Working with Long Term Care Residents with Trauma Histories and their Families

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NOVEMBER 22, 2019
Conflicts of interest

None
Learning objectives

At the conclusion of this presentation participants will be able to:

◦ Better understand trauma from a family systems perspective

◦ Develop a resident-centered, trauma-informed care plan with consideration for family members as potential buffers against and triggers of trauma symptoms

◦ Identify at least 2 ethical/legal issues that could arise when working with family members of residents with trauma histories
FAMILY SYSTEMS AND TRAUMA
How trauma affects family systems

Simultaneous effects
- Other family directly affected (natural disasters, MVAs, unexpected death, etc.)

Vicarious effects
- Trauma upon hearing about someone experiencing trauma

Chiasma traumatic stress
- Others traumatized through exposure to the experience of the traumatized member

Intrafamilial trauma
- Family members traumatized by other family members (abuse, divorce, etc.)

Figley & Kiser (2013)
How trauma affects family systems

How does trauma impact the family?

All families experience trauma differently. Some factors such as the children’s age or the family’s culture or ethnicity may influence how the family copes and recovers. After traumatic experiences, family members often show signs of resilience. For some families, however, the stress and burden cause them to feel alone, overwhelmed, and less able to maintain vital family functions. Research demonstrates that trauma impacts all levels of the family:

- **Families** that “come together” after traumatic experiences can strengthen bonds and hasten recovery. Families dealing with high stress, limited resources, and multiple trauma exposures often find their coping resources depleted. Their efforts to plan or problem solve are not effective, resulting in ongoing crises and discord.

- **Children, adolescents, and adult family members** can experience mild, moderate, or severe posttraumatic stress symptoms. After traumatic exposure, some people grow stronger and develop a new appreciation for life. Others may struggle with continuing trauma-related problems that disrupt functioning in many areas of their lives.

- **Extended family relationships** can offer sustaining resources in the form of family rituals and traditions, emotional support, and care giving. Some families who have had significant trauma across generations may experience current problems in functioning, and they risk transmitting the effects of trauma to the next generation.

- **Parent-child relationships** have a central role in parents’ and children’s adjustment after trauma exposure. Protective, nurturing, and effective parental responses are positively associated with reduced symptoms in children. At the same time, parental stress, isolation, and burden can make parents less emotionally available to their children and less able to help them recover from trauma.

- **Adult intimate relationships** can be a source of strength in coping with a traumatic experience. However, many intimate partners struggle with communication and have difficulty expressing emotion or maintaining intimacy, which make them less available to each other and increases the risk of separation, conflict, or interpersonal violence.

- **Sibling relationships** that are close and supportive can offer a buffer against the negative effects of trauma, but siblings who feel disconnected or unprotected can have high conflict. Siblings not directly exposed to trauma can suffer secondary or vicarious traumatic stress; these symptoms mimic posttraumatic stress and interfere with functioning at home or school.

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.
How trauma affects family systems

“Unhealthy undercurrents” = feedback loops that cause or maintain trauma

- Unforgiveness
- Unresolved grief
- Family secrets
- Abandonment
- Lack of nurturance

If these are not replaced the individual and/or family will experience:

- Behavior problems
- Anxiety
- Depression
- Self-harm

(Sells & Souder, 2018; p.21)
Trauma-Informed Principles and Family Informed Practices

FITT Model
Adapted from Kiser & Black, 2005

Time*
Acute and longer-term effects
Individual Development
Family life cycle
A FAMILY SYSTEMS PERSPECTIVE
Family systems: key concepts

- The family is a cohesive emotional unit
- Each member has roles and rules to follow
- Patterns develop in that each member’s behaviors affect others in predictable ways (i.e., + or -)
- Families like predictability and so the system seeks homeostasis
- Any interruption or movement in the system knocks things off balance (e.g., any agent of change)
  - Murray Bowen, MD
Lehrner

There is a growing literature on the intergenerational transmission of trauma, representing approaches across psychodynamic, family systems, epidemiological, sociological, and biological levels of analysis. Embitterment has been proposed as a response to severe, but normative, stressful events, different from the life-threatening trauma that precedes posttraumatic stress disorder (PTSD).

METHOD: This article reviews the potential applicability of the construct of embitterment to trauma and intergenerational effects through (a) a historical review of the intergenerational transmission of trauma literature, (b) a discussion of embitterment versus PTSD, (c) a brief review of theories of mechanisms of transmission, and (d) a discussion of biological findings and their interpretation.

RESULTS: Mechanisms of intergenerational transmission of trauma, which may include psychodynamic processes, vicarious trauma, learning and modeling, parenting and family environment, and biological influences, are reviewed. Survivor coping and resilience, and specifically the presence of PTSD, has emerged as an important moderator of parental trauma effects on the second generation. A table comparing posttraumatic embitterment disorder and PTSD is provided.

CONCLUSION: The discussion emphasizes the importance of construing biological findings as flexible adaptations to stressors rather than deterministic indicators of damage, the relevance of context in interpreting such findings, and the role of community-level processes for healing.
Family assessment: family composition

Who is considered “family”
- Important considerations
  - Ages
  - Activities/obligations/occupations
  - Where does everyone live?
  - Nature/quality of relationships
  - Financial independence
  - Emotional independence
  - Health status/MH/SUD
  - History of abuse/trauma
  - Competing demands
  - Sources of support/community connections

Family/Caregiver considerations
- Relationship history between resident and family CGs
- Motivation for caregiving/LTC admission
- Financial independence
- CG’s perceived “role” (resident/staff perceptions)

Sociocultural considerations
- Race/ethnicity
- Religious/spiritual
- Education/SES
- Health literacy

Family considerations
- Was there family agreement that the resident was in need of placement in LTC?
- Are the resident’s wishes and care preferences known?
  - Do family members support them?
Stages of human development
### Family Life Cycle Stages (from Gladding, 2009)

<table>
<thead>
<tr>
<th>Family Life Cycle Stage</th>
<th>Major Task</th>
<th>Second-Order Changes in Family Status Required to Proceed Developmentally</th>
</tr>
</thead>
</table>
| Leaving home: single young adults | Disconnect & reconnect with one's family while being one's own person     | Differentiation of self in relation to family of origin  
Development of intimate peer relationships |
| Joining of families through partnership | Adjustment & adaptation                                                   | Formation of partner system  
Realignment with family & friends to include partner |
| Families with young children | Accepting new members into the system                                     | Adjusting system to make space for children  
Joining in child rearing & realignment with family |
| Families with adolescents | Flexing boundaries for children's independence & grandparent's frailties | Shifting of relationships for adolescent to move on  
Refocus on midlife career issues  
Shift toward caring for elders |
| Launching children & moving on | Accepting exits from & entries to family system                           | Renegotiation of partnership as dyad  
Realignment of relationships  
Dealing with disability & death |
| Families in later life | Accepting shifting generational roles                                     | Maintaining functioning while facing senescence  
Support for more central role of middle generation  
Dealing with loss |
Family assessment: Structure, roles, and rules

- **Resident’s and key family relationships**
  - With each other and other family members

- **Who makes decisions (e.g. regarding care, finances, etc.)?**
  - Who has the formal or informal authority to make the decisions?
  - Patriarchal, matriarchal, eldest son, youngest daughter, other?
  - Whose opinion do Resident and Key Family Members respect (i.e., influencer)?

- **What are the family/cultural values and rules about**
  - Parent/child responsibilities re: caregiving, end-of-life care, medications, interventions, etc.
  - Discussing/access to parents’ legal/financial affairs
  - Privacy and “strangers as helpers”
  - Health care professionals? Social service/BH providers?
  - Communication (open/clear? off-limit topics? emotional expression?)
Family assessment:  
Dimensions of functioning

• Healthy, functional families
  – Have strong or positive attachment
  – Have open and clear communication
  – Have clear and appropriate boundaries
  – Cope with good problem solving skills
Family assessment:  

*Family’s past experience of illness/trauma*

- Did the family ever experience a serious illness?
  - How did they cope?
  - What were the outcomes?
  - How did it affect the family going forward?

- How did it shape perceptions of:
  - Medical/health care professionals
  - Hospitals, LTCFs, etc.
  - Advanced directives and planning
  - Use of formal service providers
  - Meaning of illness, longevity, quality of life, role of higher power, death
Themes regarding the family consequences of potentially traumatic medical events:

Family members:
- Experience strong emotional reactions and distressing thoughts
- Experience trauma-related reactions and behaviors
- Report changes in family patterns and routines
- Report that family conflict arises
- Feel different from their peers and strive for normalcy
- Construct positive narratives about these events and experience positive consequences and emotions.

Understanding both individual- and family-level consequences of medical events is important in order to provide family-centered, trauma-informed care for children with illness or injury and their family members.

(Christofferson, 2019)
FAMILY TRAUMA HISTORY

IMPACT ON RESIDENT’S EXPERIENCE OF LONG TERM CARE
Family’s experience of LTC placement
Care planning considerations: *The focus of care*

- Resident
- Resident’s spouse
- Other family member or caregiver
- Multiple others
- The whole family
- Other
Intergenerational transmission

Population: Holocaust Survivors

Hypothesis: High level of depressive and anxiety disorders (DAD) among HS impairs family systems, which results in damaging coping strategies of their children (CHS) yielding a higher level of DAD.

Results:

◦ The CHS’ family types are more often damaged than in general population.
◦ Growing in a damaged family seems to impede development of coping strategies and, therefore, enhances the occurrence of DAD.

Conclusions

Mechanism of transmission
◦ Family structure and coping strategies.

(Foisson)
The Transgenerational Script Questionnaire (TSQ) is presented as a helpful tool to reveal the transgenerational script in a family tree. The TSQ may be applied in individual or group psychotherapy and used for treatment planning. Transgenerational trauma, intrapsychically introjected through original nonverbal and verbal transactions between the Child and Parent ego states of family members, is usually present in the client’s internal dialogues. When clients are not aware of the voices in their head, these can be projected through ulterior transactions, psychological games, transference psychodynamics, and projective identification in their current relationships, leading to the reenactment of trauma through further generations. Becoming aware of this sequence may give individuals the opportunity to understand and disentangle their family tree. These ideas are illustrated with a case example.
Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
FAMILY INVOLVEMENT IN TRAUMA-INFORMED CARE PLANNING

CLINICAL, ETHICAL, AND LEGAL CONSIDERATIONS
Vicarious trauma and differentiation

Differentiation of self scale

Fusion
- Lowest levels
  - Emotionally fused to the family
  - Feelings dominate

Differentiation of self
- Highest levels
  - Separate thinking from feelings
  - Over 60 is a small % of society
When to intervene

Trauma-informed assessment

Stabilization

Active trauma treatment
Safety First Before Trauma Treatment
Documentation

Who needs to know?
What to chart?
Considerations for privacy
# Diagnostic Village Handout

**Scott P. Sells, PhD**

<table>
<thead>
<tr>
<th>Type of Villager</th>
<th>Name</th>
<th>Supportive or Non-Supportive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse or Significant Other</td>
<td></td>
<td></td>
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<tr>
<td>Ex-Spouse or Significant Other</td>
<td></td>
<td></td>
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<tr>
<td>Boyfriend/Girlfriend</td>
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<tr>
<td>Sibling</td>
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<tr>
<td>Grandmother</td>
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<tr>
<td>Grandfather</td>
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<tr>
<td>Aunt</td>
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<tr>
<td>Uncle</td>
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<tr>
<td>Cousin</td>
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<tr>
<td>Best Friend (for Mom)</td>
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<tr>
<td>Best Friend (for Dad)</td>
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<td></td>
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<tr>
<td>Best Friend (for Youth)</td>
<td></td>
<td></td>
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<tr>
<td>Best Friend (for significant other)</td>
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<tr>
<td>Pastor</td>
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<td>Church Members</td>
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<tr>
<td>School Workers</td>
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<tr>
<td>School Teachers</td>
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<td>Coach</td>
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<tr>
<td>Mentor</td>
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<td>Co-Workers</td>
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<tr>
<td>Neighbors</td>
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<tr>
<td>Probation Officer</td>
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<tr>
<td>Caseworker</td>
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</tbody>
</table>
Family responses to trauma (RFA-Leading Age)

- Breaking the cycle of trauma through counseling and intentional resilience building
- Keeping secrets and just moving on
- Using a variety of coping and defense mechanisms that worked, but in some ways have had adverse and unintended consequences
- Extreme dysfunction
- Fractured relationships
- Not recognizing or understanding the long-term effects of the trauma
- Recognizing and acknowledging the trauma and dealing with it as issues arise
- Using the family as a resource in ways that strengthen bonds and help with coping
References


Figley & Figley (2009)


Kiser & Black (2005)

Lehrner A; Yehuda R. Trauma across generations and paths to adaptation and resilience. Psychological Trauma: Theory, Research, Practice and Policy. 10(1):22-29, 2018. https://dx.doi.org/10.1037/tra00...