**Family Session Outline**

1. Set Agenda (5 mins)
   1. *Consider having the primary patient talk about why it is important to them to bring family in.*
   2. *Focus on understanding the impact of PTSD in the family and how the family can impact PTSD. Consider some ways the family can be helpful and not helpful to healing.*
2. Rationale for including family in treatment
   1. *When one family member is struggling, all family members struggle. Families work like a machine/engine. If one piece of the engine encounters a problem, it makes the whole engine not run well.*
   2. *Symptoms of PTSD can be confusing for the person experiencing the symptoms – imagine, then, how confusing PTSD symptoms can be for family members. Sometimes families can misinterpret symptoms of PTSD as the family member not caring about the family, not wanting to be around family, disliking the family members, or “becoming a different person.” The goal of having family here is to help everyone get on the same page as to PTSD and what helps.*
3. Psychoeducation about PTSD
   1. *PTSD is an emotional shock to the system.*
   2. *These are common reactions - some get stuck in the recovery process*
      1. *Reexperiencing, Hyperarousal, Mood/Cognitions, Avoidance*
      2. Use developmentally appropriate language for children
   3. (*Client Name) and PTSD are different. (Client Name) is not PTSD and PTSD can be treated. That’s why we are here today to talk about how PTSD has affected the whole family and also to talk about how this treatment is going to “shrink” PTSD.*
   4. *Avoidance maintains PTSD. This is paradoxical and doesn’t match our intuition. It makes common sense that if something is painful, we would want to avoid it. And if something is causing pain to our family member, of course we want to protect them from the pain. Both people with PTSD and family members are well intended when they avoid or accommodate PTSD. The problem is, relief of pain (avoidance) in the short run maintains PTSD in the long run avoidance may affect all member of the family.* 
      * + Analogy of a child falling down and getting a bad cut on their leg. We know that the best thing for healing the wound is to put alcohol on the wound, clean it out, stitch it up. That is painful and it’s hard to see our child in pain, but we know that if we don’t do that, the wound won’t heal.

Questions to ask:

* How has PTSD affected each family member?
* What are some of the things the family used to do (or would like to do)? If PTSD took up less space in the family?
* What are some of the ways the family might be accommodating or “helping” out the veteran because of PTSD? (doing all the grocery shopping, declining social invitations)
  + Is it possible while good intentioned you might be helping the client avoid?

1. What are other ways PTSD has impacted the family?
   1. Spouses
      1. Problems communicating and more aggressive conflict, less intimacy, personalization of avoidance
   2. Children
      1. Parent can avoid child due to fear of harming them, child can become fearful of parent, parent misses out on child activities
2. Provide psychoeducation on treatment
   1. Provide family with handout for CPT or PE & discuss the main tenets of the treatment.
3. Discuss how the family can support the veteran in recovery
   1. Ask questions and be curious about what is happening, but also respect boundaries
   2. Help family member approach previously avoided situations
   3. Cheerlead their practice completion and make room as a family for the family member to complete practice
4. How the veteran can communicate with family members to support them
   1. When reacting to a trauma reminder, communicate your experience with your family to reduce confusion and misunderstandings
   2. Ask for what you need. eg., Someone to listen without judgment, accountability for practice
5. Hopes List: The family has discussed ways that PTSD has affected them. Given this, *what hopes does the family have for what will change as the family member with PTSD gets treatment?* Ask the family to work together to make a list of “Hopes” and help guide the family to ensure that the things on the list are realistic and in line with treatment goals.
6. Practice Assignment
   1. Meet weekly as a family to discuss progress for each family – both for the member with PTSD and his/her family. Set weekly, monthly and annual family goals.
   2. Instill positive interactions. Verbalize noticing family members doing something nice or helpful. E.g., “thank you for doing the dishes.”