

QIFT ROADMAP FOR WORKING SAFELY WITH FAMILIES AND TRAUMA



www.qldfamilytherapy.com

Overarching Considerations and Guidelines

1. Safety First

- Family members must feel safe from harm in:
 - Family, Community, Therapy room.
- The therapist's role is to ensure safety at the beginning AND throughout therapy
 - The therapist facilitates the development of trust.
 - The therapist is clear about confidentiality and limits of confidentiality and processes.
 - The therapist explains their role.
 - The therapist addresses family members' concerns about the therapist, context of service, nature of therapy.
- Therapy may have to be postponed until the at-risk person is in a protected environment.
- Attend to indicators of suicide, self-harm, and aggression.

2. Create and use a "Road Map" of the Family

- Create a Genogram that incorporates trauma as well as strengths.
 - The Road Map (Genogram and Timeline) can assist engagement.
 - Using the Genogram and Timeline in engagement rather than in later therapy provides context and can help avoid assumptions of linear causality and blame.
- Create a Timeline that incorporates trauma, relational responses, and resilience/coping/strengths
 - If focusing on a 'trauma list' timeline, allow enough time - possibly a whole session.
 - SUDS (Subjective Units of Distress) may be used to assess the current influence of past traumas.
 - SUDS are best from the person themselves, but if working with young children ask both the child and the parent.
- Keep the last 1/3 of the session quarantined for the client's 'best experiences' including happy memories and achievements.
 - Focus on positive aspects of self, lives, and families.
- Contract follow up/support between sessions as needed.

3. Use the Road Map to "locate" Traumatic Events

- Traumatic events occur in context, in a time and relationship sequence.
- Clients/families/services may need assistance in understanding the connection between the presenting problem and prior traumatic events.
- Tracking the onset and evolution of the problem, family members' responses, and changes in family relationships can assist in:
 - Contextualizing
 - Normalizing
 - Detoxifying
 - Identifying and activating strengths, resources, and sources of resilience in family members, the family as a whole, and the broader system

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4. Routinely Screen for Trauma

- Clients and families will present “clues”.
 - E.g., When one person routinely “pushes the buttons” of another.
 - E.g., When interactions consistently involve “heightened reactivity”.
- Clues may indicate a window into implicit memories of past trauma.
- E.g., Adverse Childhood Experiences (ACEs)
- E.g., Observe interactional patterns in the therapy room, being alert to critical sequences.
 - Systemic Therapists consider PROCESS as well as CONTENT of interactions.
 - Discussing PROCESS (e.g., “I just noticed X, what happened just now?”) helps in eliciting any earlier memories that making sense of reactivity.

Safety Tips:

If a client wants to talk about the trauma
– start with the “epilogue”

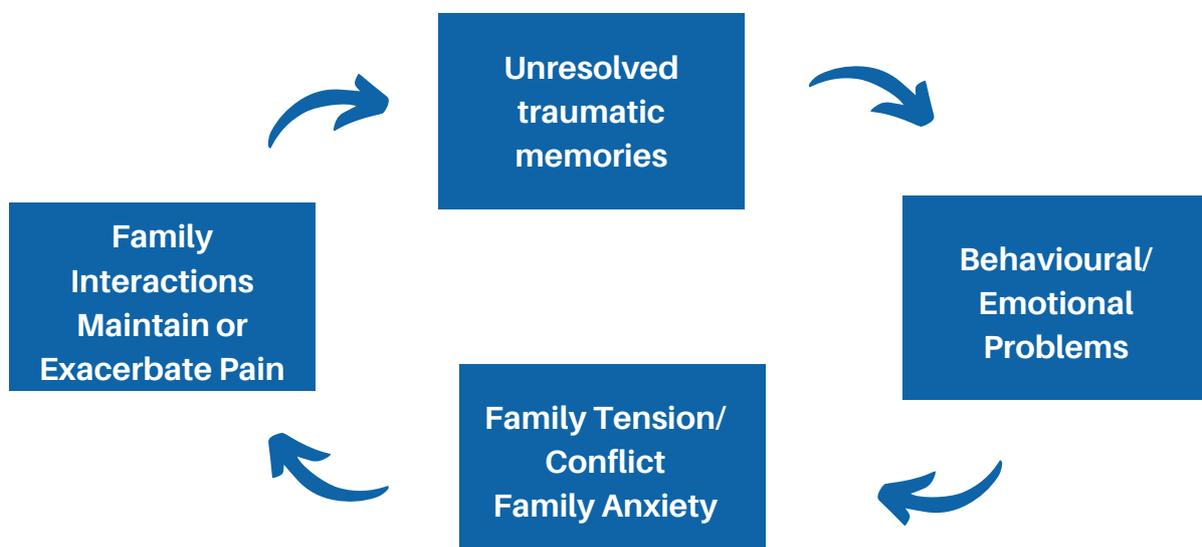
Use Safety Strategies
e.g., Safe Place Exercise - See:
www.qldfamilytherapy.com
YouTube QLD Family Therapy

5. Working “through” Past Trauma: Important AND Optional.

- Trauma recovery is a valid goal....Trauma processing is an optional goal.
- Acknowledgement and Validation are essential but *“it’s a misconception that there can be acknowledgement only if the problem is wholly explored”* (Bannick,.215 :62)
- Acknowledgement and validation can be achieved with statements and questions:
 - E.g., “I understand this must have been difficult for you...I wonder what have you been doing to get through?”
 - E.g., “How do you keep things from getting worse?” “What personal strengths or resources are you using to do this?”
- Consider Theory of Change – your theory of change as the Therapist & your Client's theory of change
- Consider timing: Safety First!

6. Trauma has a Ripple Effect

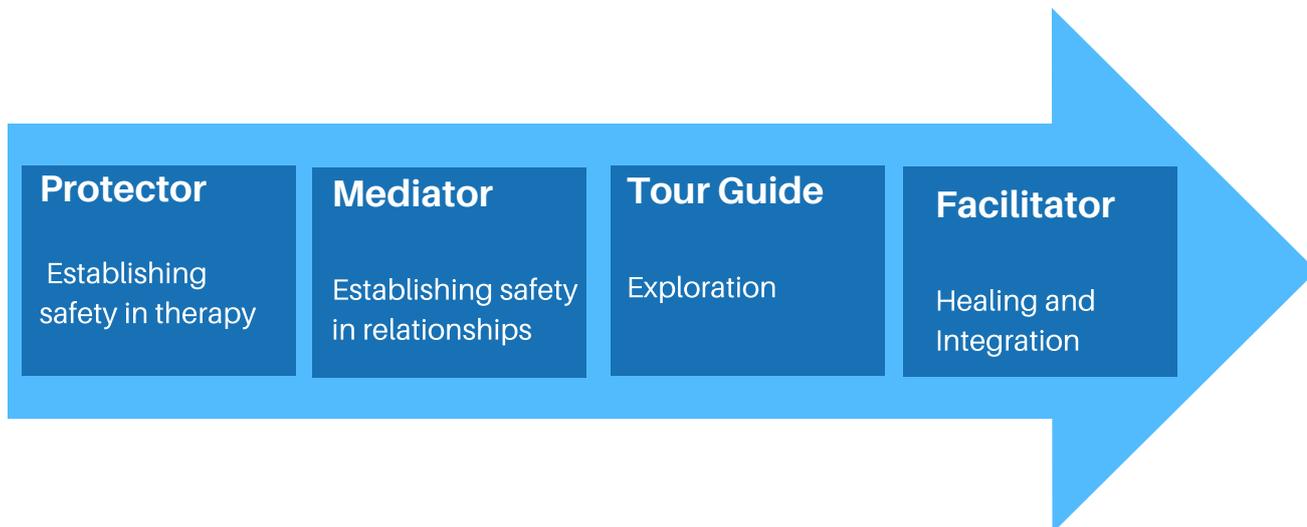
- Traditionally Trauma work was individually focused
 - Family members included for support but not 'involved'
- Trauma impacts more than the primary person affected including:
 - Family members
 - Broader systems e.g., school, work, stakeholder networks
- Trauma can have damaging effects on relationships in the family
- Unresolved trauma can fuel behavioural or emotional problems and family conflict
- Intergenerational trauma - trauma can ripple through generations
- Family interactions frequently maintain or exacerbate the pain of trauma experiences/memories



7. Therapists are Impacted by Trauma Work

- Therapist positioning and provision of a 'secure base' requires consideration.
 - "The sensitive empathic therapist allows the patient to re-experience highly stressful dysregulating affects in affectively tolerable doses in the context of a safe environment, so that overwhelming traumatic feelings can be regulated and integrated into the patient's emotional life" Schore, 2003: 205
 - "Therapy is always a dance of safety and risk, not only for clients but also for therapists. Clients are challenged as they address the legacy of the trauma and attachment, and similarly therapists are by residue of their own histories that emerges unbidden and often unawares" Ogden & Fisher, 2015
- Therapists need to pay attention to the impact of trauma work.
- Therapists need to recognise and manage their own emotional processes in trauma work.
 - A continuum exists - Invitations to overfunction & Invitations to feelings of powerlessness, helplessness e.g., in trauma saturated or trauma organised systems).
 - Systemic thinking can be helpful in relation to "Ethical Pain" - ethical, relational and systems focus for contextualising and finding possibilities.
 - Requires even more consideration when seeing families.
 - Self-awareness and Self-regulation are critical - Therapists can be triggered too.
 - Quality supervision is vital.

8. The Therapist has Multiple Roles in the Journey of Transformation



The Phase Approach to Trauma Recovery & Systemic Thinking

