

# Parental Trauma History, Child Psychopathology, and Treatment Outcomes

## Following Brief Emotion-Focused Family Therapy

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### BACKGROUND

- Experiencing early relational trauma can have a profound negative impact on one's parenting later in life<sup>1</sup>
- Parent trauma history is a strong predictor of child psychopathology<sup>2</sup>
- Involving parents in the treatment of their child's mental health is both important and advantageous to treatment outcomes<sup>3</sup>**
- With that said, **this can be particularly challenging for parents who have experienced complex relational trauma in their own childhoods<sup>4</sup>**
- To our knowledge, no previous studies have explored how having a complex trauma history impacts one's ability to support their child's mental health and recovery

### OBJECTIVE & HYPOTHESES

**Objective:** Explore how parental complex trauma history impacts responsiveness to Emotion-Focused Family Therapy (EFFT)

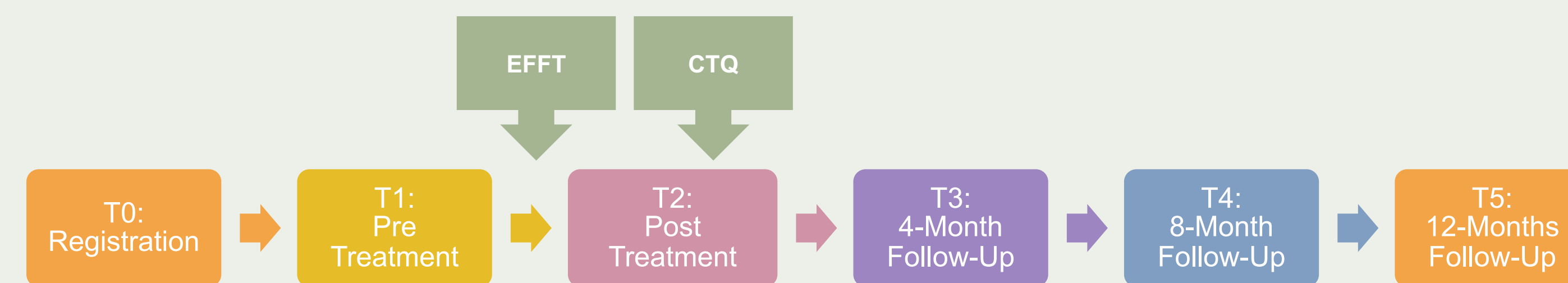
**Hypotheses:** Due to limited research, two alternative hypotheses were explored:

- Severity of parents' complex trauma histories may be negatively related to treatment outcomes, such that those parents with greater trauma will not respond as well to EFFT as those parents who do not endorse a history of trauma
- Because EFFT is trauma-informed and directly addresses parents' emotional blocks, parents with severe trauma histories may respond just as well to EFFT as those parents without a trauma history

### METHOD

**Setting:** Pediatric Clinic, Midtown, Toronto

**Treatment:** 2-day manualized EFFT caregiver workshop



#### Trauma Measure:

- Parent Trauma History (Childhood Trauma Questionnaire; Bernstein & Fink, 1998)

#### Outcome Measures:

- Parent Self-Efficacy (Adapted Parent vs Anorexia Scale; Rhodes, Baillie, Brown, & Madden, 2005)
- Parent Emotion Blocks (The Parent Traps Scale; Lafrance Robinson, 2014)
- Child Emotion Regulation (Emotion Regulation Checklist; Shields & Cicchetti, 1997)
- Child Symptomatology (Strengths and Difficulties Questionnaire; Goodman, 1997)

#### The Intervention: Emotion-Focused Family Therapy (EFFT)

- Transdiagnostic model of family therapy
- A life-span approach
- Delivered in an intensive, 2-day multi-caregiver group format
- Focus is on empowering parents to support their child
- Combines psychoeducation and experiential exercises
- Teaches behaviour and emotion coaching, and relationship repair
- Helps parents identify, work through, and resolve "emotion blocks"

### PARTICIPANTS

- 243 self-referring caregivers
  - Mostly 2-parent households
- Parent-reported data were collected for 170 children

Parent Characteristics (n=243)		Child Characteristics (n=170)	
<b>Age</b>		<b>Age</b>	
Mean (SD)	45 (7.65)	Mean (SD)	10.8 (4.99)
Range	28 - 71	Range	4 mos -26 yrs
<b>Parent Gender</b>		<b>Child Gender</b>	
Male	30.86%	Male	118
Female	68.31%	Female	123
<b>Relationship to Child</b>		NA	2
Mother	165	<b>Number of Concerns</b>	
Father	74	1	32%
Grandmother	1	2	34%
Grandfather	2	3	21%
Guardian	1	4 or more	13%
<b>Marital Status</b>		<b>Presenting Concerns</b>	
Married/ Common Law	182	Anxiety	86
Separated/ Divorced	40	Social/Emotional Difficulties	151
Attended with Co-Parent	140	Behavioural Dysregulation	101
		Depression	37
		Eating Disorder	17
		Self-esteem	14
		Trauma	9

### RESULTS

Overall EFFT outcomes across all timepoints

	B	SE	t	p
<b>Child Outcome Measures</b>				
Child Emotion Regulation (ER)	0.26	0.04	6.98	.000
Child Symptomology (SDQ)	-0.60	0.05	-10.70	.000
<b>Parent Outcome Measures</b>				
Parent Emotion Blocks (PTA)	-1.83	0.20	-8.94	.000
Parent Self-Efficacy (PvGMH)	0.84	0.06	13.04	.000

Relationship between trauma history and treatment response

	B	SE	t	p
<b>Child Outcome Measures</b>				
Child Emotion Regulation (ER)	-0.01	0.02	-0.57	.570
Child Symptomology (SDQ)	-0.01	0.03	-0.50	.628
<b>Parent Outcome Measures</b>				
Parent Emotion Blocks (PTA)	-0.05	0.10	-0.49	.628
Parent Self-Efficacy (PvGMH)	0.01	0.03	0.23	.818

### DISCUSSION

- In general, **EFFT is an effective treatment**. This study found significant improvements in parental self-efficacy and fears, as well as child regulation and symptomology, following EFFT
- EFFT appears to be equally efficacious for parents with histories of complex trauma** — at-risk individuals who often struggle within the parenting context
- This is the first study to empirically validate EFFT as a trauma-informed treatment for child and family mental health**

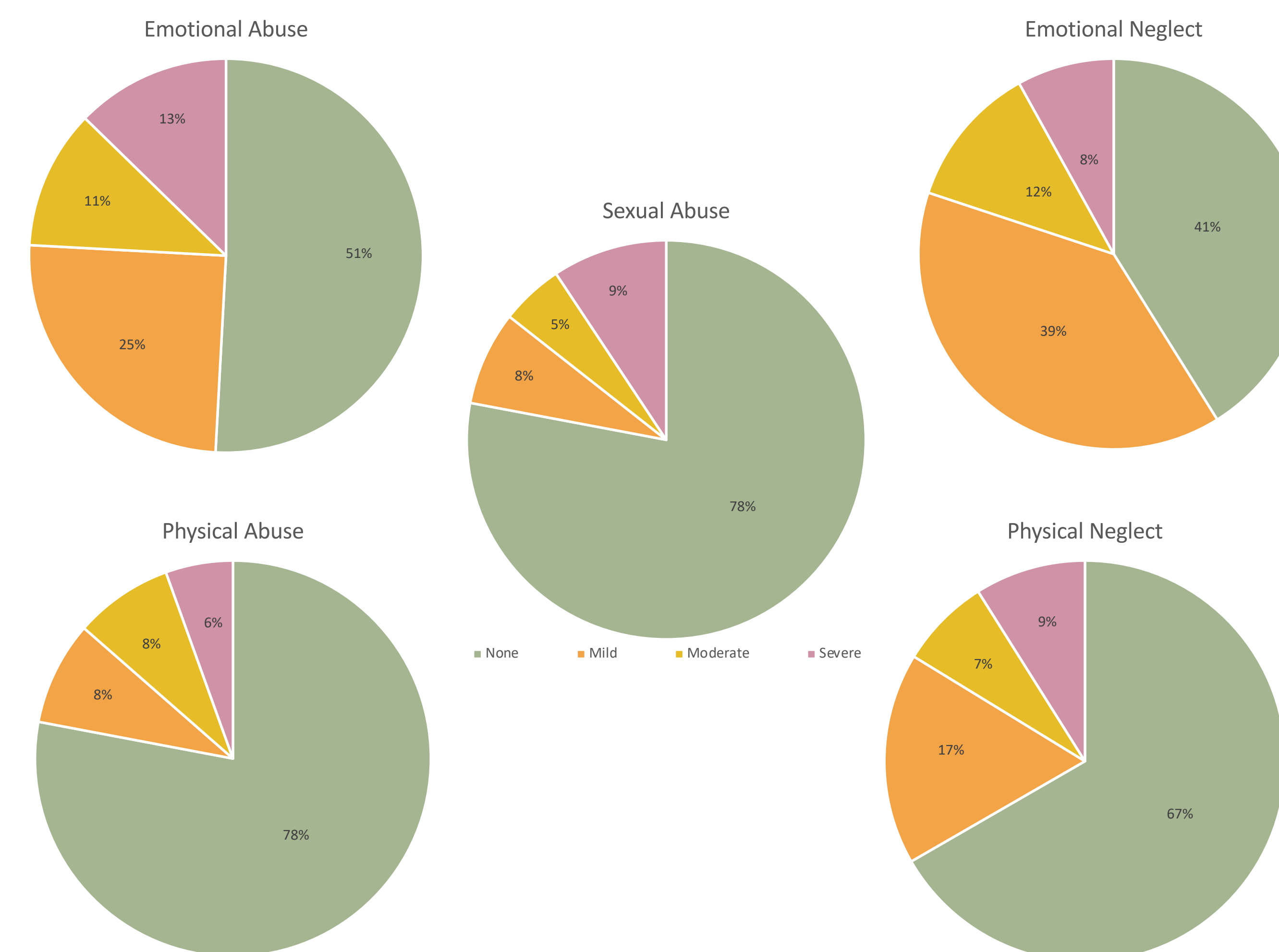
#### Limitations:

- These data were derived entirely from parental reports, which are susceptible to known biases associated with self-report data
- Information regarding whether or not participants accessed additional mental health services during the time of the study were not available

#### Future Directions

- These data will be examined by dichotomizing the sample into two groups: (1) parents who did not report a history of trauma and (2) parents with severe trauma history and re-run analyses
- Underreporting of trauma on self-report measures is a limitation outlined in the trauma literature. Our group will be examining video footage of a parent background interview (Adult Attachment Interview) and assessing parents' childhood experiences to confirm parents' trauma histories

### PARENT TRAUMA HISTORY



### ANALYSES

- A series of linear mixed effects models were used
- Overall change scores were calculated by subtracting T0 scores from T5 scores

### REFERENCES

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