

A GROUP MODEL FOR SEVERELY TRAUMATIZED PARENTS – HOW TO WORK WITH FAMILIES (LTP, PDI).

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1

SEVERE TRAUMATIZATION AND PARENTING PROJECT

Aim to create a stabilization group treatment model for parents with severe early childhood traumatization.

Traumacentre Finland

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Location Helsinki – Oulu, Finland

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Petteri Mankila, Kirsti Keskitalo, Vuokko Vänskä

Nurturing Parenthood - Group Treatment for Parents Recovering from Childhood Abuse

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HOIVATTAVAA VANHEMMUUTTA

OPAS LAPSUUDEN KALTOINKOITTELUSTA TOIPUVIEN VANHEMPIEN
RYHMÄMUOTOISEEN TUKEMISEEN



COPING WITH TRAUMA-RELATED DISSOCIATION

SKILLS TRAINING
FOR PATIENTS AND
THERAPISTS

SUZETTE BOON • KATHY STEELE
ONNO VAN DER HART



- Suzette Boon
- PhD, psychologist, family therapist.
- Trainer and supervisor for the Dutch Society for Family Therapy
- Specialized in the diagnosis and treatment of complex dissociative disorders.
- Has worked as a researcher at the Free University of Amsterdam (Psychiatric Department).

GROUP MEMBERS' MALTREATMENT EXPERIENCES

- Sexual abuse or rape, 12/27 mothers
- Physical violence, 8/27 mothers
- Emotional violence (religious community), 4/27 mothers
- Witnessing family violence, 3/27 mothers
- Parent's alcohol or drug abuse, 4/27 mothers
- Parent's mental health problems, 1/27 mothers

COMPLEX PSYCHOLOGICAL TRAUMA

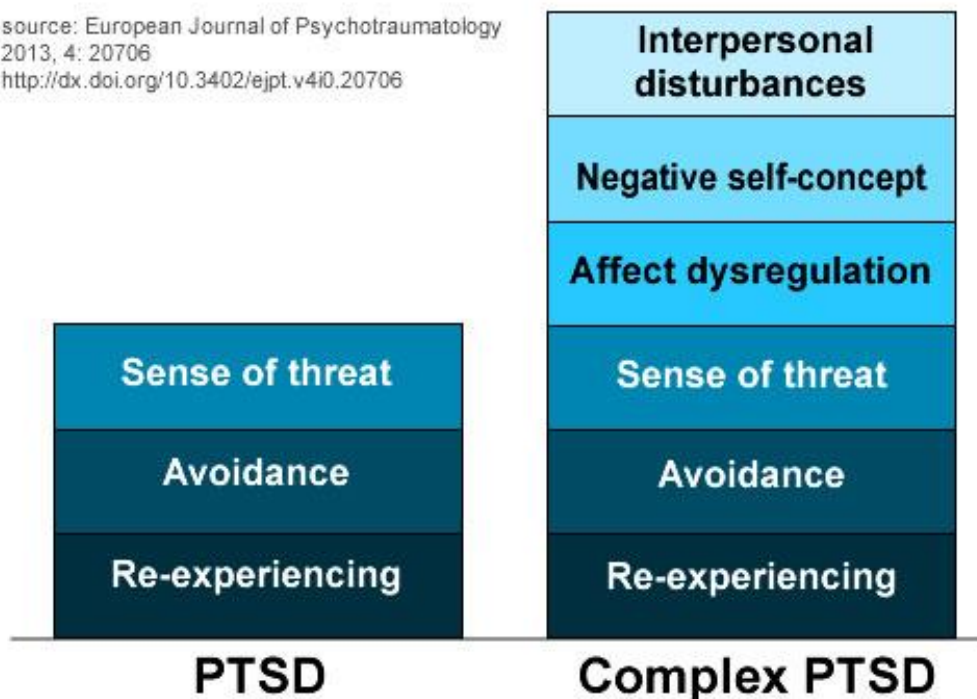
FORD & COURTOIS, 2009

- Exposure to severe stressors that...
 - Are repetitive or prolonged
 - Involve harm or abandonment by caregivers or other responsible adults
 - Occur at developmentally vulnerable times.

COMPLEX PTSD CHARACTERIZES PARTICIPANTS SYMPTOMS

PTSD and complex PTSD symptoms

source: European Journal of Psychotraumatology
2013, 4: 20706
<http://dx.doi.org/10.3402/ejpt.v4i0.20706>



<http://traumadissociation.com/complexptsd>

DISSOCIATIVE SYMPTOMS

➤ Depersonalization

- a feeling that your body doesn't quite belong to you or is disconnected from you.

➤ Derealization

- a feeling that you are disconnected from the world around you or “spaced out”.

➤ Trance like states

- inability to stay “here and now”.

➤ Amnesia

- Person blocks out certain information, usually associated with a stressful or traumatic event, leaving him or her unable to remember important personal information.

➤ Somatoformic symptoms

- Pain without any medical reason, lack of senses, pseudoepileptic seizures.

MENTALIZING CAPACITY: PROTECTIVE FACTOR OF INTERGENERATIONAL TRANSMISSION

"Mentalization: To understand own and others' behavior in terms of underlying thoughts, motives and emotions."

→ The ability to think from the child's point of view requires the parent's ability to think about her/his own thoughts, motives and emotions.

The child cries

→ The parent is wondering, guessing wrong, guessing alternatives, ...

→ The child's cry arouses emotions and thoughts → the parent does something to stop the crying.

→ Parent's behavior affects the child.

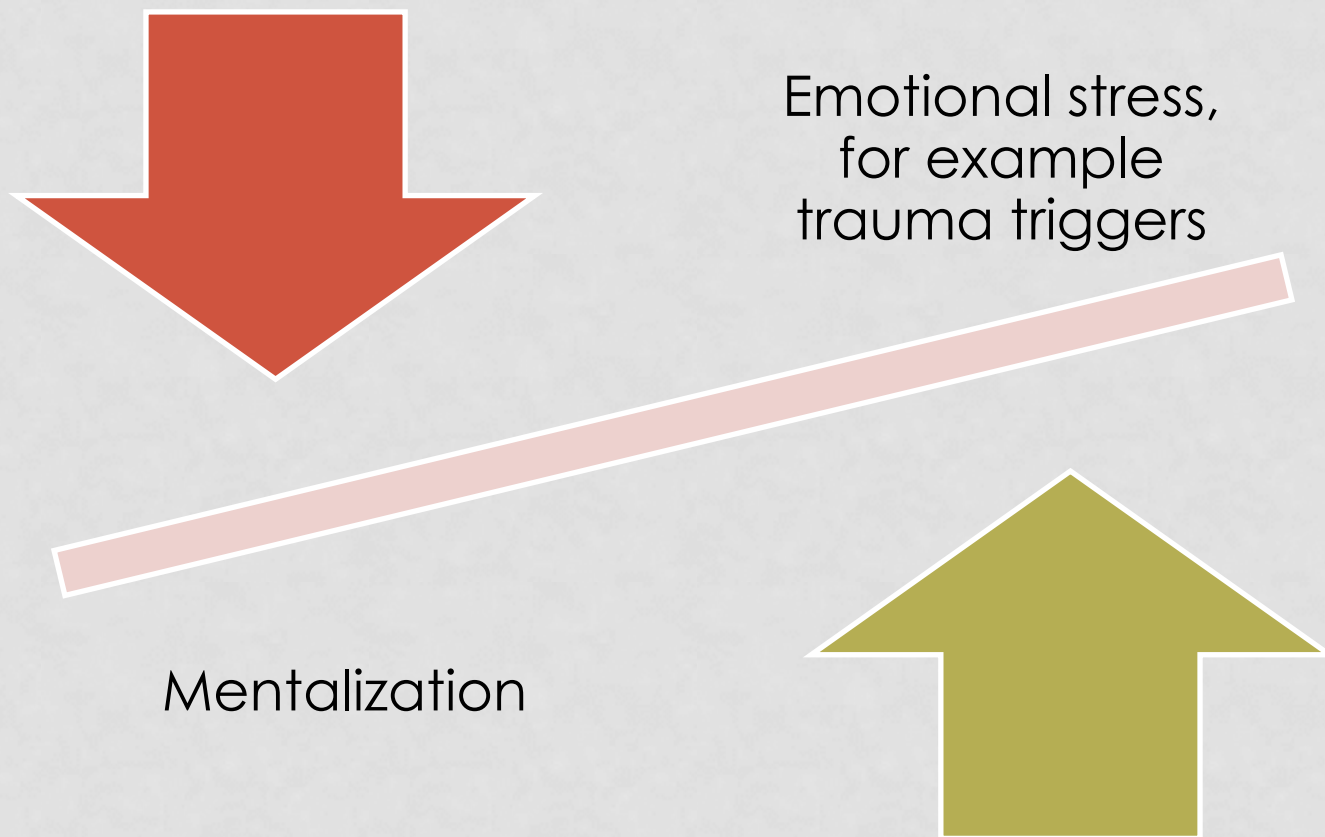
- Maternal mentalizing capacity supports **affect regulation** in highly symptomatic traumatized mothers. (Fonagy et al. 1994, Schechter et al. 2005)

MENTALIZATION MEDIATES EFFECTS OF PARENTAL TRAUMA

The protective factor:

- If the parent is able to mentalize her-/himself. (Suchman et al. 2010)
- If the parent is able to mentalize her/ his child. (Ensink et al. 2016)
- If the parent has worked through her/his trauma and integrated attachment experiences, and is able to mentalize them. (Berthelot et al. 2015)

MENTALIZATION AND TRAUMA SYMPTOMS



Emotional stress,
for example
trauma triggers

Mentalization

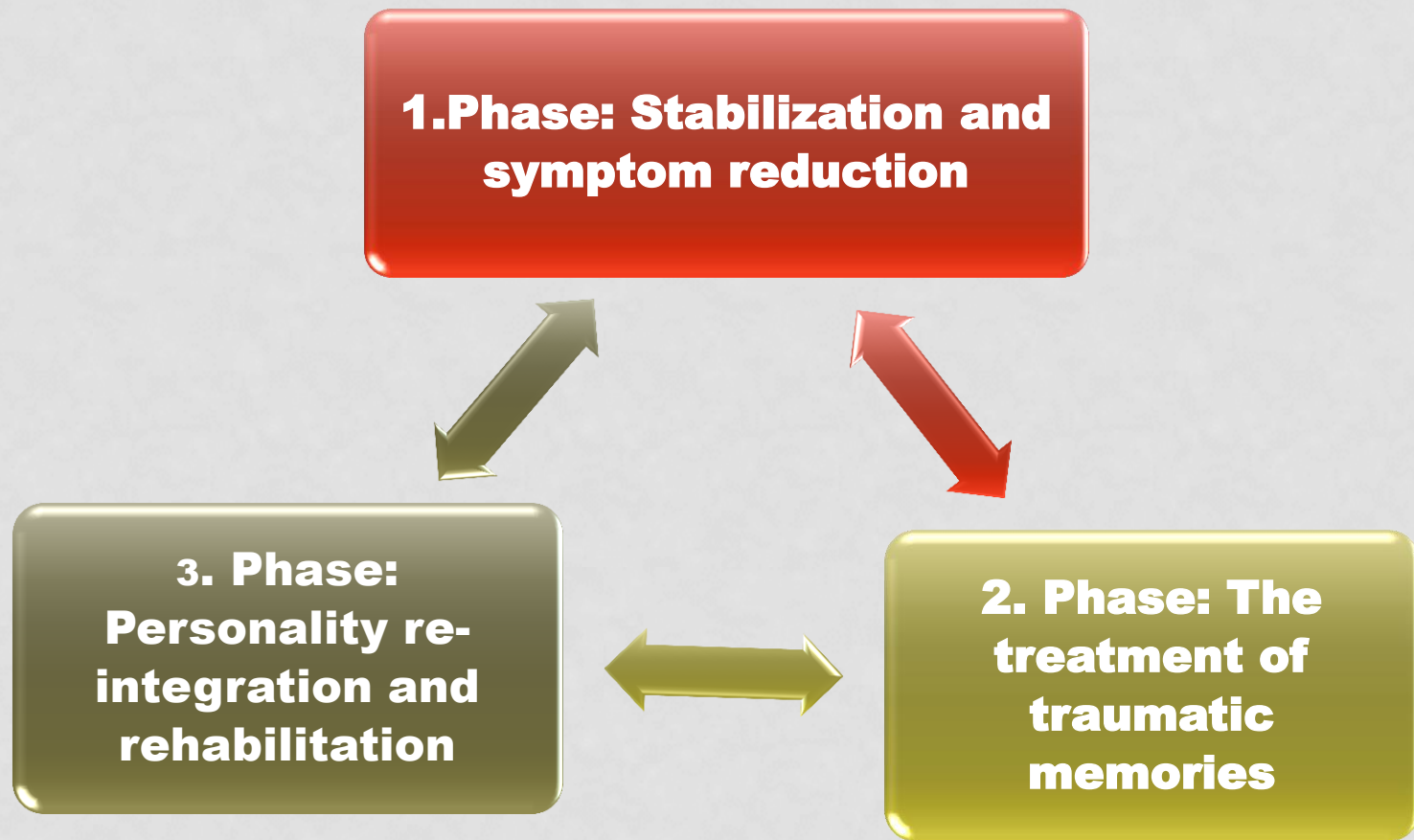
PREVENTING THE INTERGENERATIONAL TRANSMISSION OF TRAUMA- WHY THIS GROUP MODEL?

- The parenting problems of dissociative parents are so unique that they seldom can benefit from normal parenting groups. (Benjamin & Benjamin 1998)
- Parents with unresolved trauma do not necessarily benefit from attachment based interaction-focused intervention. (Bailey et al. 2006)
- The Nurturing Parenthood-group → Focus on the parent's trauma related difficulties.

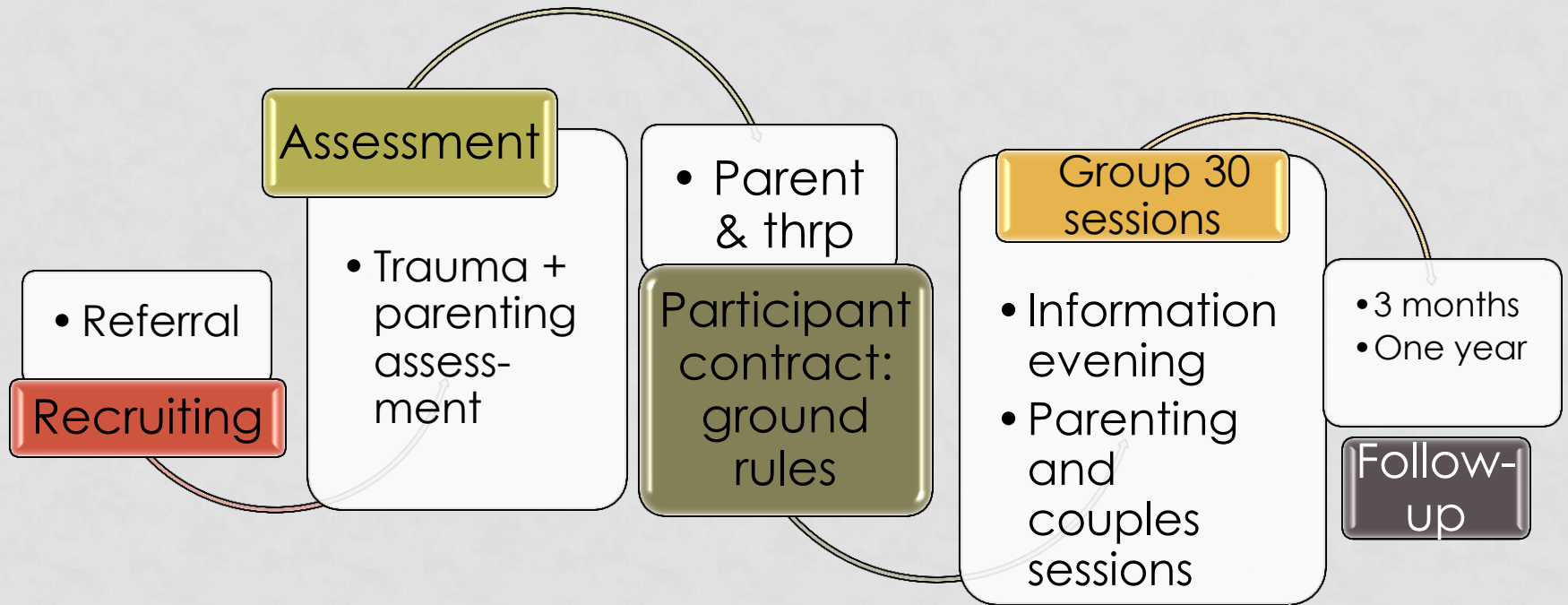
CONJOINT GROUP

- Individual weekly treatment elsewhere.
 - Group promotes individual treatment.
- Phase one of the treatment of psychological trauma.
 - Group members do not share trauma memories in the group – focus on the present.
- 30 weekly meetings, children do not attend.
- Monthly information exchange with individual therapists & phone contact when needed.
- 31 mothers, 6 groups.

THE PHASE ORIENTED TREATMENT OF PSYCHOLOGICAL TRAUMA:



NURTURING PARENTHOOD - GROUP



Individual therapy

Therapist training

Monthly meetings

GOALS OF THE GROUP

- Recognize and distinguish between:
 - emotions and sensations evoked by the trauma in the past
 - triggered by events in the present.
 - relevant demands and threats of the present.
 - AND the emotions, needs, thoughts of the child.
- Seeing the child as a separate person.

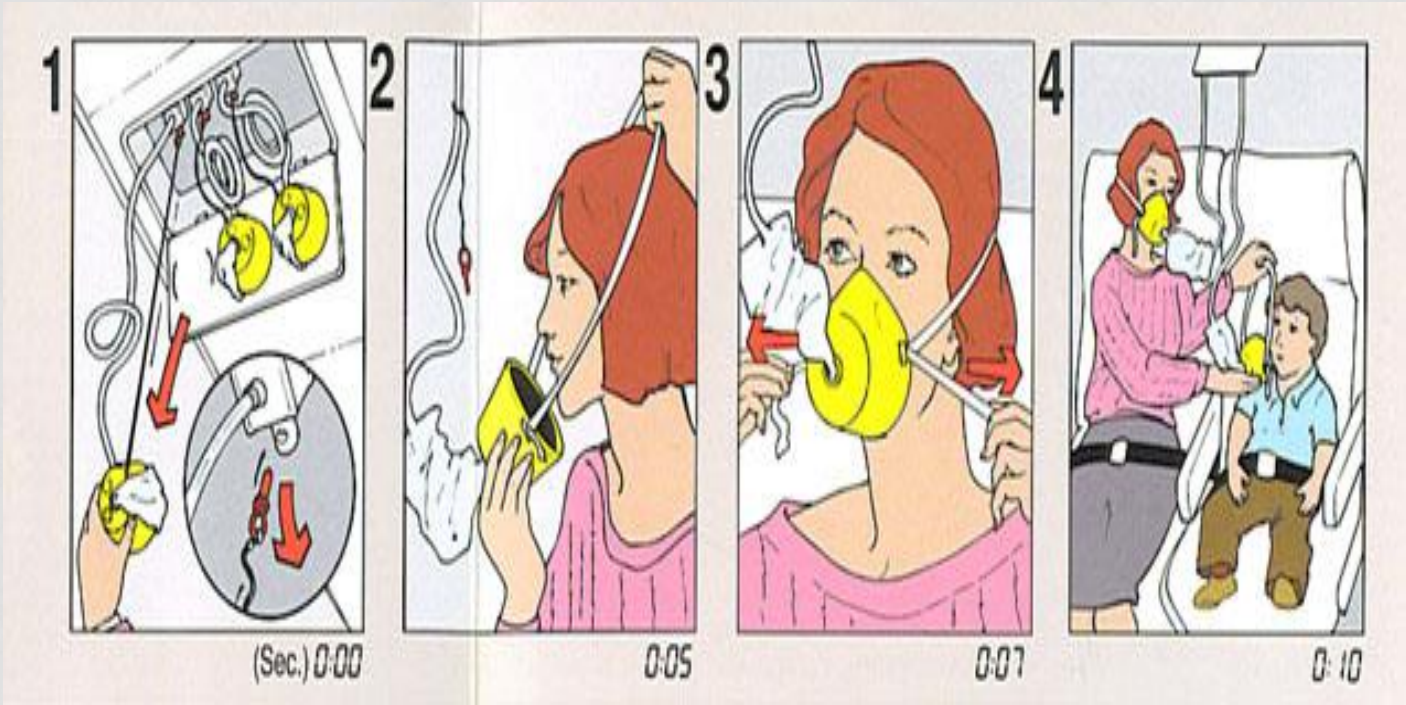
GOALS OF THE GROUP

→ Learn stabilization skills to reduce being triggered.

→ To take better care of her-/himself

→ More moments for the child with an emotionally available parent:

- affect regulation
- comfort
- shared attention.



24 TOPICS OF THE PARENT GROUP

- Challenges of parenthood
- Understanding trauma symptoms
- Consequences of childhood abuse
- Mentalization
 - Thinking about thoughts and feelings
 - Mentalization protects your children
 - Mentalization fosters relationships
- Trauma triggers
- Window of tolerance
- Coping with feelings
 - Fear
 - Anger
 - Guilt

24 TOPICS OF THE PARENT GROUP

- Core beliefs
- Setting boundaries
- Improving daily life
 - Sleeping
 - Establishing daily routines
 - Healthy eating
 - Relaxation
- Joy and playfulness
- Attune to your child's feelings
- How to offer safety when feeling unsafe

Psycho-
education

Discussion/Peer
support

Exercises

Homework

IS IT POSSIBLE TO INCLUDE FAMILY APPROACH TO GROUP INTERVENTION?



IS IT POSSIBLE TO INCLUDE FAMILY APPROACH TO GROUP INTERVENTION?

- Information evenings- psychoeducation for the significant others.
 - The evening content is planned together with group members.
- Couple meetings (or with a significant other)
 - questions that awoke after the information evening.
 - co-parenting in the focus.
 - Making plan and agreement about purpose of the meeting with the traumatized parent is important!-
"What we´ll talk about in this meeting?"
 - Don´t open issue you have not the time to handle!
- What kind of help the family needs in the future?

FOCUS ON THE FAMILY

- Parental mentalizing: Parent Development Interview (PDI, Slade 2003).
- Dyadic interaction: Marschak Interaction Method (MIM) Video assessment of parent-child interaction
Finnish version: Salo & Mäkelä, 2007.
- Triadic interaction: Lausanne Trilogue Play (LTP)
Fivaz-Depeursinge & Corboz-Warnery, 1999.
→ *"Choose the child you experience the most challenges with presently."*

PARENT DEVELOPMENT INTERVIEW (PDI)- PARENTAL MENTALIZING CAPACITY

The parent's capacity to see the child as a separate person with her/his own thoughts and feelings (The ability to mentalize = reflective function).

- Feelings and thoughts reflects on behavior
- 45 questions about the relationship with the child in every day life.

(Slade, Aber, Berger, Bresgi, & Kaplan, 2003)

PDI-SEMISTRUCTURED INTERVIEW

- Experience of being a mother /father
 - *Tell me about a situation or moment from the last week or two where you felt really angry as a parent.*
 - *How did you act in it? How did you cope with your angry feelings?*
 - *What kind of an effect might these feelings have on (your child)?*
- The parent's family of origin
- Dependence/Independence
- Separations/Loss

USING THE PDI-INTERVIEW WITH TRAUMATIZED PARENTS

- **Fear** of passing parent's own trauma related difficulties on to the child was very common.
- **Hope** to offer better childhood for own children, compared to own childhood, was strong.
- **Shame** of the trauma related difficulties - made it difficult to be such a mother as she wanted to be.
- Difficulties with **difficult feelings**:
 - No connection → "I am never angry."
 - Unpredictable behavior → Guilt.
 - No words or ways to handle difficult feelings → Helplessness.

USING THE PDI-INTERVIEW WITH TRAUMATIZED PARENTS

- The PDI- interview was less stressful than I thought it would be beforehand (although it was stressful).
- It is useful to **take time** and **focus** on the thoughts and feelings about the parenting and the child.
→ It helped the parent to think about everyday life from the child's point of view.

"Maybe I should spend more time with her."

"I never thought about that incident from this standpoint."

- It helps to understand the parent's difficulties from the perspective of her own childhood experiences.

IS IT POSSIBLE TO INCLUDE FAMILY APPROACH INTO GROUP INTERVENTION?

- "Working with triadic issues in a group is difficult."
(Powell, 2015)
- LTP addresses family interaction, alliances, dyadic and triadic issues.

MONICA HEDENBRO



- Family Therapist
- Supervisor and teacher in family therapy and child development with a special focus on child psychiatry.
- Training and supervision of LTP (Lausanne Trilogue Play)
- Produces films of child development and family interaction.
- Researcher at the Karolinska Institute, Department of Child and Youth Psychiatry.

LTP (LAUSANNE TRILOGUE PLAY) - 4 PART SCENARIO

Semi-standardized play situation

"In this exercise we want you to interact together as a family, and follow the instructions for the four separate parts of the exercise."

1. Choose who starts: one parent plays with child, the other is only present.
2. Parents reverse roles.
3. Both parents play together with child.
4. Parents talk together, child only present.

LTP (MAFI, MONICA HEDENBRO)

- How do family members negotiate when moving from one task to the next?
- Are they all in their roles?
- Is there emotional connection between the family members? Do they share emotions?
- Are all included in the task?
- Do they all make initiatives?
- Does the third person support or disturb? Does the parent structure and lead?
- Do they take turns?

LTP REVIEWING AS AN INTERVENTION

- Parents easily only remember the bad things and failures in day to day interactions.
- Have pervasive feelings of guilt.
- Do not recognize daily moments and possibilities for developmentally supportive interaction.

LTP REVIEWING AS AN INTERVENTION

Children do not attend.

- Individually tailored.
- Focus on transient moments that show the parent's ability to adequately respond to the child's developmental needs.
- Video clips, still pictures.

VIDEO

REVIEWING THE SESSION- CASE EXAMPLE

- Picking:
 - Always start with a nice picture of the child.
 - Moments of parental structuring and support – with both parents.
 - The importance of the triad for the child maintaining contact by looking.
 - Emotional sharing and connection – with both parents.
 - In this case example we are able to show video clips, not only still pictures!

REVIEW

- Film Clips

USING LTP WITH TRAUMATIZED PARENTS

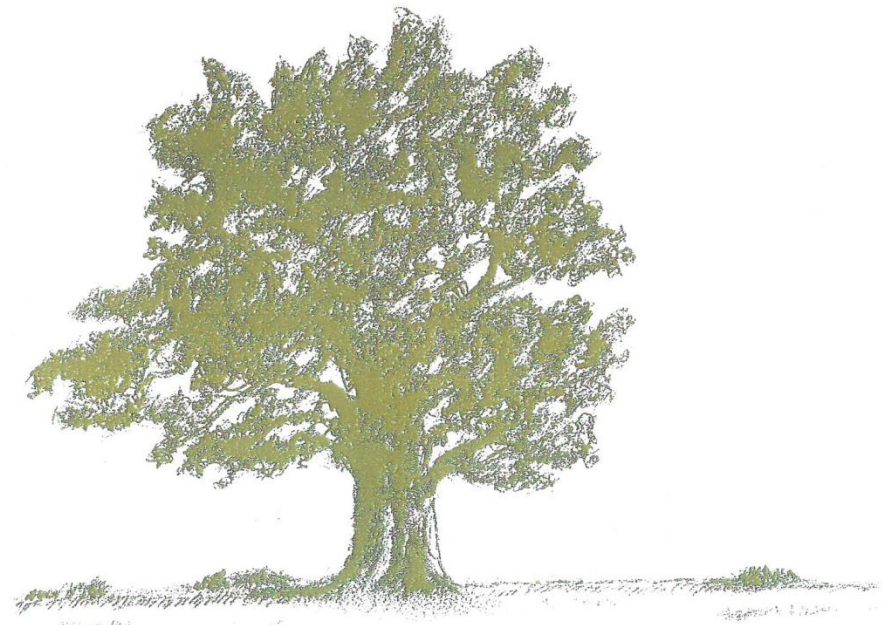
- Cameras and photos can be a triggers
 - It is important that the parent understands the procedure beforehand.
 - Is it ok to watch photos and video clips in the review?
- Takes a long time for the parents to process the idea of coming to the LTP-meeting
 - Shame about the parenting difficulties can be huge
 - Difficult feelings can be overwhelming: Fear, anxiety
 - Difficult to say no:
 - Says yes, but the family never shows up.

Towards a Stabile
Parenthood -
"A parenting
informed trauma
group".

12 Sessions +
follow up.

VAKAUTTA VANHEMMUUTEEN

ENSITIE TOA JA KEINOJA LAPSUUDEN
KALTOINKOHTELUSTA SELVIYTYVILLE VANHEMMILLE



PARTICIPANTS IN THE GROUP INTERVENTION

- 31 mothers: 22 to 52 years old
- 59 children: 0 to 23 years old (did not participate in the group)
- A wide age-range:

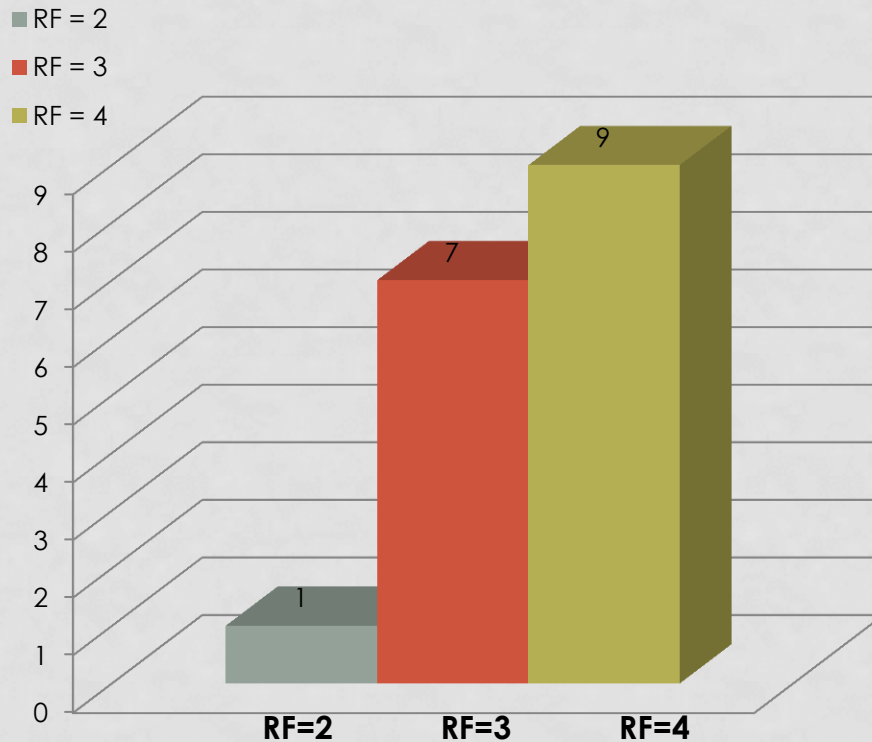
Age of the Child	Boys	Girls	Total
0 - 1	7	2	9
2 - 6	13	12	25
7 - 12	7	7	14
13 - 17	3	5	8
18 - 23	3	0	3
Total	33	26	59

NURTURING PARENTHOOD

30 sessions, conjoint group

- 31 mothers, ages: 22 – 52
- Drop outs: 4 mothers (13 %)
- Completers: 27 mothers (87 %)

- Data being analyzed:
 - Trauma symptoms
 - Parenting



Ordinary RF = 5-6

Trauma sample:
MEAN=3,47, n=17

Prison samples: M=
3,59, M=3,18 (Sleed
et al. 2013)

Sexually abused
mothers:
M=3,92. (Ensink, et
al. 2016)

ASSESSMENTS

- Trauma assessment: TADS-q, T.E.C., DES, DTS, SDQ-20
- Parenting assessment: PSI, FAD, PDI, LTP, MIM
- Other assessments: ESS, GHQ-36, BDI-II

- Doctors' referral individual weekly therapy

Shared understanding of the usefulness of the group



Thank You!

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