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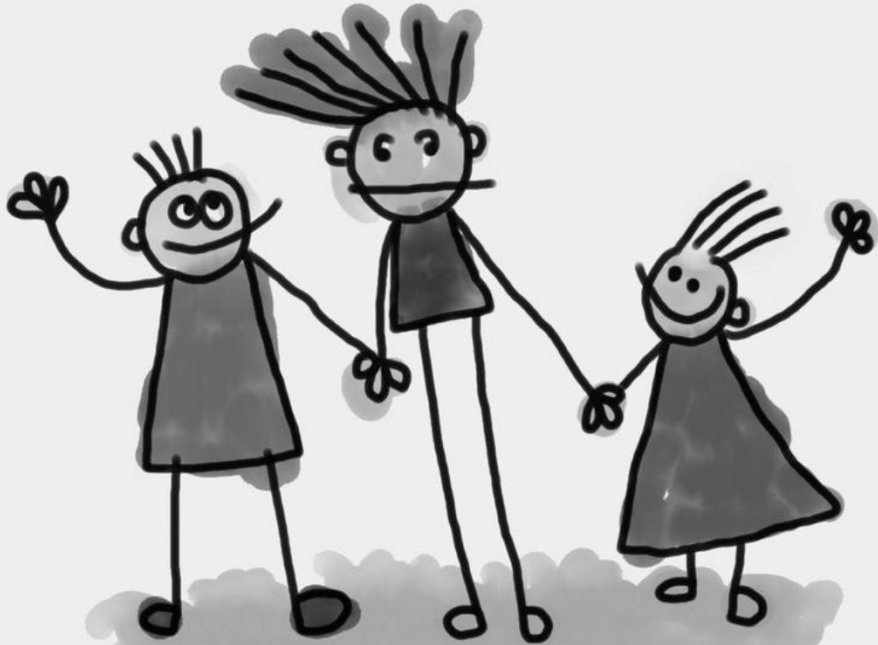
Treatment for Overwhelmed Families Affected by Sexual Abuse

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Advocacy and Training Alliance, LLC**



As a result of participating in this training, attendees will be better able to:

- 1) Explain three strategies for working with overwhelmed families
- 2) Describe characteristics of effective professionals working with families
- 3) Use motivational interviewing techniques to enhance family engagement and support
- 4) Identify resources and conditions necessary for safe family reunification in the wake of sexual abuse



Let's Create a Definition of Family



How do you define Family?

- Let's use the chat to enter your definition or components of a family
- Do we have a theme?



Family Therapy Defined

A form of psychotherapy that focuses on the improvement of interfamilial relationships and behavioral patterns of the family unit as a whole, as well as among individual members and groupings, or subsystems, within the family. (American Psychological Association, n.d.)

All kinds of treatment forms exist out there

Most treatment models will fit into a family dynamic

Looks at more of fixing the issue rather than treating the symptoms

System focus – allowing for clinical attention at all levels of the organization of behavior, from the individual, to the family, and to the community.

Family therapy models vary enormously in terms of length, past versus present orientation, techniques used, and treatment goals.



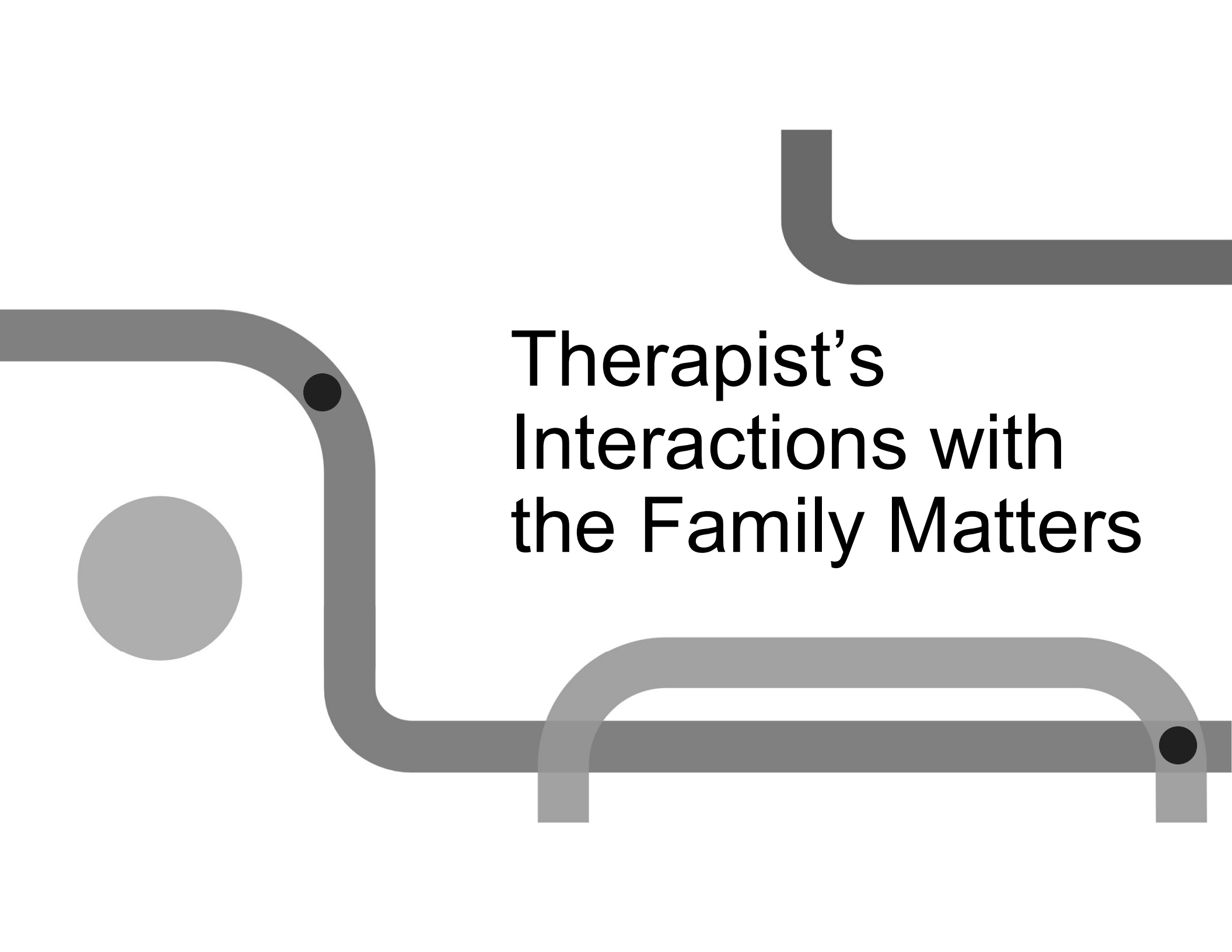
What is the Focus of Family Therapy?

- Best when family decides, but how does that work when the court is involved?
 - Family
 - Court
 - Youth
 - Sexual abuse behaviors or all the other behaviors or everything?
- What if the individual(s) are also in need of individual therapy, can one person do it all?



Family Therapy is NOT Parent/Caregiver Therapy

- Family Therapy – maybe better explained as Family Engagement
 - We need to explain to parents/caregivers that our goal is the WHOLE family to function better
 - We are NOT here to address the parent/caregiver past.
 - We are NOT here to “catch the parent” in something illegal
 - We are here to improve family:
 - Communication
 - Safety / Boundaries / Consent
 - Relationships
- Reassuring if parents/caregivers want more than we can do, we can make a referral for their own treatment work

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Therapist's Interactions with the Family Matters



Self Care Matters

- Therapists need to take care of self to take care of others
 - Airlines know what they are saying, oxygen masks on self first
 - One thing a day for yourself
- Plan for the expected and unexpected
 - We are going to talk about sex
 - What is your agency plan if you experience an exposure/victimization
 - What is therapist's plan if you experience an exposure/victimization
- We teach through examples – what better way for the family to see that self-care is important



What Therapist Say and Do Matters?

- Paperwork – Productivity Focus
- Focusing on “court expectations” and not what family needs
- Just doing my job
- Leave our stuff at the door
- Boundaries
 - physical, emotional, mental safety
 - work phones, texting, and emails
- Compassion
 - Empathy

Mind Full, or Mindful?





Therapist Needs To Consider

- **Denial** of sexually harmful behavior (or any negative behavior) can negatively influence a family's motivation
 - Three Truths – Mine, Yours, and the Truth – Find your compassion for their story
- **Cultural considerations** – could be constraints about discussing sex OR religious beliefs OR cultural practices clash with society/personal values or beliefs
- Individuals with cognitive delays may have lower levels of motivation to change and struggle to recognize the benefits of change



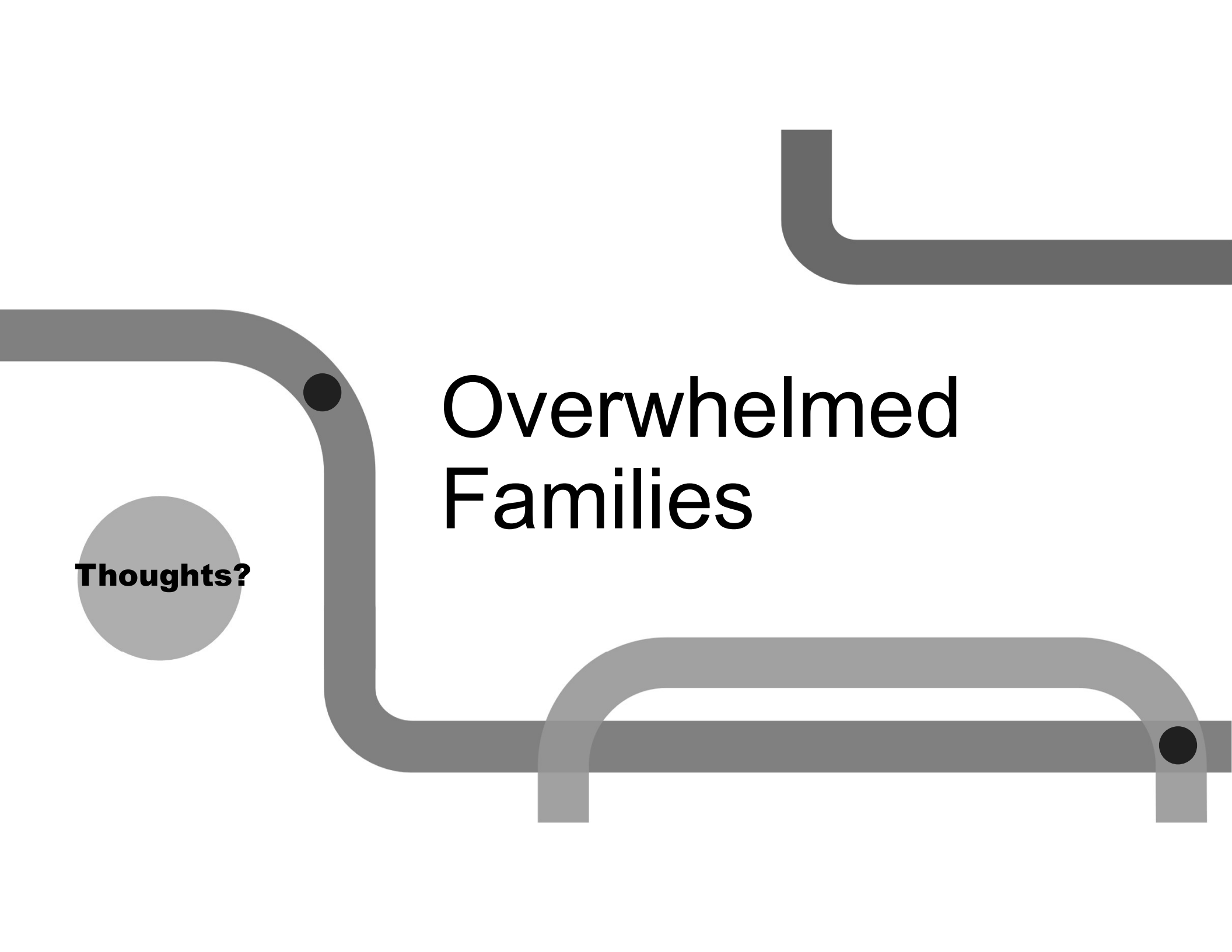
Therapist Needs to Be

- When working with family a clinician must be **patient, empathetic, and reassuring.**
 - Clients have experienced trust violations, security concerns, and lack of healthy connection with caregivers
 - youth enter programs unwillingly
- All providers can struggle with resistance, denial and addressing sensitive topics which causes a provider to react negatively



Keys to Engaged / Involved Caregiver

- Research has shown that a therapist who is
 - Supportive
 - Nonjudgemental
 - Trustworthy
 - Knowledgeable
- Is Successful with the family.
- But more important is that the Family is Successful!

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Overwhelmed Families

Thoughts?



Causes of Overwhelming?

- Sex – Ethics – Children --- Need we say more?
 - Stigma
- Systems- How many systems are involved with the family?
 - How much are they missing work?
 - Fear of the System



Causes of Overwhelming?

- Safety Planning
 - What new rules are there?
 - Court orders?
- Treatment Requirements
 - Costs to attend
 - Transportation
 - Uncovering of kept secrets (or fear or)



Causes of Overwhelming?

- Denial
 - Parent Denial
 - Youth Denial
- Court Impacting the Denial
- Therapists Impacting the Denial
- Denial or Ambivalence? (more on this later)



Causes of Overwhelming?

- And Let's Not Forget about "Normal Life"
 - Cost of groceries
 - Job stress
 - Raising a child stress
 - Money
 - School
 - Others?



What did we miss?

- Is anyone overwhelmed by the family stories?
- Did we miss anything that you have experienced as it overwhelms the family?
- And sometimes when we think we have heard it all, something else then overwhelms the family.



Volunteer or Court Ordered

It matters how the families found us:

Some families are **seeking** services

Some families are **told to** do services

Some families **don't show** up, yet the youth does



Strategies for Family Therapy Focus.1

- **Boundaries** established
 - For sessions – allows us to be a role model of healthy relationship
 - For Families and Therapist – what are the treatment goals/rules
- Family is the Expert
 - Listen to them, no like really listen!
 - Protective Factors, what do they have that is positive and going well?
 - What is their story?



Strategies for Family Therapy Focus.2

- **Improving Communication Skills**
 - We need to explain to parents/caregivers that our goal is the WHOLE family to function better
- Create time to address crisis, focus is for treatment goals
 - How best to get family in a position to best support/supervise/own the safety for the children in their home.
- Motivational Interviewing
 - (yes, this is part of family treatment, more on this later)



Strategies for Family Therapy Focus.3

- **Support the Family**
 - Who can help? Informed Supervisors
 - What does the family need?
 - Education on parenting skills, safety needs, and social development
- **Self-Care**
 - How can we help families relax, enjoy down time, manage the stress?



What works for you?

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Motivational Interviewing for Families



Therapist Skills vs MI Skills

- 8 characteristics of a more effective therapist:
 - Accurate empathy
 - Hope
 - Positive regard/affirmation
 - Acceptance
 - Shared goals
 - Evocation
 - Offering Info and advice
 - Genuineness
- And all these are foundational elements of Motivational Interviewing



Person Centered/Family Centered

MI is person centered equates to talking to a person first, then the rest of the system, diagnosis, problems are second

MI is used within Best Practices, it is not meant to stand alone



Your Biggest MI Struggles are?



Spirit of MI (PACE)

- Attitude in which MI was developed
 - **P**artnership – Family/Individual is the EXPERT
 - Dancing together to find direction
 - **A**cceptance – nonjudgmental
 - **C**ompassion – Intentions to give priority to the family/individual growth
 - Intent to alleviate suffering and support positive growth
 - Prime directive is the best interest of the person who we are helping
 - **E**mpowerment – Giving what the person did not have before
 - People already have what they need within them, our goal is to evoke it
 - Looking for positives, opportunities, competence, and assets



PACE in a Different View

- Partnership – More like the family is the expert, I am the humble guide
 - Acceptance – their story, their truth. Not my job to challenge
 - Compassion – Sitting and suffering with the family
 - Empowerment – The end result!
-
- We go to the intellect of the individual as the trauma has cut off feelings. The body keeps the feelings and emotions.



Spirit of MI (PACE)

- This is about the therapist
 - How the therapist approaches the individual/family
 - How the therapist shows up for the individual/family
 - Emotionally – Physically – Mentally
- Therapists are not the Heroes, we are the GUIDE to help the individual/family on their path of growth and change



Your PACE vs Court PACE

- What happens when the court is involved?

PACE from courts feels different than the PACE of a therapist – yet some courts are MI trained



Denial or Ambivalence

Denial is defined as a way for the mind to protect itself from something overwhelming or comfortable. It is a coping mechanism.

Ambivalence is simultaneously wanting and not wanting it. This is normal and is not resistance.

How are these two words mixed up in regards to sexual behaviors?
How are these two words mixed up when we speak of teenagers?

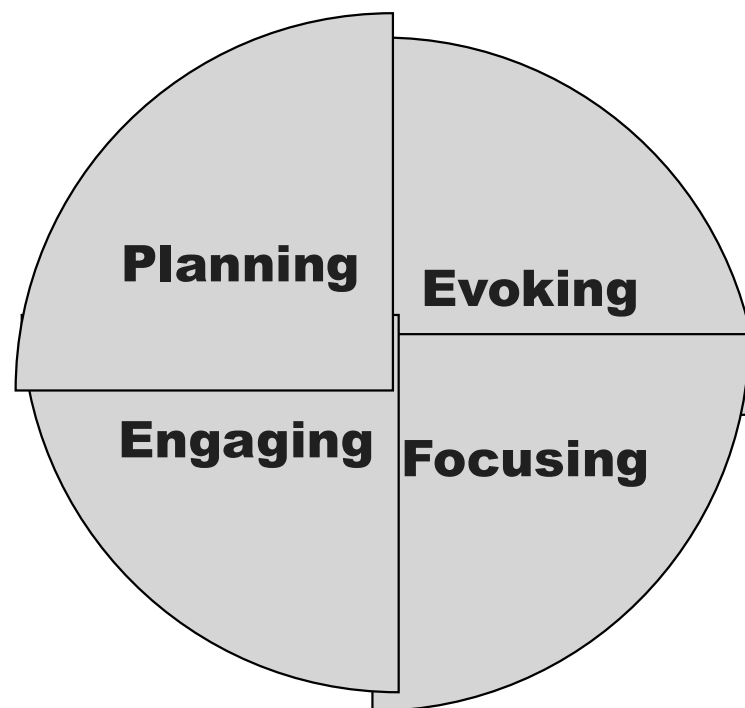


Four Key Tasks with MI

This is a Process

Each of them are individual yet not in a specific order.

We meet them where they
Dream – change talk is about
hopes and dreams!





Parent/Caregiver: “Can we walk together?”

- How do we **engage** a Parent/Caregiver?
 - Listening well – wanting to know someone else's perspective; giving your full attention
 - Mirroring – temporarily suspending your opinions, knowledge, and perspectives, and focusing entirely on understanding someone else's meaning; you “mirror” back the person's affect, pace, hand gestures, and wording
 - You are interviewing to know the person better, not giving advice or having a back-and-forth discussion
 - Working Alliance
 - Establishing mutual trust and respect, agree on goals, collaborate on mutually agreed tasks to reach those goals



Parent/Caregiver : Where are we going?

- How do we help a parent/caregiver **Focus**?
 - Conversations are directional, purposeful, moving towards intended outcomes
 - What is to be achieved?
 - This is defined by many people when court is involved; setting collaborative goals is imperative
 - NOT just doing the paperwork to get to goals, but what is the conversation/story the family is sharing
 - MI does not have prescriptive goals, they are individualized



Parent/Caregiver: Why would you go there?

- How to does one evoke change? Support the Ambivalence!
- Arranging your conversation with the family so that they see/hear the advocating for change in a positive light
- This is where we hear change talk or sustain talk.
 - Yes, but, maybe, I just don't know....
 - Silences speaks loudly here
- Asking certain questions to reflect, affirm, and summarize



Parent/Caregiver : How will you get there?

- How does one **plan** to make changes?
 - Cannot plan until the person accepts it (change)
- How and Why are often intertwined
- ONGOING process – starts day one of treatment in goal setting with engaging
- Plans do not end treatment – this is where the PRACTICE is



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MI: Engaging Parent/Caregiver with OARS

Open Ended Questions

Invitation to talk **vs** closed questions asking for a specific piece of information

What are examples of open questions that invite clients to talk?

Affirming

Recognition of a person, their feelings, or opinions are valid and worthwhile; decreases defensiveness and increases openness

- 1). Simple (something specific)
- 2). Complex (comments on an enduring strength or admirable attribute)

Reflecting

explore client's feelings and thoughts to provide a better understanding of the situation or belief

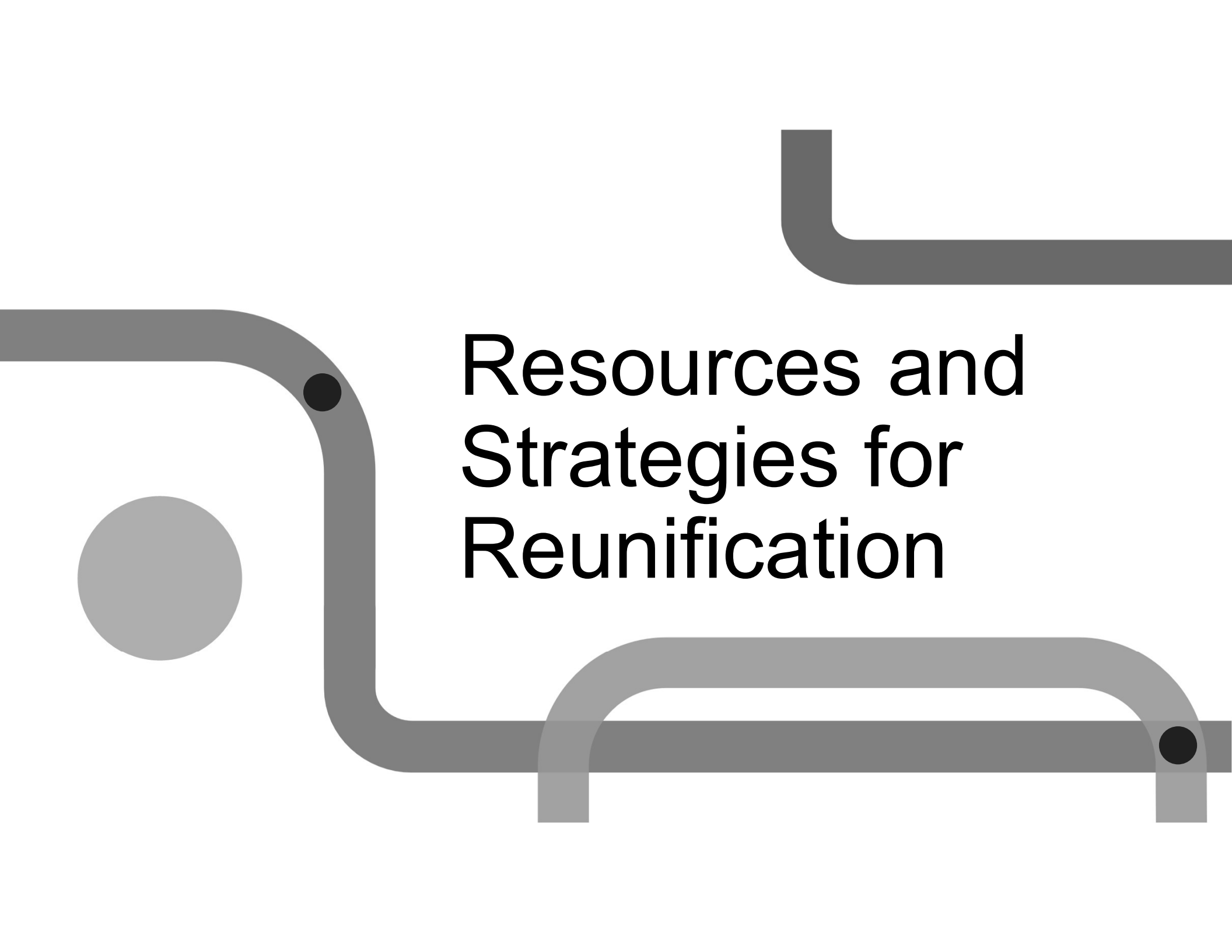
- Simple – use the client's words or similar words and say back what they said
- Complex – additional or different meaning beyond what the person said; a guess to what they have meant

Summarizing

recounting several things you heard

"Here's what I've heard so far, and let me know if I've missed something important..."

You can have mini summaries during the conversation and then a big summary at the end

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Resources and Strategies for Reunification



Safety Planning for Sexual Behaviors

- ***OUR*** Approach Matters
- Motivational Interviewing
 - Not directors
 - Not following
 - Establish a rapport first and explore thoughts, beliefs, situations, impulsivity, feelings, etc. BEFORE going to disclosure
 - We ARE evoking – ideas, desires and values for making a change
 - We ARE ***GUIDING***
 - Walk alongside, not in front or behind
 - Help a person to get where they want to go safely
 - Ideally with mutual respect



Clarification vs. Reunification?

Clarification Process:

- An ongoing process for the family to talk about the harm caused and the impact on everyone within the family system
- Face to face sessions or other available options
- In a safe environment
- With professionals to assist in discussions and safety planning needs
- Based on all ages of those involved

Reunification Process:

- Systematic and therapeutic process of bringing a family back together
- May include one or multiple individuals living outside of the nuclear family
- Usually entails incremental visitation, starting with supervised and working towards extended in home visits prior to a child returning to the primary residence.



So this means what?

- Clarification does not equal reunification
- Reunification does not equal clarification
- It is a process- clarify, update safety plan, reunify, update safety plan, clarify, reunify more, update safety plan, reunify more, clarify more, and on and on and on... and on and on throughout life stages





Nonnegotiable

- Clarification (on some level) must happen prior to reunification
- Why?





Attending to the Family- They are the Expert!

- Families know more about themselves than we will ever know about them – tap into that resource
 - Help to find competencies
 - Help to find strengths
 - Help to find protective factors
 - Help family to look at and begin talking about their vulnerabilities and risk factors



Attending to the Family : Loss

The families are at a low/loss/confused/overwhelmed when they show up.

Loss of normalcy – and this brings fear



About Loss: Parent's

- What is happening to my kids!!
- What did I do wrong?
- How do I protect them?
 - The victim
 - The youth who caused harm
 - Balancing protection
- Can I trust these people?
- What does this mean about me?
- What can of trouble am I in?
- What do you know, you don't have kids!
- Will we be normal again?



About Loss: Youth/Children

Survivor – Victim – Other Youth

- What have I done to my family?
- Is it my fault?
- Will anyone forgive me? Am I forgivable?
- When will everything be normal?
- Why me?
- Is he angry at me? Is everyone angry with me?
- Leave me alone, leave us alone!
- Where is everyone?

Youth Who Caused Harm

- What have I done? I've done it now!
- If my parents find out?
- Why did she tell?
- Will they find out the other stuff?
- Am I going to be locked up forever?
- What's the best way to deal with all this?
- Will anyone find out?
- Will I have to be on the registry?



Attending to the Family – Empathy

- Helps a family to feel understood
- Encourage the family to tell their story on a more intimate level
- Demonstrate compassion
- Allow the family to gain a better understanding of themselves
- Empathy helps to find strengths and resiliencies in the family



Attending to the Family – Pain

- We are asking the family to attend to their pain
 - in an emotionally, mentally and physically safe environment
 - important that the family knows what to expect from this process
- Be prepared to answer questions, and more questions, and sometimes just sitting with the family in the pain



Healthy Developmental Understanding

- Psychoeducation
 - Hope sales person – Recidivism is 3% (Caldwell, 2016)
 - Neurodevelopment – Youth brain is still growing
 - Sexual Development – Sex is part of life, hormones, etc.?
 - Sexual Education – Consent, Boundaries, Respect, Family Values and Beliefs



Retraining is important....and Hard

- Socialization
- Healthy coping
- Trauma Focused Cognitive Behavioral Therapy

- Behaviorism
 - Abstinence
 - Aversion
 - Masturbatory retraining



A Safety Plan is what?

- In treatment to move away from no, can't, don't ---- to do, assist, and keep safe
- Easy to say no, but let's look at PROTECTIVE factors
- Examples

Our brains like to be told yes, respond and relearn!





Safety Dynamics

- What are they doing already to be safe....
- REMEMBER – they have kept them alive! Let's give them credit!
- Safety plans are NOT relapse plans, we are planning prosocial, protective activities for the youth to engage in.



Kid Behaviors That Have Plans Already...

- Pushing kids down on playground
- Calling names
- Bullying
- Fighting
- Feeling left out
- Siblings being mean
- Step being evil

How do we help our family
translate these plans of
keeping child safe to
plans for sexual safety –
at all ages,
not just now as the
system is making them



What should be on a safety plan?

- IT DEPENDS



Safety Plan for Technology

- Start where the internet comes from
 - Router
 - Wi-Fi
 - Device
 - Within the App
- Treat technology like it is 1989



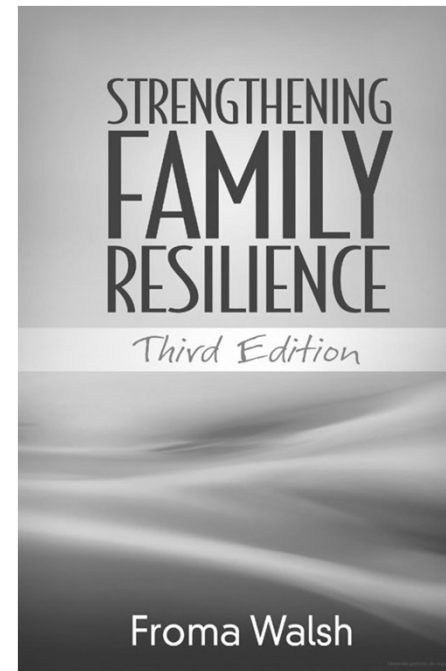
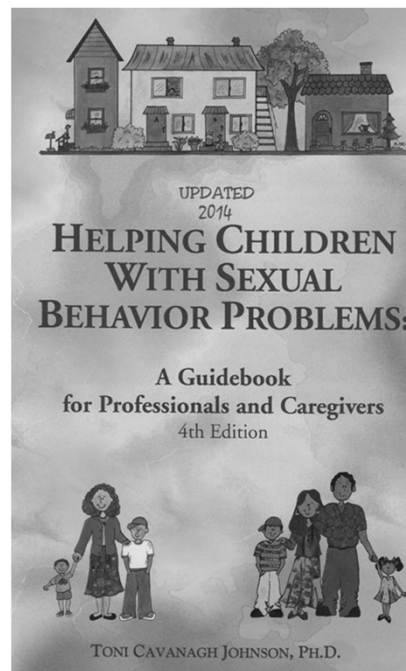
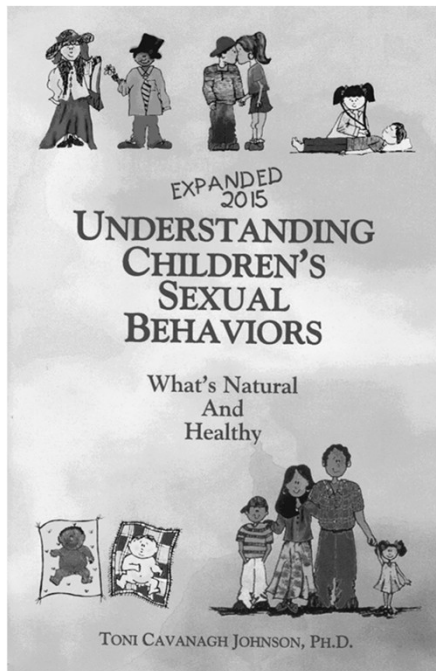
Important Fact - Safety Plans

Safety plans are not static – they are a fluid and dynamic process that evolve over time – the original safety plan created at the onset of treatment should not be the safety plan that is in place when treatment is successfully completed.





Book Resources



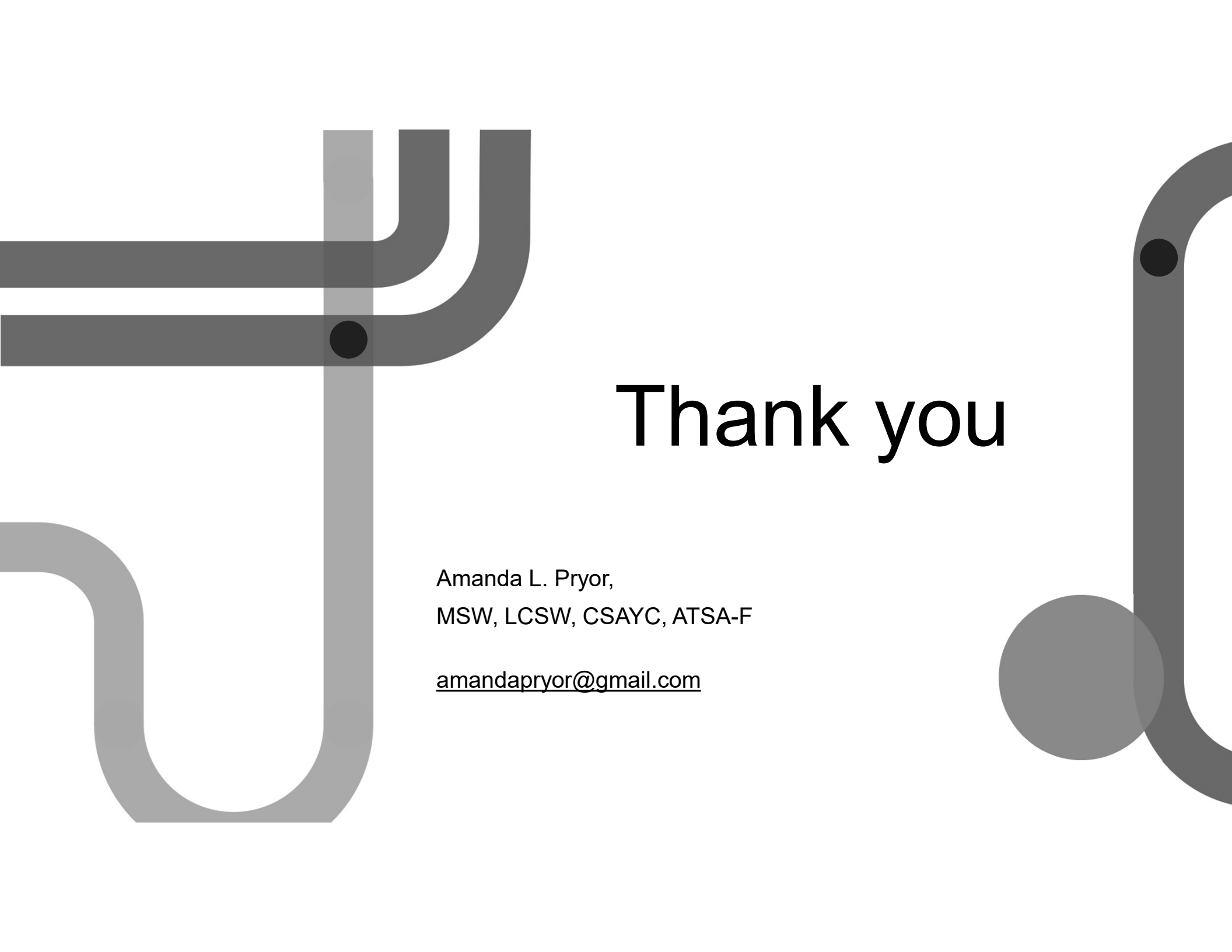


Web Resources

- ATSA.com/learn/adolescents
- Commonsensemedia.org
- Themamabeareffect.org
- Digitalbirdsandbees.com
- Stopitnow.org
- Whatsok.org
- NCSBY.org



Conclusion

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Thank you

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