

In this unique and very special book, Shelley A. Riggs and Laura E. Captari provide the definitive systemic guide to working with trauma. The authors build on the foundation of a clearly articulated multisystemic understanding of trauma that is deeply ingrained in relevant research. They draw from the best of evidence-based practice to help the reader learn to shape helpful case formulations and intervene in the context of trauma. Filled with practical advice and evocative illustrative cases, the authors brilliantly bridge evidence-based practice and clinical wisdom. This book should be read by every clinician and therapist in training who works with or plans to work with trauma.

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This text is a timely addition to the literature on systemic and communal healing practices for trauma-impacted individuals and families. It contributes new ways to conceptualize trauma and its impact on others and the reciprocal role played by trauma in its relational and cultural contexts. The authors make explicit how the family system, even intergenerational “ghosts,” can affect the occurrence of trauma and serve to further traumatize or as a healing resource.

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HAPPENED TO YOU: COMPLEX TRAUMA AND TREATMENT*

This book provides a much-needed integration of systemic family and couples theory and practice with traumatic stress assessment and treatment. The impact of psychological trauma on family systems, and the vital importance of understanding family systems dynamics, is brought to life with vivid case studies and an illuminating overview of treatment models from both fields. The authors have provided a unique resource for both preprofessional trainees and practicing professionals on how to be both systemic and trauma-informed.

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INTRODUCTION

A Systemic Lens as Vital for Trauma Treatment

Children don't get traumatized because they are hurt. They get traumatized because they're alone with the hurt.

—GABOR MATÉ (BENAZZO & BENAZZO 2021)

The book in your hands is the result of 5 years of planning, writing, editing, and feedback in order to develop a concise clinical guide applying a systemic lens to the broad sequelae of trauma in families. Most of us as psychotherapists enter professional practice with essential clinical skills to conduct individual therapy, but have little to no training in systemically oriented assessment and intervention (Kaslow et al., 2005). A systemic lens takes as a starting point that mental health distress—and sources of strength, resilience, and growth—are inextricably intertwined with the dynamics of family relationships, environment, and social context (Celano, 2018). In this book, we explore how such interaction processes can both contribute to trauma and be a vital source of healing.

Systemic therapies often involve working with multiple family members (e.g., a couple, parent–child dyad) and/or close coordination with others who are significant in the lives of trauma-impacted individuals (e.g., extended

<https://doi.org/10.1037/0000487-001>

Systemic Treatment of Trauma-Impacted Families: A Clinician's Guide to Assessment, Formulation, and Intervention, by S. A. Riggs and L. E. Captari
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family networks, school personnel). However, throughout this book, we use the terms *couple and family* and *systemic* alongside each other to highlight how such therapeutic work is not defined by intervention modality. A systemic perspective is relevant whether you work primarily with individuals, couples, families, and/or groups, and whether you are a psychologist, psychiatrist, social worker, counselor, couple and family therapist, or other clinician. It goes well beyond who is present for a particular session and is rooted in what you are paying attention to as well as how you are intervening.

When it comes to working with trauma in clinical settings, even those of us lucky enough to have had a graduate course in this area may be underprepared to meaningfully address the nuances of assessment and treatment (American Psychological Association [APA], 2015a; Henning et al., 2022; Kumar et al., 2022), particularly considering how the effects of trauma ripple across families, communities, and generations. Increasing attention to this public health concern—well beyond posttraumatic stress disorder alone—highlights the critical importance of trauma-informed and -responsive care in routine practice (Magruder et al., 2017). Trauma-informed care is rooted in an emphasis on safety and collaboration, recognizing that traumatized individuals are vulnerable to further harm and iatrogenic outcomes. Trauma-responsive care goes further by tailoring treatment to each patient's experience and needs in real time, necessitating high levels of attunement and flexibility. Rather than being solely oriented by questions such as “What type of trauma occurred?” or “What's the diagnosis?” we must more deeply consider, “What has this individual, couple, or family endured—and how does it live on both inside of and between them?”

GAPS IN TRAINING AND AVAILABLE CARE

Many clients and their family members have experienced trauma, with wide-ranging sequelae that include constricted or reactive relational patterns as well as complex symptom presentations. Yet, given that couple and family therapy and trauma therapy are not well integrated, most of us are left to “put the pieces together.” Perhaps what initially looked like a child therapy case has necessitated supporting parents in addressing their own unresolved trauma as part of strengthening the parent–child relationship. Or maybe individual adults with histories of trauma keep bringing into session conflicts arising in their romantic relationship or family. One way or another, we often find our way to a more systemic formulation via the complexities arising in our cases. This can unwittingly lead to treating trauma as an “accidental family therapist” (Wise & Gomez, 2018). It can be extremely challenging to hold in mind and

meaningfully apply these distinct streams of knowledge in real time, especially amid anxiety-provoking and high-stakes clinical situations . . . where our own nervous systems can easily get “hijacked” by relational dynamics of dysregulation or disengagement.

For many therapists, clinical situations that challenge individually oriented conceptualizations and interventions compel them to learn more about working with couples, parents, siblings, grandparents, and other family constellations. Yet, research suggests that this “piecing it together as you go” approach can be haphazard; on average, psychotherapist effectiveness has not been found to improve across one’s career, with evidence of either nonimprovement beyond internship or slight deterioration effects (Tracey et al., 2024). Of note, this trend is not clearly related to the difficulty of one’s cases. What are the public health implications of this for traumatized populations? Gaps in our ongoing development as clinicians—and in the effects on routine clinical practice—are sobering and can limit clients’ possibilities for accessing evidence-based care that promotes holistic trauma healing. As Henning et al. (2022) noted,

The disparity between the need for clinicians who can provide safe and effective treatment for individuals with trauma-related conditions and disorders, and the availability of such professionals, is great and ever-increasing. This is especially problematic due to the high number of mental health clients whose clinical picture is related to current or past traumatic events and experiences. (p. 372)

We argue that integrating the wisdom of systemic thinking in working with trauma-impacted clients and families is an ethical necessity as part of addressing this disparity. In line with the importance of practicing within the boundaries of our competence (American Association for Marriage and Family Therapy, 2015; American Counseling Association, 2014; APA, 2017b; National Association of Social Workers, 2021), it behooves us as mental health professionals to intentionally seek out postgraduate training and supervision when we experience a gap between our training and the competencies necessary to provide specialty care. While this book is insufficient on its own, and should be supplemented, we hope it serves as a springboard by sparking increased attention to and momentum in approaching the treatment of trauma beyond the individual psyche.

THE PURPOSE AND SCOPE OF THIS BOOK

Our experience has been that trauma therapy training tends to focus largely on individual intervention, and that training in working with couples and families often does not adequately prepare clinicians to address trauma-related dynamics

that surface in relationships and across generations. Thus, practitioners may end up developing competencies in one area but not the other (i.e., trauma or couple/family) and are often left to do the integrative work in their real-time practice. Many excellent books and manuals already exist that comprehensively cover the vast body of available trauma research, provide in-depth guidance on particular types of trauma or clinical presentations, and detail how to conduct therapy sessions using specific approaches. The same could be said of resources for readers who want to take a deep dive into couple and family therapy. Thus, we do not try to replicate these or provide comprehensive reviews of the literatures on trauma science or family systems. Furthermore, we do not have the space to discuss every possibility or complication that may arise in either trauma-focused¹ or family therapy—never mind the intersection between them! Acknowledging this, we provide references throughout for readers who are interested in consulting such resources for more in-depth information and guidance.

What you can expect from this read is an introduction to and application of core systemic principles and practices, providing a holistic and nuanced—but often overlooked—metatheoretical perspective to working with trauma in the family system. This book offers an accelerated primer on systems theory as applied to trauma-related assessment, formulation, and treatment. Rather than focusing on one treatment approach or modality, we describe the unique challenges and potential of systemically oriented interventions to help people heal from trauma and develop richer, more rewarding relationships with family and kinship networks. Systems theory functions as a valuable metatheory that provides a broad conceptual framework for working with couples and families impacted by trauma. As such, this book does not offer a step-by-step approach to assessment and treatment, but instead introduces systemic concepts and processes, as well as specialty skills and techniques that clinicians can apply to their own assessment and psychotherapy practices with traumatized clients. The focus here is on developing systemic capabilities (Fraser & Greenhalgh, 2001; Kaslow et al., 2022) that will enable you to learn about and “see” the reciprocal patterns in family interactions and the interconnectedness of trauma in family systems, to use all of your clinical knowledge and experience to generate innovative clinical hypotheses and interventions to assist in relational healing processes, and to flexibly adapt your established professional competencies to the unique needs of trauma-impacted clients and their families.

¹ We use the term *trauma-focused* throughout this book to capture the broad array of psychological assessment and intervention strategies that address the multidimensional impacts of potentially traumatic stressors on mental health.

Drawing from almost 40 years of combined clinical work, research, teaching, and ongoing theorizing (plus our own lived experience as children, siblings, partners, parents, and now a grandparent!), we synthesize key systemic principles and practices relevant to clinical practice with children, couples, and families. We speak from experience having worked in intensive in-home, inpatient, community mental health, college counseling, private practice, Veteran's Affairs, and educational settings, where we have provided and supervised individual, child–parent, couple, family, and group therapy. We find working systemically as therapists to be invigorating, sometimes hard and frustrating, and at many times humbling and awe-inspiring as we partner with families in activating healing processes.

As part of a larger series applying specialty professional competencies to working with couples and families, this clinician's guide aims to fill some of the aforementioned gaps for therapists keen to develop or enrich their clinical competencies in helping couples, families, and communities who have been individually or collectively affected by trauma. This book is also relevant for mental health professionals who work mainly with individual clients but want to bring a more systemic lens and formulation to trauma-focused treatment. We do not blithely propose couple or family modalities as THE answer; as we will discuss, in traumatized family systems, there may be multiple clinically appropriate reasons to not include certain members in treatment. Whether you primarily interact with a single member of a family system, members of a particular subsystem (e.g., couple, siblings), entire families, dyads within a kinship network (e.g., friends or colleagues), or a larger milieu (e.g., school, community), gaining a comprehensive understanding of trauma and systems can elucidate important details that deepen your understanding of what is happening and change how you approach trauma intervention. Our experience has been that once you “see” systemic dynamics, it is hard to “unsee” them! Given the reciprocal nature of relational dynamics and family processes, systemically oriented treatment can help both support individual trauma healing of the involved members and create the conditions for change in a couple or family's ways of relating, regardless of who is physically in the therapy room. Thus, applying systems theory to trauma treatment enables us to work flexibly and creatively to meet each client, couple, or family where they are at.

ORGANIZATION OF THIS BOOK

This book is organized into seven interrelated chapters that cover foundational knowledge and skills for treating the sequelae of trauma from a systemic perspective. Each chapter begins with a brief illustrative vignette (amalgamated

or fictitious) that sets the stage for reviewing relevant theory and research, with a focus throughout the book on practical application to real-world clinical practice with individuals, couples, and families. We attend equally to each leg of the stool of evidence-based practice, namely, knowing the empirical evidence and mechanisms of change underlying diverse treatment approaches, developing clinical wisdom and greater competency in couple and family intervention, and personalizing treatment in light of each client's or family's culture and preferences (APA, 2021). To enhance understanding and application of systemic concepts and strategies, we integrate an amalgamated case study of the fictitious Garcia family in detail across several chapters to show what systemic assessment, case formulation, treatment, and consultation might look like in practice. While illustrative, this case captures only one of many different types of family constellations, clinical presentations, and courses of treatment; thus, we invite readers to consider how to apply systemic principles and concepts creatively in light of their own specific workplace context, populations served, and clients' presenting concerns.

To begin, Chapter 1 describes key systemic principles and concepts relevant to trauma work, such as subsystems, organization, power and control, communication, cohesion and autonomy, boundaries, alliances and coalitions, conflict, and role reversal. Zooming out beyond individual symptomology, we orient readers toward relationships and processes between and among individuals where the sequelae of trauma—for example, patterns of fight, flight, freeze, and/or fawn—often live in the family system. Recognizing that many clinicians operate as “accidental family therapists” due to the relevance of such concerns arising in professional practice, ongoing learning and professional development is critical in order to provide the best possible clinical care (Wise & Gomez, 2018). Foundational competencies for working with couples and families are discussed, including attention to family and life cycle diversity, as well as unique ethical and legal considerations.

Building on this, Chapter 2 grapples with the question of what constitutes trauma and explicates an intersubjective, multidimensional, and holistic understanding that moves beyond Criterion A events² and also attends to covert, cumulative, community-based, intergenerational, and collective experiences. We distinguish traumatic stressors external to the family system (which may impact one or more family members) from those within the system (wherein one or more family members perpetrates against others), and consider the interplay between these areas. Attention is also paid to the intergenerational

² Criterion A events are those that meet the definition required as part of diagnosis of acute stress disorder or posttraumatic stress disorder in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2022)*.

transmission of family strengths, resilience, and adaptation, being mindful to conceptualize traumatized families as a group of living, hurting, whole people—not a bundle of symptoms or dysfunctional patterns. This chapter also introduces trauma-specific competencies that are distinct from generalist training as a mental health practitioner.

Chapter 3 applies the three-legged stool of evidence-based practice to working systemically with traumatized populations, integrating the best available scientific evidence with clinical expertise and responsiveness to each family's values and preferences. We explore underlying common factors in systemic intervention, then offer readers a tour of treatment approaches in three areas: (a) models specifically designed to involve family members in the treatment of trauma, (b) established couple/family treatment approaches that have been adapted for trauma, and (c) established individual approaches for treating trauma that can be enriched through a systemic formulation. In light of growing evidence that treatment responsiveness and collaboration matters more in real-world settings than fidelity to any one particular intervention model, this chapter offers a metatheoretical perspective that brings into focus common factors and mechanisms of change, equipping readers to integrate multiple frameworks to meet each client's unique needs throughout treatment.

Assessment is a foundational competency for clinical practice across disciplines (Accreditation Council for Graduate Medical Education, 2023; APA, 2018; Commission on Accreditation for Marriage and Family Education, 2021; Council for Accreditation of Counseling and Related Educational Programs, 2024; Council on Social Work Education, 2022), yet most training focuses on evaluating individuals, not dyads or families. Chapter 4 delves into the process of assessing complex interactions between intrapersonal, interpersonal, and contextual aspects of family systems, with attention to both the diverse sequelae of trauma and members' strengths and resilience. This chapter discusses the added value of systemic assessment, as well as key areas to assess, who to include, and the selection and administration of assessment measures. An in-depth case study of the Garcia family is introduced to illustrate these areas and provide applied examples of instrument selection and documentation for systemically oriented assessment. Readers are encouraged to consider the unique ways that such an assessment might be embodied in their clinical context.

Chapter 5 guides readers through the process of systemic formulation, treatment planning, and intervention, using the case of the Garcia family. This chapter delineates how systemic assessment informs case formulation and subsequent treatment decisions. Although systems theory is typically applied to couple and/or family therapy, a systemic perspective can be incorporated into a variety of treatment modalities (e.g., individual, dyadic, family, group) and use

multiple methods of delivery (e.g., psychoeducation, coaching/consulting, psychotherapy). In this chapter, we describe the process of organizing and beginning systemic treatment with multiple family members, then provide an overview of common techniques utilized in couple and family therapy that may be useful in trauma intervention. A case formulation and treatment plan are presented for the Garcia case, along with key clinical moments in the course of family therapy.

Traumatized families interact with larger systems, including school, community, legal/court, health systems/hospitals, religious organizations, and government agencies, and far too often fall through the many cracks existing between, and sometimes within, these systems. Considering this, Chapter 6 explicates the salience of ongoing consultation and interdisciplinary/interprofessional collaboration with other providers and involved parties (e.g., school teachers/counselors, pediatricians, psychiatrists, legal advocates), tying this in to the Garcia family's needs and context. Beyond psychotherapy alone, we explore the potential of community-based intervention in cases of widespread trauma to address and ameliorate long-term risks through activating culturally and spiritually embedded strengths. This chapter also discusses mental health professionals' role in advocacy in order to facilitate systems-level changes in mental health care, educational systems, and society at large.

Finally, Chapter 7 explores unique challenges and opportunities for therapists working systemically with individuals and families impacted by trauma. We discuss the self-of-the-therapist and the complex countertransferences that are part and parcel of this sort of clinical work. Readers are invited to reflect on their own identities and personalities, developmental histories, personal experiences of trauma, and how all this informs their therapeutic stance and presence in cases of both similarity to and difference from clients. Considering risks for secondary and/or vicarious trauma and the influence of contextual/organizational factors on therapists' well-being, we propose the need for building systems of care, rather than the primary emphasis being on self-care. This chapter highlights the importance of our ongoing personal and professional development as part of resilience building.

IDENTIFYING YOUR CONTEXT AND NEEDS

In this book, we argue that a systemic lens is vital to clinically formulate and meaningfully address how the sequelae of trauma often take root and propagate within relationships and across family systems, creating or exacerbating members' mental health distress:

If we do not understand and integrate the shaping power of institutions, social norms, economic systems, oppression, and privilege alongside the profound influences of family and community, we will not fully understand trauma or how to heal from it. We will not understand how to prevent it. (Haines, 2019, p. 11)

Considering our own embeddedness as members of families who are impacted by institutions and social norms, we invite you to take a moment to consider your own context and needs:

- What aspects of clinical work with family members (whether they are actually in the room or discussed by a client) do you find most challenging? Most intriguing?
- In providing psychological care to trauma-exposed populations, what are you particularly curious to learn about? Anything you find confusing?
- How might your own intersectional identities and social location inform how traumatized families perceive and experience you as a clinician?
- What experiences and/or relational dynamics in your own family of origin (and creation, if relevant) tend to overlap with types of clients you are working with? What countertransference do you notice getting activated in you in session?

How you answer these questions can offer guidance about where to focus as you engage with this material, given the specifics of your contextual knowledge and experience. Our hope is that you find this book to be a catalyst that sparks your development and engages you in the lifelong journey of moving toward greater competency in helping families heal, find resilience, and thrive.