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The case for integrating trauma informed family therapy clinical practice within the school context

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ABSTRACT

Counselling services are an integral part of a school's pastoral response to children and adolescents experiencing mental health or behavioural challenges. Professional practice documents published within Australia, the United Kingdom and the United States of America uniformly articulate the capacity of the counsellor to intervene when presented with a student experiencing emotional, psychological or behavioural distress. However, there are some referral concerns that call for a systemic approach that not only engages with parents but extends further to conceptualise the family as the system in need of change. This paper will suggest that the increasing shift towards the application of principles underpinning trauma-informed practice – particularly attachment and systemic constructs – within the classroom must be mirrored within the counselling space from which these theories originate. This paper will conclude with a description of common school based counselling referral criteria that are well suited to family therapy responses. In doing so, this paper will address the concern that the need to attend to the theoretical approach adopted by the school based counsellor represents an important logistical consideration [Zirkelback & Reese, 2010, p. 1095. A review of psychotherapy outcome research: Considerations for school-based mental health providers. *Psychology in the Schools*, *47*(10), 1084–1100].

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Role of counsellor

Counselling services are an integral part of a school's pastoral response – with a recent blueprint pertaining to counselling services in the United Kingdom stressing that 'It is important that clear links are made between counselling services and pastoral care' (Department of Education, 2016). The reduced cognitive and emotional skill sets associated with the adolescent's lesser maturity (Villalba & Lewis, 2007, p. 34), coupled with an estimate that at any one point in time some 20% of young people will be experiencing a mental health condition (World Health Organisation, 2012), highlights the relevance of school counselling services. Schools have been identified as one of the most common settings within which young people will seek and access counselling and support services (Nelson, 2006, p. 180; Villalba & Lewis, 2007, p. 34). Within Australia one in nine students had accessed a school-based service in response to an emotional or behavioural concern (Lawrence et al., 2015, p. 6). The logistics associated with embedding a counsellor within the school environment means that:

> "the school building becomes an ideal environment and provision of therapeutic services, often eliminating the transportation, insurance and social stigma barriers" (Zirkelback & Reese, 2010, p. 1095).

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School based counselling is also considered accessible on account that a child or adolescent does not need a diagnosis in order to access and benefit from therapeutic support (Department of Education, 2016; Stokes & Turnbull, 2016, p. 4).

Within Australia the training and registration requirements of a school counsellor differ on account that education is a state responsibility (Campbell & Colmar, 2014) with psychologists and counsellors typically occupying the role. The peak body for psychologists describes the tasks of the school-based psychologist (who may be known as school psychologist, guidance officer, school counsellor) as being ones of prevention, assessment, intervention, collaboration and management (Australian Psychological Society, 2016). School staff report that the guidance offered by counsellors assists them to understand and manage the behaviour and emotion presented by the student (Department of Education, 2016, p. 10). When considering the measurable impact of the counsellor, Australia represents a dearth in terms of published reports detailing the effectiveness of school-based counselling (Campbell & Colmar, 2014). However, a report in the United Kingdom found improvements in student self-reported capacity to study and concentrate post-counselling (Department of Education, 2016, p. 18). Similarly, as part of a review of major school counselling policy studies in the United States, Carey and Martin cited lower student-to-counsellor rates as being:

> "consistently found to be associated with higher attendance rates, higher college application rates, lower discipline and (for elementary students) enhanced academic achievement." (2015, pp. 1–2).

It has been recommended that based on data from the United Nations countries and best practice the ideal ratio is that of one to 500 students (Australian Psychological Society, 2016, p. 31).

This paper originates out of clinical work conducted at St James College, Brisbane Australia. St James College is a mainstream coeducational high school located in Brisbane enrolling just under 500 students between the grades of 7 and 12. The school caters to students who originate from 41 differing countries of origin. St James is a college in the Edmund Rice tradition and whilst identifying strongly as Catholic, it enrols students from 20 other faiths plus those who do not identify with any religious identity. The bulk of students are Australian Citizens or Permanent Residents and the school has a significant Indigenous Australian cohort. However, the school also caters to a large cohort of Temporary Residents, Refugees, Asylum Seekers and International Students. Within the school there are some 60 plus students identified verified as having additional cognitive, physical or social-emotional needs. Although the student population is characterised by diversity, common to most students will be some complicating factor that has potential to impact upon their journey through schooling. This paper will outline the importance of a systemic response to trauma based presentations in students such that both teachers and parents/carers are supported in their attempt to understand, form and maintain meaningful attachments with students.

Systemic theory

Family issues, followed by concerns relating to anger are the most prevalent reasons for referral to and engaging with school-based counselling (Department of Education, 2016). In order to address typical family issues, it is proposed that there is a need for a paradigm shift from the student as individual, to the family as a system. Addressing family based concerns within the school context reflects both theoretical reality – 'schools are one of the most influential systems in a student's context' (Berryhill & Vennum, 2015, p. 361) and practical reality – namely, the call to consider 'cost neutral' services that demand a different, rather than more expensive way of operating (Department of Education, 2016). It is proposed that the implementation of a systemically informed approach to practice represents one such attempt at difference.

Systems theory was originally described by biologist Ludwig von Bertalanffy during the late 1930s and pertains to a set of principles that apply to systems in general, with a specific focus upon the interrelationship between elements and the need to understand such elements within context

(Marvin & Stewart, 1990, p. 53; Byng-Hall, 1999, p. 631). According to von Bertalanffy (1968) system theory refers to:

> … principles that are valid for "systems" in general, whatever the nature of their component elements and the relations of "forces" between them. In elaborate form it would be a logicomathematical discipline, in itself purely formal but applicable to the various empirical sciences (p. 37).

Applied to clinical practice 'Systems theory/cybernetics directs our attention away from the individual and individual problems viewed in isolation and toward relationships and relationship issues between individuals.' (Becvar & Becvar, 2003, p. 8). The point being that systems theory has the capacity to describe a wide range of system types with specific application having been made to the social sciences, human behaviour, psychology and psychiatry (Becvar & Becvar, 2003, p. 35; Healy, 2005, p. 134; von Bertalanffy, 1968, p. 38, 1974, p. 43). The specific recommendation has been made that systems theory provides a means to inform the counsellor's conceptualisation of the student and family and the 'systemic level she or he seeks to impact change.' (Paylo, 2011, pp. 141–142). For example, it is acknowledged that the family therapist working within the school is tasked with understanding microsystems and mesosystems – specifically ' … a conceptualisation of family functioning in both school and family contexts.' (Berryhill & Vennum, 2015, p. 351 & 362).

The closely related discipline of cybernetics dates from 1942 and the work of mathematician Norbert Weiner (Becvar & Becvar, 2003, p. 16; Wiener, 1948, p. 19). Wiener (1954) described the purpose of cybernetics as being:

> … to develop a language and techniques that will enable us indeed to attack the problem of control and communication in general, but also to find the proper repertory of ideas and techniques to classify their particular manifestations under certain concepts (p. 17).

Applied to the educational context, Brunzell et al. describes cybernetics as 'the science of self-regulating and equilibrating systems' (2016, p. 69) and suggests that this theory is especially relevant when seeking to increase the capacity for self-regulation in students impacted by trauma.

Family therapy in schools

The relevance of engaging not only with the individual student but rather, with the family has previously been outlined (Campbell & Colmar, 2014; Carey & Martin, 2015). A trend of co-locating mental health services for students and their families within the school system was articulated by American author, Lam in 2003. Similarly, American authors Cooper-Haber and Haber note that whilst 'historically the schools have not been substantial employers of family therapy professionals' (2015, p. 341) there appears to be an increase in 'Marriage and Family Therapists on behavioural health teams offering front-line services in schools' (Cooper-Haber & Haber, 2015, p. 342). Powell (2011) examined the subject of family therapy in the school setting through a literature review spanning 1999–2010 and despite the relatively small number of relevant articles, articulated both a usefulness for this approach and advocated more widespread implementation of same. The purpose of family therapy having been summarised as:

> " … facilitating communication skills, clarifying relationship structure in the family, cultivating empathy between parents and children, or providing parents with information about ways to work with children." (Lam, 2003).

Within the United Kingdom it is proposed that family engagement is more relevant to primary, rather than high schools (Department of Education, 2016). In contrast, within Australia, twice as many adolescents had seen a 'counsellor or family therapist' when compared with younger children and some 11% of all children aged 4–17 years with mental disorders having engaged with these services in the past 12 months (Lawrence et al., 2015, p. 73 & 78). Nelson (2006) referenced 'brief therapeutic interventions' based on strategic family therapy principles applied in the school context and aimed at supporting children who present with behavioural concerns (p. 180). An alternative practice model being those instances when counsellors essentially consult to schools (Campbell & Colmar, 2014) – a

scenario that limits capacity for systemic influence – given that these therapists are tasked with working 'collaboratively with' (Stinchfield, 2004, p. 296), rather than within the educational system. Examples of literature describing external family therapy services include responses to externalizing or disruptive behaviours that have included behavioural parent training inclusive of Triple P and Parent–Child Interactional Therapy (Christiansen, Jensen, Olympia, & Clark, 2005; Thomas & Zimmer-Gembeck, 2007).

Attachment theory

The relatively recent review of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) resulted in a stand-alone chapter detailing Trauma and Stressor Related Disorders inclusive of Post-Traumatic Stress Disorder and Reactive Attachment Disorder. Students will present having experienced a variety of traumatic stimuli yet the reality is that -' … around 80% of human trauma occurs within the family setting.' (Queensland Government, 2007, p. 4) – though the circumstances of migrant refugees families will necessarily differ (Australian Psychological Society, 2016, p. 28).

Trauma is associated with a reduced ability to regulate one's own physiology, meaning that recovery from trauma relies upon the development or restoration of self-regulation capacities. The development of these skills has been attributed to a child's access to engaging with adults who possess reflective skills such that the child is supported in the ways of perceiving, articulating and controlling emotions (Bath, 2008, p. 20; Brunzell, Stokes, & Waters, 2016, p. 75). Furthermore, trauma has been linked with reduced attention and concentration – arising as a result of increased hyper vigilance (Australian Childhood Foundation, 2010, p. 26). This state of hyperarousal represents a useful historical response to danger, yet the ongoing impact of trauma is such that there is a marked reduction in the child's capacity to adapt to their new environment – meaning that if the child is to recover from trauma, the environment must adapt to support them (Australian Childhood Foundation, 2010). In addition to any mental health diagnosis, it is understood that students impacted by trauma may demonstrate behavioural patterns suggestive of an addiction to high-stimulus or high-risk activities (Queensland Government, 2007, p. 7).

Recovery from trauma is complex but central is a need for safety (Bath, 2008, p. 19). Safe classrooms should feature comfort, consistency, trustworthiness and belonging (Stokes & Turnbull, 2016, p. 9). According to Brunzell et al. (2016) the quality of teacher-student relationships has capacity to go someway towards repairing disrupted attachment and represents one of the key facets of trauma informed practice (p. 67). Similarly, safe interpersonal relationships have been defined as featuring 'consistency, reliability, predictability, availability, honesty and transparency' (Bath, 2008, p. 19). Within the therapeutic literature exist numerous reference to the potency of the therapeutic relationship, or counsellor interpersonal skills, when compared with specific therapeutic techniques (Bath, 2008; Karver, Handelsman, Fields, & Bickman, 2006; Zimmerman & Bambling, 2012). As such, it is recognised that trauma experiences demand a response favouring relationships informed by key attachment constructs.

Ideally humans are able to seek out relationships as a means to reducing, or soothing, their response to stress and distress. John Bowlby introduced the notion that attachment behaviour represents:

> "any form of behaviour that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world." (1988, p. 27).

The goal of the attachment system being to maintain proximity during times of risk and to use the attachment figure as a base for exploration during times of safety (Hunter & Maunder, 2001, p. 177). In terms of understanding individual responses to attachment disruptions, four categories of attachment styles were identified, namely: secure, avoidant, resistant/anxious and disorganised (Ainsworth, Blehar, Waters, & Wall, 1978, p. 58; Main & Solomon, 1990, p. 122). Applied to an understanding of

student behaviour it is proposed that securely attached students have historically been fortunate to form a relationships with an attachment figure who might be defined as having been characterised by accessibility, reliability, predictability and sensitivity (O'Gorman, 2011). Adopting the work of Hunter and Maunder who seek to understand patient/illness behaviour in a hospital setting, it can be hypothesised that a student presenting with an avoidant attachment style will prioritise independence ahead of relationship (Hunter & Maunder, 2001, p. 180). In such cases, it is wise to acknowledge this independence has likely kept the student safe during the past and thus, capitalising upon this independence as a strength would involve ensuring the student is forefront of attempts to define and articulate therapeutic goals. The student presenting with an insecure-anxious attachment style is likely to use distress as a means to facilitating and securing proximity to the attachment figure (Hunter & Maunder, 2001, p. 179). In such cases, planned and regular therapeutic appointments that continue past the initial resolution of a crisis may assist in containing this student and reducing current and future flare-ups. Further, there exists a smaller cohort of students for whom past attachment relationships have not only failed to offer safety, but rather, have in fact been the source of significant stress and distress. As infants, the disorganised attachment style features behaviour that lacks readily observable goals, intention or explanation (Main & Solomon, 1990, p. 122). Just as the impact of trauma is understood to be limited capacity for self-regulation, similarly the disorganised attachment style features a limited capacity to organise attachment responses – increasing the likelihood of conduct disturbance and psychopathology (Fonagy, 2001, p. 40; Wallin, 2007, pp. 23–24).

Whilst attachment theory arose from a focus on dyadic relationships, this has not been to the exclusion of an understanding that the symptoms demonstrated by the individual child/adolescent may in fact be representative of broader systemic concerns. For example, Bowlby articulated that disturbances in the child may reflect broader or more systemic difficulties such as current family relationships, or even the influence of the parent's own childhood experiences and that movement towards change needs to take account of both the individual child and the family environment (Bowlby, 1978, p. 11 & 417). Furthermore, as early as 1998 it was recognised that attachment constructs were influencing the development of family treatments (Karen, 1998).

Application of systemic and attachment theory within family therapy practice in the school context

In his popular book 'How Children Succeed' author Paul Tough tells the story of a principal who, when grappling with the impact of poverty and home based trauma on her student cohort located in Chicago, USA, realised that 'the most important tools at her disposal were ones that didn't have much to do with classroom instruction' and so continued on to detail the role of anger management and trauma counselling for both students and families (Tough, 2013, p. 7). At this point it is proposed that there are a range of school based counselling referrals concerns for which individual work is likely counter-intuitive or at a minimum, does not represent a sound investment of resources. As an alternative it is suggested that school counsellors would benefit from specific training in family therapy – the practical application of family systems theory. In terms of the specific disciplines of mental health care provider to be trained, the point has been made that 'the issue is no who does the therapy, but who has the skills and inclination to work with families and the school system in ways that best support the students.' (Cooper-Haber & Haber, 2015, p. 349).

One of the most common counselling referrals demanding of a systemic response applies in instances in which parents report feelings of helplessness when requested to engage with their child around school based matters. For example, routinely incomplete homework or engaging in petty crimes whilst in school uniform. In such instances parents will often report that they have 'tried everything' yet an assessment of the family system will often reveal fluid boundaries that fail to consistently distinguish between adult versus child subsystems. In these instances parents will report struggling with their approach to discipline, with further examination revealing tensions in marital relationships or the impact of financial/mental health/cultural stressors creating an absence

of both thoughtful and consistent practice. More concerning, is that for many parents their own experiences of being parented, coupled with their limited parenting skill sets, plus the erosion of their own resilience following years of family disharmony, creates a context in which relationship repair has ceased to be a consideration. In such instances the task of the therapist is to couch the need for parent/s to work towards interactions featuring the relationship ideals of accessibility, reliability, predictability and sensitivity, in language that attends to the reality that change is not likely to be rapid and parents are likely concerned that their child is being 'rewarded' for instances of poor behavioural choices. Constructing conversations that incorporate attachment constructs enables the therapist to introduce a new way of exploring, understanding and applying themes that the parent/s might otherwise have deemed irrelevant or overly threatening – for example, histories of parental overdose or incarceration.

Similarly, referrals pertaining to oppositional and defiant student behaviours are contenders for a systemic response, though not always in the clinical format of family therapy. The defiant student risks being deemed unlikable by the bulk of adults around them on account that they are prone to arguing, deliberately annoying others and refuse to adhere to routine rules and expectations (American Psychiatric Association, 2013). Engaging with the parent/s of these children can be a challenge as they may have already disengaged from parenting the child or conversely, feel judged for the behaviour of their child. In such cases it is imperative to take the time to attend to a comprehensive family assessment that attends to historical matters that may have shaped the trajectory of the child. Once these additional factors are understood, there exists the possibility of reframing the child's current behaviours as protective thereby ensuring that attempts to replace one protective factor (e.g. pushing the attachment figure away before experiencing the rejection associated with the reverse sequence of being pushed away) are balanced with a psychologically informed alternative (i.e. reviewing the stability of a current out-of-home care placement). Family therapy sessions offer a space in which parents are provided with an experience in which the therapist models moderated responses to the child's poor behavioural choices, provides the scaffolding for the parent to genuinely notice and comment on the child's good choices and reflect upon the shifts in relationship dynamics that occur within the session when either task is done well. In these cases it is important that feedback include commenting on the 'good' enacted by the adult attachment figure such that those behaviours associated with their role as the secure base are both highlighted and affirmed. In these instances discussing routine parenting skill sets will not likely prove adequate but rather, the task of the therapist is to facilitate a systemic approach that ensures ongoing communication between all relevant individuals – parents/carers, teachers, and external treating mental health providers.

An increasingly common reason for referral centres around perceived addiction to screen usage. In such instances the behaviour of the adolescent is likely at a point whereby it is impacting family functioning through increased conflict or eroding academic performance. In these instances the presence of the parent/s within the session provides useful collateral pertaining actual screen usage – data which is likely to be underreported by the adolescent seen in isolation. From the start the therapist is tasked with working together 'with the parents to identify the problem situation and to begin to formulate a picture of what the solution will look like.' (Nelson, 2006, p. 181). Simultaneously there is a need to join with the adolescent and work with them to identify and articulate real incentives for change. Whilst literature has highlighted the importance of 'being real' when forming a working therapeutic alliance (Stinchfield, 2004, p. 292) this is especially true when seeking to offer the adolescent a reason to remain engaged in the change process. In such instances, harm minimisation is a likely initial goal and may represent a source of disappointment to the parent who has entered with different expectations. In these instances it will not be uncommon to find that parental boundaries are overly rigid, with clear ideals of 'right and wrong' proving ill fitting with the new social dynamics confronting the modern-day adolescent. The systemic construct of equifinality – namely, that the 'final state may be reached from different initial conditions and in different ways' (von Bertalanffy, 1968, p. 40) – suggests that the therapist attend to defining those ideals held core by the

family, before proceeding to facilitate a conversation around each individual's capacity to both hold these ideals true whilst shifting towards alternative ways of relating. Though not always the case, these presentations may include recent episodes of relationship disruptions (e.g. violence towards a parent) with associated decline in the strength and warmth of the attachment relationship. However, viewed through a historical lens, both adolescent and parent may be able to recall earlier periods when the relationship featured a healthy balance of proximity and exploration – with neither being overly stressed to the exclusion of the other. Accommodating for normal adolescent needs to differentiate from their parent, the constructs of accessibility, reliability, predictability and sensitivity continue to represent four relevant criteria by which interactions of both the parent – and increasingly the developing adolescent – can be evaluated.

A fourth and final example of school based family therapy pertains to instances of anxiety resulting in school refusal, perhaps expressed through somatic symptoms. Conceptualisation of school refusal must not be limited to exploring the anxiety arising from within the school itself (e.g. bullying or academic demands), but rather, must simultaneously attend to considerations of influencing factors within the home. Separation anxiety has been strongly associated with insecure attachment styles (Ainsworth & Wittig, 1969, p. 126) though there is also the suggestion that in these families, relationships between the child and parent are overly close or even 'suffocating' (Bowlby, 1973, p. 300). Further, in instances of historical (e.g. war) or ongoing (e.g. family violence) trauma, the student may be seeking to regulate their overwhelming distress by maintain proximity to their secure base. In such instances change will be reliant upon the therapist being able to attend to any immediate safety concerns before providing support and facilitating intervention with both parent and student. Ensuring the student has a primary attachment figure within the school provides a manageable response to the child's once helpful attachment behaviours (i.e. seeking proximity to the secure base when distressed) that have been ill-applied within current circumstances. In addition, Bowlby (1973) highlighted the pattern in which the mental health of the parent is compromised to the point that s/he 'retains the child at home to be a companion.' (p. 303). In these instances an external parental referral will be required. However, availing a service in which the student or parent can phone the therapist during challenging mornings not only offers containment but also enables problem solving pertaining to obstacles or unhelpful alliances un/consciously set in play by the parent. These obstacles or alliances then become 'grist for the here-and-now mill' for the next family therapy session (Yalom, 2001, p. 70).

Conclusion

In conclusion, literature suggests that the role of the school based counsellor, whilst valued, is not uniformly defined nor applied. At the heart of the profession is the need to contribute to the shaping of the hearts and minds of the student. In particular, to address the threats to academic functioning posed by the impact of trauma that may present as mental health or complex behavioural concerns. This paper proposes that just as educational literature has embraced systemic and attachment constructs when seeking to provide a trauma informed approach to classroom practice, the school based counsellor is also in a position to ensure these theories remain relevant within their practice – notably through the integration of family therapy clinical practice within the school context. Specific mention was made regarding referrals pertaining to behavioural concerns inclusive of routine behavioural challenges through to more entrenched defiance, screen addiction and school refusal. In conclusion, the tertiary preparation of counsellors demands that adequate attention be given to theoretical content – with constructs from attachment and trauma being highly relevant to students who have experienced conflicted family breakdown, displacement from homeland and significant abuse/neglect. Further, school counsellors with specialised skills in the practice of family therapy are well placed to support the student for whom the school based symptom requires a systemic response inclusive of school and home based systems alike.

Notes on contributor

Shannon is a child and family therapist working at St James College, Brisbane. She holds an Bachelor of Music Therapy, Master of Social Work (Family Therapy) and Doctorate of Philosophy (Social Work). Shannon has previously been employed within child and youth mental health and whilst working as private practitioner consulted for child safety and provided expert family reports in matters of family law.

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