

Family Trauma Assessment

Tip Sheet for Clinicians



Children depend on their families for support and reassurance. This is especially true following a traumatic event when a child's belief in the safety and predictability of the world has been undermined. But trauma does not affect the child alone. The effects of any traumatic event reverberate throughout the family system. A child's greatest need for love and support may come at a time when the trauma itself has compromised a family's ability to provide it. This can happen for a variety of reasons:

- Other family members may have experienced the same traumatic event.
- Family members may have a history of trauma. The current event may bring back memories or feelings from the past.
- The traumatic event puts additional stress on a family whose current living situation is already stressful. They may lack the resources – emotional and material – to help the child recover.

- The family already interacts and communicates in negative, or even destructive, ways.

A trauma-specific, family-centered assessment can provide valuable feedback to you and the family so that treatment can target the specific and interrelated needs of children and their families.

Begin by partnering with caregivers in the assessment process. Their collaboration can help you develop a treatment plan that is workable and acceptable to the entire family. Without the engagement and active participation of caregivers, it is much more difficult for a child's individual therapy to succeed. The family assessment process will build collaboration with caregivers.

The assessment will reveal:

- Which family members are affected and how
- The family's strengths and ways to utilize their natural sources of support
- Options for treatment

How do you get families to embrace the need for assessment?

How you first introduce the assessment to the family is vital. Convey your confidence in the benefits of the process and clearly describe why the information you'll gain is so important.

Here are some key points to make when framing the family trauma assessment for caregivers:

- Caregivers and family members are the most important people in the child's life. They have the most intimate understanding of their child, and the child spends more time with them than anyone else. They are uniquely able to partner with the therapist in serving the best interest of the child and family.
- Research has shown time and time again that the support of family, peers, and community are essential elements in children's recovery.
- It is normal for caregivers to be upset about a child's having been exposed to a traumatic event. It is normal to find the child's post-traumatic stress reactions distressing and challenging. A caregiver who understands how the trauma is affecting each member of the family and the family's overall well-being can seek out the kinds of supports that will be most helpful.
- Learning about the child's immediate and extended family can help the clinician identify sources of support and aid in treatment/intervention recommendations.
- A clinician's primary goal is to help the child and family feel better, and to make sure that they emerge from the traumatic event stronger and more capable of coping with life. Your goal is for the child to no longer need therapy. To reach that goal, the family is an essential partner.

If a family session is a standard part of assessments within a clinic, it becomes part of the culture. Clinicians and families will come to expect it as part of the treatment planning process.

What are best practices in family assessment?

A comprehensive assessment should include an individual meeting with the child, an individual meeting with primary caregivers, and a family session. This family session should include everyone in the household: parents, stepparents, siblings, and other relatives living in the home. This provides you the chance to talk with the entire family as a group and observe interactions and communication styles. You'll learn which members are on board with the idea of mental health treatment, which family members may provide the most support to the child, and any symptoms or behaviors that cause you concern as a clinician.

Some family members may be reluctant to talk about their own histories right at the beginning of a clinical relationship. It might take a little time to get to know each other before moving to the bigger family picture. If in place, a peer to peer or family advocacy program can be used to educate and reassure family members, and make them more comfortable with the family assessment process.

Understanding and addressing any immediate safety concerns facing the family is an important first step in the assessment process.

Assess the functioning of each dyadic relationship within the family since each may be affected by trauma in different ways, and each may have an impact on the child's recovery. Consider how parents interact with one another; how each parent interacts with each child; and how siblings interact with one another. By collecting information from multiple reporters (such as by asking both a parent and child about a parent's behavior or family support) you may get a more complete picture of how well the family is functioning.

During the family session, you may choose to create a structured family history. As part of this history, you will work with the family to construct a genogram and family trauma timeline. This will allow you to observe how openly the family can describe their extended family situation and how able members are to talk about traumatic events in their past as well as those that brought them to therapy.

THE STEVENS FAMILY ASSESSMENT

The Stevens family was given the task of telling a story together. When they began to disagree over the course the story should take, the 6-year-old picked up some toys and began banging them together loudly. The mother grabbed the toys away and raised her voice as she instructed her son, "Be quiet and stop banging those toys!" The interactions observed between the mother and her boyfriend had a similar quality, with voices raised at the slightest hint of disagreement. The interactions between the mother and her other children were more constructive and less reactive.

What are the appropriate domains of family trauma assessment?

It is standard practice when a child presents for treatment to assess the child's history, symptoms, and functioning. The family trauma assessment adds additional domains. The complexity of issues and how these issues interact can make a comprehensive assessment complicated. It is important to target those aspects of the family that need to be assessed and to identify the specific issues most relevant to the child's recovery.

Assessment of Adult Caregiver Trauma History, Symptoms, and Functioning: Sometimes a child's adaptation to trauma is affected by the trauma history, symptoms, and functioning of his/her caregiver. Ask caregivers if they have past experience with the same type of trauma that has recently occurred. For example, if the child was sexually abused, do caregivers have a past history with sexual abuse? Their history provides the context for their reaction to the recent event.

Also ask them about traumatic events that may not appear related. Even when past traumatic events differ from the current event, the current trauma may serve as a reminder of the past. Remember that how people experience, remember, and make meaning of traumatic events can be highly subjective. Understanding each family member's subjective experience of prior traumas can help you to see the current traumatic event in a more complete light.

In addition to trauma history, other important areas for inquiry might include symptoms of physical and/or mental illness, including PTSD; indicators of substance abuse; intimate partnership issues; and caregivers' ability to carry out activities of daily living, especially those involved with caregiving.

Assessment of Parenting: Aspects of parenting, including warmth, discipline style, and satisfaction are important for understanding a child's daily life and the parent-child relationship. These factors can be assessed through interview questions and observations, as well as through any of the myriad of parenting questionnaires available.

Assessment of Family Violence: Family violence includes physical abuse, sexual abuse, and psychologically aggressive interactions among family members. Screening and assessment for family violence should be routine practice. When asking about family violence, use behavioral descriptions, such as "Has your child ever been spanked or punished in a way

that left a mark?" and "Do you or your spouse hit, shove, or throw things at each other?"



Assessment of Family Separations: Many children dealing with traumatic stress disorders are also dealing with losses of, or separations from, some family members. Domestic violence and intra-familial child abuse often result in a family member being removed or separated. Ask the family if children have ever lived outside the home and what other adults have lived in the home in the past.

The following table provides some more specific targets for assessing family functioning, along with tips for evaluating each one.

Domain	Definition	Assessment Tips
Communication	Degree to which the family shares feelings and discusses problems, shares positive experiences, and discusses daily routine matters	<ul style="list-style-type: none"> • A good communication assessment should cover the extent, clarity, and directness of communication. • Several instruments assess family communication (e.g., the Family Assessment Device). • Observation of family interaction or assignment of a task to discuss a topic of interest to the family can be valuable ways of assessing family communication.
Family-based Problem-solving	Degree to which the family considers input from multiple family members, finds solutions that work for the family as a unit, and shares responsibility for implementing the solution	<ul style="list-style-type: none"> • Assignment of a brief problem-solving task during a family interview is perfect for observing the family's ability to work together to generate possible solutions, evaluate the merits of the possibilities, select the best option, plan who is going to do what and act upon it. • The Family Assessment Device assesses family problem-solving.
Co-regulation	Degree to which family members experience the full range of feelings and express them in a manner that is appropriate to the situation	<ul style="list-style-type: none"> • Assigning the family a storytelling task about a mildly stressful situation can be valuable in observing family co-regulation.
Affective Involvement	Degree to which the family as a unit values and expresses interest in the activities of family members, for example, encouraging and supporting each other in their recreational pursuits	<ul style="list-style-type: none"> • The Family Assessment Device assesses affective involvement. Other instruments measure cohesion and include items related to affective involvement. • Observation of family interaction allows the clinician to understand how the family shares information, listens to one another, etc.
Roles	Degree to which each family member has a role in the maintenance and management of the family system (e.g., who provides discipline, care giving, etc.)	<ul style="list-style-type: none"> • Multiple instruments have subscales measuring family role functioning. • Ask the family to describe a typical 24-hour day in their household. Who wakes up first? Who prepares breakfast; gets the children ready for school; provides childcare during the day; fixes meals; does the bedtime routine? Asking about who takes care of other household tasks (e.g., shopping, paying bills, etc.) is also helpful.
Structure	Degree to which the family establishes and maintains organization and routines	<ul style="list-style-type: none"> • Multiple instruments have subscales measuring organization and structure. • Ask the family to describe a typical 24-hour day in their household.
Adaptability	How various family members adjust to new and/or stressful situations	<ul style="list-style-type: none"> • The FACES instruments measure adaptability. • Ask the family how they respond when things do not go as planned and when things change in the household routines.
Family Coping	How the family as a unit deals with stressors or difficulties	<ul style="list-style-type: none"> • Several instruments measure coping or have subscales that measure coping strategies such as problem-solving, social support, or spiritual/religious resources.
Relational Domains	Nature and quality of dyadic relationships within the family (e.g., spousal, mother-child, father-child, sibling, etc.)	<ul style="list-style-type: none"> • Observe how each family member interacts with the others. Which relationships seem closest? Which seem to have more conflict? • For further assessment, measures of spousal relationships, such as the Dyadic Adjustment Scale, and parent-child relationships, such as the Parenting Stress Index, can be used.
Resilience Factors	Characteristics that contribute to healthy family functioning, such as support resources, social networks, spirituality, optimism, and persistence	<p>Ask families about what is going well in their lives, what they consider their strengths, and what helps them get through tough times. If they have trouble identifying strengths, ask about their social supports and spiritual practices, etc. Identifying these existing strengths as part of a family assessment builds families' confidence and provides a foundation to build upon in treatment.</p>
<p>For measure recommendations in all of the domains see the Family Trauma Treatment Toolkit.</p>		

How do you choose instruments and prioritize what to measure?

Choosing instruments and prioritizing assessment needs can be daunting, especially with a highly traumatized, chaotic, and needy family. The first priority is understanding significant symptoms that may lead to self-harm or need immediate intervention. Since the family is bringing the child to treatment, assessing the severity of the child's symptoms should have top priority; however, the child's symptoms occur within the context of the family environment.

Assessing immediate safety concerns for the family is always a top priority.

Other assessment priorities:

- Child trauma history, symptoms/crisis issues
- Caregiver/family trauma history, symptoms /crisis issues
- Current or past domestic violence
- Changes in family constellation
- Relationships/communication within the family
- Resiliency and extended family support

Once you determine the domains to assess, other factors may influence your choice of instruments. These include:

- Cost (is the measure in the public domain?)
- Clinical utility (does it provide the information you need)
- Ease of administration and scoring and
- Assessment burden on both family and clinician

Finally, developmental level will influence a child's ability to participate in the assessment. Most self-report measures of family functioning are not designed for children under 12.

How do you present the results to the family?

It is important for families to understand that it is normal for trauma to stress the entire family system. Whatever problems preceded the trauma may be amplified by the added stress.

The purpose of providing the family with feedback is to enable them to act as informed partners in making decisions about the best treatment for their child and family. Your feedback also helps them to conceptualize their baseline and track their own progress towards treatment goals.

Giving assessment results to families can be tricky.

For example, there is the initial dilemma of who gets told what. Everyone in the family has a right to information about what the assessments have shown but every family member also has

a right to privacy. Decisions about who receives what information have to be made on a case by case basis. Here are some important questions to consider:

- How should I handle information that might be perceived as negative, critical, or judgmental?
- Do I disclose information to caregivers individually and then repeat the disclosure with the family?
- Do I engage caregivers in deciding what children should be told or how they should be told?
- Have I identified the decision maker(s) in this family? How do I best structure the information to facilitate decision making?

Another tricky part of giving feedback is sharing the results in a developmentally sensitive manner. This is important so that family members of all ages understand the results.

Everyone in the family is given an opportunity to ask questions about the results. Family members may not all agree on the results and important information can be gained from discussing any disagreements.

MS. M AND HER FAMILY'S ASSESSMENT

Ms. M came for an assessment of her two children, who were 5 and 10 years old, after a long history of exposure to domestic violence and physical abuse by their father who is now in jail. During the assessment the family was asked to describe a typical day in their household. The 10-year reports that it is her job to get herself and her little sister ready for school and on the bus. Ms. M states that she is too tired in the mornings and is often still asleep when her daughters leave for school. Ms. M prepares dinner for the children when they return home but has difficulty implementing a homework or bedtime routine. She states, "The kids have been through so much, I just let them stay up as late as they want watching TV. Their father never let them watch and yelled at them all the time. I don't want to yell at them, and I think the TV helps them get to sleep." Ms. M and her children's responses provide valuable information about family roles and structure and potential areas for intervention.

What are some caveats and considerations?

Responsibility when assessing all family members: A family assessment undertaken as part of the treatment of one family member may reveal that other family members are also in need of services. In this case, you need to be prepared to offer services either through your own agency or through partnerships with other agencies. It is imperative to become familiar and up to date on resources in your area. Establish connections with other agencies so that the referral process is as smooth and easy as possible.

Ethnocultural Factors: Ethnocultural background can influence a family's participation in assessment. Some cultures have very strong prohibitions against discussing family problems

with “outsiders.” A “normal” pattern of interaction in your own culture may appear foreign or incomprehensible to your clients and vice versa. As in all clinical work, it is important to consider how a family’s ethnocultural background influences their participation in the assessment, response, and presentation. Understanding how a family’s behavior fits within their cultural norms helps build a more accurate picture of the family.



Family Structures: Families come in many shapes and sizes – two parent heterosexual, two parent homosexual, single parent, multigenerational, etc. When determining who to include in the assessment, ask the caregiver and child to name the important figures in the family. Keep in mind that parents may not necessarily be the primary caregivers. In addition, extended family members may play a key role, even if they do not live in the same household. Finally, in separated families or children placed outside the home, any family member that the child interacts with regularly can be an important asset to the evaluation.

When NOT to do a family-based assessment: There are some circumstances in which a family-based assessment is contraindicated. These circumstances might include:

- Ongoing safety issues and risk for violence within the family: Before undertaking a family-based assessment, always determine whether there is a history of, or current pattern of family violence. Under such circumstances, family members may not feel safe sharing information, and actual or perceived disclosure of information by some family members may increase the risk of violence. When there is any risk of family violence, even if all members appear to feel safe participating in a family-based assessment, first ensure that a safety plan is in place.
- Legal limitations on collecting family level information: In court-involved families, it is important to determine whether there are legal strictures that prevent an individual from providing information on other family members. In addition, consider the likelihood that records will be subpoenaed and for what purpose. That is not to say that family-based assessments should never be done with court-involved families, but rather a caution to consider the ramifications for all family members.

Summary

No child is an island – parental and family dynamics have significant influence on a child’s recovery from trauma. An assessment of the family provides valuable insights into both potential sources of support for the child as well as potential obstacles to therapeutic success. Armed with this knowledge, you and the family can plan a course of treatment with the best possible chance of success.