

Family Informed Trauma Treatment Center and

Maryland Coalition of Families for Children's Mental Health

Listening and Learning from Families Affected by Psychological Trauma

"You can't change the past but you can do something with the present and prepare for the future. And this is what really kept me going."- Grandmother raising grandchildren.

Background

In October 2007, the University of Maryland Schools of Medicine and Social Work and the Family Center at Kennedy Krieger Institute were awarded a grant from the Substance Abuse and Mental Health Services Administration to develop, evaluate and disseminate family based interventions to support families recovering from psychological trauma. The FITT Center is a Category II Center in the National Child Traumatic Stress Network (NCTSN). The NCTSN's mission is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States. In order to develop effective family interventions, the Family Informed Trauma Treatment (FITT) Center partnered with the Maryland Coalition of Families for Children's Mental Health-Baltimore City Office to "listen and learn" from families impacted by trauma. The goal of the focus groups was to learn about how trauma impacted family life and to better understand how families cope with frightening and overwhelming events.

What is Trauma?

Traumas are dangerous, frightening and sometimes violent experiences that can happen to any or all members of the family. Some types of trauma families experience are:

- House fires
- Accidents
- Illnesses
- Crimes
- Community violence
- School violence
- Sudden loss of a loved one
- Child Abuse
- Domestic Violence
- Homelessness
- Natural disasters
- Terrorism

What is Traumatic Stress?

Stress is a normal part of everyone's life. Sometimes, when families experience trauma they can develop symptoms of **traumatic stress**. These symptoms include:

- Feeling numb and overwhelmed.
- Avoiding people and places that remind you of the trauma.
- Having nightmares and or vivid memories of the trauma.
- Experiencing intense fears, anxiety, anger, or sadness.
- Having trouble sleeping or concentrating.
- Feeling helpless and hopeless.

Family Focus Groups

The FITT Center and Maryland Coalition of Families for Children's Mental Health invited families to participate in focus groups to better understand the impact of trauma on their relationships and help seeking behaviors as well as their ability to remain hopeful in the face of adversity. Four focus groups were conducted (September 13, 17 and 23, 2008) in Baltimore City; 47 adults and transition youth were recruited for the focus groups and 33 participated. The families reported significant involvement with the system of care, including; social services, child protective services and foster care, residential treatment, juvenile justice and special education.

Table 1. Participants in Focus groups

# Adult Participants	29
# Transition aged Youth	5

Table 2. Demographics of participants

Table 21 Bellieblabilies of participant	
Female	29
Male	4
African American	32
White	1

The team reviewed the transcripts and compiled the following summary and themes. Every effort has been made to use exact quotes from families to convey their experiences in their own words. In this report, italics are used to indicate a direct quote from a family member.

What We Learned

"It's all in your heart, what you want and what you can do. You can overcome anything..." – Mother whose son was murdered by a random act of violence

The families in the focus groups faced significant adversity, coped with seemingly insurmountable grief and loss, yet most of them forged unique pathways to get support and remain hopeful. Love of family

and God were most often cited as the reasons that the adults in the family persevered in the recovery process. Despite their experience of multiple and for some ongoing traumas, a large majority of them remained hopeful that things would get better for the family and their children.

Types of Trauma Experienced by Families:

The most common form of trauma reported by the families was person-to-person violence. Families reported exposure to domestic and community violence most frequently. In addition, some of the families had family members who were victims of child abuse or crimes, including homicide, while some coped with life threatening illnesses. Much of the violence that occurred in the family and in the community was related to drug use and distribution.

Themes:

Each family experienced and coped with trauma differently. Families reported a range of ongoing struggles, including coping with difficult memories, feeling overwhelmed or guilty, lack of sleep, and health problems. Despite these concerns, families also recognized ways their families changed and grew. Participants told inspirational stories of how they found new ways to keep each other safe and make peace with the past while looking to the future with hope. The following themes illustrate how trauma impacted families and how they coped with its aftermath.

Family relationships:

"When my children hurt, I hurt."- Mother whose child was beaten up at school

The participants reported that trauma affected relationships in the family. When children were traumatized, parents felt shame, guilt and emotional pain. Sometimes these feelings made it difficult to be effective as a parent. Many of the participants had painful memories of their own childhood traumas and current traumas reminded them of fears and sadness from the past.

Sometimes after a trauma, family members got closer to each other, pitched in and took over when needed. Several participants raised more than one generation of the family and had experienced trauma with their children and grandchildren. Many families benefited from the support and wisdom of older generations. For some families, however, the stress and burdens caused by trauma made them feel alone and isolated. A few families had to cut ties from people who hurt them in order to stay safe and heal their psychological wounds, while others reported feeling isolated from their family because "they don't know what it is like to be in my shoes."

Coping:

"Sitting around worrying about what happened makes it worse."- Mother who child has a life threatening illness

Families reported coping with very high levels of stress. Adult family members reported significant sleep and health problems. Many struggled with the responsibilities and lack of resources needed to care for more than one generation. Some had difficulty maintaining jobs because of the disruptions and stress caused by trauma and its aftermath.

Families that reported having people to count on and routines to follow fared better than those that were isolated and overwhelmed by day to day living. Families that had access to support, including extended family, friends, neighbors, effective caseworkers and therapists, supportive schools, and peer advocates reported progress in "getting back on their feet."

Spirituality:

"God gives you what you can handle."- Grandmother who experienced multiple traumas and loss

Most of the families noted their faith and spiritual beliefs and practices were crucial to helping them get through hard times. Some reported that prayer and their faith community got through the hardest of times. But a few participants reported a crisis of faith and lack of understanding and support from their faith community, leaving them to feel more isolated and alone.

Getting Help and Finding Support

"It helps to talk about it" versus "keeping it bottled up."- Father who witnessed domestic violence as a child

Each family is unique in the way they cope with and heal from the trauma. Families illustrated a range of needs and strengths, but few reported involvement in treatments to specifically address trauma.

Recommendations to Support Families Affected by Trauma:

Families that participated in the focus groups were not informed about trauma and the effects of trauma. They were very eager to learn more about trauma and how they could use the information to help their family members.

- 1. Information and education about trauma should be widely disseminated through schools and community organizations
- 2. Education on trauma should include:
 - Awareness and understanding of trauma
 - Awareness and understanding of how trauma affects the whole family and each member of the family
 - Information on trauma treatment resources
- 3. Families should have access to trauma treatments that work, including Trauma-Focused Cognitive Behavioral Therapies and family informed parent-child and family therapies. Parents should participate and be included in treatments that help them:
 - Understand and manage trauma symptoms,
 - Feel more effective in keeping their family safe and functioning well,
 - Improve communications and relationships amongst all family members.

Therapies that do not directly address trauma experiences have not been found to be effective and certain therapies and techniques have been found to be harmful and even dangerous. Families should not participate in treatments that use holding techniques, restrictive rebirthing, binding, coercion or withholding of food or water.

Seeking support and help, including trauma treatment, can help families "stick together" so they can recover and help each member meet their full potential. To learn more about trauma treatments that work go to www.nctsn.org and click on resources, then topics and "Treatments that work" or go to http://www.nctsnet.org/nccts/nav.do?pid=ctr top trmnt

Acknowledgements

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Dissemination

The FITT Center and MCF hopes that this information will be disseminated widely to maximize its use. When copying or quoting from this report please credit:

Family Informed Trauma Treatment Center and Maryland Coalition of Families for Children's Mental Health "Trauma and the Family: Listening and Learning from Families Affected by Psychological Trauma" September, 2010.

The report is also available on the FITT Center and the MCF website: http://fittcenter.umaryland.edu or www.mdcoalition.org.

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