

The Impact of Parent Trauma on Youth Trauma Treatment: Considerations, Tips, and Resources

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Learning Objectives

At the completion of this activity, participants will be able to:

- Understand how a parent's own trauma may influence their child's treatment process.
- Assess and identify a parent's trauma history in the context of the youth's treatment.
- Utilize strategies and specific skills in treatment when working with traumatized parents.
- Identify resources for working with traumatized parents in the context of the youth's treatment.

Trauma



Trauma results from an event, series of events, or set of circumstances that is experienced as physically or emotionally harmful or threatening, and that has lasting adverse effects on the individual's functioning and physical, social, emotional, and/or spiritual well-being.

Substance Abuse and Mental Health Services Administration

Types of Trauma

- Physical, emotional, and sexual abuse
- Neglect and/or abandonment
- Domestic violence
- The death or loss of a loved one
- Life-threatening illness of a caregiver
- Life-threatening health situations or painful medical procedures
- Car accidents and other serious accidents
- Community violence



Parent participation in child treatment

The parent-child relationship is vital to development and recovery. Parent's protection, nurturance and guidance speeds recovery and supports their child's coping in the face of trauma. When parents are not available or struggling with their own reactions or behavioral and/or physical health problems, they may have trouble staying in tune with their children's reactions and responses to the traumatic experience, creating changes in parenting behaviors.

National Child Traumatic Stress Network



Understanding Parent Trauma – Individual vs. Shared

Individual Parent Trauma

- Parent has their own personal trauma history
 - Child sexual abuse
 - Child physical abuse
 - Child neglect
 - Abandonment in childhood
 - Assault and battery
 - Partner loss

Shared Parent-Child Trauma

- Parent and child experienced trauma together
 - Domestic violence
 - Abuse of child by parent's partner
 - Witnessed by parent
 - Loss of partner
 - Car accident
 - War trauma

Understanding Parent Trauma – Individual vs. Shared

Individual Parent Trauma

- Be aware of and monitor in treatment as it comes up
- Will not directly address in treatment
 - Other than how it affects parent's ability to support and cope with their child's trauma-related symptoms
- Are more likely to need outside referral

Shared Parent-Child Trauma

- May be more likely to be triggered
- Will be able to more directly process in treatment
- Will process parent's thoughts and feelings, however still being cognizant that it is child's treatment
 - Will not do separate trauma treatment with parent

Assessment of Parent Trauma

- When to assess
 - Start of treatment
 - Benefit - you know right away
 - Can inform how you proceed with treatment
 - Can be an opportunity for rapport building/treatment buy-in
 - Disadvantage - you don't yet have rapport
 - Parent could be led to believe that their trauma is the focus of treatment
 - Parent may find this intrusive and possibly disengage



Assessment of Parent Trauma

- During treatment
 - Benefit - rapport is already established
 - Precedent already set that treatment is focused on child
 - Disadvantage - missed opportunities
 - Opportunities to support parent coping
 - Parents may have been inadvertently triggered or invalidated
 - Parent's ability to support their child may have been compromised by their own trauma symptoms, but without knowing we cannot address this effectively



Assessment of Parent Trauma

- Consider whether to assess in a formal or informal manner
 - Formal assessment
 - Standardized, useful at start of treatment, rapport does not need to be established, time efficient
 - However, can feel less personal, and may need to follow-up for more information
 - Examples - Brief Trauma Questionnaire (BTQ), Life Events Checklist-5 (LEC-5)
 - Informal assessment
 - More conversational and natural, best when rapport is established, can be used at any point in treatment
 - However, has more potential to confuse focus of treatment, is more time intensive
- Assessing trauma history versus trauma symptoms
 - Different measures for each

Managing Parent Trauma



- Assessment is ongoing...
 - Parental emotional and behavioral responses to child's trauma and symptoms
 - Can serve as exposure for parent's trauma
 - Affect awareness
 - Affect modulation
- What can be addressed in the context of child's treatment
 - Parent's reactions to their child's symptoms (e.g., cognitive processing)
 - Parent's management of child's emotional and behavioral symptoms (e.g., behavior management)
 - Parent's ability to support their child in coping with the trauma
- What cannot be directly addressed in the context of child's treatment (i.e., when to refer out)
 - Processing of parent's own trauma history
 - Parent's trauma symptoms (e.g., dissociation, avoidance)
 - Other mental health or substance use concerns

Level of Parental Involvement in Treatment

- Full inclusion in treatment
 - Parent motivated to participate in treatment
 - E.g., relatively receptive to feedback, identifies areas of change
 - Child feels safe with parent
 - Use clinical judgment
- Partial inclusion in treatment
 - Parent inability to be supportive to their child in trauma processing
 - Active psychosis, poor reality testing
 - Parent cannot maintain consistent sobriety for session
 - Minimal progress in treatment with regards to parent emotion regulation
 - If impacts their ability to be supportive to the child
 - Safety concerns, despite ongoing work in treatment
 - Clinician and/or child have valid concerns regarding parent's reaction to child's trauma processing
 - Child's developmentally-appropriate autonomous choice
- No inclusion of treatment
 - Significant safety concerns
 - For child, for clinician
 - Parent not able to be sober for session



Strategies and Specific Skills

- Parent-portion of session
 - Spend portion of session with parent individually
 - Set clear time limits
 - Keep these sessions focused on child and parent's ability to support the child
 - E.g., behavior management, affect regulation, self-care, cognitive processing related to child's trauma
 - Boundaries to session
 - Ensure parent is able to indicate when they need a break from session
 - E.g., Parent signaling when break is needed, giving permission
 - Emphasize psychoeducation about the variety of trauma responses
 - Focusing on child-related PTSD symptoms
 - Clarifying, if needed, unique responses to trauma (e.g., child vs. adult responses)
 - Best opportunity to assess parent's ability to support their child in trauma treatment

Strategies and Specific Skills

- Conjoint/family sessions
 - Practice, practice, practice!
 - Prepare in individual parent and child sessions what will be discussed or practiced in conjoint session
 - End on a positive note
 - Praise
 - Validation
 - Learning a new skill together
 - Focus should be on empowering child in their system
 - E.g., child teaches parent a relaxation skill, child shares a feeling and parent reflectively listens
 - Again, establish permission for in-session coping
 - **Therapist is still facilitating session and remains in control of the content**
 - Therapist maintains ability to redirect or block negative content



Strategies and Specific Skills

- Separate individual session for the parent
 - Useful when...
 - Child is unable to stay alone in waiting room
 - Parent becomes overly dysregulated in processing their child's trauma
 - More time is needed to discuss child's behaviors and difficulties
 - Child does not live with that caregiver
 - Even more caution needed in keeping boundaries of therapy
 - Child is still the identified client
 - Only to be used on an occasional basis
 - Time-limited over course of treatment



Case example



Javier is a 9-year-old Hispanic male who resides with his mother. He was referred for treatment subsequent to witnessing domestic violence between his mother and father, as well as experiencing inappropriate physical discipline by his father. Javier has been diagnosed with PTSD and ADHD, and his mother is reporting symptoms of depression and posttraumatic stress for herself.

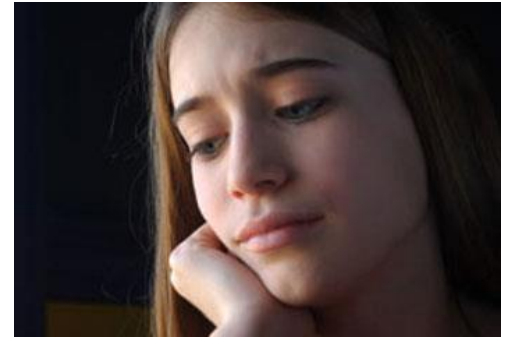
You've been working with the family for several months. Javier has started developing his trauma narrative during his individual sessions. As you begin to prepare Javier's mother to hear the details of his trauma narrative, Javier's mother appears to shut down and withdraw. In subsequent sessions, she starts avoiding the parent-sessions by saying she does not feel well or that she has to "take a call."

Case example - Javier



- Meet with mother individually
 - Ask to meet with her at start of session
 - Phone session
 - Offer to meet as separate session entirely
- Reflect the pattern you notice about her session engagement
 - Explore hypotheses with her about why this pattern has developed
 - Demonstrate curiosity
 - Normalize and validate
 - Reiterate importance of parent involvement in treatment
- Problem-solve barriers to her involvement
- Develop a strategy and coping plan to support mother's engagement in session

Case example



Melanie is a 15-year-old Caucasian female who resides with her aunt. She was referred for treatment subsequent to being removed from her mother's care due to her mother's chronic substance abuse and experiencing sexual abuse by her mother's paramour. Melanie has been diagnosed with PTSD and MDD. At intake, Melanie's aunt reported her own sexual abuse history as a child.

You've been working with the family for one month, focusing mostly on emotional expression and communication skills. Sessions with Melanie have been going well, however her time is often cut short because the caregiver-only sessions extend into her session time. During caregiver sessions, Aunt frequently directs the conversation to her own trauma history, replaying the details, and becoming highly dysregulated and ruminative. Melanie also reports discomfort following sessions due to her aunt still being visibly upset and continuing to discuss her own trauma history details with Melanie on the way home from sessions.

Case example - Melanie



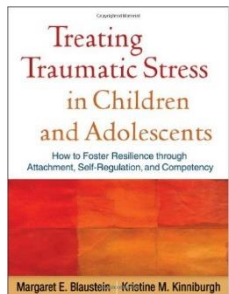
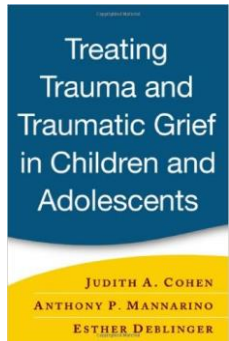
- Meet with Aunt individually
 - Start session by making time limit clear
 - Validate and set boundaries for session focus
 - Re-establish time limits and focus of treatment for sessions moving forward
- Reflect to Aunt about misbalance of session
 - Explore Aunt's perception of how sessions have been going
 - Collaborate on potential solutions
- Explore Aunt's feelings about seeking her own therapy
 - History of services
 - Perception of mental health care
 - Emphasize importance of self-care and positive impact on the child
 - Barriers to seeking her own treatment
 - Provide multiple and accessible resources

Resources – Adult trauma therapy

- **La Familia**
 - 505-766-9361
- **Behavior Therapy Associates**
 - 505-345-6100
- **Open Skies Healthcare (Bernalillo County)**
 - 505-342-5454
- **Sage Neuroscience Center**
 - 505-884-1114
- **Rio Grande Counseling**
 - 505-246-8700
- **Lora Smalley (PMS – Rio Rancho)**
 - 505-896-0928

Resources

- National Child Traumatic Stress Network (NCTSN)
 - <http://www.nctsn.org/>
- Cohen, J.A., Mannarino, A. P, & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York: The Guilford Press.
- Blaustein, M.E., & Kinniburgh, K.M. (2010). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency*. New York: The Guilford Press.



Resources

Adult PTSD measures

- Brief Trauma Questionnaire
 - [http://www.ptsd.va.gov/professional/pages/assessments/assessment-pdf/brief trauma questionnaire.pdf](http://www.ptsd.va.gov/professional/pages/assessments/assessment-pdf/brief%20trauma%20questionnaire.pdf)
- Life Events Checklist
 - [http://www.ptsd.va.gov/professional/pages/assessments/assessment-pdf/LEC-5 Standard Self-report.pdf](http://www.ptsd.va.gov/professional/pages/assessments/assessment-pdf/LEC-5%20Standard%20Self-report.pdf)