

Family Therapy with Children Who have Experienced Trauma: Two case examples

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The relational trauma of foster care

- Children brought into foster care due to abuse and/or neglect
- Children have learned that their emotional and physical needs will not be met on a consistent basis
- Double whammy: a child with a probable insecure attachment experiences the trauma of having the insecure attachment disrupted
- Children then placed with a care-giver who is often unprepared and/or misinformed about what the child needs

The relational trauma of foster care

- On-going sense of not-knowing where one will live or when another move will occur can create feelings of great anxiety for children , which get played out with “bad” behavior (ie. children who steal, lie, are angry, depressed, ungrateful, clingy, needy, moody, aggressive, etc.)

The relational trauma of foster care

- Child will most likely have great difficulty managing affect, regulating internal states, trusting others, soothing self
- In order to make sure the placement sticks, children are frequently medicated (typical in the US) and put in individual therapy that addresses the behavior without looking at the larger context that creates the behavior

The systemic problems of foster care

- Boundaries created that interfere with information flow and relationship building
- Good intentions to protect children from “bad” parents leads minimal family contact
- Decrease in interactions leads to dilution of family process
- Parenting muscle weakens, attachment weakens

The systemic problems of foster care

- Adults (foster parents and birth parents) often kept from talking with one another to avoid conflict and discomfort
- Conflict avoidance leads to case stagnations
- lack of information flow, lack of movement towards permanency
- Adult time privileged over child's time

The relational trauma of foster care

- Goals for therapy:
 - Shore up and develop connections during the “not knowing period”
 - Honor biological connections and help in the repair process
 - Help children develop new connections with members of the foster family
 - Enhance and develop coping skills of children and their caregivers
 - Keep children “in the know” with accurate, age appropriate information about what is happening in the foster care process

Goals for therapy

- Facilitate opportunities for the birth parents and foster parents to communicate about the children
- Provide on-going coaching to adults about the common reactions children have to foster care placement and the strategies that can help children cope with the “not knowing”
- Help move the children out of foster care to permanency (either through reunification or adoption)

Structural interventions

- Treat parents as parents
- Use self-restraint when it comes to solving problems - foster parents and birth parents need to be encouraged to work together to solve problems dealing with the child
- Help birth parents keep focus on meeting the needs of the children, even though they are given separate tasks of self-improvement (ie. Parenting classes, drug treatment, individual therapy)

Structural interventions

- Encourage birth parents and foster parents to share information about the child directly, even if it is uncomfortable
- Prep parents for contact with one another before meetings
- Think child's time, not adult time

Coaching foster parents

- Parents can create an environment where a child can function optimally during the “not knowing” time
- Routines, consistency, and clear limits met with firm, loving boundaries and flexibility when needed will help the child’s internal system calm down

Coaching foster parents

- Prepare children for changes in schedule, rituals, new people arriving, new appointments
- Avoid surprises
- Prepare children for visits - anxious behavior before and after are visits normal - talking about how to manage the transitions will make them better

Coaching foster parents

- Provide support around difficulty of parenting children who have challenges with affect regulation
- Normalize that children who have been hurt and feel insecure and anxious about their future are not going to immediately be able to show appreciation and love for being taken in - prepare foster parent for rejection and anger
- Coach foster parent not to take such behavior personally

Coaching foster parents

- Parents have to become masterful translators:
- What is the meaning behind this behavior? What is the subtext?
 - Leave me alone = don't leave me
 - You can't make me = you don't care enough to help me try to figure this out
- Parent must be looking to tune-in to what the child's emotional state is
- Parent must be willing to look behind the defensive structure that has been created for self-protection
- I see you, I notice you, you are valuable, and we can figure out how to get your needs met within the guidelines and structure of our home.

Honoring connections

- Children in foster care may start to feel confused and disloyal as they connect to members of the foster family
- Encourage conversation about members of the family of origin as much as possible. Sends the message that foster parents value child's relationship the with birth parents.
- Sends message that child can care for/love multiple people without having to choose.
- What did you and mom used to cook for you? How did your mommy do your hair? What style did she like the best? How did your daddy play that game? What does grandma usually cook for the holidays?

Interfamilial Sexual Abuse

(Ideas developed by M. Sheinberg & F. True at
at The Ackerman Institute for the Family)

Therapeutic goals for children:

- 1) To promote personal agency (the feeling and belief that what one says matters, that one is worthy and can impact another)
 - In cases of incest, for example, child's subjectivity was subjugated to the will of another, the needs of the child was subjugated to the needs of the adult
 - Need for attachment so primary for child, that child does anything to survive, including subjugating one's own needs

Therapeutic Goals for children cont...

- 2) For the children to not blame themselves for the abuse
- 3) To connect or reconnect with a trustworthy family member or caregiver

Therapeutic goals for adults:

- 1) To develop the ability to tolerate the expression of a range of feelings from the child (and in herself)
- 2) To have genuine empathy for the child's experience
- 3) To establish and maintain appropriate boundaries
- 4) To be a trustworthy parent
- 5) In instances of abuse, to take responsibility for the abuse and participate in generating a safety plan

Method for achieving goals: recursive model of therapy

- Through intensive work with children and families that were recovering from relational trauma, realized that information was not being shared in the family sessions due to relational constraints
 - Ie. A child would not disclose feelings of longing for her step father in fear of upsetting her mother
- Developed model of work where different modalities (individual and family sessions) are linked through a “decision dialogue”

The recursive model

- A decision dialogue is used to transfer information from one therapy modality to another
- Therapist and individual discuss what information can be shared in the family session
- When a family member does not want information shared with the other part of the system, this leads to conversation about the relational constraints that cause the individual to keep certain parts of self hidden

The recursive model

- When the child does not want to share, the focus switches from the original content that the child did not want to share, to processing the reasons for the impasse
 - Can we tell mommy that you are worried about Bill coming back home?
 - What are you worried would happen if we did?
- When starting family therapy, parents are met with first and the model is explained. Parent is informed that information will not be relayed unless the child agrees (unless there is a safety concern)

The recursive model

- In this way, the decision dialogue supports a child's personal agency - the child who has been abused is given personal control over what and how information will be relayed to other parts of the family
- Therapist is given access to feelings that have been kept underground
- Therapist gathers information about the beliefs that may be constraining relational growth and healing

The recursive model

- Benefits of the “decision dialogue”
 - Builds personal agency
 - Points child back to trusted family member
 - Helps to strengthen these relationships through sharing significant content in a safe manner
 - Helps child to feel understood by trusted family member
 - Amplifies and expands themes
 - Navigates issues of confidentiality

Recursive model of therapy:

- Encourages complex descriptions of self and other
 - ie. After a child describes her negative feelings toward an uncle who abused her, we ask if there were things about him she liked
 - Going for the opposite feeling - know that these contradictory feelings keep people confused and isolated, full of shame
 - Therapist needs to hear the stories of connection and the feelings associated with them in order to have access to them
 - Don't want shameful feelings of connection for the person who abused going underground - then the therapist no longer has access to them

Recursive model of therapy:

- Honors privacy and connection (in individual and family meetings)
- Brings forth individual family members organizing relational premises
 - Ideas you hold deeply about one's life and how you should live