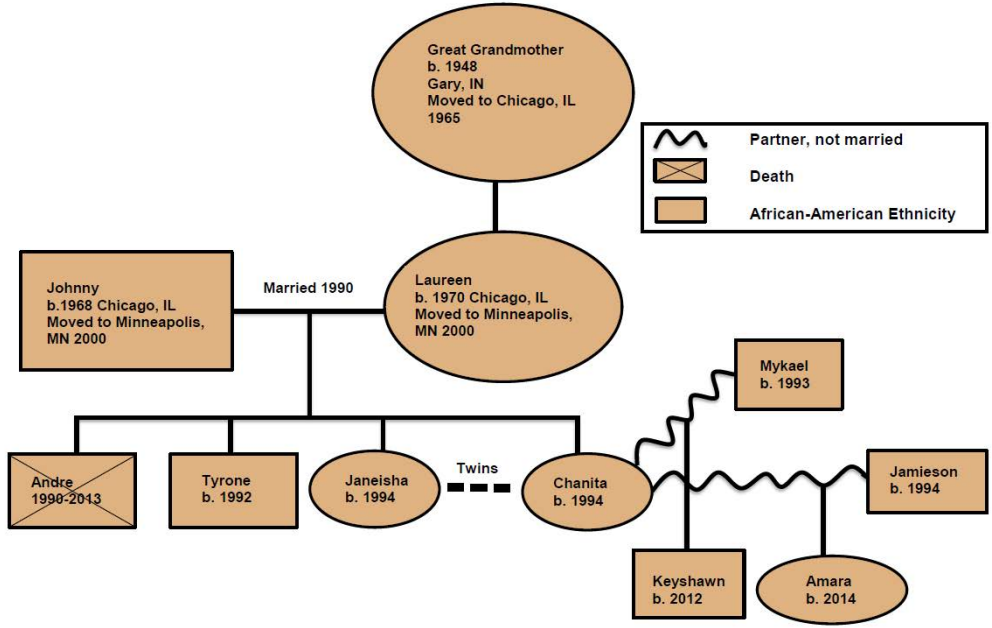


# **Family Systems Theory in the Context of Early Childhood Settings**

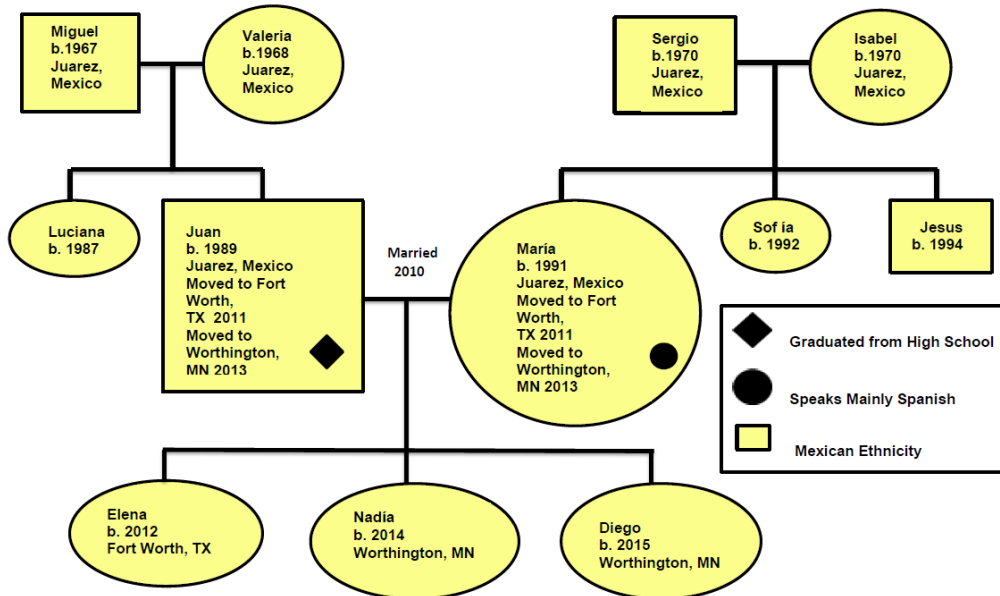
## **Participant Handouts**

# SESSION 1 Family Systems Theory Overview

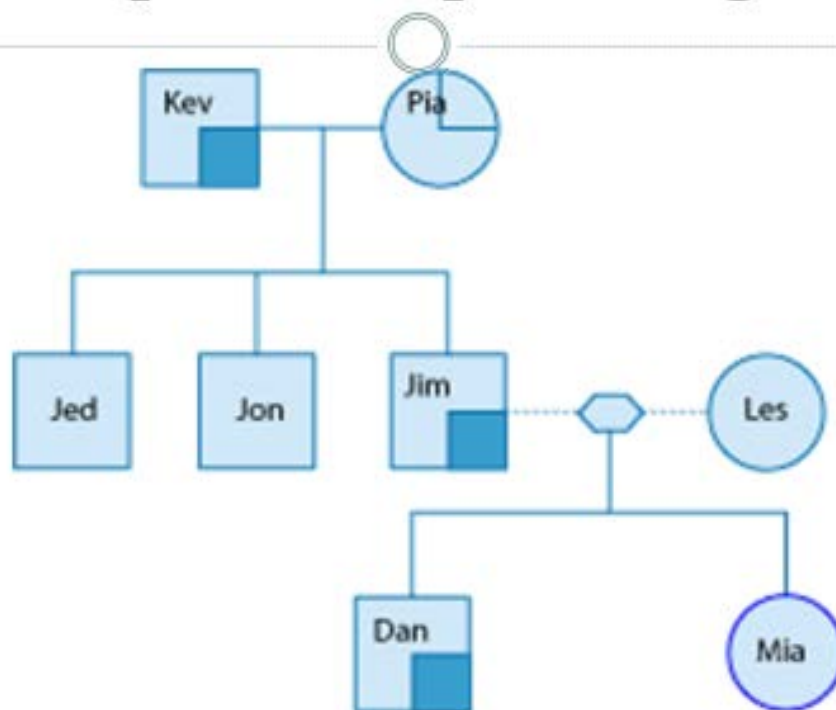
**Keyshawn's Family Map**



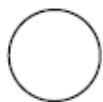
**Elena's Family Map**



## Example of Simple Genogram



## Basic Genogram Symbols



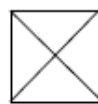
Female



Male



Deceased Female



Deceased Male



Positive Relationship between Two People



Close, Positive Relationship between Two People



Divorced

## Tips for Constructing a Genogram

### Tips for constructing a genogram:

1. Indicate a male with a square and a female with a circle.
2. Include first names.
3. Indicate a family member who is no longer living by drawing an "X" in the circle or square
4. Draw a line between two people who are connected in some way.
  - a. Use one straight line to indicate a positive relationship
  - b. Use 2 straight lines to indicate a close, positive relationship
  - c. Use a diagonal slash through the horizontal to indicate a divorce
  - d. Use a dotted line to indicate a distant relationship
  - e. Use a zig-zag line to indicate a hostile relationship
5. Enter children according to age, starting with the oldest on the left.
6. Draw a circle around the family members who comprise the household.
7. Expand horizontally to depict siblings and cousins; expand vertically to chart the generations through time.
8. Be creative in depicting other information. Create a key at the bottom of the page so the information can be understood

### **Sample Questions for Creating Genograms:**

1. Who is in your family? How is each person related?
2. What is your relationship like with each member?
3. How often do you see each member?
4. Who lives in your household?
5. Which family members know about your current situation and your goals?
6. How have they responded?
7. Has anyone in the family ever had similar problems?
8. When did the problem begin? Who noticed it first? Who is the most concerned?
9. What solutions were attempted in those situations? By whom?
10. Who have you found the most helpful/supportive?
11. In what ways have they been helpful?
12. Is there anyone outside the family who has been particularly supportive?
13. Is there someone you would want involved in this process?
14. Are there any family members who are extremely close?

15. How do family members support each other?

16. Are there any family members with histories of mental illness? Substance use?

Who in the family is working? In what types of jobs? How long have they been at each job? Do they like their jobs?

18. Do any family members routinely use medication? What kind and what for? Who prescribed it?

19. Do you think any members drink too much or have a drug problem? Has anyone else ever thought so? What drugs are used? When? How often? What has the family attempted to do about it?

Shapiro, C., Myers, A., & Toner, C. (n.d.). Strength-based, family-focused practice. A clinical guide from family justice. Retrieved from <http://www.familiesoutside.org.uk/content/uploads/2011/02/family-justice-clinical-guide.pdf>

# Understanding Family Rules (also called Family Norms)

**Directions:** Circle the choice that best describes the norms of your family as you were growing up.

**NOTE:** There are no right or wrong answers. This is just a way to describe your family's norms.

**1. How often did your family eat dinner together as a family?**

Always                      Most of the time                      Occasionally                      Never

**2. How often did the members of your family hug each other to display affection?**

Very often                      Rather Frequently                      On special occasions                      Never

**3. How often did the members of your family express verbal affection for each other?**

Very often                      Rather Frequently                      On special occasions                      Never

**4. What were the rules for expressing disagreement in your family?**

Okay to express disagreement, even if it hurt feelings	Okay to express disagreement, but be considerate of others	Okay to express disagreement indirectly	Not okay to express disagreement
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**5. What were the rules for expressing anger in your family?**

Yelling was okay	Showing anger was okay	Talking was okay	Not okay to express anger
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**6. The traditional gender roles in our society often involve men working at a career and women taking care of children and the house. With that understanding, how traditional would you describe the gender roles of your family?**

Very	Mostly	A little	Not traditional at all
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**7. What was the attitude of your parents toward your education?**

Extremely Supportive	Moderately supportive	A little supportive	Uninvolved
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Adapted from the "Quick Family Culture Scale" Hatcher, J. W., Parks, M. W., & Suesser, K. (2004). Using family culture to illustrate the basics of intercultural interaction: An exercise to teach the problems and potential of cross-cultural interaction. Retrieved from <http://www.uwosh.edu/hst/?p=499>

### Reflection Questions

1. In what ways have your family rules/family norms positively affected you?
2. In what ways have your family rules/family norms influence how you relate to others?
3. What factors have contributed to your family rules/family norms (e.g., family history, stressors)?

## **Reflection Questions: Impact of Family Members' Behavior on Others**

### **Reflection Questions**

1. How might members of a family be affected by another member's incarceration?

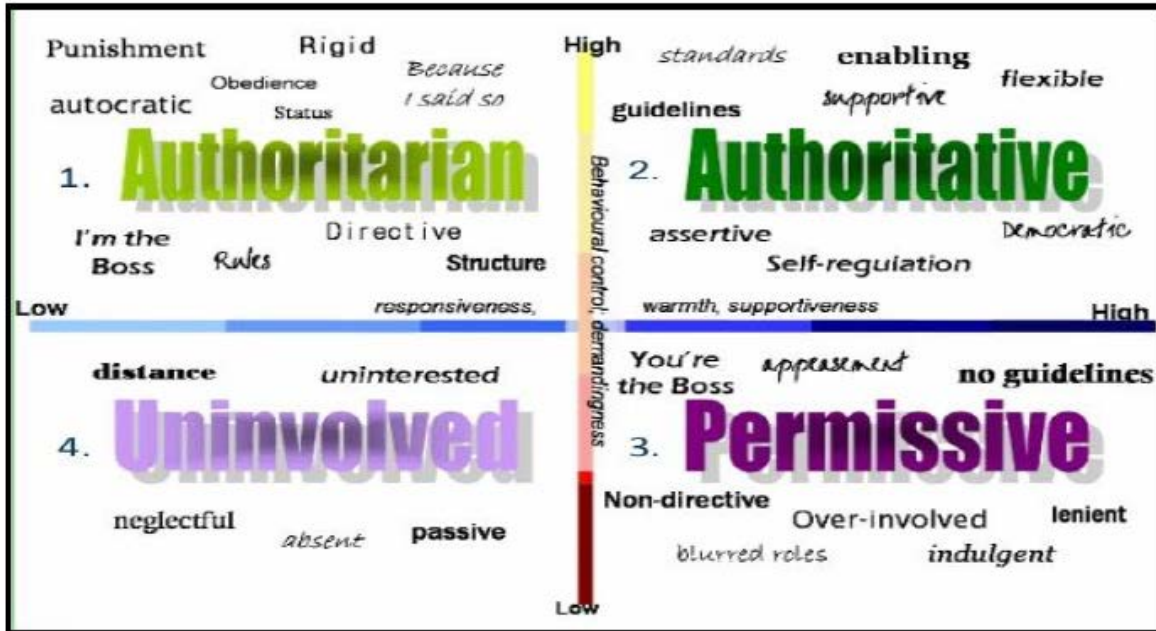
2. What challenges may various family members face related to a member's incarceration? (e.g., wife, siblings, parents).

3. How might members of a family be affected by another member's alcoholism?

4. What challenges may various family members face related to a member's alcoholism? (e.g., wife, siblings, parents).

# SESSION 2 Parenting Styles and Positive Parenting

## Parenting Styles Matrix



## Parenting Styles Exercise

### Directions to TRAINER:

1. Divide the large group into four (4) smaller groups (maximum 7 in each group). If the group is greater than 30, divide into eight (8) small groups.
2. Cut out the four sets of situations by parenting style and give one to each group.
3. Give the groups 20-30 minutes to process the parenting styles exercise.

### Directions to PARTICIPANTS:

1. For each of the situations listed, the group must decide—as parents with the designated parenting style (i.e., authoritarian, authoritative, permissive, uninvolved)—how they will handle each situation.
2. When the small groups reassemble into a large group, the groups will report and compare how a parent with their designated parenting style would handle the situation

#### AUTHORITARIAN:

1. It is bedtime and your child does not want to go to bed.
2. Your child broke a favorite toy.
3. Your child's room is a mess.
4. It is time for your child to eat dinner, but he/she is in the middle of a project and wants to finish it first.
5. Your son came in later than he was supposed to with a worried look on his face.
6. Your daughter came home from the store with a candy bar that was not paid for.

.....

#### AUTHORITATIVE:

1. It is bedtime and your child does not want to go to bed.
2. Your child broke a favorite toy.
3. Your child's room is a mess.
4. It is time for your child to eat dinner, but he/she is in the middle of a project and wants to finish it first.
5. Your son came in later than he was supposed to with a worried look on his face.
6. Your daughter came home from the store with a candy bar that was not paid for.

.....

**PERMISSIVE:**

1. It is bedtime and your child does not want to go to bed.
2. Your child broke a favorite toy.
3. Your child's room is a mess.
4. It is time for your child to eat dinner, but he/she is in the middle of a project and wants to finish it first.
5. Your son came in later than he was supposed to with a worried look on his face.
6. Your daughter came home from the store with a candy bar that was not paid for.

.....



**UNINVOLVED:**

1. It is bedtime and your child does not want to go to bed.
2. Your child broke a favorite toy.
3. Your child's room is a mess.
4. It is time for your child to eat dinner, but he/she is in the middle of a project and wants to finish it first.
5. Your son came in later than he was supposed to with a worried look on his face.
6. Your daughter came home from the store with a candy bar that was not paid for.

.....

## SESSION 3 Family Sensitive Caregiving and Trauma

Family and  
Provider/Teacher  
Relationship Quality



Parent Measure



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

OPRE



- Family and Provider/Teacher Relationship Quality: Parent Measure (<http://www.acf.hhs.gov/programs/opre/resource/family-and-provider-teacher-relationship-quality-fptrq-parent-measure>)

# Family and Provider/Teacher Relationship Quality



## Provider/Teacher Measure



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

**OPRF**



- Family and Provider/Teacher Relationships Quality: Provider/Teacher Measure (<http://www.acf.hhs.gov/programs/opre/resource/family-and-provider-teacher-relationship-quality-fptrq-provider-teacher-measure>)

## **Supportive Inquiry Tips**

### **Tips for applying a strength-based perspective to supportive inquiry:**

1. Use open-ended questions that begin with “how” or “what.”  
This type of question expresses interest in the participant and allows the family member to reflect, consider options, and assess his or her current situation.
2. Avoid questions that begin with “is,” “are,” “do,” or “did.”  
Closed-ended questions generally require a “yes” or “no” response. Such questions may close off exploration.
3. Avoid questions that begin with “why.”  
Such questions may be experienced as accusatory or judgmental. Also, participants may not have answers to such questions and therefore feel inadequate.
4. Check assumptions; recognize cultural lenses.  
Practitioners bring their own values, biases, judgments, and personal histories to any situation. It is important to be attuned to feelings and reactions when meeting with participants. It can be easy to feel frustrated with a participant or to over-identify with their emotional needs. Clinical supervision should be available to process these feelings so that case managers can remain open to participants.
5. Refrain from using jargon and pejorative terms such as “denial,” “resistant,” “junkie,” “criminal,” etc.  
These terms are laden with judgments and do not bring out the strengths or “whole self” of a participant.
6. Ask individuals for their ideas about solutions prior to making suggestions.
7. Normalize ambivalence.  
No matter how uncomfortable a person may be about his or her current situation, familiarity is comfortable. Change tends to bring about mixed feelings, and can be scary. It is important to assure participants that being scared is common and understandable.
8. Timing is everything.  
It is important to be aware of the pacing of meetings and to allot enough time for families to answer questions. Posing questions that have a potentially lengthy answer or highly emotional content is best done when time allows for exploration and containment.



## **Sample Questions that Facilitate Supportive Inquiry:**

1. How is your life different today than it was six months ago?
2. What would be different six months from now if our work together was successful?
3. What are you doing to keep your head above water in this difficult time?
4. What would you do differently tomorrow than you are doing today?
5. What do you like about yourself and your family?
6. What do others like about you?
7. How have you supported a friend or family member in the past?
8. Whom have you found to be helpful to you? In what ways?
9. When have you made up your mind to do something, and did it?
10. Whose pictures do you carry with you?

Shapiro, C., Myers, A., & Toner, C. (n.d.). Strength-based, family-focused practice. A clinical guide from family justice. Retrieved from <http://www.familiesoutside.org.uk/content/uploads/2011/02/family-justice-clinical-guide.pdf>

## Trauma and Families: Fact Sheet for Providers

### What is trauma?

Traumas are frightening, often life-threatening, or violent events that can happen to any or all members of the family. Traumas can cause traumatic stress responses in family members with consequences that ripple through family relationships and impede optimal family functioning. Families living in unsafe or *traumatic* circumstances often experience multiple traumas and have fewer resources needed for stability and recovery.

### How does trauma impact the family?

All families experience trauma differently. Some factors such as the children's age or the family's culture or ethnicity may influence how the family copes and recovers. After traumatic experiences, family members often show signs of resilience. For some families, however, the stress and burden cause them to feel alone, overwhelmed, and less able to maintain vital family functions. Research demonstrates that trauma impacts all levels of the family:

- **Families** that “come together” after traumatic experiences can strengthen bonds and hasten recovery. Families dealing with high stress, limited resources, and multiple trauma exposures often find their coping resources depleted. Their efforts to plan or problem solve are not effective, resulting in ongoing crises and discord.
- **Children, adolescents, and adult family members** can experience mild, moderate, or severe posttraumatic stress symptoms. After traumatic exposure, some people grow stronger and develop a new appreciation for life. Others may struggle with continuing trauma-related problems that disrupt functioning in many areas of their lives.
- **Extended family relationships** can offer sustaining resources in the form of family rituals and traditions, emotional support, and care giving. Some families who have had significant trauma across generations may experience current problems in functioning, and they risk transmitting the effects of trauma to the next generation.
- **Parent-child relationships** have a central role in parents' and children's adjustment after trauma exposure. Protective, nurturing, and effective parental responses are positively associated with reduced symptoms in children. At the same time, parental stress, isolation, and burden can make parents less emotionally available to their children and less able to help them recover from trauma.
- **Adult intimate relationships** can be a source of strength in coping with a traumatic experience. However, many intimate partners struggle with communication and have difficulty expressing emotion or maintaining intimacy, which make them less available to each other and increases the risk of separation, conflict, or interpersonal violence.
- **Sibling relationships** that are close and supportive can offer a buffer against the negative effect of trauma, but siblings who feel disconnected or unprotected can have high conflict. Siblings not directly exposed to trauma can suffer secondary or vicarious traumatic stress; these symptoms mirror posttraumatic stress and interfere with functioning at home or school.

Safe and nurturing relationships among parents, intimate partners, siblings, and extended family members—as well as neighbors and faith-based group members—are protective and help families recover and grow. Risk factors contributing to family instability generally include prior individual or family psychiatric history, history of previous traumas or adverse childhood experiences, increasing life stressors, severity/chronicity of traumatic experiences, conflictual or violent family interactions, and social isolation. Facing significant risks, including limited resources, compromises families' ability to adapt and to gain a sense of safety, stability, and well-being.

### How can providers support families experiencing traumatic stress?

**Providers** aware of the impact of trauma on family relationships and functioning can help members access supports and treatments that focus on all family members and work to stabilize the whole “family unit”. Look for **family-informed trauma treatments** that:

- Promote safety for all family members and prevent exposure to further traumas
- Optimize the strengths of the family's cultural or ethnic background, religious or spiritual affiliation, and beliefs to support recovery
- Link families to essential community resources
- Educate families on the signs of posttraumatic stress and how it can affect the family
- Include family-informed trauma assessments and evidence-based treatments that actively engage family members
- Help family members talk together about their traumatic experiences and how they were impacted

Partner with families to attain safety and access **family centered, trauma** specific services that put families in the “driver's seat” and empower them to plot their own courses of recovery and healing in the aftermath of trauma. Family informed trauma treatments can help to build stronger families and hold promise for benefiting future generations.

*“You can't change the past, but you can do something with the present and prepare for the future. This is what really kept me going.”*

*A grandmother raising grandchildren who were abused*

*“It's all in your heart, what you want, and what you can do. You can overcome anything.”*

*A mother whose child was murdered in a random act of violence*

Go to [nctsn.org](http://nctsn.org) to learn more about how to help families impacted by trauma and to check out the companion tip sheet for families: “Trauma and Your Family”

### References

1. <http://fittcenter@umaryland.edu> click on “The Model” to find Trauma-Informed Principles and Family Informed Practices
2. Collins, K. et al. (2010). *Understanding the impact of trauma and urban poverty on family systems: Risks, resilience, and interventions*. Baltimore, MD: Family Informed Trauma Treatment Center. <http://fittcenter.umaryland.edu/WhitePaper.aspx>