NCTSN The National Child Traumatic Stress Network

GENERAL INFORMATION

SFCR: Strengthening Family Coping Resources: Multi-family Group for Families Impacted by Trauma

Treatment Description

Acronym *(abbreviation)* **for intervention:** SFCR

Average length/number of sessions: 15-week treatment multi-family group model; 10-week high-risk multi-family group model; peer-led group model for parents including 21 1-hour sessions; individual family model under development

Aspects of culture or group experiences that are addressed *(e.g., faith/spiritual component, transportation barriers)***:** To be acceptable to a wide variety of families, this intervention presents skills, processes, and structure while being content-neutral. Specific coping resources including routines, rituals, and traditions that work within one family do not necessarily work for another family. Each family needs to remember, rediscover, plan, and implement routines, rituals, and traditions that are comfortable, satisfying, and meaningful to all family members. Intervention methods, activities, and materials are culturally sensitive, presented at the understanding/reading level of the participants, supportive of many different family forms, and valuing of the strengths within each family. A wide variety of teaching methods, activities, and formats are used to provide appropriate learning experiences for a diverse group of participants.

SFCR has been adapted for Latino/Hispanic families.

Trauma type *(primary)*: Exposure to multiple traumas; complex family trauma

Trauma type *(secondary)*: Exposure to high-risk, high-stress contexts such as urban poverty

Additional descriptors *(not included above)***:** Multi-family groups, family therapy, workshop model

Target Population

Age range: All members of the family are encouraged to attend. Developmentally relevant breakout groups address all ages from infants to grandparents.

Gender: ❒ **Males** ❒ **Females** ☒ **Both**

Ethnic/Racial Group *(include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans)***:** Many groups could benefit, intervention development with specific attention to multigenerational African Americans, multinational sample of Latinos.

Other cultural characteristics *(e.g., SES, religion)***:**
Some focus on under-resourced families

Language*(s)***:** English, Spanish

Region *(e.g., rural, urban)***:**
Has been implemented across the country primarily in urban settings.

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Essential Components

Theoretical basis: Drawing on coping theory, family systems theory, family ritual and routine theory, attachment theory, social support theory, and family resilience theory, SFCR fosters the following protective family coping resources: deliberateness, structure and a sense of safety, connectedness, resource seeking, co-regulation and crisis management, and positive affect, memories, and meaning. Each of these treatment components has been incorporated into SFCR through a variety of family and age-based activities.

Key components: SFCR is designed for families living in traumatic contexts with the goal of reducing the symptoms of posttraumatic stress disorder (PTSD) and other trauma-related disorders in children and adult caregivers. Since most families living in traumatic contexts contend with on-going stressors and threats, SFCR is also designed to increase coping resources in children, adult caregivers, and in the family system to prevent relapse and re-exposure. SFCR provides accepted, empirically supported trauma treatment within a family format. SFCR includes additional therapeutic strategies designed to improve the family's ability to cope with on-going stress and threats of re-exposure. Specifically, SFCR builds the coping resources necessary to help families boost their sense of safety, function with stability, regulate their emotions and behaviors, and improve communication about and understanding of the traumas they have experienced. The model includes family work on storytelling and narration, which builds to a family trauma narrative.

Clinical & Anecdotal Evidence

Are you aware of any suggestion/evidence that this treatment may be harmful?
❒ **Yes** ☒ **No** ❒ **Uncertain**

Extent to which cultural issues have been described in writings about this intervention *(scale of 1-5 where 1=not at all to 5=all the time)*. 5

This intervention is being used on the basis of anecdotes and personal communications only *(no writings)* **that suggest its value with this group.**
❒ **Yes** ☒ **No**

Are there any anecdotes describing satisfaction with treatment, drop-out rates *(e.g., quarterly/annual reports)*? ☒ **Yes** ❒ **No**

If YES, please include citation:
Kiser, LJ, K23-MH066850 Progress Report Years 3, 4; Kiser, LJ, 1U79SM058147; 1U79SM061256-01; 1U79SM061256, 1U79SM080034 Progress Report Years 1-5; Progress Reports

Has this intervention been presented at scientific meetings? ☒ **Yes** ❒ **No**

If YES, please include citation*(s)* **from last five presentations:**
Kiser, L., Connors, K M. (2009) Strengthening Families Coping Resources: Multifamily group workshop model. National Child Traumatic Stress Network All Network Conference, Orlando, FL

Pasillas, R., Kiser, L.J., Gentry, J., Hernandez, B.N., Bautista, E.M. Adapting a multi-family trauma group treatment, Strengthening Family Coping Resources, for use with Latino families. Symposium presented at the National Latino Psychological Association Annual Meeting, San Antonio, TX, 2010

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Clinical & Anecdotal Evidence continued

Kiser, L.J. Strengthening Family Coping Resources (SFCR): Multi-Family Group (MFG) for Families in Urban Poverty. Symposium presented at The International Society for Traumatic Stress Studies (ISTSS), Annual Meeting, Miami, FL, 2014

Kiser, LJ. Poverty and Traumatic Stress: Strategies for Building Family Resilience. Westman Lecture, University of Michigan School of Medicine. Ann Arbor, MI, 2015

Kagan, R, Blaustein, M, & Kiser, LJ. The Challenge and Opportunity of Treatment of Children and Caregivers When Both Have Traumatic Stress. Workshop presented at The International Society for Traumatic Stress Studies (ISTSS), Annual Meeting, Dallas, TX, 2016

Are there any general writings which describe the components of the intervention or how to administer it? ☒ Yes ❒ No

If YES, please include citation:

Kiser, L. J. (2008) *Strengthening Family Coping Resources: Multi-Family Group for Families Impacted by Trauma*. Unpublished manual. Baltimore, MD

Kiser, L. J., Baumgardner, B., Dorado, J. (2010). Who are we, but for the stories we tell: Family stories and healing. *Psychological Trauma: Theory, Research, and Practice. 2(3)*: 243-249.

Has the intervention been replicated anywhere? ☒ Yes ❒ No

Research Evidence	**Sample Size (N) and Breakdown** *(by gender, ethnicity, other cultural factors)*	**Citation**
Pilot Trials/Feasibility Trials *(w/o control groups)*	**N=**185 **By ethnicity:** predominantly African American **By other cultural factors:** poverty	Kiser LJ, Backer, P, Winkles, J, & Medoff, D. (2015). Strengthening Family Coping Resources (SFCR): Practice-based evidence for a promising trauma intervention. *Journal of Couple and Family Psychology: Research and Practice, 4*, 49-59. Doi:10/1037/cfp0000034
	N=19 **By ethnicity:** predominantly African American **By other cultural factors:** urban poverty	Kiser, L.J., Donohue, A., Hodgkinson, S., Medoff, D., & Black, M.M. (2010). Strengthening Family Coping Resources: The feasibility of a multi-family group intervention for families exposed to trauma. Journal of Traumatic Stress. 23(6), 802- 806. DOI: 10.1002/jts.20587

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Other Research Evidence	Support for theoretical model	Kiser, L. J., Baumgardner, B., Dorado, J. (2010). Who are we, but for the stories we tell: Family stories and healing. *Psychological Trauma: Theory, Research, and Practice. 2,* 243-249. doi: 10.1037/a0019893 Kiser, LJ, Medoff, D, Black, MM. (2010). The Role of Family Processes in Childhood Traumatic Stress Reactions for Youths Living in Urban Poverty. *Traumatology. 16*, 33-42. doi: 10.1177/1534765609358466 Kiser, LJ, Nurse, W, Luckstead, L., Collins, KS. (2008). Understanding the impact of traumas on family life from the viewpoint of female caregivers living in urban poverty. *Traumatology, 14*, 77-90. DOI: 10.1177/1534765608320329 Kiser LJ. (2007). Protecting children from the dangers of urban poverty. *Clinical Psychology Review, 27*, 211-225. DOI:10.1016/j.cpr.2006.07.004

Outcomes

What assessments or measures are used as part of the intervention or for research purposes, if any? Trauma Events Screening Inventory, Schedule for Affective Disorders and Schizophrenia for School Age Children – Present (K-SADS-P/L; K-SADS-P IVR), UCLA PTSD Index for DSMIV/V, Child Behavior Checklist (CBCL), Parenting Stress Index - Short Form, Family Assessment Device, Family Crisis Oriented Personal Evaluation Scales (F-COPES), Brief Symptom Inventory (BSI), PTSD Checklist-V (PCL-V). Families provide feedback after each group and ratings of satisfaction, family participation is monitored including attendance, contact hours, completion of homework, clinicians report of competence and adherence following every session

If research studies have been conducted, what were the outcomes?
Results from open trials suggest SFCR is a feasible intervention with positive effects on children's symptoms of trauma-related distress.

Results of from implementation research demonstrate that child posttraumatic stress disorder symptoms are significantly reduced post SFCR by both caregiver- and child-report. Caregivers also report significant reductions in their child's behavior problems. Caregivers report significantly healthier family functioning as measured by the Family Assessment Device-12 and decreased parenting stress on the Parenting Stress Index-Short-Form.

Implementation Requirements & Readiness

Space, materials or equipment requirements?
A space large enough to accommodate 5-7 families along with several breakout rooms is required. Each group starts with a meal. SFCR manual and the materials needed for each session. A comprehensive materials list is included in the manual.

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Implementation Requirements & Readiness cont'd	**Supervision requirements** *(e.g., review of taped sessions)***?** Training for SFCR consists of formal didactics covering constructive family coping, traumatic stress, and intervention content delivered as a 2-day workshop. All intervention methods and materials are presented in detail, including discussion of each session, rehearsal through role-plays, and hands-on practice of several activities. On-going consultation consists of weekly calls with the facilitator team through one 15-week group and bi-weekly calls through the second 15-week group. Clinical facilitator teams should receive weekly supervision from supervisors and/or consultants who have advanced training and experience in implementing the SCFR groups. **In order for successful implementation, support should be obtained from:** Laurel Kiser, University of Maryland School of Medicine, 737 W Lombard Street Rm 500, Baltimore, MD 21201; e-mail at lkiser@gmail.com
Training Materials & Requirements	**List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.** Kiser, L. J. (2015) *Strengthening Family Coping Resources: Intervention for Families Impacted by Trauma.* NY: Routledge; Manual (theoretical foundation, session outlines, fidelity measures, assessment protocol, etc.) and materials can be obtained at sfcr.umaryland.edu with registration **How/where is training obtained?** Contact the developer Laurel Kiser, University of Maryland School of Medicine, 737 W Lombard Street Rm 500, Baltimore, MD 21201; e-mail at lkiser@gmail.com **What is the cost of training?** Costs vary depending on the version of SFCR being used and the number of teams being trained. The initial training can be held locally at your site, although the overall cost will increase to include travel expenses. **Are intervention materials** *(handouts)* **available in other languages?** ☒ **Yes** ☐ **No** **If YES, what languages?** Spanish
Pros & Cons/ Qualitative Impressions	**What are the pros of this intervention over others for this specific group** *(e.g., addresses stigma re. treatment, addresses transportation barriers)***?** Multi-family groups have been shown to be effective in engaging and retaining highly stressed families in treatment. The intervention strengthens recovery from trauma for multiple family subsystems (child, parent, parent-child, family). **What are the cons of this intervention over others for this specific group** *(e.g., length of treatment, difficult to get reimbursement)***?** This is an intensive group experience. It is a resource rich intervention to implement. **Other qualitative impressions:** Families engage quickly and attend regularly. They report and demonstrate learning and practicing new skills. Families that have been treatment resistant make excellent progress.

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Contact Information	**Name:** Laurel J Kiser, Ph.D., MBA **Address:** 737 W Lombard Street Rm 500, Baltimore, MD 21201 **Phone number:** 410-706-2490 **Email:** lkiser@gmail.com **Website:** sfcr.umaryland.edu