The Family Cycle: A Framework for Mentalizing Complex Trauma

Theoretical Underpinnings

Attachment

The Family Cycle is based in attachment theory. According to attachment theory, children who experience sensitive-responsive caregiving will, over time, internalize a sense of the attachment figure as responsive and available and of themselves as worthy and lovable; these children are described as able to develop a secure internal working model of the self and other (see Bowlby, 1969; Schore, 2000).

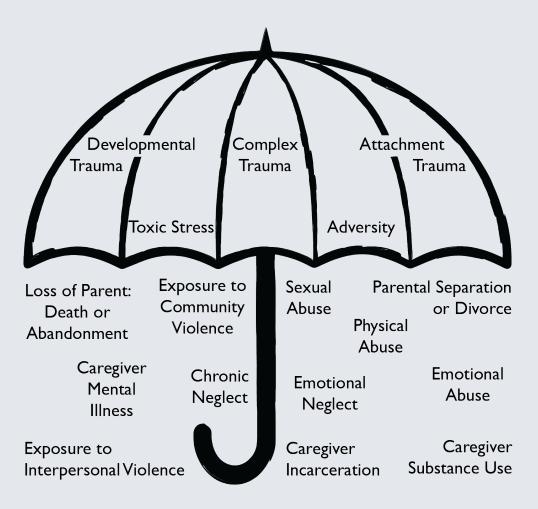
In contrast, children who have experienced insensitive parenting develop an insecure working model. They are more likely to see themselves as inadequate, unlovable and in some cases, unwanted.

What is Complex Trauma?

The experience of trauma in the context of what should be a safe and comforting relationship. Such experiences not only profoundly distort development, but also shatter the individual's sense of trust and meaning.

Related terms are **Developmental Trauma** and **Attachment Trauma** - These terms refer to the kinds of difficulties seen in individuals who have experienced ongoing, continuous trauma across a range of developmental periods, often at the hands of attachment figures or other close family members

Umbrella and Interrelated Concepts



What We Know About Trauma

- Trauma does not automatically cause PTSD (25% risk),
 violation/degradation/betrayal increases risk to 50-75+%
- Trauma is an Epidemic 60% of Adults and 50% of Children in the US
- Trauma is almost universal for boys (93%) and girls (87%) in the JJ System
- Trauma increases the risk of further trauma (most survivors have at least 2 distinct traumatic experiences)

For Traumatized Children

- World is punitive, judgmental, humiliating and blaming
- Control is external, not internalized
- People are unpredictable and untrustworthy
- Defend themselves above all else

Believe that admitting mistakes is worse than telling truth

Epistemic Mistrust

An inability to trust others as a source of knowledge about the world.

Frequently characteristic of individuals with complex trauma.

Often connected to a misattribution of intention and the assumption of malevolent motives behind another person's actions.

The Theory of Change

- Mentalizing Self the child's ability to name, narrate and make sense of early (and often traumatic) relational experiences increases their ability to regulate their emotions
- Mentalizing Other the parent's ability to name, narrate and understand the child more clearly, improves the parent-child relationship
- Improving the parent-child relationship will decrease negative behaviors

Mentalizing Goals for the Parent

Attention - For the parent to become curious about the child's behavior, a parent first needs to pay attention, stepping back to watch, listen, and be curious about the child

Perspective-taking – Instead of assuming that the child sees the world in the same way as her parents, the parents try to step back and imagine how the child may be seeing things.

Providing empathy – This involves imaginatively standing alongside the child, showing that you are able to connect with their experience of an event

Midgley, N., Ensink, K., Lindqvist, K., Malberg, N., & Muller, N. (2017). Mentalization-based treatment for children: A time-limited approach. Washington, DC, US: American Psychological Association

A Mentalizing Stance

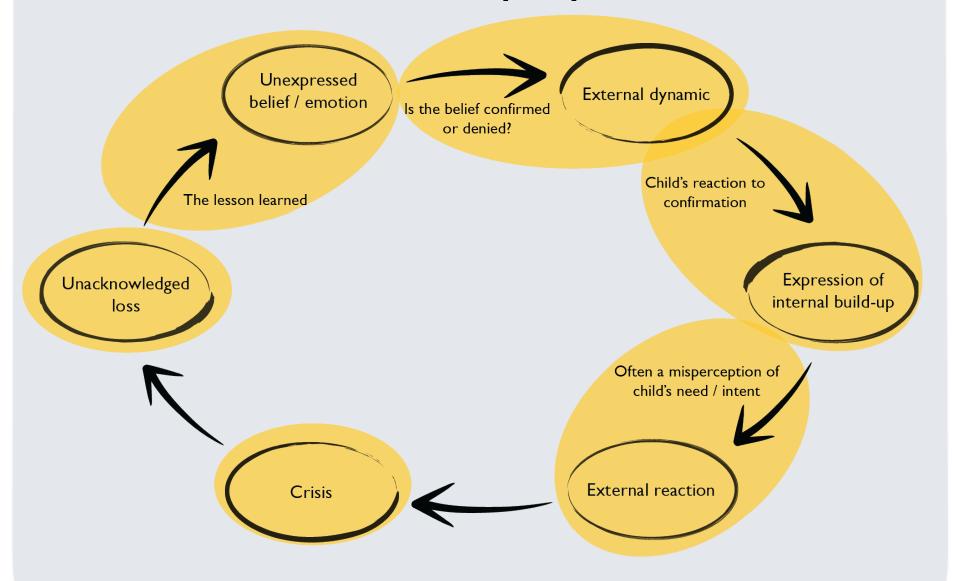
- Instead of trying to control behavior, try to make sense of it
- Instead of trying to stop behavior, try to understand its causes
- Behavior as a communication
- Instead of assuming, wondering

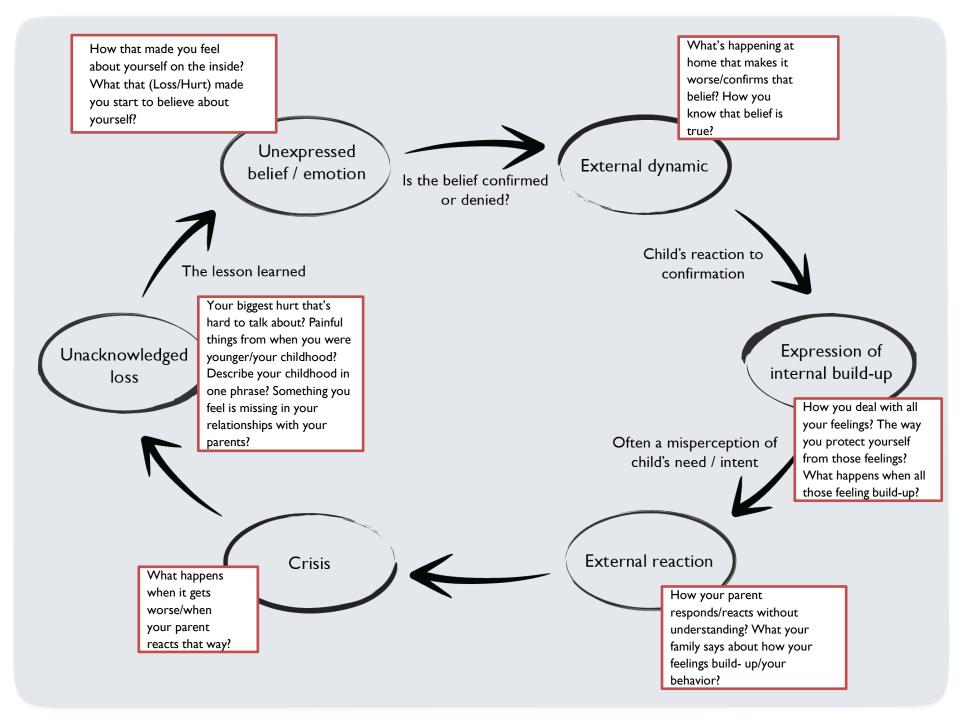
Overarching Goals

BEING SELF-AVVARE	Identifying emotion, controlling impulses		
FLEXIBLE THINKING	Emotions regulated, paying attention, thinking about thinking and feeling		
THINKING WHILE FEELING	Empathy, support and attunement		
CURIOUSITY	Clarification, elaboration and challenge		
DIALECTIC	Highlighting alternative perspectives		
INTERPRETIVE	Helping children put their thoughts and feelings into words		

The Family Cycle

The Family Cycle





Several Ways to Approach the Activity

- I. Have parent and child complete the activity separately with their individual clinician and bring the two versions together in a family session to compare/contrast
- 2. Complete with child in individual session and have child present it to parent in family session
- 3. Complete with parent in individual session and have parent present it to child in family session
- 4. Team completes FC draft and child's therapist presents it to child incorporates any feedback and then therapist and child present it to parent in family session
- Team completes FC draft and child's therapist presents it to child and if c child approves, team presents it to parents. Then FC is brought to family session for discussion

Case Presentation

Elijah Warren

Age 12

Race: African American

Referral Source: Subacute 4-6-month residential treatment

Main Problem: Anger leading to aggression

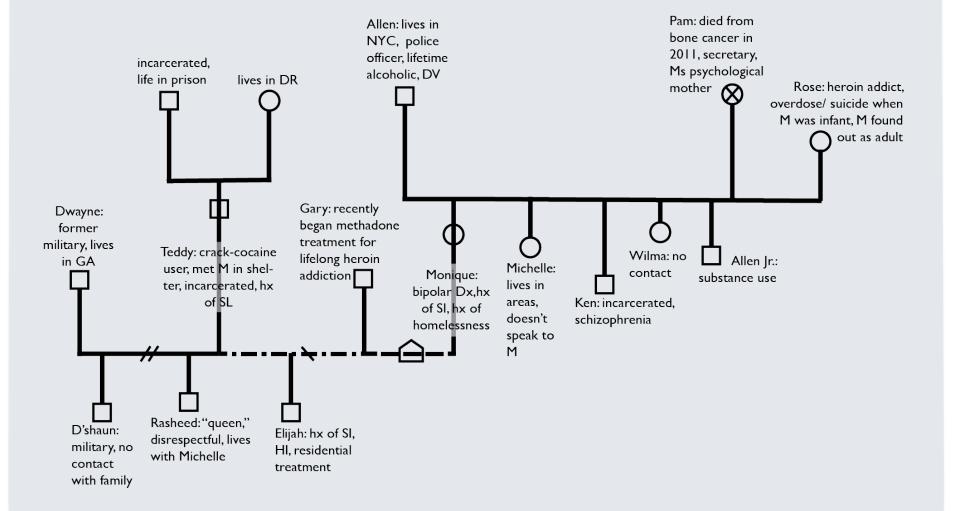
Medication: Concerta, Tenex, Risperdal

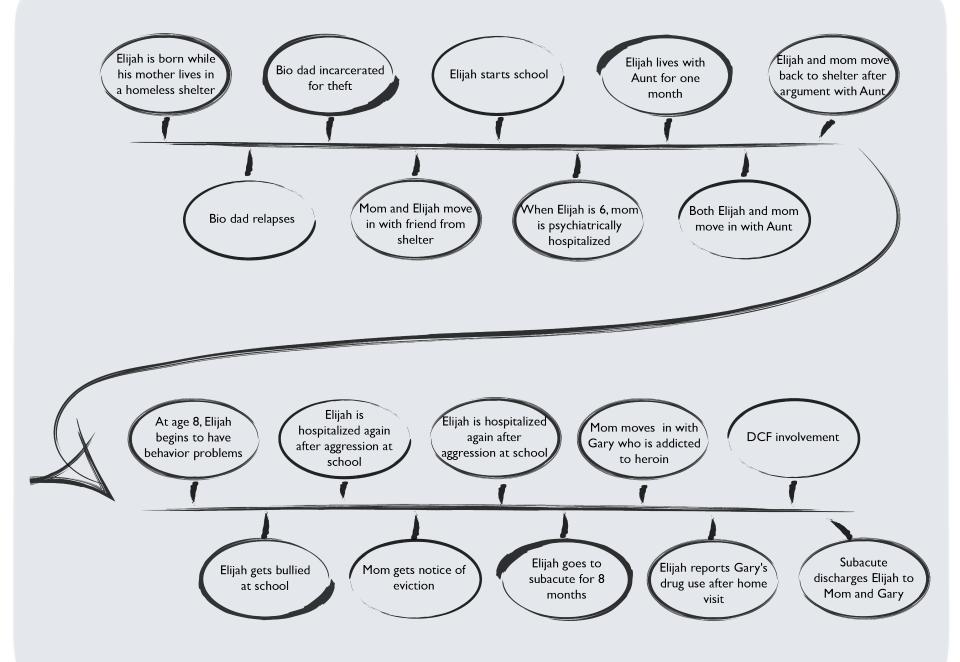
Diagnosis:

- Disruptive Mood Dysregulation Disorder
- ADHD Combined

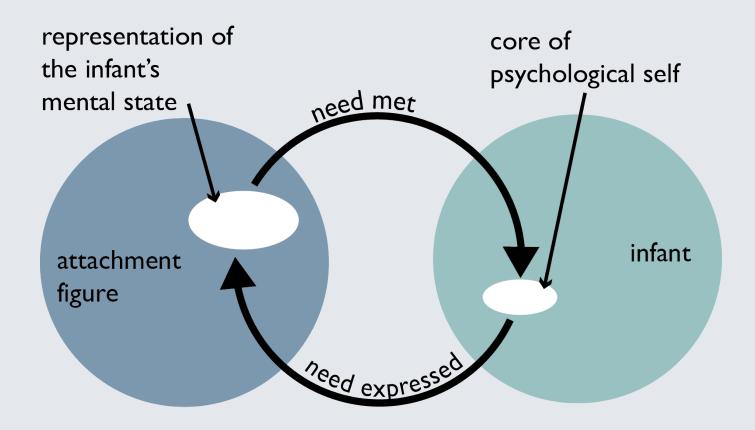
Unacknowledged Loss

Genogram



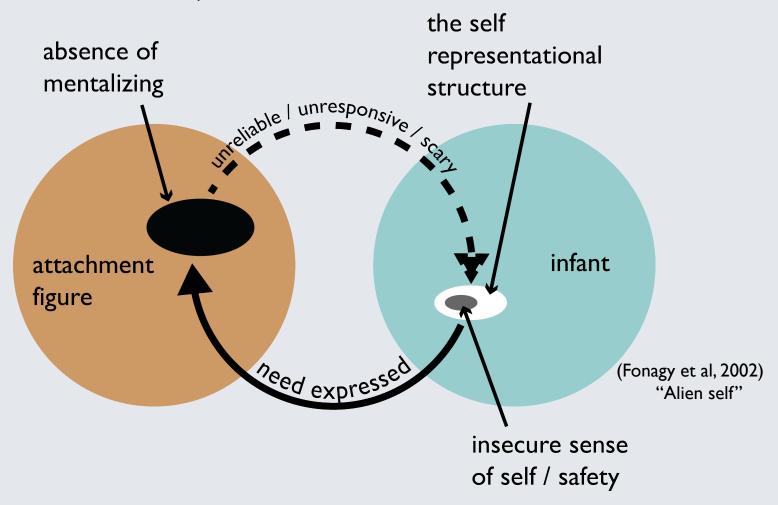


Healthy Attachment

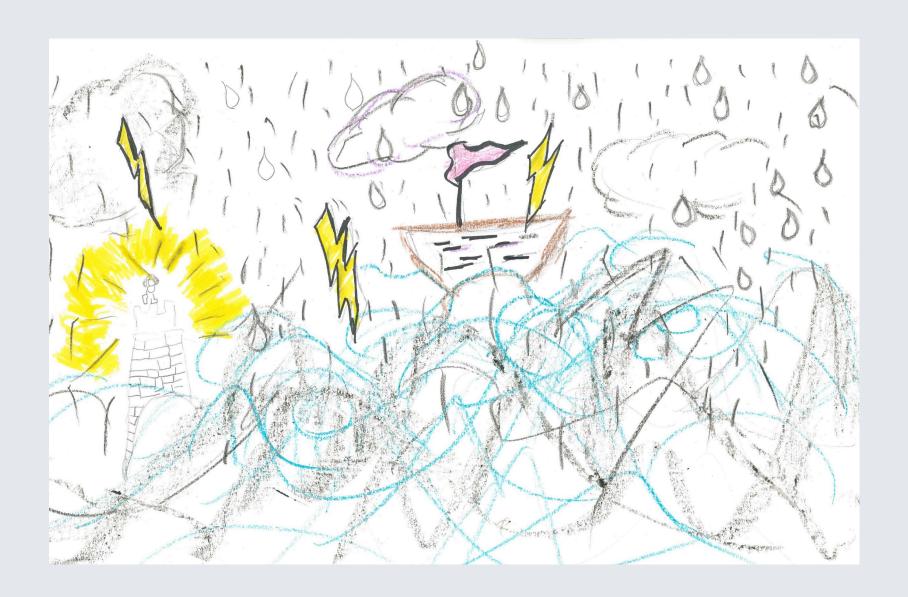


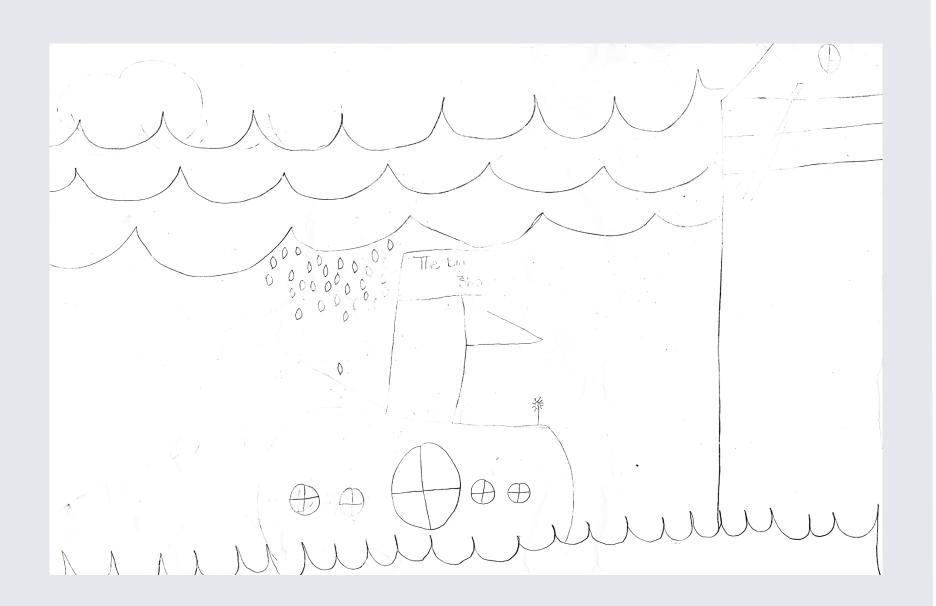
Bateman, A, and Fonogy, P, Introduction to Mentalization, https://www.ucl.ac.uk/psychoanalysis/people/docs/mbt-training-slides-theory

Elijah's Attachment



Elijah has no organized way of getting his needs met.





Unexpressed Belief

Developmental Trauma Disorder

A. Exposure

- I. Multiple or chronic exposure to one or more forms of developmentally adverse interpersonal trauma (abandonment, betrayal, physical assaults, sexual assaults, threats to bodily integrity, coercive practices, emotional abuse, witnessing violence and death)
- 2. Subjective Experience (rage, betrayal, fear, resignation, defeat, shame)

B. Triggered pattern of repeated dysregulation in response to trauma cues

Dysregulation (high or low) in presence of cues. Changes persist and do not return to baseline; not reduced in intensity by conscious awareness.

- Affective
- Somatic (physiological, motoric, medical)
- Behavioral (re-enactment, cutting)
- Cognitive (thinking it's happening again, confusion, dissociation, depersonalization)
- Relational (clinging, oppositional, distrustful, overly compliant)
- Self-attribution (self-hate, blame)

C. Persistently Altered Attributions and Expectancies

- Negative self-attribution
- Distrust protective caretaker
- Loss of expectancy of protection by others
- Loss of trust in social agencies to protect
- Lack of recourse to social justice/retribution
- Inevitability of future victimization

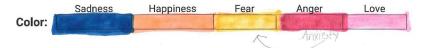
D. Functional Impairment

√ for Agree X for Disagree
The adults in my life keep me safe
When someone loves me, they will not leave me
My behavior makes me hard to love
I always know what I feel
I am a good person
I feel out of control most of the time
It's ok to make mistakes
Love is dangerous
The world is a safe place
No one understands me
It's ok to cry
Talking about my feelings gets me in trouble
I can think of one person who loves me no matter what
I can think of one person who doesn't love me who should
I don't understand why I behave the way I do
When I'm upset it's best to keep it to myself
I am annoying to be around
My parent's never get along
Growing up is a good thing
Parents should hit kids
When something is bothering me it's best to try not to think about it
Love lasts forever
I've caused the bad things that have happened to me

Where Do I Feel?

We can recognize emotions by feeling them in our body. Color in where you feel each emotion.





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External Dynamic

Where Do I Feel?

We can recognize emotions by feeling them in our body. Color in where you feel each emotion.

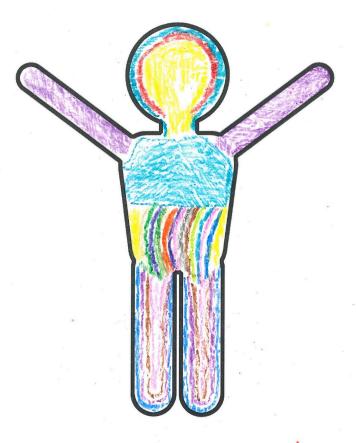


	Sadness	Happiness	Fear	Anger	Love
Color:					
			Anxiet		

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Where Do I Feel?

We can recognize emotions by feeling them in our body. Color in where you feel each emotion.



Sadness Happiness Fear Anger Love

Color:

Anxiety

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Expression of Internal Build up

Effects of Prolonged Stress and Trauma

Attachment: Trouble with relationships, boundaries, empathy, and social isolation

Physical Health: Impaired sensorimotor development, coordination problems, increased medical problems, and somatic symptoms

Emotional Regulation: Difficulty identifying or labeling feelings and communicating needs

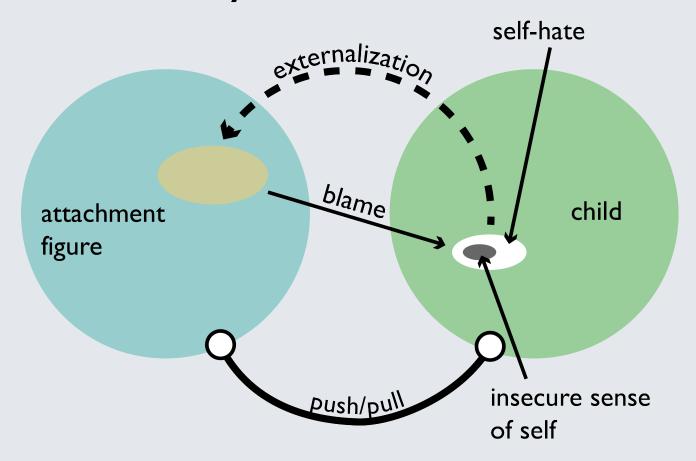
Dissociation: Altered states of consciousness, disconnection, withdrawal, impaired memory

Cognitive Ability: Problems with focus, learning, processing new information, language development, planning and orientation to time and space

Self-Concept: Lack of consistent sense of self, body image issues, low self-esteem, shame and guilt

Behavioral Control: Difficulty controlling impulses, defensive behavior, aggression, disrupted sleep and eating patterns, trauma re-enactment

Theory of Externalization



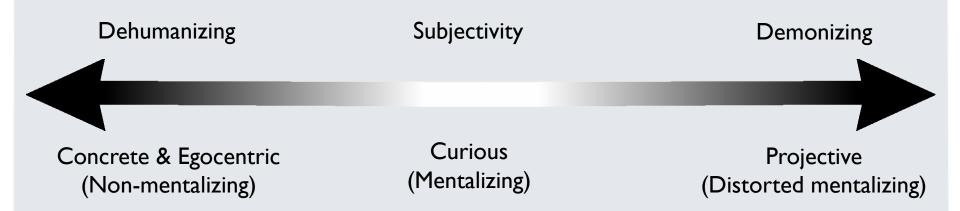
Externalization is used to reduce the experience of the painful emotional state within. This becomes routine means of coping

External Reaction

Behaviors communicate feelings

It is the parent's capacity to respond in a curious, playful, open, and sensitive way to the child (all fundamental to mentalizing) that make the child feel loved, valued, safe, and known.

Failures of Mentalizing



Bateman, A, and Fonogy, P, Introduction to Mentalization, https://www.ucl.ac.uk/psychoanalysis/people/docs/mbt-training-slides-theory

Examples of Monique's Problems With Mentalizing

- Excessive detail to the exclusion of motivations, feelings, or thoughts
- Name calling "lazy, bad, manipulative, greedy"
- Preoccupation with "shoulds" and "should nots"
- Denial of involvement in problem
- Expressions of certainty about Elijah's thoughts and feelings –
 "He's doing it on purpose", "He's trying to taunt me"
- Use of physical threatening

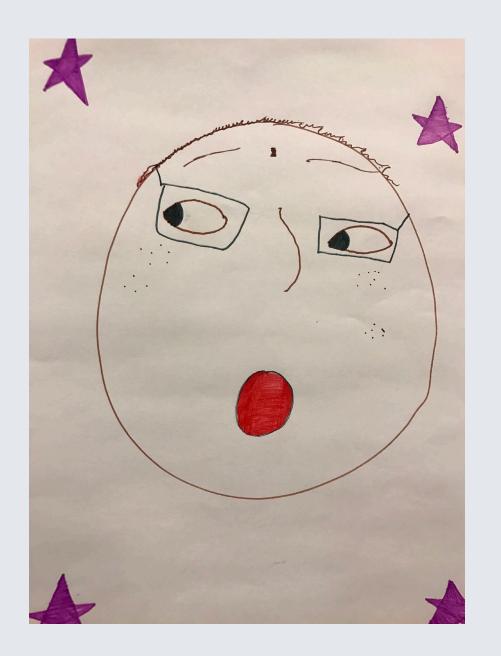
Common Verbal Non-mentalizing Reactions

- Blaming/accusing
- Focus on behavior or diagnosis
- Name-calling
- Threating
- Shaming
- Comparisons
- Sarcasm
- Prophesizing
- Denying feelings

Common Embodied Non-mentalizing Reactions

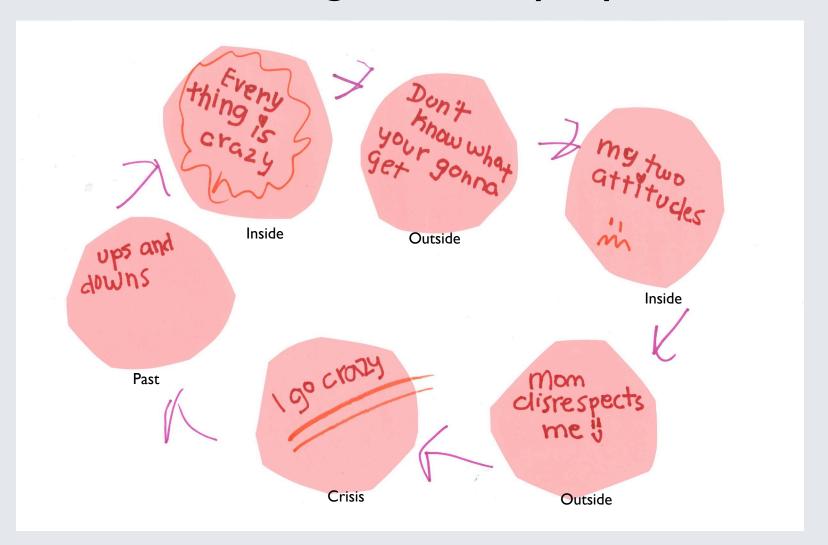
- Physical threatening posturing, pushing, pulling, hitting
- Yelling use of tone and volume
- Ignoring distraction, deliberate refusal to engage
- Emotional absence dissociating, withdrawal, checking out

Crisis



Putting It All Together

Facilitating the Family Cycle



Dear, Mother I feel mad when you always yell at me and half of the time its not me being dispespects. I feel confuse when you sont understand the feeling. Can you help me to know how you feel if I don't know how you feel how are we going to fix the premblem could you help me understand why you think that Imberry dispessed the con you explain the expectations you have for me?

I Love 900, ...

The Parent/Adult Work

Adverse Childhood Experiences

Physical, emotional and sexual abuse

Physical and emotional neglect

Households with mental illness, domestic violence, parental divorce or separation, substance abuse, or incarceration

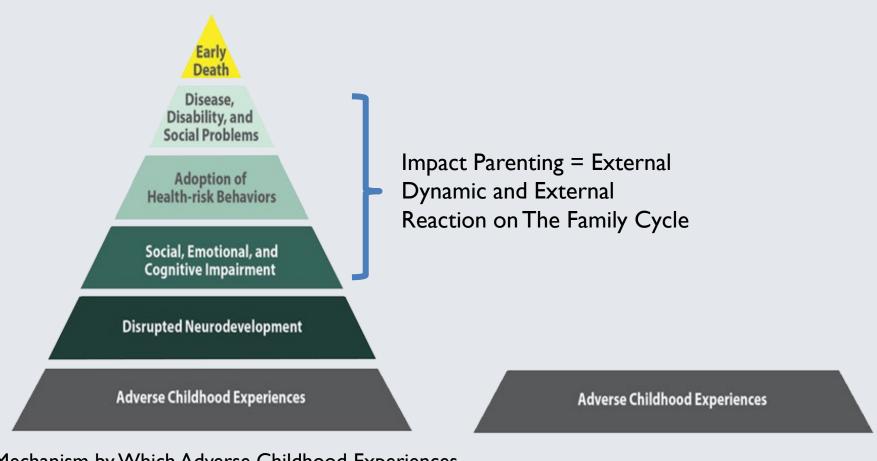
What Studies Found

ACEs are:

- surprisingly common
- still have profound effect 50 years later
- transformed from attachment experience into physical diseases, social dysfunction and mental illness
- the main determinant of the health and social well-being of the nation.
- highly associated with poverty, class, and race. In the US, Black, Hispanic or Latinx and Indigenous American children are most likely to experience ACEs

Research shows...

- A parent's exposure to early trauma is predictive of transgenerational pervasive dysregulation and interpersonal dysfunction (van der Kolk et al., 2005), the behavioral sequelae of which typically appear across diagnostic categories (anxiety, mood, and disruptive behavioral diagnoses).
- Maternal adverse childhood experiences affect and are intimately linked to deficits in mentalizing and reflective functioning capacity, i.e. the attribution of feelings, needs, desires, and beliefs to a child's behavior (Bateman & Fonagy, 2010).
- A parent's capacity to mentalize is essential to fostering a child's ability to cope with especially painful or distressed emotional states (Fonagy, Gergely, Jurist, & Target, 2002; Grienenberger, Kelly, & Slade, 2005; Slade, 2005; Slade, Grienenberger, Bernbach, Levy, & Locker, 2005).
- Low mentalizing capacity in mothers has been associated with disrupted parenting and infant disorganized attachment (Grienenberger, et al., 2005), and the development of anxiety disorders, poor affect regulation, and externalizing behaviors in their children (Camoirano, 2017).



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

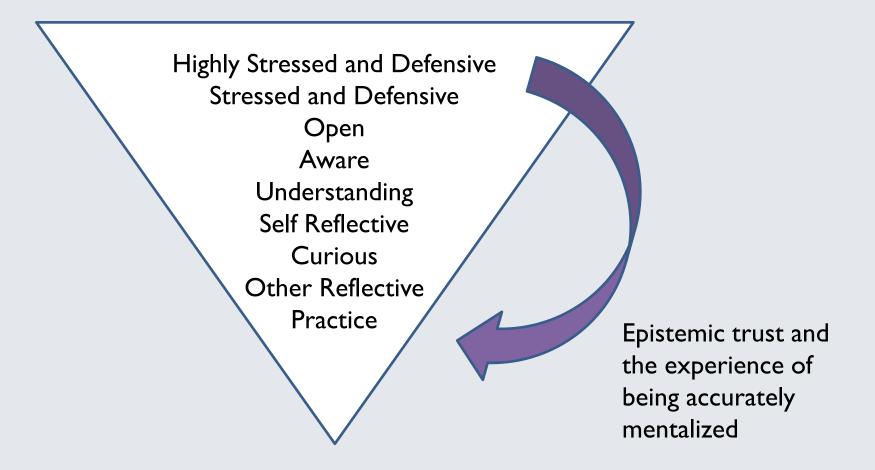


Mechanism by Which Adverse Childhood Experiences Influence Health Throughout Generations

Why do the Family Cycle with parents?

- I. Deepening the therapeutic relationship: building trust, make the parent feel validated and seen, help the clinician understand/empathize with/mentalize the parent
- 2. Helping the parent acknowledge their own important childhood experiences and thereby create a more cohesive self-narrative (as a person, not yet as a parent)
- 3. Modeling why and how to talk about difficult life experiences, so that the parent can safely explore the child's important life events with them
- 4.. Supporting the parent in acknowledging how their own childhood experiences may have influenced their parenting

Stages of Change



Monique's ACE

Adverse Childhood Events:

While you were growing up, during your first 18 years of life:

Did a parent or other adult in the household **often or very often**...

Swear at you, insult you, put you down or humiliate you? OR

Act in a way that made you afraid that you might be physically hurt?

YES

Did a parent or other adult in the household **often or very often...**Push, grab, slap, or throw something at you? OR

Ever hit you so hard that you had marks or were injured?

YES

Did an adult or person at least 5 years older than you **ever**...

Touch or fondle you or have you touch their body in a sexual way? OR Attempt or actually have oral, anal, or vaginal intercourse with you?

YES

No one in your family loved you or thought you were important or special? OR

Your family didn't look out for each other, feel close to each other, or support each other?

YES

Did you often or very often feel that...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

NO

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

YES

Were your parents ever separated or divorced?

NO

Was your mother or step-mother **often or very often**...Pushed, grabbed, slapped, or had something thrown at her? OR **Ever** repeatedly been hit at least a few minutes or threatened with a gun or knife?

YES

Did you ever live with anyone who was a problem drinker or struggle with alcoholism or who used street drugs?

YES

Was a household member depressed or mentally ill, or did a household member attempt suicide?

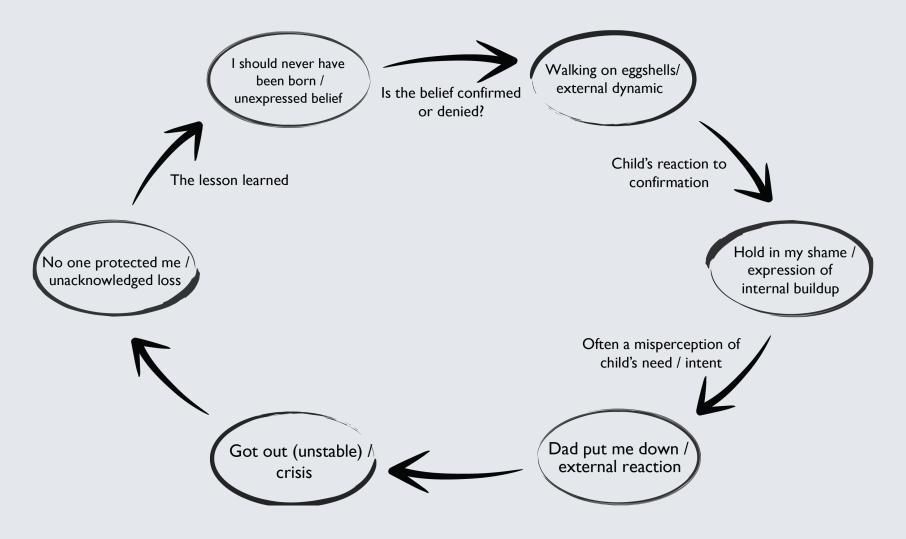
YES

Did a household member go to prison?

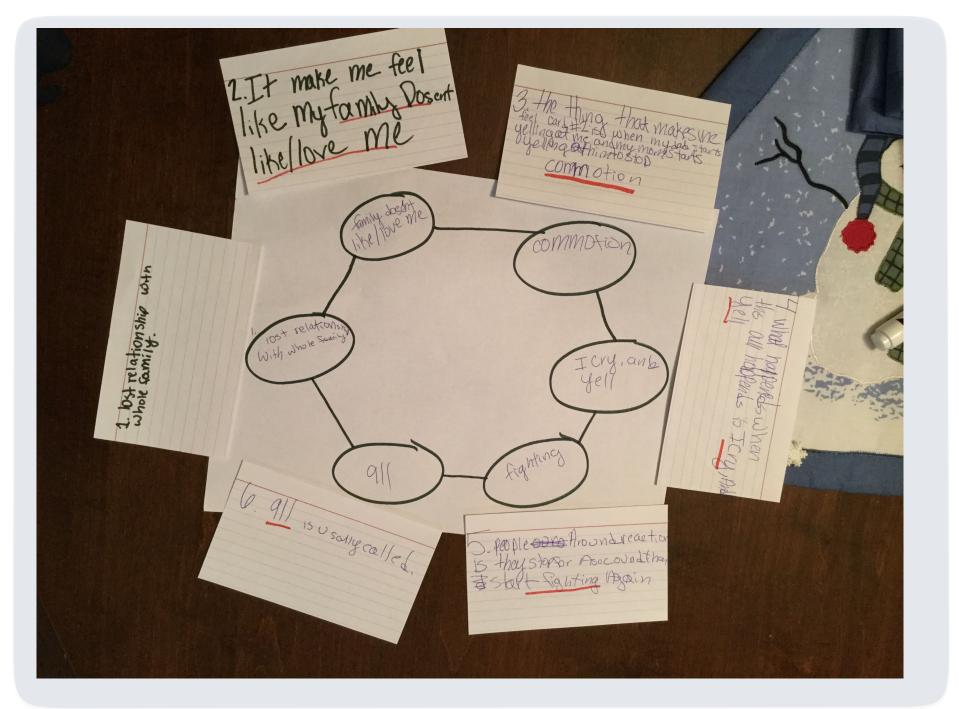
YES

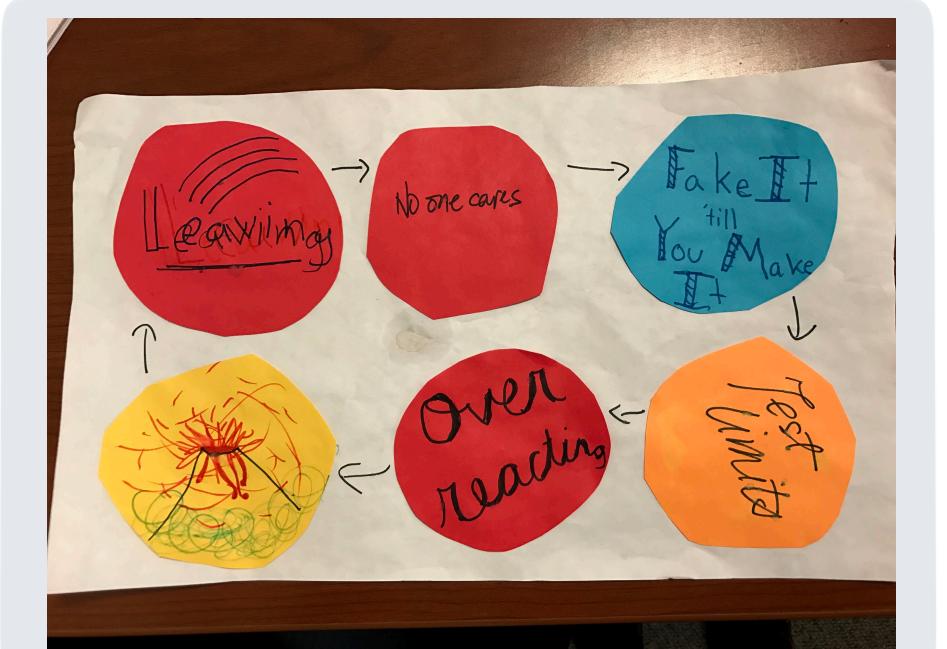
Total Number of YES: 9

Monique's Family Cycle







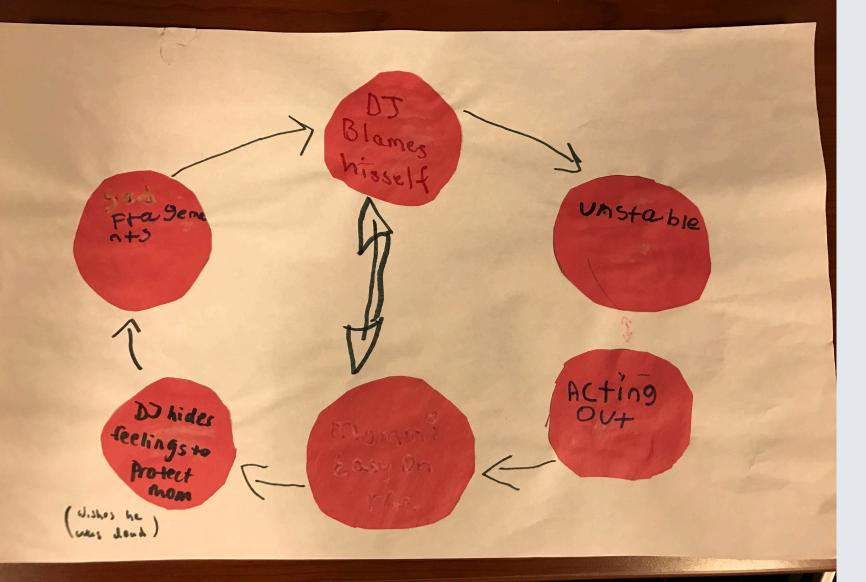


-things will nover get better - I hate myself cwortheast) -mean comments -invalidation -ficus on regotives, weight Sometimes caving 15199 enough

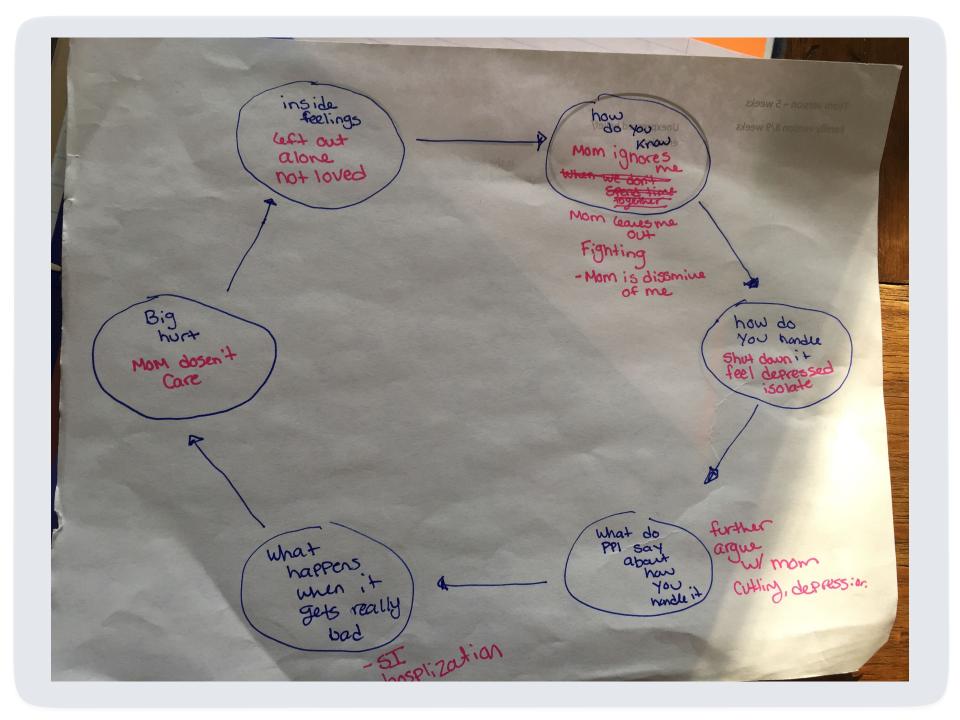
- Never Feeling tored + connected - negartive thoughts about traumatic events Isolate, shut clown, anxiety, depreced

-Self-harm
-Suicidal ideation/ Oxtempt
- negative
actions They get mad when I don't communicate





Belief: Dynamic: Dynamic: I'm dismissed tignored - I feel invisible Belief: - I'm dismissed + ignored - I'm left out feel invisible -1 only get regartive. -1 only get regative attention - I'm never good enough - I'm left out family doesn't talk about feelings family doesn't talk - I'm rever good enough Build up: Build up: LOSS: -no one - depressed do whatever 1+ taker to get owention - drinking - no one cares cares - skipping class - don't have a - fighting don't have a - depression place in my place in my family do whatever It takes to get taking on sick role family Crisus: - put myself in dangerous Reaction: Reaction: - Suicida l Ideation get blamed 1 get blamed regative attention Situations giving up - negative attention bad I think about hospitalized reinforce everything bad 1 think about myself



THE END

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- Stob, V., Slade, A., Adnopoz, J., & Woolston, J. (2020). The family cycle: Breaking the intergenerational transmission of trauma through mentalizing. Journal of Infant, Child, and Adolescent Psychotherapy, 19(3), 255-270.
- Stob, V., Slade, A., Brotnow, L., Adnopoz, J. & Woolston, J.A. (2019). The Family Cycle: An Activity to Enhance Parents' Mentalization in Children's Mental Health Treatment. Journal of Infant, Child & Adolescent Psychotherapy, 18(2), 103-119.