FAMILY CENTERED TREATMENT®

NCTSN The National Child Traumatic Stress Network

Crisis Response via Tele-Health Session

Key Concepts and Guidelines

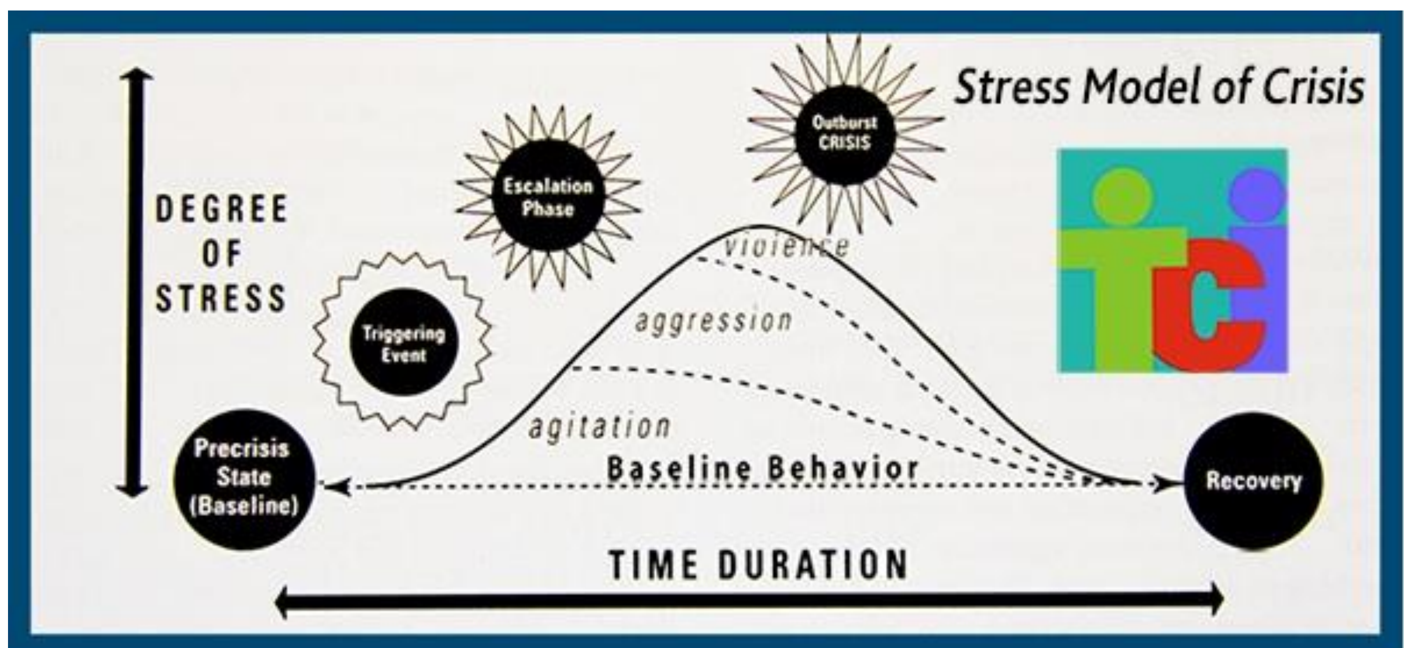
1. Recognize that there were and are predictors to the crisis. All behavior is communication and is present even leading up to the crisis. Even unusually *"good'* behavior could be a predictor. While we may not have seen the behaviors or have known them as predictors prior to the incident we can now trace them backwards (in retrospect) for future use in assessing the function of behaviors.

2. For trauma in families, this is not an "if" but a "when". We may not be aware of incidents or crisis in behavior as they may not be something that warrants a report, and the family may have handled it without support, but trauma experience in families makes crisis a "when" not an "if", even if not identified as such.

3. Obtain consult immediately prior to responding, if possible, and post the intervention response. We benefit from seeing the event and our response through someone else's eyes.

4. The definitive work on the working with the aggressive child; Redl and Wineman's "Controls from Within" emphasizes the need to use **Life Space Interviewing** skills in order to lower anxiety. Our initial intervention is not to correct or teach or do psychoeducation. Strategic uses of anxiety model emphasize the point that if anxiety is too high then learning or change cannot occur. Life Space Interviewing is an important unit in the Wheel of Change©. It is important to review it periodically.

5. Affirm the feeling and/or needs behind or underlying the behavior. Use real life language and syntax – avoid sounding like you are trying to get into their "head" – or like you are doing something to them – which is often their perception of therapy.



Photolink: http://tccl.rit.albany.edu/knilt/images/f/fa/Stress_Model_of_Crisis_Figure_Kristen_Mennella_TCIS_Cornell_University.jpg

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6. The priority is, *if able*, to **coach and roleplay with the caregiver** how to respond using the concepts described above; **responding to the need, not the behavior**. They will need to learn this in order to deescalate the tension or anxiety not only in the present but in future scenarios. The coaching and roleplay process with the caregiver recognizes that the "other 23 hours" when the caregiver is able to respond to the behaviors in the moment is the optimum venue of impact, not with a therapist later.

7. When roleplaying or coaching the caregiver is not doable at the time of response due to the emotional or limitations in the moment of the caregiver, then **ask them to observe**, take mental notes, as you *model* for them the process. Then let them know you will debrief with them and *roleplay next steps before closing* the session.

8. If the caregiver cannot handle the observation as a learning opportunity – *do not insist* or require their presence. If they are *not able to emotionally distance* from the event or if they are *personalizing the behavior* of the child, then direct them to take a break; hopefully, physically and emotionally. Their presence could interfere in an effective Life Space Interview if they are *personalizing the behavior of the child*. Before they exit to leave you with child**, plan with them how to get in touch quickly**, even if they are in next room. Also **identify a time for reentry** with you for debrief and plan next steps. If the child makes progress and can share their needs or the function of behavior and "own" the need to learn how to show that need or feeling differently, a joint session closure with the caregiver can be held before you exit. If they are not in the mental or emotional space to do this or the caregiver isn't either, then **schedule very soon** the follow-up for this process.

9. **Timely follow through**: this should be same day or early the next day at the latest.

Developed by Bill Painter for FCT Foundation and The Mentor Network

Image credit: https://twinriversrehab.co.za/understanding-psychological-trauma/