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Clinical Pastoral Education (CPE) Unit - Families in Crisis

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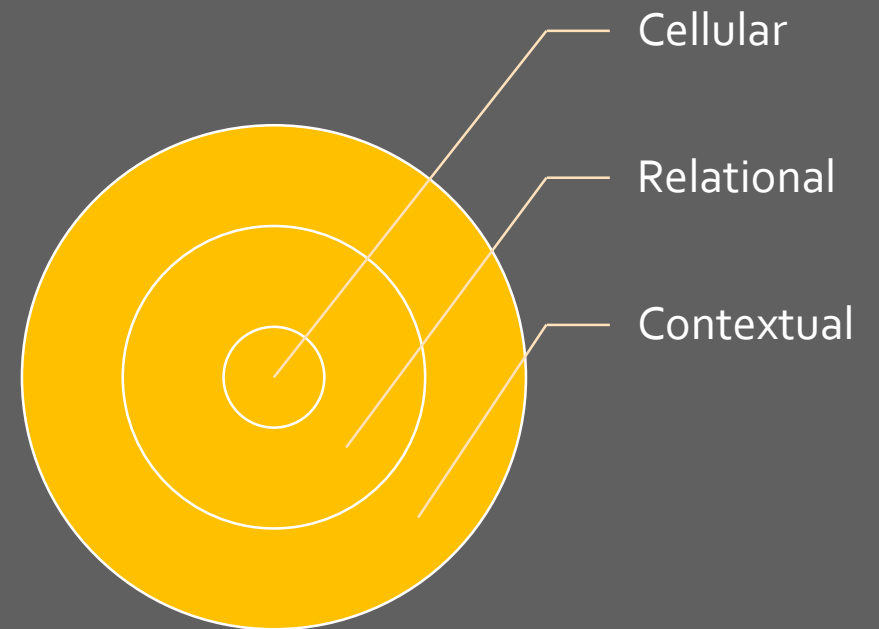
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FAMILIES IN CRISIS: AN EXAMINATION ON CONTEXTUAL, CELLULAR, AND RELATIONAL LEVELS



OVERVIEW

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



CONTEXTUAL: FAMILY CRISIS

- *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.

CONTEXTUAL MODEL OF FAMILY STRESS

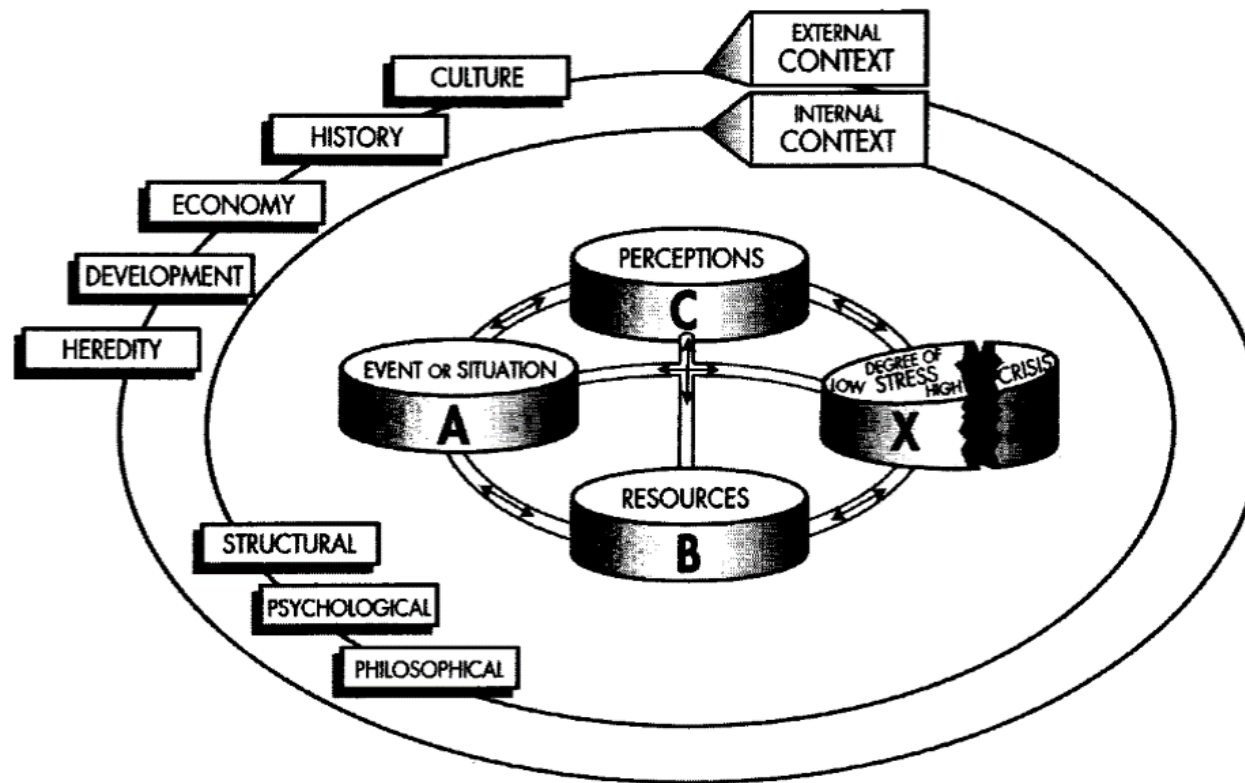


Figure 3.1. The Contextual Model of Family Stress

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

- **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 time frame 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 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

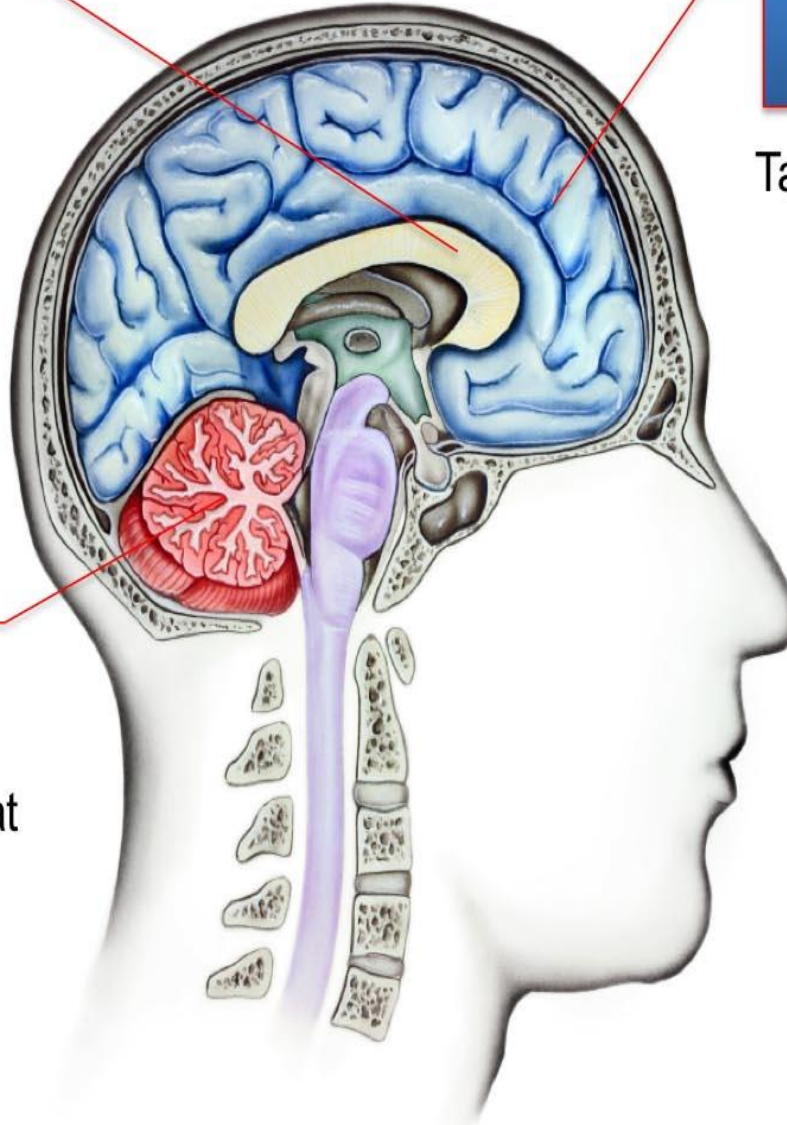
Feel – Remember
Interact with others

Neocortex

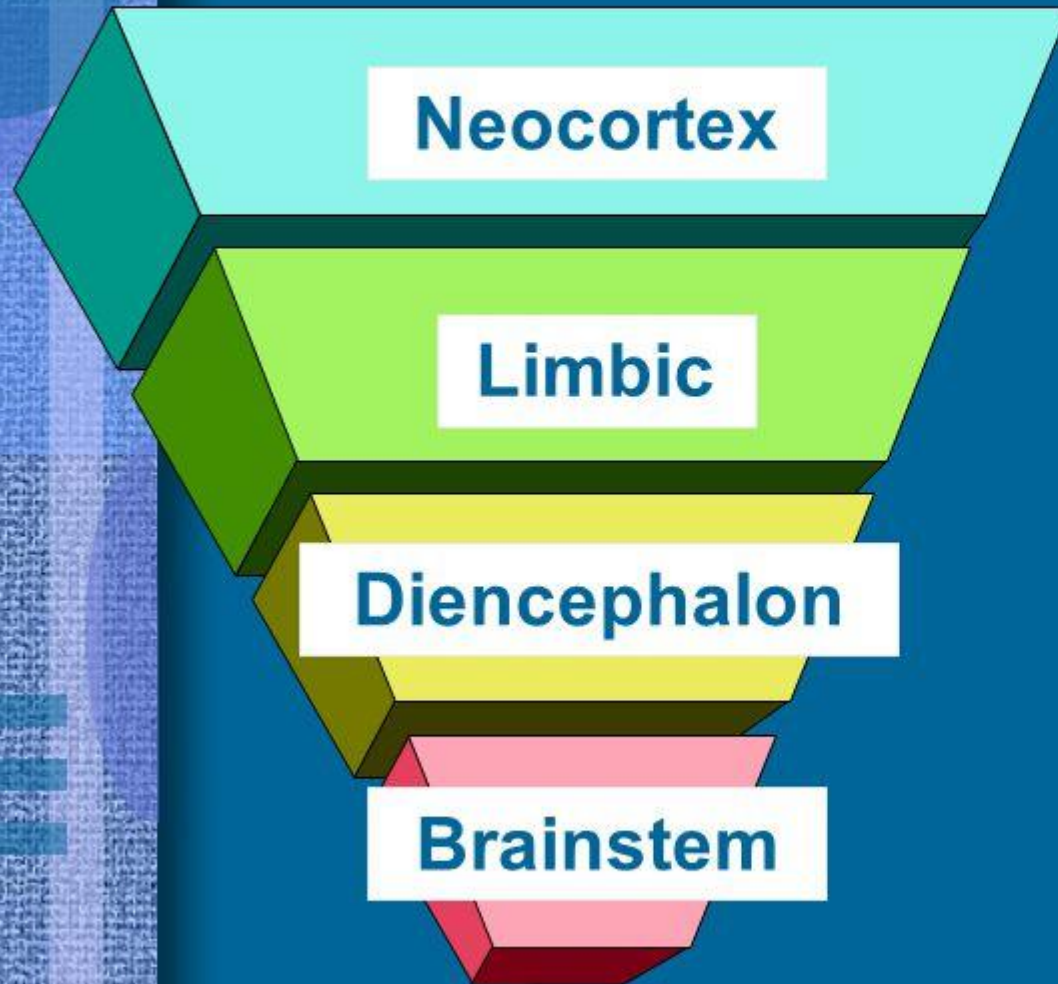
Talk – Think – Move
Create - Learn

Reptilian Brain

Survive – React – Repeat
Repeat-Repeat



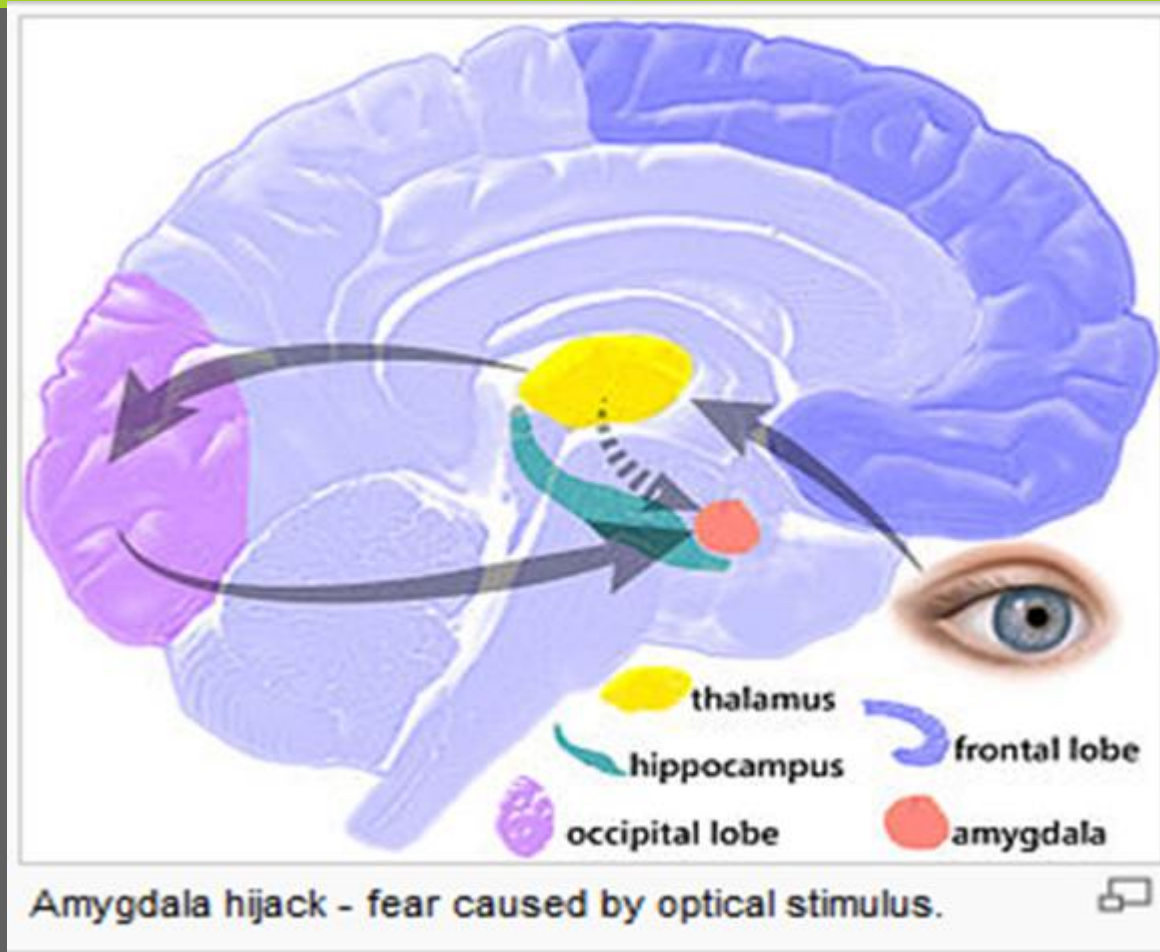
Functional Hierarchy of the Brain



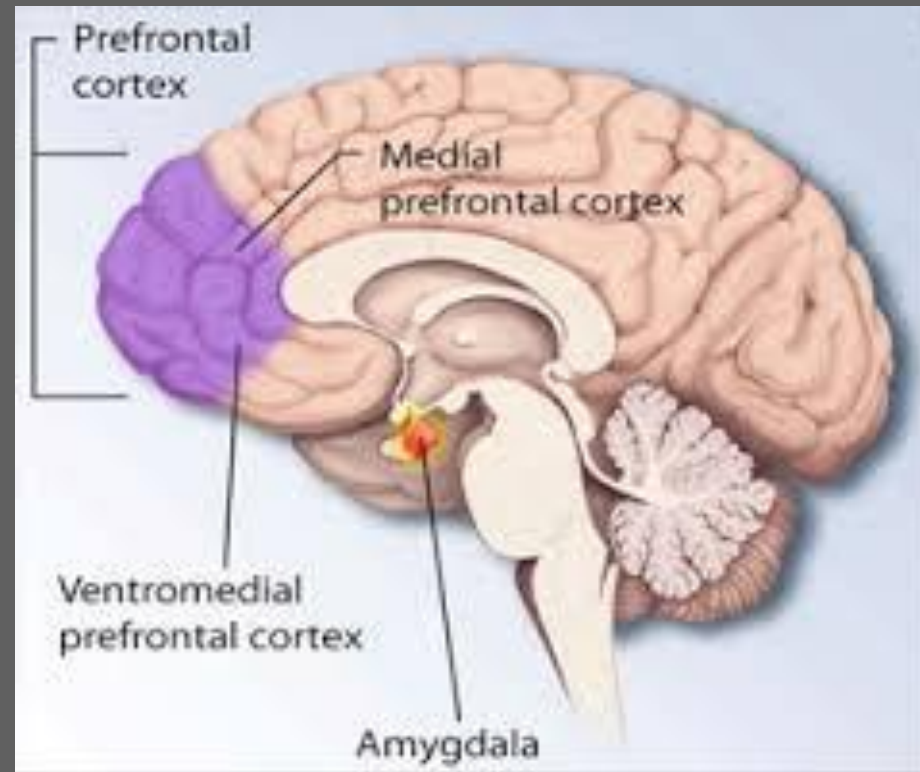
Abstract Thought
Concrete Thought
Affiliation
Attachment
Sexual Behavior
Emotional Reactivity
Motor Regulation
"Arousal"
Appetite/Satiety
Sleep
Blood Pressure
Heart Rate
Body Temperature

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THE ANATOMY OF TRAUMA



CONTROLLING THE STRESS RESPONSE

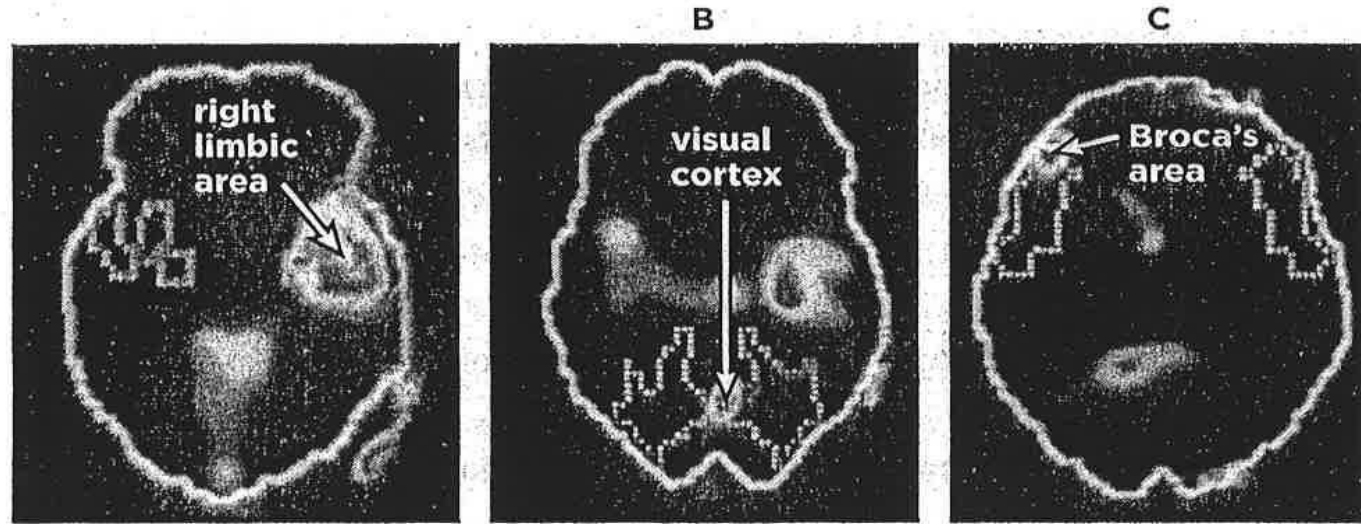


FRAGMENTED EXPERIENCES

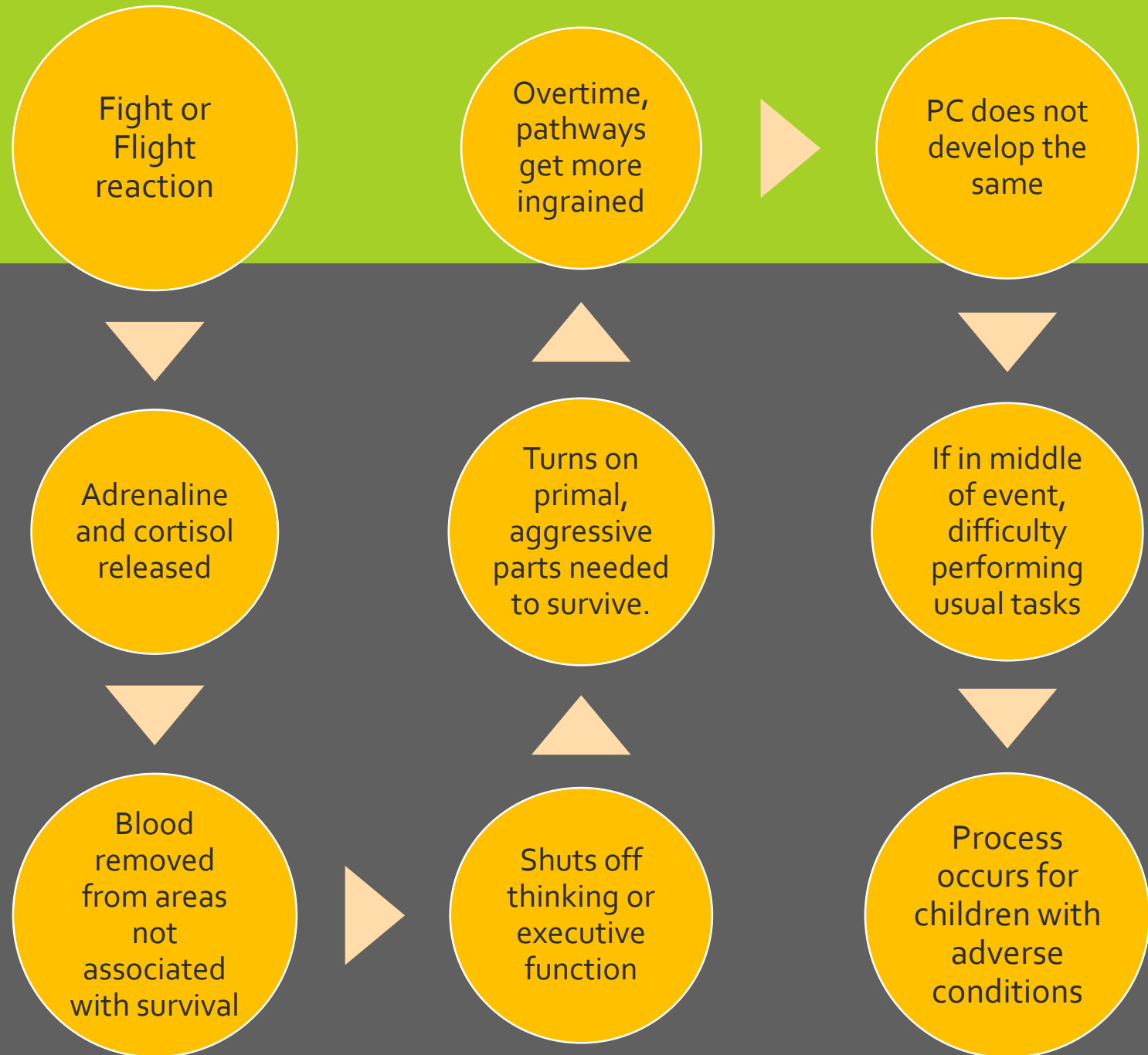
- Dissociation is the essence of trauma.
- Flashbacks and reliving are in some ways worse than the trauma itself because it occurs at any time and continues indefinitely.
- Different manifestations of triggered responses:
 - Veterans
 - Victims of childhood sexual abuse

Changes to the brain during re-experiencing of the trauma:

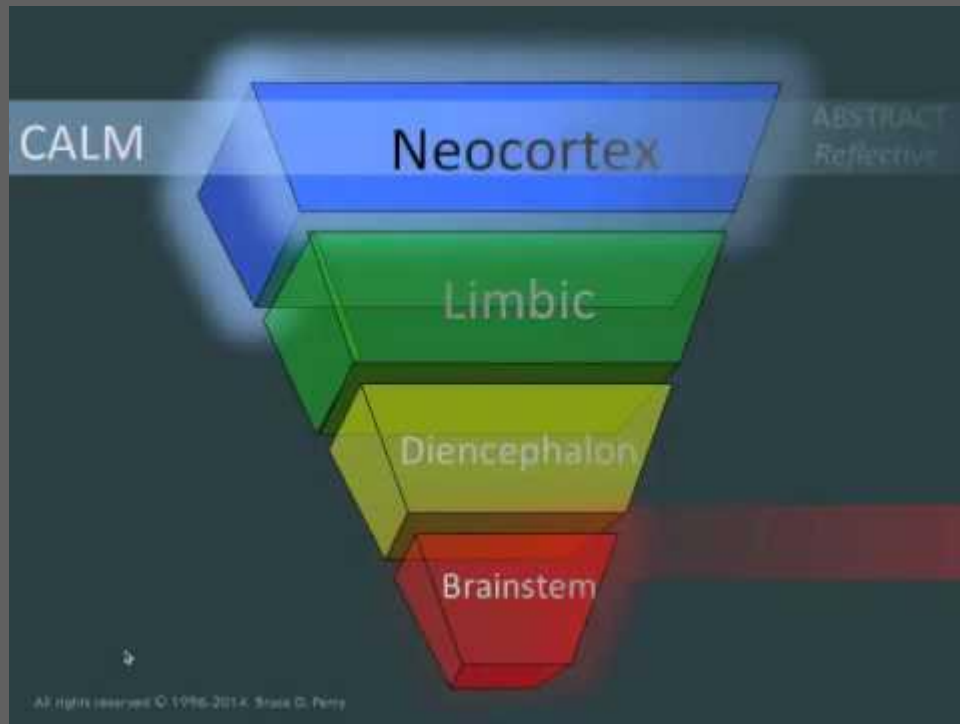
- Intense emotions activate limbic system, in particular the amygdala.
- Broca's area had significant decrease in activity during a flashback
- Brodmann's area 19 (visual cortex) had significant increase
- Images activated right side and deactivated the left side.



HOW EARLY TRAUMA AFFECTS THE BRAIN

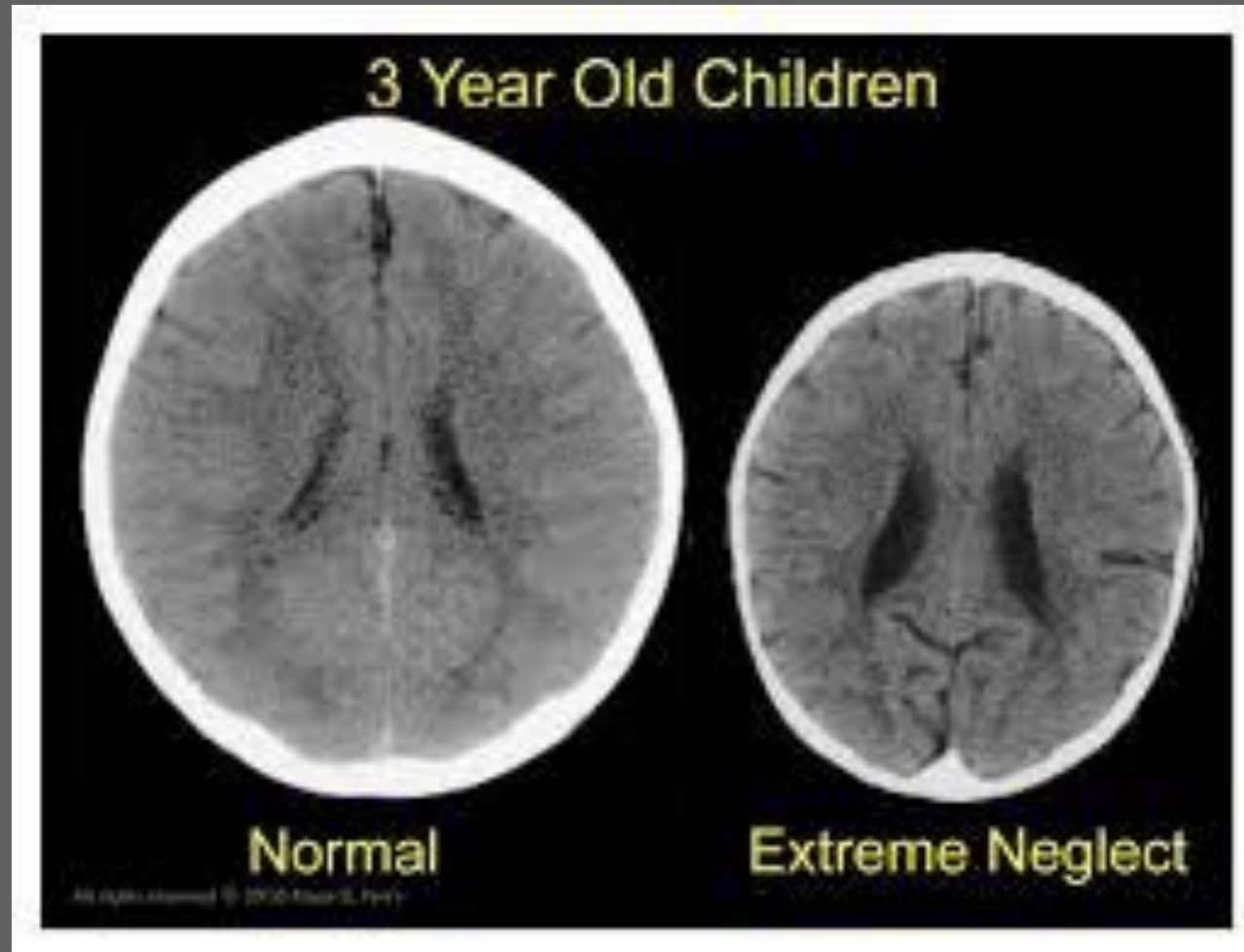


ENDURING CHILDHOOD TRAUMA: STATE DEPENDENT FUNCTIONING



- 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



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

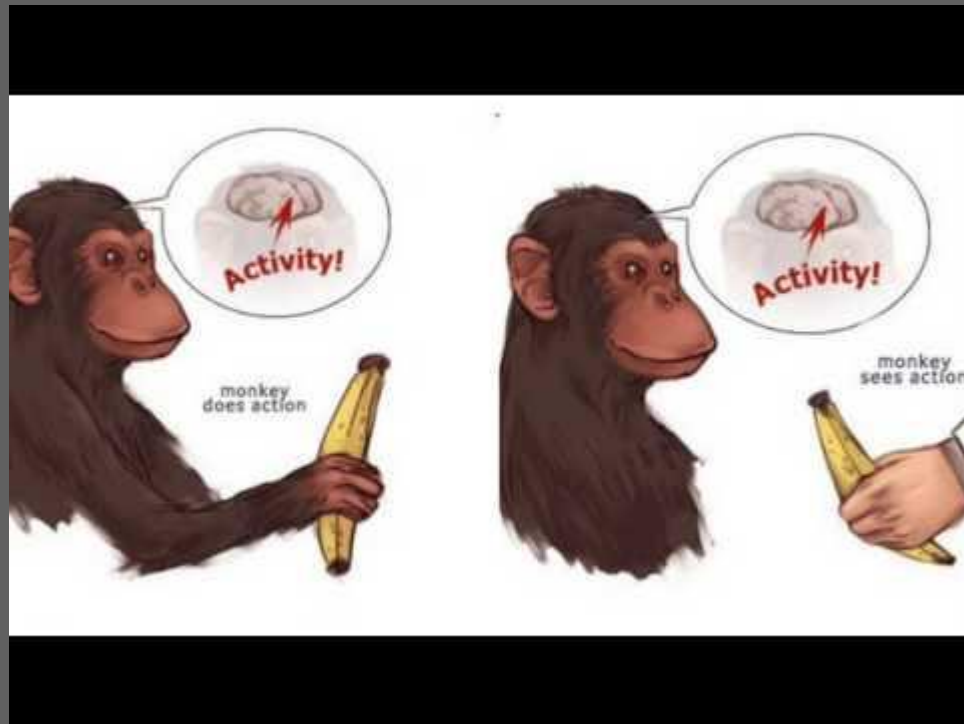
RELATIONAL: THE ROLE OF FAMILY ATTACHMENTS

- 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

IMPLICATIONS FOR FAMILIES IN CRISIS

- Families with adequate resources, and that are not in transcisis 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.