Co-Treatment within the Family System: Treating Trauma alongside Behavioral Management

Lorri Bauer, MS
Kelly Curtis-Hughes, LMFT, RPT

Learning Objectives

- Explore how two distinct disciplines, (Trauma Therapy and Behavior Therapy) can work simultaneously within complex family systems to achieve improved family functioning.
- Examine the ways in which a child with complex trauma, medical needs, behavior, and family stress present, which often leads to the involvement of many different providers.
- Demonstrate techniques from play therapy, trauma therapy, attachment theory, and behavior management, to help providers think about their own complex cases and how to navigate co-treatment.

KidSTART

- Children birth to age 5 in San Diego County, with complex needs, primarily in the areas of:
  - Developmental
  - Social-emotional & behavioral
  - Medical
  - Family
- Using a trans-disciplinary approach of assessment and treatment

Who are KidSTART Kids?

- History of:
  - Inconclusive developmental assessment results
  - Expulsions from early childhood education
  - Poor response to intervention
  - Multiple placements
  - Chaotic family functioning
  - Complex trauma and/or high ACE score
  - Intensive care coordination needs

Family Dynamics

- Why and when to co-treat:
  - Modeling of techniques for caregivers from behavior management and trauma lens
  - Helps families see how interventions/techniques can work together
  - In-vivo support for parents and child simultaneously
  - Child's behavior disruptive to family system, impacting ability to benefit from consistent trauma therapy
- Parenting Factors:
  - Conflict in co-parenting relationships (inconsistency and re-traumatization)
  - Impact of family of origin trauma on parenting and attachment styles
  - Family stress dynamics (time, resources)

Case Studies

- Anna:
  - Age 3 years, adopted into multi-racial family, mixed success in developmental treatment, history of complex trauma and abuse, adoptive parent with significant complex trauma, parental belief system due to her own sexual abuse impacted ability to consistently set limits and safety for Anna.
- Matthew:
  - Age 4 years, began with developmental services (OT and Behavior), child witness to custody-related discord and was victim of attempted parental abduction, ADHD-like symptoms, impact on toileting leading to significant family stress.
- Eddie:
  - Age 3.5-4 years, adopted into multi-racial family, returned to mental health and developmental services, exposure to domestic violence, injured in DV incident, significant neglect, adoptive family with ambivalence towards permanency of adoption, adoptive parents with marital discord and histories of childhood trauma, child with significant safety and behavioral challenges.

Symptoms and Behaviors Associated with Exposure to Trauma

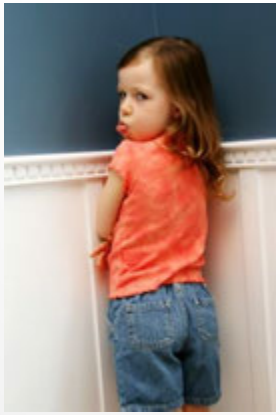
- Behavior changes:
  - Fear of being separated from parent/caregiver
  - More clinging and dependent behaviors
  - More aggressive behaviors
  - More withdrawn behaviors showing little emotion
  - More crying, whimpering, screaming, tantrums
  - Aimless motion, disorganized behaviors, and or/freezing
  - Unable to comfort self
  - Difficulty falling asleep, night waking
  - Less ability to tolerate frustration

National Childhood Traumatic Stress Network (NCTSN), www.nctsn.org

Bridging the Silos

Behavior Management

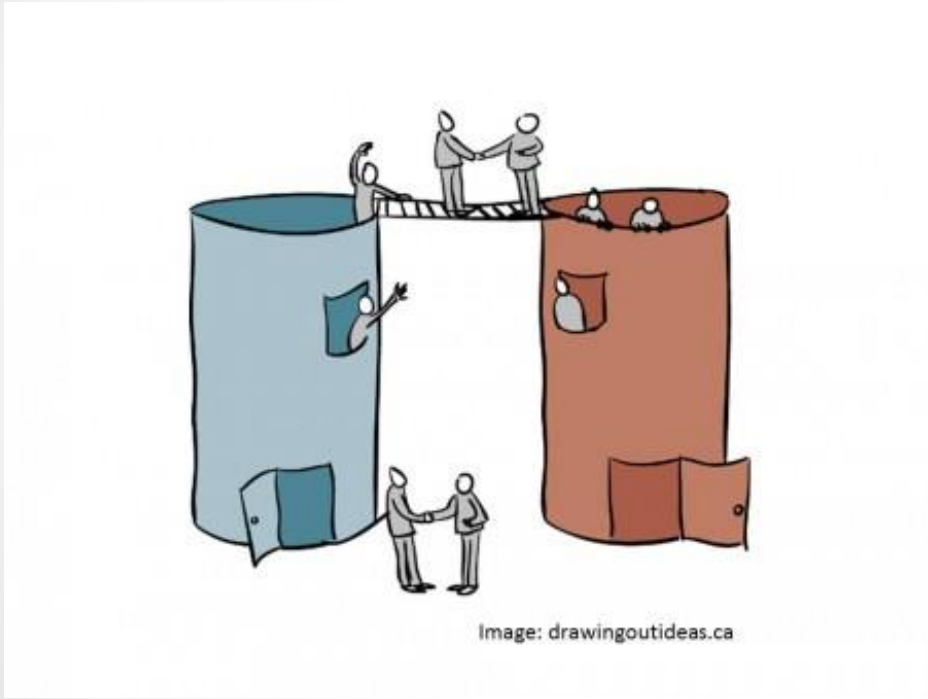
- Focus: Building child and caregiver skills.
- Common goals for child include: increased compliance to adult directives and daily routines, improved task completion/persistence.
- Teaching methodologies include: Modeling, scaffolding of activities for increased success, development and implementation of systems to use in home and community settings.



Trauma Therapy

- Focus: Support processing and integration of trauma, moving to felt safety.
- Modality of play therapy (often child-directed) with Child-Parent Psychotherapy.
- Intervention includes: unstructured/reflective developmental guidance, modeling safety, differentiating between past and present, structured attachment activities, and play therapy skills.

Shared Goals



- Improve abilities in emotional regulation and self-calming.
- Increase safe and respectful expression of emotions.
- Increase caregiver's confidence in utilizing techniques
- Support caregivers use of reading child's cues, responding to, and validating feelings.
- Improve social skills (e.g., turn-taking, frustration tolerance) and use of social language.
- Decrease family stress and improve permanency for child.

Learning to Dance—Creating a Co-treatment Relationship

- Importance of colleague relationship and communication dynamics
- Use of non-verbal communication during sessions
- Narrating and modeling with one another to benefit family's learning
  - Respectful communication
  - Conflict resolution
  - Division of responsibilities
- Increased time commitment:
  - Planning
  - Debriefing

The Dance Continues…

- Reflective peer supervision
- Respecting techniques that may be different
- Comfort with leading and following
  - Example: Beginning and ending routines and rituals
- Learning about others use of techniques and models
  - Continuing education
  - Example: Cheerio Feed

Importance of Language

- Different disciplines use of terminology
- Importance of finding common terminology among therapists and family
  - "Destructive" instead of: "sensory seeking", "dysregulated", "exploring", "learning", "mastery"
  - "Violent" instead of: "dysregulated", "aggressive", "too rough", "big feelings", "needing support", "need for deep pressure/sensory input"
- Exploring roots of labels among family of origin, cultural factors, and caregivers own trauma
- Communication with outside providers to support reframing and destigmatization of the child

Setting the Stage

- Consider Environmental Factors:
  - Office space
  - Therapeutic materials available
  - Primary therapeutic focus
- Preparing the family:
  - Expectations in session and for home/community
  - Roles of therapists and family
  - Preparing the child using developmentally appropriate language

Case Study: "Anna"

- Why co-treatment?
- **Treatment milestones and highlights**:
  - Transitioning safely
  - Appropriate parental response and follow-through for noncompliance
  - Reduced aggression
  - Increased self-calming
  - Mother able to use positive descriptors of behavior
  - Mother able to reflect on own trauma
  - Anna able to complete lifebook
- **Outcome**: Anna successfully graduated from co-treatment sessions.

Case Study: "Matthew"

- Why co-treatment?
- **Treatment milestones and highlights**:
  - Able to consistently use the toilet in home, preschool, and community.
  - Matthew able to modulate voice with prompting and praises.
  - Matthew processed trauma and reached trauma resolution.
  - Able to share feelings appropriately and safety plan with current custody arrangement.
- **Outcome**: Matthew successfully graduated from co-treatment sessions. Matthew continued with trauma-based dyadic sessions for an additional 3 months and then graduated.

Case Study: "Eddie"

- Why co-treatment?
- **Treatment milestones and highlights**:
  - Improved ability to transition between activities.
  - Decrease in elopement attempts.
  - Increased attention to and completion of structured activities during session (e.g., modified Memory card game, jigsaw puzzle).
  - Parents more responsive and nurturing.
  - Child moving towards secure attachment with parents with regular attachment based activities.
  - Successfully created trauma narrative through play.
  - Moved into trauma resolution.
- **Outcome**: Currently in weekly co-treatment sessions.

Questions, Comments?