Encyclopedia of Trauma: An Interdisciplinary Guide

Family-Based Treatment for Child Traumatic Stress

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Children are embedded in families, and their well-being is tied to family support and functioning. This is especially true for children exposed to trauma. Parent response, parent-child relationships, and family support influence a child's functioning after trauma exposures. The relational and systemic nature of traumatic stress responses exaggerates the role of the family as a protective and/or risk factor for children who experience trauma. Thus, the family plays a critical role in the associations between children's exposure to trauma and the subsequent level of functioning at both the individual and family level. Dimensions of family functioning related to child adjustment to trauma include protection from danger, normalcy, and support.

A primary function of the family is providing immature family members with protection. A traumatic event represents the family's inability to meet this basic function, leaving the family members to cope with a shift in their sense of safety and feelings of responsibility and guilt. Following trauma, many families increase their supervision, monitoring, and rules to reassure children and prevent reexposure. Less adaptive responses include blaming the victim, planning for retribution, or becoming overprotective.

Children who have been exposed to overwhelming events need normalcy. Families provide predictability and consistency in two important ways: maintaining usual expectations and reestablishing a structured and predictable daily routine. Immediately following trauma, families feeling immobilized by guilt or simply wanting to see their children happy again may lower expectations and place fewer limits on children. Additionally, families may become preoccupied dealing with the trauma and secondary stressors, while neglecting to carry out activities of daily family life critical to child well-being and positive adaptation.

Family support is also critical for children's well-being following trauma. Children need to know they can count on trusted adults who are available to provide them with extra attention and nurturing. Children need to know that their experience and reactions are accepted and understood. They need to believe their families will stand behind and with them. For a variety of reasons, including caregivers' own traumatic distress, providing support is not always easy. Family members may want to avoid the trauma, may feel overwhelmed, or may be dysregu-lated and unable to provide a modulated and helpful response in support of their children.

Although most empirically supported treatments for childhood traumatic stress disorders are individually focused, many include components that involve the caregiver(s) or the whole family in the therapeutic process to strengthen the family's protective function. Treatments for children affected by trauma involve families in three ways: caregiver participation in individual child treatment, dyadic treatments, and family treatments.

Caregiver Involvement in Child Trauma Treatments

Well-researched and commonly used child trauma treatments are individual and group cognitive behavioral therapies (CBT). These interventions, including trauma focused cognitive behavioral therapy, are highly effective in reducing symptoms of posttraumatic stress disorder (PTSD) and have been used for children exposed to a wide range of traumas, including sexual abuse, physical abuse, domestic violence, and life-threatening illnesses. These strength-based, skill-building interventions often incorporate sessions for caregivers with the goals of (a) increasing the caregiver's understanding of trauma's impact on their child so that they can be more effective in helping the child manage traumatic reminders and responses; (b) teaching positive, effective, and safe discipline strategies for child behavior problems; (c) learning to help their child practice coping skills between sessions; and (d) preparing the caregiver to listen to and understand their child's traumatic experience. CBTs also include conjoint caregiver-child sessions to enhance communication and to allow the child to share the traumatic story with the caregiver in an environment where both are supported. Caregivers involved in child trauma treatments help their children learn to cope with the memories of the past so that they can go on to live healthy functional lives.

Group models of CBT have also been developed for children with a range of traumatic exposures. In a school-based CBT group, Cognitive-Behavioral Intervention for Trauma in Schools, caregivers are offered education sessions designed to teach them how the CBT intervention works and provide education and strategies to help understand, recognize, manage, and cope with their child's feelings, thoughts, and responses to trauma. The intervention encourages caregivers and children to complete assigned exercises to reinforce

skills learned in the group. Although evidence indicates that this intervention is effective in reducing child PTSD symptoms, clinicians cite challenges of engaging caregivers in the school groups as impediments to full implementation of the model.

Dyadic Interventions for Caregivers and Children

Caregivers are highly affected by their children's trauma. Caregivers often feel overwhelmed, ashamed, and ineffective as parents and often have experienced trauma in their own lives. The stress, isolation, and burden associated with trauma can negatively affect parenting practices, making care-givers less emotionally available to help their children recover. Dyadic interventions focusing on strengthening the parent-child relationship are often indicated.

Two dyadic interventions have shown effectiveness in treating younger children and their caregivers affected by trauma. Relying on parental coaching, Parent Child Interactional Therapy (PCIT) has robust findings for improving parent-child interactions and reducing disruptive behaviors. A trauma-adapted model of PCIT has demonstrated effectiveness in preventing future child abuse and reducing oppositional and mild-to-moderate defiant behaviors in children who have experienced child physical abuse.

Another dyadic approach is Child-Parent Psychotherapy–Family Violence (CPP-FV). CPP is an attachment-based and ecologically based intervention designed to target trauma symptoms and support developmental growth in the context of the parent-child relationship. In addition to assisting families with problems in daily living, therapists help parents increase their ability to protect and nurture their children, understand the meaning of their children's behavior, and guide children to communicate their thoughts and feelings about the bad things that happened. CPP has been shown to be effective in reducing child and maternal posttraumatic stress and depressive symptoms. Additional benefits included joint expression of their traumatic experience and improved attachment and parenting skills.

Family Trauma Treatment

Just as there seem to be common elements across most trauma-specific, empirically supported treatments for children, adolescents, and adults (e.g., psychoeducation, relaxation training, gradual exposure, cognitive processing), it is possible to identify core components of family trauma treatment. Family treatment for child traumatic stress focuses on increasing safety; reestablishing predictability, consistency, and normal expectations; encouraging supportive, regulated responses to trauma-related symptoms; rebuilding intra- and extra-familial relations; developing a shared appraisal of the trauma and sense of meaning about its consequences; and using problem-solving techniques for minimizing additional stresses and preventing reexposure. As with many trauma treatments, these elements are generally delivered using a phased approach that focuses on skill building before exposure or trauma processing.

The core components to family-based treatment for child traumatic stress are reflected in the available interventions, which include broad family therapy approaches and specific treatments developed for families coping with trauma. Contextual family therapy, rooted in psychoanalytic theory, focuses on trust, loyalty, and mutual support to sustain family relationships. Relationships suffer when these elements break down, but can be repaired by guiding families through discussions of previously avoided conflicts. Attachment-focused family therapy promotes parent-child behaviors that will increase the child's sense of both physical and psychological safety. The therapist and other adults serve as a source of attachment security to the child, which allows the child to work toward exploring more stressful and traumatic experiences in therapy.

In addition to the broader family therapy approaches, interventions have been developed to target specific populations or types of trauma. Several treatments with empirical support exist for abusive or neglectful families that may be at risk for out-of-home placements. Intensive Family Preservation Services (IFPS) is a brief crisis intervention in which clinicians manage small caseloads, allowing clinicians to spend at least 4 hours a week with families for 4 to 8 weeks and remain available 24 hours a day. Family Connections also relies on an intensive combination of services to decrease children's risk level. Services include home-based treatment, emergency assistance, and multifamily recreational activities. Support has been demonstrated for

both 3- and 9-month versions of Family Connections.

Several options exist for children who have experienced severe physical abuse. Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT) uses three phases of treatment: psychoeducation and engagement, individual and family skills training, and family applications. The family components focus on building prosocial problem-solving skills, communication skills, and safety planning. Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) includes the core components of MST, such as home-based services and assessment of families' strengths and needs. Trauma adaptations include extending the length of treatment, pharmacotherapy as needed, and full-time supervision to help therapists manage frequent crises. Research has demonstrated the benefits of both AF-CBT and MST-CAN in decreasing youth mental health symptoms and parental behaviors associated with maltreatment.

Additionally, a few promising interventions designed for specific populations are available. Strengthening Family Coping Resources (SFCR), developed for families living in traumatic contexts, is a 15-week multifamily group. Sessions focus on family storytelling, strengthening routines, enhancing safety, increasing social support, building collaborative coping strategies, and creating a family trauma narrative. Families OverComing Under Stress (FOCUS) Project targets military families with an eight-session intervention that promotes resiliency and prevention through psychoeducation, increasing social support, and teaching skills such as problem solving and emotion regulation. Preliminary data on both SFCR and FOCUS Project demonstrates a reduction in child emotional distress and behavior problems posttreatment. Lastly, for families who have experienced parent-child sexual abuse, family resolution therapy seeks resolution of familial relationships while maintaining child safety.

Conclusion

The effects of trauma often extend beyond the individual child, affecting caregivers' ability to parent, family communication, and overall functioning. Therefore, clinical indications and research findings suggest that inclusion of parents and families in treatment for child traumatic stress is imperative. Involving caregivers increases parental efficacy, enhances parent-child communication and relationships, and offers information, guidance, and social support in the aftermath of trauma. Family-based treatments allow all family members to heal and process the effects of the trauma, while taking steps to prevent reexposure. By building stronger families as a result of working within the family system, treatment gains reach beyond the individual child and may even carry into future generations.

- trauma
- children
- caregiving
- psychoeducation
- cognitive behavioral therapy
- parent-child relationships
- family therapy

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See Also

- Childhood and Adolescent Trauma: An Overview
- Childhood and Adolescent Trauma: Assessment and Treatment
- Childhood Traumatic Stress
- Family and Couples Trauma and Treatment
- Parenting During and After Traumatic Events

Further Readings

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