

## Strong Bonds Fact Sheet:

# Understanding Families : Impact of Family Issues on Adolescents

A young person's family history has a significant influence on the way they behave, function, and relate to people. Family is often thought of as a person's immediate relatives, but can include others who have significant influence, both positive and negative, on shaping who we are and how we see others, the world and ourselves.

This help sheet outlines some family experiences and how they may impact on young people's behaviour and functioning. Strategies for discussing family experiences with young people are also outlined.

### Family Risk and Protective Factors

There are many family risk factors that can influence a young person's level of engagement in health risk behaviours. Some factors will be entrenched characteristics of a young person's life that cannot be modified. These include<sup>1</sup>:

- Low birth weight
- Premature birth
- Less than two years between siblings
- Family size
- "Difficult" temperament
- Early childhood experiences, e.g. malnutrition, poverty, parenting style.

Other risk factors may be amenable to change through intervention, such as current exposure to abuse. In addition, protective factors may or may not have existed in a young person's background.

Interventions should have a goal of modifying available risk factors and enhancing available protective factors, to the extent possible. This requires an understanding of historical events that will continue to impact on a young person's health and wellbeing, and ways in which we can increase the number of protective factors in a young person's life to try and offset these risk factors.

### Attachment Experience

Attachment theory, first introduced by John Bowlby (1969, 1982)<sup>2</sup>, provides a framework for understanding the development of significant human relationships from infancy, and subsequent relationships patterns.

There are three main patterns of attachment, based on patterns of behaviour by infants upon separation from their primary attachment figure<sup>3</sup>:

- **Secure attachment**, where a child will actively explore their environment when the attachment figure is present,

becomes upset if she/he departs and then re-engages on her/his return.

- **Insecure-avoidant attachment**, where a child shows little distress at separation from an attachment figure, avoids contact on return and may ignore him/her.
- **Insecure-ambivalent attachment**, where a child is anxious before separation, very upset during it, and is ambivalent on return, seeking and resisting contact.

Early attachment experiences affect a person's level of trust and security, style of communication and conflict resolution, and his/her ability to regulate emotion in later relationships. Adolescents with insecure attachment styles, for example, often exhibit one of two relationship styles:

- **Dismissive**: a tendency to avoid thinking about or dealing with highly emotional issues.
- **Preoccupied**: highly focused on attachment relationships and may heighten emotions and provoke conflict as an attempt to resolve attachment issues<sup>4</sup>.

Attachment theory provides important explanations for young people's behaviour and difficulties in significant attachment relationships.

### Traumatic events

Traumatic events are usually defined as situations that are life threatening, or where there is a significant threat to one's physical and psychological integrity<sup>5</sup>. Such events are often sudden, unexpected, beyond our past experience, and overwhelming. Traumatic experiences within the family may include accidents, deaths, family breakdown, abuse, violence or many other experiences.

Upon exposure to a traumatic event, a person often experiences a "fight or flight" response to aid survival. They may successfully run away, win the "fight" or get help, lessening the impact of the trauma and subsequent long-term problems. But in many situations the victim is helpless, particularly children, due to their vulnerability. Over time, if a person is exposed to enough experiences that teach them

1. Rayner, M. & Montague, M. (2000) Resilient Children and Young People. Deakin University: Policy and Practice Research Unit.

2. Bowlby, J. (1982) Attachment and Loss: Vol. 1 Attachment. New York: Basic Books (originally published 1969).

3. Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the strange situation. Hillsdale, N.J.: Erlbaum.

4. Howe, D., Brandon, M., Hinings, D. and Schofield (1999). Attachment Theory, Child Maltreatment and Family Support. A Practice and Assessment Model. London, New York: Palgrave.

5. Australian Psychological Society website: [www.psychology.org.au](http://www.psychology.org.au)

that nothing they do can change the situation, they give up trying.

Under such circumstances, people frequently turn to substance use or behaviours that help them to calm down and gain control, at least temporarily. This experience of control over helplessness is likely to be more powerful than any warnings about the long-term consequences of use. Opportunities to learn different coping skills in a safe and healthy environment need to be offered, to help people counteract the effects of long-term trauma and damaging methods of coping<sup>6</sup>.

### Grief and Loss

Young people may experience any number of significant losses in their lives, for example, parental separation, loss of friends when there is a move or death of a family member. There may also be less tangible but devastating losses, such as the loss of innocence in the case of abuse, and loss of trust and safety in relationships.

Young people who have grown up in difficult or abusive homes, may have experienced many losses, including loss of their self-worth and confidence, loss of the 'family' or 'parent' they may have hoped for, or loss of 'being taken care of'.

Loss leads to grief reactions. People deal with grief in a variety of ways. Some people react strongly at the time, others have feelings surface over time. Traumatic experiences will often involve loss. Young people often benefit from being supported to identify and grieve their losses, so that they don't continue to impact on current health and wellbeing.

Helping a young person to identify the family experiences that were unsatisfactory and why their family did not have the capacity to help them at the time can be a helpful place to start. You may be able to support the young person to find other ways to meet their needs in relationships, for example, by facilitating the involvement of other caring, reliable and committed adults who may support them appropriately.

### Talking to young people about traumatic experiences

Given their age, children and young people may find it difficult to make sense of experiences, including those that are traumatic. Sometimes they develop distorted thinking in relation to past events. It is common for children involved in divorce, for example, to believe that they caused their parents' separation in some way.<sup>7</sup>

It is therefore useful to give young people an opportunity to talk about past traumatic experiences, if they are interested, so that any erroneous assumptions or unhelpful feelings can be explored.

Often workers assume people who have experienced trauma won't want to talk about it, or that talking about their experiences will make things worse. However, research indicates that even if they get upset, the majority of people find it beneficial to talk about traumatic experiences, and



### Ideas from this Help Sheet

- Many issues in a family's history can impact on young people's health and wellbeing, including specific risk factors, attachment relationships, loss and associated grief.
- Young people may find it difficult to process traumatic experience, and may need the opportunity to talk through experiences in a safe and supportive environment.
- Talking about traumatic experiences has been found to be beneficial for many people.
- Recognise the limits of your expertise, and access further training or use secondary consultation or referral as necessary.



### Related Help Sheets

#### Worker Help Sheets

- When to Refer and to Whom
- Why your own family of origin is important

#### Parent Help Sheets

- Family Dynamics
- Parenting Styles



### Other Related Links

- Attachment Theory  
<http://www.personalityresearch.org/attachment.html>
- Mary Ainsworth:  
Attachment and the Growth of Love  
<http://video.google.com/videoplay?docid=-3634664472704568591>
- Trauma Theory  
[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)  
Good fact sheet on PTSD

6. Bloom, S. (1999) Trauma Theory Abbreviated. Internet: <http://www.sanctuaryweb.com/Documents/Downloads/Trauma%20theory%20abbreviated.pdf>

7. [http://www.relate.gov.au/separation/guide\\_children.html](http://www.relate.gov.au/separation/guide_children.html)

8. Newman, E., Walker, E. A., & Gelfand, A. (1999). Assessing the ethical costs and benefits of trauma-focused research. *General Hospital Psychiatry*, 21(3), 187-196.

report that if they haven't talked about such events with workers it's because they haven't been asked<sup>8</sup>.

If your skills and role permit, you have an important opportunity to help young people mentally and emotionally 'process' past difficult experiences. An opportunity to talk about traumatic experiences, and to have their feelings validated in a supportive and empathetic environment, is a critical start to helping a young person deal with trauma.

It is important, however, to recognise the limits of your expertise. Untrained workers run the risk of a person 'unpacking' traumatic experiences and accelerating trauma processes, without knowing how to respond effectively. Further training, or use of secondary consultation or referral, may be appropriate if you are uncomfortable with the idea of working with young people who have experienced traumatic events.

See: **When to Refer and To Whom**



## Strategies

- Provide young people with a safe, reliable, caring, and committed working relationship (therapeutic alliance).
- Let them know that you think past experiences have important effects on the way we live our lives, and ask them if they feel comfortable about discussing any particularly difficult or stressful experiences.
- Provide opportunities, settings, and unconditional awareness to allow more sensitive discussions to take place.
- Understand that experiences affect people differently - the young person's feelings and beliefs about what they have experienced are important.
- The aim of your conversation about difficult or traumatic past experiences may be to:

provide a safe and supportive environment for discussion

provide the young person with an opportunity to talk about their experiences if they wish to (don't delve for detail)

validate their feelings and thoughts, for example the level of pain or hurt they may have felt.

validate and encourage them to feel their feelings, for example, to cry, feel angry etc.

draw out their coping and personal strengths and explore practical ways they may use these strengths in their lives

gently explore new ways of thinking about past events or their coping capacities which may serve them better in their lives now

Use your professional judgment about when and how to explore for positive experiences, benefits, and strengths. For example, you may ask:

How have you managed to deal with such difficult circumstances?

What inner strengths and resources have you drawn on?

What have you learned from this experience?

What positive things have you gained from these experiences (e.g.: coping capacities)?



### Suggested Reading

- Howe, D., Brandon, M., Hinings, D. and Schofield, G. (1999) Attachment Theory, Child Maltreatment and Family Support: A Practice and Assessment Model. Palgrave: Houndmills, Basingstoke, Hampshire and New York.
- Bloom, S.L. (1999) Trauma Theory Abbreviated, (From Final Action Plan: A Coordinated Community-Base Response to Family Violence, Attorney General of Pennsylvania's Family Violence Task Force).
- Farragher, B. and Yanosy, S. (2005) Creating a trauma-sensitive culture in residential treatment. Therapeutic Community: the International Journal for Therapeutic and Supportive Organizations 26(1):97-113.
- Giarrantano, L. Clinical Skills for Managing PTSD. Talominbooks.
- Selekman M., D. Pathways to Change: Brief Therapy with Difficult Adolescents, Guilford Press, New York.
- Garfat, T. (2003) A Child and Youth Care Approach to Working with Families, Haworth Press, New York



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