

## Including Family In PTSD Treatment

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UT Health San Antonio and the STRONG STAR Consortium present

### THE STRONG STAR TRAINING INITIATIVE

The STRONG STAR Training Initiative conducts Learning Communities—competency-based training—in evidence-based treatments for **PTSD**, including **Cognitive Processing Therapy** and **Prolonged Exposure, Suicide Prevention, and Insomnia and Nightmares** with mental health providers.

Learn More: <https://www.strongstartraining.org>

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## Conflict of Interest Disclosure

The presenter(s) have no conflicts of interests to disclose.

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## Why Consider the family in individual PTSD treatment?



PTSD impacts family functioning and relationships

...AND Family can be a motivator for PTSD recovery



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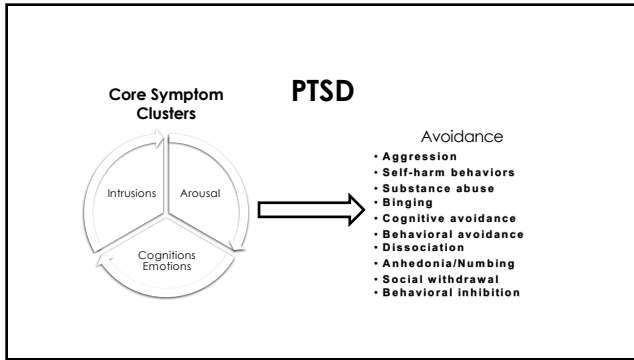
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**Family-Relevant Common Reactions to Trauma**

**Avoidance of:**

Situations perceived as high risk	=	Enjoyed family activities
Reminders of trauma	=	Spending time with children, spouse, or extended family
Negative or "unsafe" emotions	=	Important conversations
		Intimacy/affection

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**Family-Relevant Common Reactions to Trauma:**

**Emotional Numbing & Detachment**

Persistent inability to experience positive emotions	=	Lack of emotional intimacy with family
Avoidance of negative or "unsafe" emotions	=	Lack of physical touch with children
		Lack of sexual intimacy



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## Family-Relevant Common Reactions to Trauma

### Negative Cognitions

"I have to be in 100% control so nothing bad will happen."		Over-control of family
"I cannot trust people."		Harsh discipline
"It is not safe to show my emotions."		
"I'm a bad __ because of what I've done."	=	Isolating self from family
"I'm a bad __ because of my PTSD."		Isolating family from others
"My family can't understand me."		
"My partner will view me differently if they knew the truth"		Stoic or disengaged demeanor during family interactions

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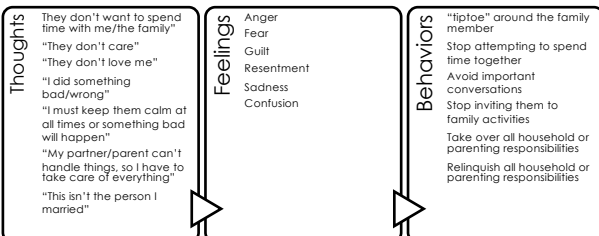
## Family-Relevant Common Reactions to Trauma:

### Reactivity and Arousal

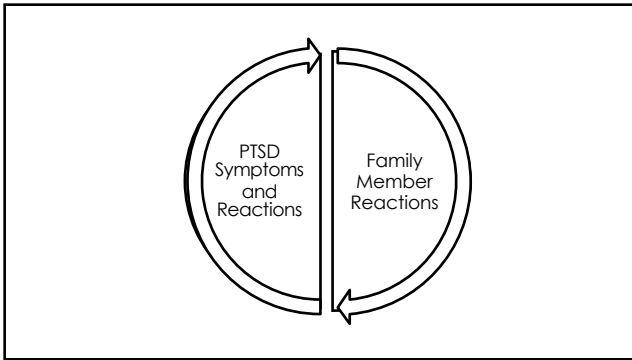
Anger and Irritability		Increased family arguments
Sleep Disturbance	=	Decreased engagement from family members
Concentration Problems		Difficulty staying present with family
		Difficulty remembering family events, important dates, or activities

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## Family Members' Common Reactions



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### Partner Accommodation

Research has shown that well-meaning partners learn to accommodate their loved one with PTSD through adjusting the family environment to minimize triggers. Examples include:

- Completing all family errands
- Declining social invitations
- Handling parenting tasks

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### Accommodation in Children

Children also learn to accommodate their parent with PTSD. Examples include:

- Checking under the car for possible explosives
- Bringing bedtime stories to the living room because of small, confined bedrooms
- Asking the other parent to drive them to activities

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## PTSD and Family Functioning

- More varied and severe relationship problems
- Higher rates of divorce
- Higher rates of verbal, physical aggression
- Sexual dysfunction
- Impaired emotional expression
- Impaired parenting (x5 in female veterans)
- Mental health problems in spouse

(Monson & Adair, 2008; Vogt et al., 2017)

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## Talking to family about Trauma or PTSD

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## Multiple Opportunities

1. Family Session: Pre-Treatment or Early in Treatment
2. Integrate Family-Centered Goals throughout Individual Treatment
  - Include opportunities to strengthen connections through homework ( i.e. challenging stuck points or in vivo assignments).
3. Include family "check ins" half way through treatment
4. Family Session: Post-Treatment

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## Overcoming Barriers to Including Family

"I don't want my family to know about my trauma"

"My family will never understand. My family will think I'm weak"

"I am afraid to be close to my family"

"My children are too young to understand"

"I won't know what to say to them"

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## FAMILY SESSION

### What is a family session?

- Helping families to understand the impact of PTSD in the family and how the family can impact PTSD.
- Identifying family-focused goals, and monitoring progress.
- Considering some ways the family can be helpful and not helpful to healing.
- The use of developmentally appropriate language if/when children are present.

### What is NOT a family session?

- The client providing details of their traumatic experiences.
- An "intervention" on what a family member needs to do better.
- A space for the family to you "vent" about the client or vice versa

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## Family Session Outline for Therapists

1. Rationale for including family in treatment
2. Psychoeducation about PTSD ( building empathy and vulnerability)
3. Impact on the Family
4. Psychoeducation on the EBT for PTSD
  - What treatment will look like
  - How family can support treatment
5. Family-centered goals

\* This is a STRONG STAR Training Initiative Resource

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### Preparing for a Family Session

- Discuss the difference between sharing about PTSD and sharing the specifics about the trauma
  - Impact of trauma – how it connects with reactions
- Using what they know about PTSD, help the client prepare to answer questions about what the family is already observing in their behavior (e.g., Angry outbursts, anxious, not going places).
- Help the client prepare for other questions that could come up, such as about military service, deployments, combat and war.
- Provide an opportunity for client to discuss their goals, progress, and next steps with family.

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### To share or Not share

Clients sometimes have thoughts about believing family members must "understand" or "know" everything in order for it a family session to be helpful.

Important to explore thoughts

- What does it mean for a family member to "understand"?
- If PTSD was explained to the client's children/partner, how might that help, even if they didn't "FULLY" understand?
- If they never know anything, then what?

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### Talking with Children about PTSD

#### Important Areas of Focus:

- Something bad/scary happened a long time ago when I was (at work/a little boy or girl)
- Even though I'm safe now, I still think about it sometimes even when I don't want to and it makes me feel scared/angry/cranky/sad.
- When I feel that way, sometimes I (yell for no reason, go into my room)
- When I do that, it's never your fault and you didn't do anything wrong.
- I'm going to be okay. I'm working with a therapist to help me feel better.

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## Resources

A Veteran's Guide to Talking with Kids about PTSD  
National Center for PTSD  
<http://www.veterantraining.va.gov/parenting/>




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PASSWORD #1:  
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## Rationale for Family Session

*"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."*

*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. Sometimes just understanding what is happening can be a big help both for the person who has PTSD and those who care about them."*

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## Psychoeducation about PTSD

PTSD is an emotional shock to the system.

These are common reactions - some get stuck in the recovery process

Reexperiencing, Hyperarousal, Mood/Cognitions, Avoidance  
Use developmentally appropriate language for children

(Client) and PTSD are different. (Client) 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.

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## Psychoeducation About PTSD

*"Avoiding thinking about the trauma or reminders of the trauma actually 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 help their family member avoid remembering the trauma. The problem is, avoiding this pain in the short run maintains PTSD in the long run."*

**Family-Relevant Analogy:** Imagine 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.

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## Impact on the Family

Discuss common ways that families are impacted by symptoms of PTSD

### Spouses/Partners

Problems communicating, more aggressive conflict, less intimacy, personalization of avoidance

### Children

Parent may avoid child due to fear of harming them, child can become fearful of parent, parent misses out on child activities

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## Impact on the Family

### Questions to ask:

- What are some common reactions that you have noticed in your family member?
  - Are there any reactions that you understand differently now?
- How have these symptoms affected each family member?
- What are some of the ways the family might be accommodating or "helping" out the their partner/parent because of PTSD?
  - Is it possible that, while good intentioned, it may be unhelpful in the recovery process?
- 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?

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## Psychoeducation on the EBT for PTSD

Provide family with handout for CPT or PE & discuss the main tenets of the treatment.

Collaboratively discuss how the family can support the client in recovery

- Ask questions and be curious about what is happening, but also respect boundaries and pacing.
- Help family member approach previously avoided situations.
- Cheerlead their practice completion and make room as a family for the family member to complete practice

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## Psychoeducation on the EBT for PTSD

Also important to collaboratively discuss how the client can communicate with family members to support them

- When reacting to a trauma reminder, communicate your experience with your family to reduce confusion and misunderstandings (ask clarifying questions)
- Ask for what you need
  - Someone to listen without judgment?
  - Accountability for practice?

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## Hopes List

*What hopes does the family have for what will change as the family member with PTSD receives treatment?*

Ask the family to work together to make a list of "Hopes."  
Guide the family to ensure that the things on the list are realistic and in line with treatment goals.

### Family Practice Assignment

- Meet weekly as a family to discuss progress – both for the client and their family. Set weekly, monthly and annual family goals.
- Instill positive interactions. Verbalize noticing family members doing something nice or helpful. E.g., "thank you for doing the dishes."

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## Incorporating Family-Centered goals into treatment

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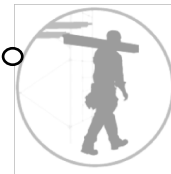
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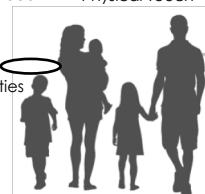
## Family-Centered Goals

Opportunity to think beyond the individual

Physical Touch



Kids activities



Family party

Sharing emotions

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## Family-Centered Goals

Be specific and measurable  
 Be realistic within treatment time frame  
 Congruent with family hopes  
 Goals should be connected with values  
 Light on needed resources (e.g., low cost)

"Have a weekly  
 family game  
 night."

"Go to 75% of my daughter's  
 basketball games and sit  
 toward the front where I can  
 see her best"

### Questions to ask:

- What does that look like for your family?
- How will your partner/child know when you've met that goal?
- Do you and your partner/child see that the same way?

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## Working Toward Family Centered Goals

DURING TREATMENT

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## Cognitive Processing Therapy

1. Identify Stuck points that get in the way of meeting family-centered goal.  
*"How does this thought keep you from the life you and your family want?"*
2. Use Socratic Questioning and the Challenging Beliefs worksheet to build skills in challenging the stuck point.
3. Identify alternative thought that is more helpful in achieving the family-centered goal.  
*"What would someone who believed that thought be doing differently with their family?"*
4. Client practices using the new thought while engaging in goal-consistent behavior.

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### Family Relevant Stuck Points

- My family will never understand me.
- I can't be a good parent because of what I've done.
- If they knew what I did, they would think I'm a monster.
- If my family isn't with me, they aren't safe.
- My children are completely vulnerable to danger at all times
- I cannot trust my own judgments as a parent
- If I get upset/discipline my children, I will lose control and hurt my children.
- If my child doesn't always do their chores, they will never be successful.
- I'm a murderer and shouldn't be around children.
- If I don't feel love or happiness when I'm with my children, then I must not love them.
- It's not worth it to get close to my family because I'll eventually lose them.
- If I am close to my family, I will hurt them because I'm a monster.
- I must avoid others because I cannot tolerate emotions associated with relationships

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### Prolonged Exposure

#### In vivo hierarchy development

- Family activities in mind
- Family participation
- Family can help to reduce experiential avoidance

#### Family as motivation during exposures

- Making in-vivo exposures consistent with family values
- Identify a BIG goal to work toward
- Increasing contact with family

#### Family Support vs. Accommodation

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### Interpersonal and Intimacy Related In-Vivo Exposures

#### Examples

- Expression of natural emotion to reduce global numbing, especially as it relates to interpersonal relationships  
"Watch a movie about a father and son"
- Encourage physical touch within the family
- Simple child-focused play
- Encourage verbal intimacy
- Address sexual intimacy issues
- Discussing the trauma with family

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## Processing Anger and Irritability

"If I get angry around my kids I will hurt them"

Discerning aggressive/violent behavior from PTSD cognitive distortions

- Always complete a thorough risk assessment
- History of physical aggression towards family/children?

Utilize treatment techniques to assess & interpret thoughts with patients

- Use Socratic questioning to challenge stuck points
- Safe, hierarchical in-vivo behavioral experiments
- If needed, teach relaxation and grounding skills




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## Using In Vivo Hierarchy to address feared violent behavior

I will harm someone if I think about the trauma around them	
Thinking of the trauma in the shower	40
Thinking of the trauma at work alone in my office	60
Thinking of the trauma in work office around others	70
Thinking of the trauma at the park with kids	80
Thinking of the trauma sitting with kids watching TV	90

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## Trauma Processing

### Common Trauma Types that Impact Families

- Moral injuries – trauma involving families/children
- Survivors guilt from seeing aftermath of trauma victims and family members.
- Traumatic loss – trauma involving the loss of a friend (where families were close).

### Questions and Themes to Explore

- If you could find a way to truly honor the child/civilian who died, how might that look? Could it involve your family?
- What might self-forgiveness look like for you?
- Who benefits by you not having meaningful relationships?
- Explore the concept of joy vs. pain. We may only experience true joy in relationships with others when we accept the pain they may also bring. They are two sides of the same coin

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