make a difference
- Family-focused interventions support families' abilities to make a positive difference
- Positive mediation affects all members now and in the future

Thank you

Thank you for all you do to balance your responsibilities to protect children while also creating hope and supporting resilience and recovery for families impacted by abuse, neglect or intergenerational trauma.

The National Child Traumatic Stress Network

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www.nctsn.org
http://learn.nctsn.org/

FITT Center Website

- Toolkit
  - Concepts
  - Components
  - Resources and tools
- http://thefittcenter.org

Strengthening Families Coping Resources

- https://www.sfcresources.org/

Maryland’s Behavioral Health Administration: Mind Resilience

http://www.mindresilience.org/
Trauma Informed Care

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

Respect
Informed
Connected
Hopeful regarding their own recovery
Understand interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety)
Work in a collaborative way with children, family and support systems, and other human services agencies

Trauma informed Toolkit
http://gucchdtacenter.georgetown.edu/TraumaInformedCare/

References


Resource URLs

- ACES
  - TED Talk - www.ted.com/talks/brian_knowles_how_childhood_tears_affects_what_we_become
  - CDC - www.cdc.gov/trauma/prevention/earlyintervention/index.htm
- Evidence Based Treatment & Prevention
  - NCTSN - www.nctsn.org
  - SAMHSA - http://www.samantha.nhetweb-site.de
  - Maternal Depression - http://www.reposefamily.org
- Advocacy & Policy
  - AACAP - www.aacap.org

Additional Resource URLs: CANnarratives.org

References