



UNIVERSITY *of* MARYLAND  
SCHOOL OF SOCIAL WORK

# Healing Families Through Shared Meaning of Trauma: Applying Narrative Practice Principles in Family Trauma Work

## Trauma Adapted Family Connections (TA-FC)

Fredrick H. Strieder, Kathryn S. Collins,  
Christopher Beegle, Maureen Tabor, Pamela Clarkson Freeman  
Family Center at Kennedy Krieger Institute 5<sup>th</sup> Biennial Trauma Conference  
October 2, 2015

**Materials may not be reproduced without legal authorization from the authors.**

# TA-FC Team

- Kathryn S. Collins, PhD, Associate Professor and Co-PI NCTSN Family Informed Trauma Treatment Center
- Fred H. Strieder, PhD, Associate Clinical Professor and Director of Family Connections Baltimore
- Pamela C. Freeman, PhD, Assistant Research Professor
- Christopher Beegle, MSW, Clinical Social Worker
- Colette Eaton, MSW, Intake Coordinator
- Maureen Tabor, MSW, Faculty Field Instructor

# Acknowledgements

- United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Child Traumatic Stress Network (NCTSN), Family Informed Trauma Treatment Category II Center
- Designated Research Initiative Funds (DRIF) Program, University of Maryland, School of Social Work



# Objectives

1. Recognize how caregiver's trauma symptomatology, parenting stress, depressive symptomatology, and cognitive processes may cloud their perceptions of child trauma symptomatology and family disorganization and dysregulation.
2. Identify and practice the steps of applying a narrative clinical technique that engages families in developing a family shared meaning of trauma.
3. Learn how to support clinicians partnering with families to implement this technique.

# Timeline Highlights

Year	Accomplishments
1996	Five year demonstration – US Department of Health & Human Services (DHHS)
1997	Collaboration with School of Social Work Title IVE for Public Child Welfare
2003	Selected as “demonstrated effective program” by US DHHS Office on Child Abuse and Neglect
2007	Substance Abuse and Mental Health Services Administration grant to develop Family Informed Trauma Treatment (FITT) Center
2008	Rated as a Promising Practice – CA Evidence-Based Clearinghouse for Children
2008	Identified a promising practice in Pew Charitable Trust report
2009	Substance Abuse and Mental Health Services Administration subcontract to replicate TA-FC at The Center for PERC, Colorado State University School of Social Work
2011	Trauma Education Connections Initiative at UMSSW adopts TA-FC within the curriculum as evidence supported prevention intervention for MSW students
2012	TA-FC clinical trial and 2 additional pilot programs funded by SAMHSA thru FITT Center, 2012-2016.

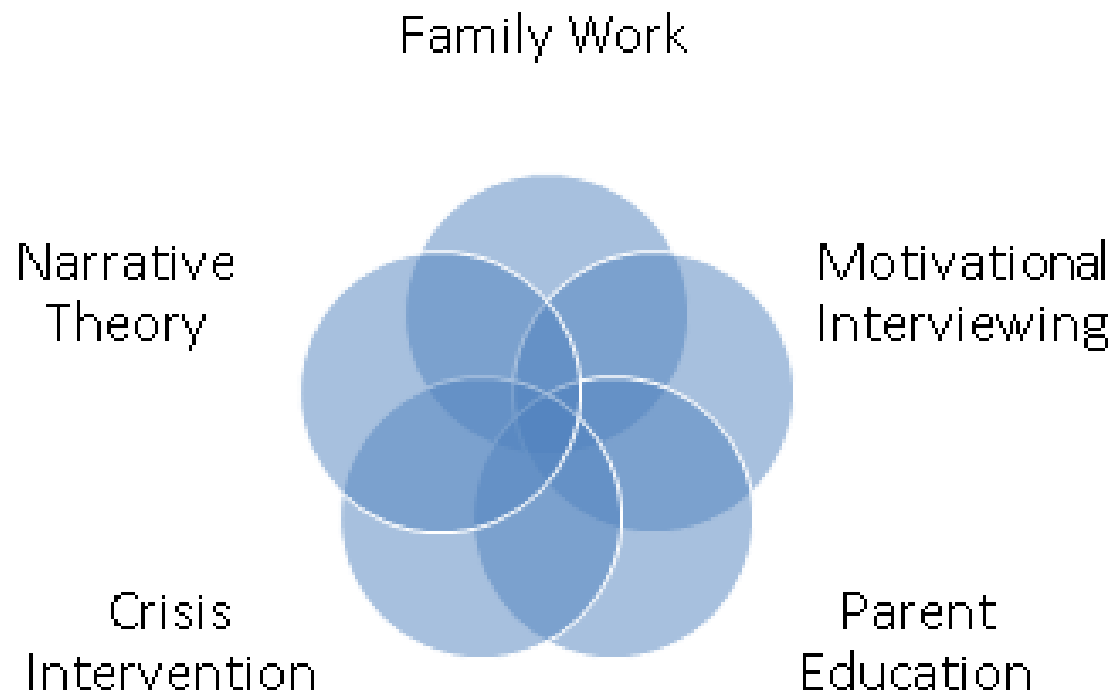
# 2007 = Specification of the problem and development of a program theory

- A. Caregivers seek FC services to help meet children's basic needs, not because of trauma symptomatology
- B. Secondary data analysis of FC client baseline data revealed that 50% percent of enrolled youth scored in the clinical range for post-traumatic stress (CBCL)
- C. Trauma symptomatology is a risk factor for child abuse and neglect

## FC/TAFC LOGIC MODEL

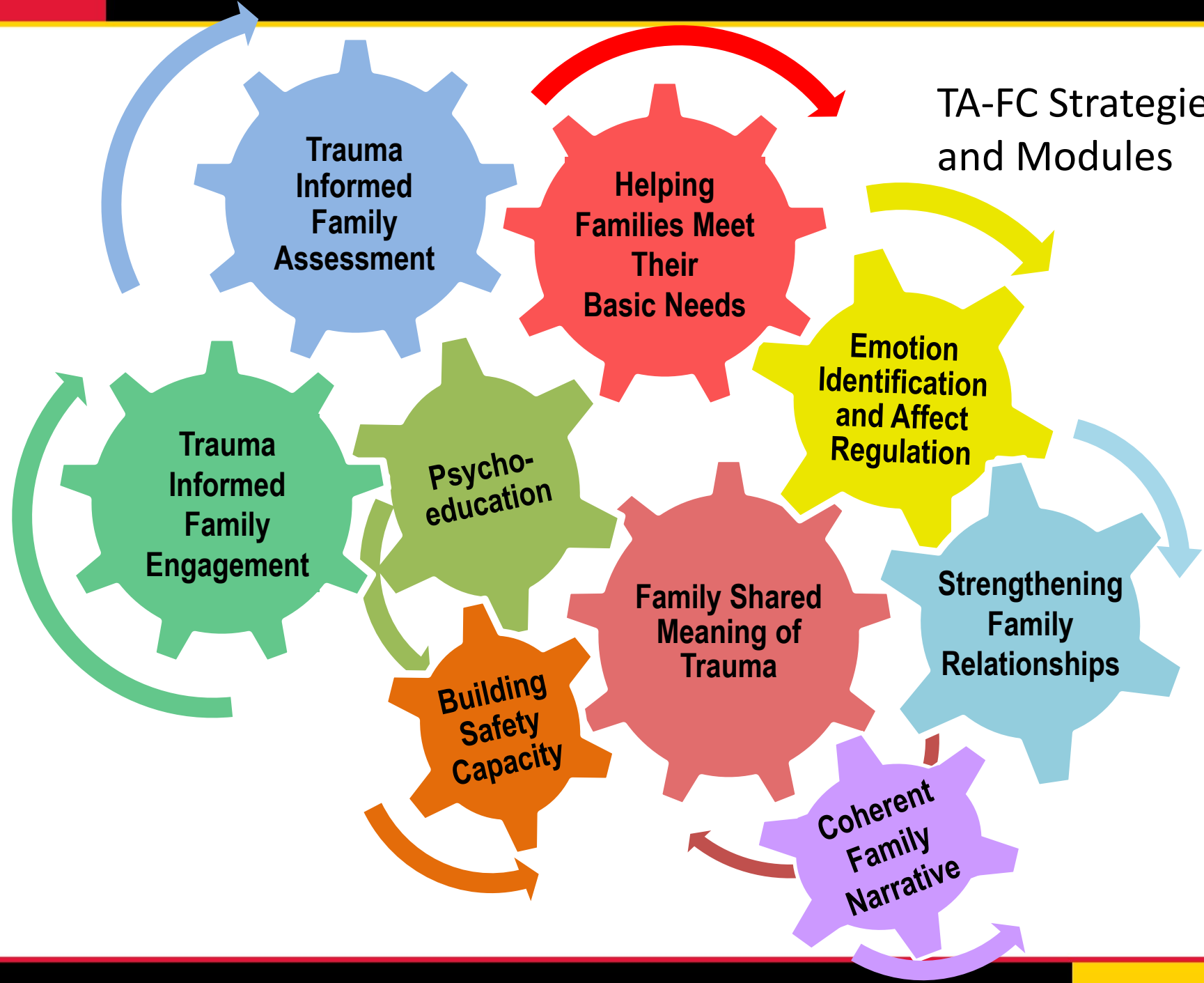
Target Families	Inputs	Outputs (Interventions)	Factors		Outcomes
			↑Protective	↓ Risk	
<b>Family Connections</b>					
Families residing in Baltimore City that have challenges meeting their basic needs.	MD DHR  UMB IV E  Private & community funds	1. Family assessment (including trauma informed measures) 2. Home-based, outcomes driven intervention 3. Emergency assistance 4. Service planning 5. Advocacy & referrals 6. Individual and family counseling	1. Parenting attitudes & competence 2. Social support 3. Spirituality 4. Family functioning	1. Everyday stress 2. Parental stress 3. Caregiver mental health 4. Caregiver drug and alcohol use	Child/Family Safety  Child/Family Wellbeing
<b>Trauma-Adapted Family Connections</b>					
<b>AND</b> One or more family members have suffered a traumatic event or situation and meets at least partial criteria for PTSD (one symptom from each criterion).	<b>AND</b> SAMHSA NCTSN  FITT Center	<b>1 - 5 AND</b> A. Trauma-focused family assessment and engagement B. Psycho-education D. Build safety capacity within the community/ environment E. Trauma informed parenting practice and communication F. Trauma informed family work	<b>AND</b> A. Knowledge and normalization of trauma reactions B. Family organization, cohesion, and adaptation to acute and chronic stress. C. Coping strategies /resilience enhancement/ emotion regulation C. Family shared meaning of trauma and environment D. Social support expanded to include sibling support	<b>AND</b> A. Trauma Symptoms  B. Negative attributions  C. Child & caregiver trauma related mental health problems	Permanency/ Stability

# Anchors of TA-FC





# TA-FC Strategies and Modules



# Trauma Adapted Family Connections

Family Meaning

## Phase 1

- Trauma Informed Engagement
- Trauma Informed Assessment
- Building Emotional/Physical Safety
- Meeting Basic Needs
- Service Plan

## Phase 2

- Family Psychoeducation
- Emotional Identification & Affect Regulation
- Building Family Cohesion & Communication-  
Strengthening Family Connections

## Phase 3

- Family Shared Meaning of Trauma
- Coherent Family Narrative
- Case Closure and Endings

Transparency

Reflection

Collaboration

# Family Partnership

Beginning in 2008, six families who had completed FC services met quarterly to provide input on:

- Developing a model for Trauma Adapted Family Connections
- Choosing and implementing program components
- Testing and approving selection of materials

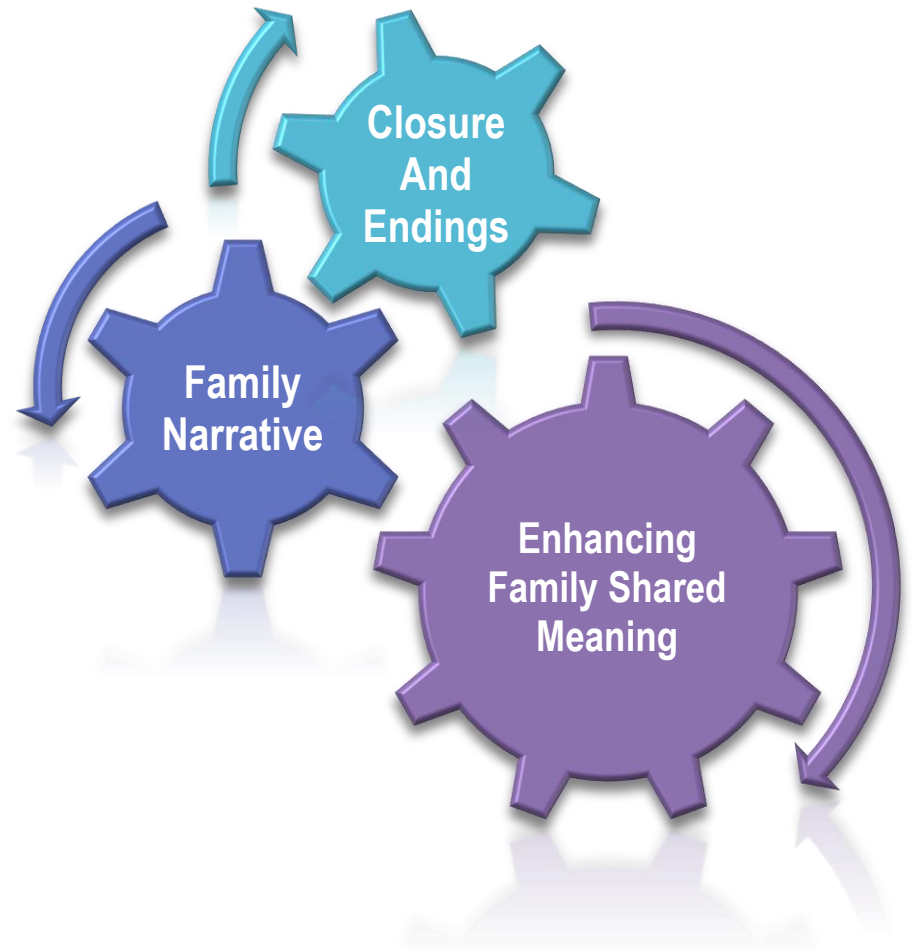
# Family Partnership

During the pilot project, we continued to meet 2-3x/year with families who completed TA-FC. They provided feedback on:

- Stress management
- Safety
- Health
- Family cohesion
- Parenting skills
- Meaning-making and sharing family stories

# Phase Three

- Enhancing Family Meaning
- Coherent Family Narrative
- Closure and Endings



# Narrative Assumptions

- Both content and process leads to change in families.
- External influences and societal definitions are imposed on families including constructs about themselves and their identities.
- Families have the opportunity to focus on the creation and maintenance of family identity, which may be influenced by multigenerational trauma and/or neglect.

# Narrative Approach in TA-FC

## Goals

- Create strengthening stories
- Enhance interpersonal relationships
- Increase positive communication
- Enrich functioning of the family unit

# Weaving the family's experience of traumatic events into stories

- Helps the family make sense of the events by creating a shared family meaning of the traumatic context
- Challenges distorted perceptions and increases family well being and functioning
- Engages families in narrative conversations beginning within the assessment and psychoeducation intervention sessions





# “Maps of Narrative Practice”

- Personifies the problem as an entity external to the individual
- Serves to summarize how the problem has affected the individual over their lifetime
- Highlights instances where the problem did not impact on the individual's functioning
- Enlists the individual in taking a closer look at the impact of the problem

(White, 2007)

# Basic Tools of Narrative Family Therapy Work

## Therapeutic Questioning

- Uncovers meanings, emotions, and cognitive processes
- Helps the family separate/detach the problem from being the family or individual identity
- Enables the family to re-author their life story



# Types of Narrative Questions

## ***Deconstructive***

Objective: show how stories are constructed

Example: How did you learn to cope with trauma? Who told you that families just need to pull themselves up by their boot straps when trauma happens?

# Types of Narrative Questions

## *Renaming*

Objective: support family efficacy by sharing authorship and expertise

Example: What would you call this problem related to the trauma experiences among your family members?

# Types of Narrative Questions

## *Perspective*

Objective: Explore other people's views of family

Example: What does everyone think about the way the family handles the trauma?

# Types of Narrative Questions

## *Open Space*

Objective: Allow hopeful thoughts, actions to surface and be explored; highlight family efficacy regarding problem

Example: Are there times that trauma does not control you or your family? Will you tell me about those times?

# Types of Narrative Questions

## *Preference*

Objective: Establish the family preference for moving forward.

Example: How did it feel to establish a routine within your family? Is this something that you would like to continue? How was it to have the siblings all share an activity together? Do they want to continue?

# Types of Narrative Questions

## ***Story Development***

Objective: Explore and linger on elements of the preferred story

Example: Tell me more about the trauma (i.e. events/sequence/impact)? Tell me more about how you coped with the trauma in the past? How you cope now?



# Types of Narrative Questions

## ***Redescription***

Objective: Help the family discover strengths, talents, abilities

Example: What does it say about your family that you all are able to continue to cope, even when there are difficult situations that you are facing?

# Types of Narrative Questions

## ***Audience***

Objective: Identify support system for the new story

Example: Who is important to your family to be a witness to your new way of coping?

# Pilot Study of TA-FC

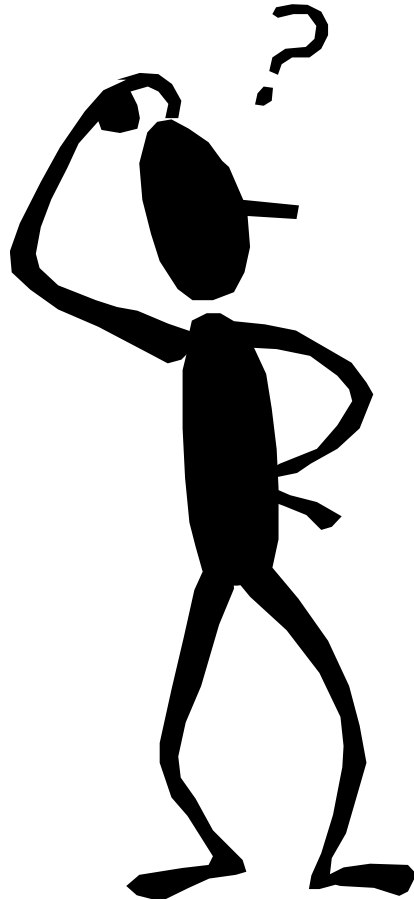
Collins, K.S., Freeman, P., Strieder, F.H., Reinicker, P., Baldwin, C. (In Press). A pilot study of reducing developmental and complex trauma symptomatology with families to prevent child abuse and neglect: Trauma Adapted Family Connections. *Journal of Public Child Welfare*.

- Seventy-two caregivers and 105 children completed both an intake and closing CASI using standardized measures at the time of the analyses.
- Significant differences were found over time in the reduction of caregiver and child related post-traumatic stress (PTS) symptomatology.
- Further, outcomes in overall caregiver, child, and family well-being and safety significantly improved over time.
- Evidence suggests that TA-FC shows great promise in filling a service gap, and in helping families who are chronically traumatized and struggling to meet the basic needs of their children.

# Authors

- Kathryn S. Collins, PhD, [kcollins@ssw.umaryland.edu](mailto:kcollins@ssw.umaryland.edu)  
Associate Professor and Co-PI NCTSN Family Informed  
Trauma Treatment Center <http://fittcenter.umaryland.edu/>
- Fred H. Strieder, PhD, [fstrieder@ssw.umaryland.edu](mailto:fstrieder@ssw.umaryland.edu)  
Associate Clinical Professor and Director of Family  
Connections Baltimore
- Christopher Beegle, MSW, [cbeegle@ssw.umaryland.edu](mailto:cbeegle@ssw.umaryland.edu)  
Clinical Social Worker





# Questions/ Reflections?