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TREATING THE TRAUMATIZED CHILD: A STEP-BY-STEP FAMILY SYSTEMS APPROACH

SUMMARY IN BRIEF

WHY A FAMILY SYSTEMS TRAUMA (FST) MODEL?

Articles and therapeutic literature over the last decade have reflected a groundswell of interest in the topic of trauma, particularly in the neurobiology of trauma and various treatment approaches (cf, Chapman, 2014; Levine & Frederick, 1997; Siegel & Solomon, 2003; van der Kolk, 2015).

However, trauma treatment for the most part is individual therapy with limited to no active family participation from a systems theory perspective.

Systems therapists conceptualize symptoms in terms of family interactions, prioritizing family relationships rather than the individual as the primary site of intervention.

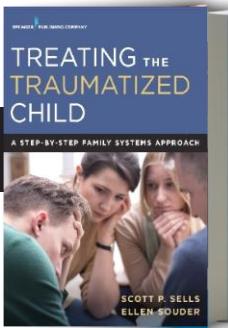
This is an important gap because as James and MacKinnon (2012) write:

“If the therapist focuses on here and now problems, for example, developing communication skills, supporting parents to be firmer and more consistent in managing a defiant child, or helping parents set behavioral consequences, and, if in fact unresolved trauma is fueling the family’s difficulties, these interventions may work temporarily only to fall apart during times of stress when someone ‘loses it’. Without an understanding of the underlying trauma, family therapists have no way to make sense of these treatment failures” (p.193).

In a nutshell, the likelihood of relapse is high when a family therapist attempts to restructure the family with a problem child through behavioral consequences without also addressing any unresolved trauma.

It is analogous to pulling weeds (the symptoms) without addressing the roots (the underlying trauma), only to find out later that the weeds return again and again.

When this happens, the counselor may achieve what is called “first order change” - temporarily changing the roles of the family- without “second order change” - a change to the core interactional patterns and rules keeping the family stuck- (Gehart, 2013). Without second order change, permanent and healthy change is unlikely after treatment ends.



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WHAT MAKES THIS BOOK UNIQUE?

CLEAR INTEGRATION OF TRAUMA AND FAMILY SYSTEMS THEORY WITH CHILDREN & ADOLESCENTS:

- A step-by-step road map with research and case example to illustrate the clear integration of family systems theory (using a structural-strategic approach) with unresolved trauma with children and adolescents.
- Detailed techniques follow in Chapters 4-13 to provide the counselor with the knowledge base they need to use the FST model the very next day with their clients.
- Shows a complementary fit between more traditional individual trauma treatment methods (e.g., Trauma Focused Cognitive Therapy (TF-CBT) or Neurobiological Trauma Treatment (NTT) and family systems. Trauma treatment can be extremely effective when individual and family therapy are used in concert with one another.

ANSWER THE “NOW WHAT?” QUESTION

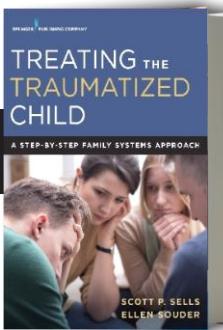
- Traumatized kids and families often come back to this question:

“Dr. Sells, it helped a lot to initially talk about our wounds for the first time in a safe place. But NOW WHAT? What do we do in the here and now to heal our wounds? Just talking about it has helped but not been enough to heal it. In fact, the more we talk about it, the worse we feel. We need specific suggestions and strategies in the here and now to move forward instead of getting stuck in our past.”

- To answer the “Now What?” question there is a menu of creative trauma techniques in Chapter 4 along with how these strategies can be turned into wound playbooks to heal trauma both within the adolescent and the family.
- A Case Example From the book is presented on the next page.

STEP-BY-STEP MINI STEPS FOR THE FRONTLINE THERAPIST

- In Dr. Sells’ first book, Treating the Tough Adolescent: A Family-Based Step by Step Guide, (Guilford, 1998), research revealed that frontline counselors did not have access to a clear road map of step-by-step procedures, techniques, themes, or therapeutic maneuvers within a particular treatment model.
- Beginning with Chapter 4, each chapter contains the detailed steps along with case study examples to illustrate key points.
- When necessary, there is even a recommended script as to what to say to the family when completing a particular step in the FST model. Family therapy with a multi-stressed family is challenging even on a good day. And when one adds unresolved trauma, the complexity skyrockets. Therefore, this book was written with the frontline counselor in mind.



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A “NOW WHAT?” CASE STUDY EXAMPLE FROM BOOK

16-year-old Trevon was exiting residential treatment back into the community for a third time. In all the years of treatment, no one had met with the family together and no counselor had inquired about events surrounding the first outbreaks of aggression and running away at an earlier age.

After careful questioning, it was revealed that his grandfather who helped raise Trevon had died six years ago and that the entire family had been grieving since.

As a result, in close collaboration with the family and Trevon, we came up with a creative wound playbook that contained the “now what?” technique of running a 5K cancer run in his grandfather’s memory. Soon everyone in the family was energized including the local YMCA director who agreed to train Trevon at no cost. Below is a reproduction of the wound playbook that was created:

WOUND PLAYBOOK FOR GRIEF:
“Running the Race” in Grandpa’s Memory



Who:

- Trevon with mom and grandma as his “cheering section”.

What:

- Trevon will run in a 5-K Cancer Race in honor of his grandpa.

When:

- Race date July 12
- Training will begin next week
- Sponsors will be obtained two weeks prior to the race

Where:

- At Racing location
- Training will occur at local YMCA

How:

- Trevon and mom will meet with the YMCA Director to outline his training schedule
- Trevon and grandma will get special racing T-Shirt made with grandpa’s picture on the front.
- Mom will assist Trevon in going into the community to get sponsors – all proceeds will go to the Cancer Society.
- Trevon will work with the YMCA Director to train for the race, following the training schedule they developed together.

As one can see from the playbook, the grandmother printed t-shirts with the grandfather’s picture on it and Trevon’s mom got neighbors to pledge money for each mile Trevon successfully ran. The strategic directive of the 5K run acted as the catalyst to restructure the family.

The grandmother and mother began to reconcile their differences. Instead of running the streets, Trevon was running for his grandfather. And Trevon and his grandmother also grew closer and reconciled.

Trevon reported that the “now what?” was answered and that his grief was healing through his sweat in the run rather than just through talking about his feelings. In sum, by clearly typing out on a wound playbook the who?, what?, when?, where?, and how?, each family member’s role were restructured and clarified. The family was mobilized with a clear wound workbook plan of action on how to help Trevon in the here and now and in the process healed themselves as well.