Clinical Pastoral Education (CPE) Unit - Families in Crisis

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1. Contextual: Introduction to family crises and approaches to conceptualizing crises within the family system

2. Cellular: When crisis turns to trauma; developing transcrisis states
   - How our brains develop
   - What our brains do in response to different types of trauma

3. Relational: Importance of early relationships

4. Implications for families and chaplains
Family crisis is when perceptions or experiencing of an event comes to bear on the family as a whole, testing the family’s structural integrity, because the usual repertoire of problem-solving skills and communication styles are not adequate or have been exhausted; unless relief is obtained the crisis jeopardizes family homeostasis and has the potential to strip family resilience.

- Simply put, “when the family has to change.”
- Degree of crisis is more about perception than it is about the event itself.
TYPES OF CRISIS SITUATIONS

- Developmental crises – off timing or not
- “Bolts from the Blue”
  - Internally generated: infidelity, mental illness, desertion, chronic gambling, and diagnosis with chronic illness
  - Externally generated crises: loss of job, disasters, sexual assault, victim of crime, and lawsuits
- Pile up crises
- Exhaustion crises
- Perpetual crises
- Ambiguous loss
WHAT IMMobilizes Families?

- Lack of cohesiveness and closeness
- Lack of positive conflict-management skills
- Fight over “who is right”
- Lack of time and positive interaction between parents
- Lack of family activities and quality time together
- Stress symptomatology – sleeplessness, lack of appetite, disorientation, memory lapses, depression and anxiety
- Disagreement about family goals and how to reach them
- Criticism, hostility, and blame toward each other
- Lack of openness and safe communication, leading to misunderstandings
- Lack of shared values, rules, and roles; in poorly functioning families, members are rigid and will only do what they think they “should” do.
Figure 3.1. The Contextual Model of Family Stress
STAGES OF FAMILY CRISIS RESOLUTION

• **Survival stage**: first few hours through possibly 3-4 weeks
  • Initially, primary focus is to meet physical needs
  • If physical needs are met, focus is helping families recognize and acknowledge a new reality brought on by the crisis
· **Adaptation stage**: starts a few days-3 weeks after crisis and spreads over several months or longer
  - Families assess ability to carry on and search for explanations
  - Useful strategies: Mobilization, focusing, expansion, and ordering
ADJUSTMENT

- **Adjustment stage**: begins in the first few months following a crisis, but the timeframe for this to begin depends on individual families
  - Involves integration of changes resulting from crises into their day-to-day functioning although they may have periodic setbacks, especially at anniversaries or holidays.
  - Important aspect of this stage is watching for the emergence of symptoms related to mental health disorders
WHEN FAMILIES REMAIN IMMOBILIZED

- **Family transcrisis** is a concept that recognizes crisis may not be fully resolved. It is the black hole of trauma; feelings, behaviors, and cognitions become submerged and out of awareness, lying dormant until new stressors occur causing them to resurface.
CELLULAR: DEVELOPING THE TRANSCRISIS STATE
Limbic Brain

Feel – Remember
Interact with others

Neocortex

Talk – Think – Move
Create - Learn

Reptilian Brain

Survive – React – Repeat
Repeat-Repeat
Functional Hierarchy of the Brain

Neocortex

- Abstract Thought
- Concrete Thought
- Affiliation
- Attachment
- Sexual Behavior
- Emotional Reactivity
- Motor Regulation
  - "Arousal"
- Appetite/Satiety
- Sleep
- Blood Pressure
- Heart Rate
- Body Temperature

Limbic

Diencephalon

Brainstem

Courtesy of Bruce Perry MD PhD
THE ANATOMY OF TRAUMA
CONTROLLING THE STRESS RESPONSE
Dissociation is the essence of trauma.

Flashbacks and reliving are in some ways worse than the trauma itself because it occurs at any time and continues indefinitely.

Different manifestations of triggered responses:
- Veterans
- Victims of childhood sexual abuse
Changes to the brain during re-experiencing of the trauma:

- Intense emotions activate limbic system, in particular the amygdala.
- Broca’s area had significant decrease in activity during a flashback
- Brodmann’s area 19 (visual cortex) had significant increase
- Images activated right side and deactivated the left side.
HOW EARLY TRAUMA AFFECTS THE BRAIN

**Fight or Flight reaction**
- Adrenaline and cortisol released
- Blood removed from areas not associated with survival
- Shuts off thinking or executive function
- Overtime, pathways get more ingrained
- If in middle of event, difficulty performing usual tasks
- Process occurs for children with adverse conditions

PC does not develop the same
Brain has a number of systems in place to keep you in equilibrium.

When receiving information that all is calm, you can use your higher functions in the neocortex.

When receiving information that there is something that needs to be attended to, you need to become more alert, so your thinking moves to the lower level, limbic system.

When you get information that says you are hungry, cold, need something met, your diencephalon acts.

When you feel fear, your brainstem is active; not thinking, just reacting

The more threatened you are, the less intelligent you get; problem solving becomes more rudimentary and less creative.
IMPACT ON THE BRAIN

3 Year Old Children

Normal

Extreme Neglect
HOW THIS HAPPENS: EARLY FAMILY RELATIONSHIPS

- Avoidant: “Dealing but not feeling.”
- Anxious or ambivalent: “Feeling but not dealing.”
- Disorganized: “Fright without solution.”
  - Caregivers themselves were a source of distress or terror to the children.
  - Unsolvable dilemma – mothers were necessary for survival and a source of fear simultaneously.
RELATIONAL: THE ROLE OF FAMILY ATTACHMENTS

- Secure base – from the intimate give and take of the attachment bond, children learn that other people have feelings and thoughts that are both similar to and different from theirs; they get “in sync” with their environment and with the people around them and develop self-awareness, empathy, impulse control, and self motivation

- Attunement – starts at the most subtle physical levels of interaction between babies and caregivers and gives babies the feeling of being met and understood
  - Importance of mirror neurons!

https://www.youtube.com/watch?v=skaYWKC6iD4
THE ROLE OF MIRROR NEURONS

- Explained empathy, imitation, synchrony, and even language development

- We pick up another person’s movement AND emotional state/intentions, making us vulnerable even to the person’s negativity.

- Trauma involves not being seen, not being mirrored, and not being taken into account; treatment needs to reactivate the capacity to safely mirror, and be mirrored, by others, but also to resist being hijacked by others’ negative emotions.
Families with adequate resources, and that are not in transcrisis states, will adjust to the crisis they are facing.

Families could be functioning in different stages (survival, adaptation, or adjustment), and may have various needs; these needs will also evolve.

Family members may not be able to tell you what they need or what they are experiencing.

Family members may respond in ways that seem inappropriate or irrational.

If family members have a history of trauma, their adjustment may not come easily; it may not happen without long-term treatment.
IMPLICATIONS FOR CHAPLAINS

- You will be serving both individuals and families; there is alignment between the two, though it may not be apparent initially.

- Your goal is to help the family navigate the demands of the crisis, moving through the tasks of survival, adaptation, and adjustment stages.

- If the family is in a transcrisis state, helping the family adjust will be even more challenging.
  - Consider the family as a system; all are affected by the crisis situation, as well as the past trauma they continue to experience.
  - There will likely be a family member who acts out and possibly covers up the problems another member carries.

- Remember what immobilizes families and gently help the family navigate those obstacles.

- Do not forget the power of simply being attuned to the pain of another.

- Ongoing problems are not your fault. Recognize the family’s needs, and refer to therapy when needed.