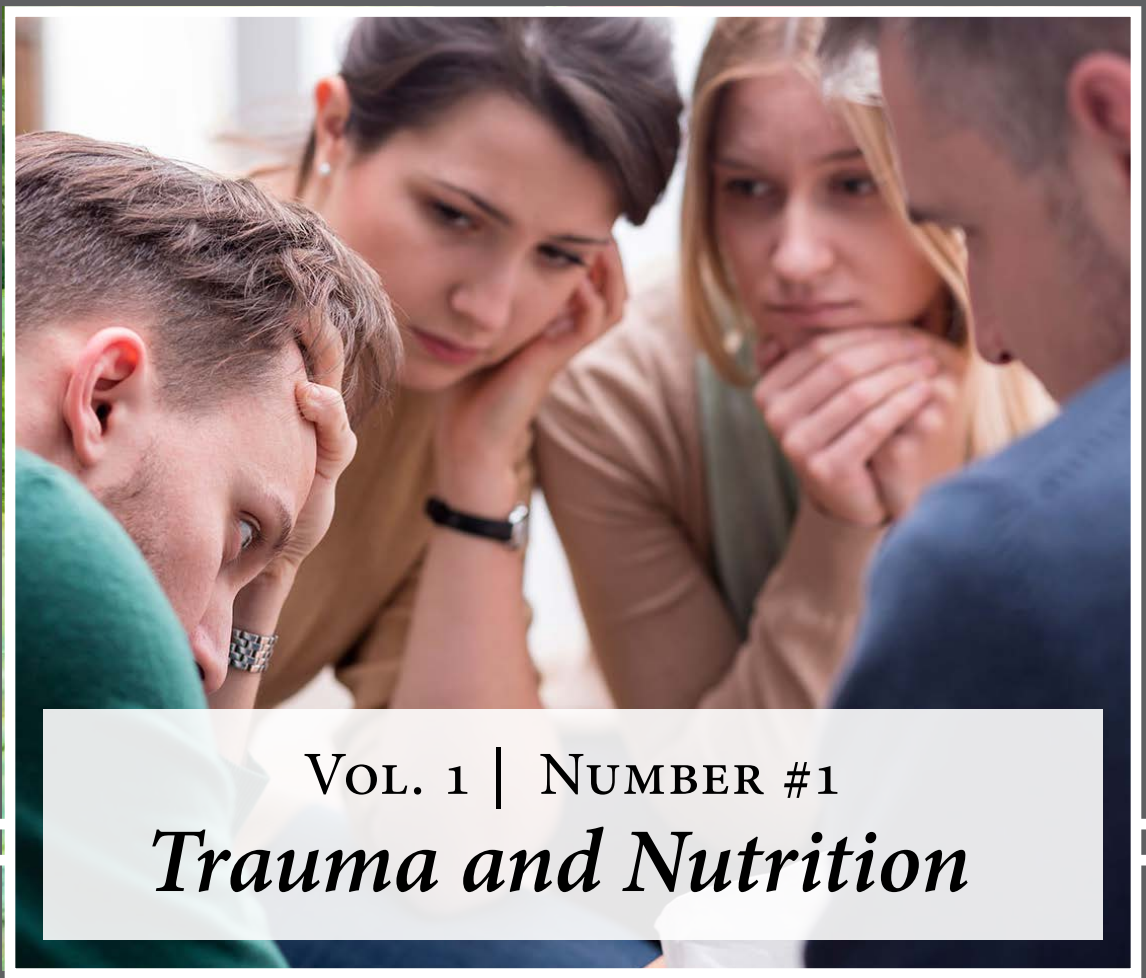
PLL-FST

Parenting with Love and Limits®
Family Systems Trauma

CHILD & FAMILY TRAUMA

STEP-BY-STEP TECHNIQUES



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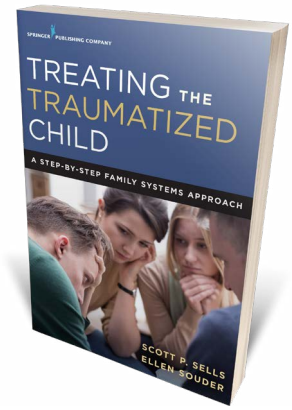
Trauma and Nutrition

Trauma and Nutrition

Why Nutrition is Not Typically Part of Trauma Treatment and What to Do About It

Despite the advances of nutritional therapy over the last 30 years, there is often limited to no inclusion of nutrition as part of the trauma treatment for children and families with PTSD. Diet and nutrition can be a powerful tool to influence change in both the body and brain of a child and/or family member experiencing trauma—but it is rarely used.

In this month's magazine issue, I explore how nutrition can be incorporated into family systems trauma treatment as an invaluable technique or strategy. I want to also discuss my own treatment failure using nutrition, and help you avoid repeating the same mistakes. For in-depth knowledge on this subject, reference our new book, *Treating the Traumatized Child: A Step-by-Step Family Based Approach* using the Parenting with Love and Limits© (PLL) Family Systems Trauma Model (FST).



KEY FEATURES

Provides a step-by-step, practice focused, time-limited model

Uses a family systems approach for addressing child and adolescent trauma

Includes useful tools such as checklists, client handouts, and evaluation forms

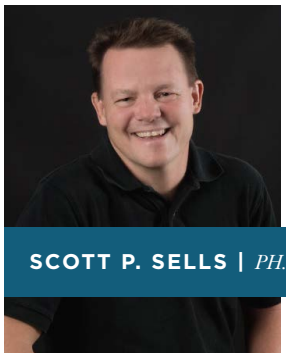
Why Nutrition and Trauma Matter

THE TOP THREE REASONS

+ Medicated brain change takes place before first trying nutritional brain change. In other words, therapists often move past nutrition and quickly on to psychotropic medications with the traumatized child.

+ Based on neuroplasticity research, the brain is constantly adapting and rewiring itself. Therefore, proper nutrition is a key ingredient to rewire our neural pathways and heal the traumatized brain.

+ The family systems trauma therapist is not expected to be a trained nutritionist, but instead, should introduce and incorporate nutrition into treatment when needed.



*We must try **nutritional** brain change first with a traumatized child before trying a **medicated** brain change.*

SCOTT P. SELLS | *PH.D, MSW*

3 Steps *of the* FST Nutritional Technique

The 3 steps of the Family System Trauma (FST) nutritional technique are briefly listed below. I have also included my own treatment failure from my first attempt at this technique. As stated earlier, I believe that we often learn more from our treatment failures than our successes.

Step 1: Introduce the Idea of Nutrition

The following introductory statement is merely a suggestion of how you can introduce the importance of nutrition into your overall treatment. You may adapt it accordingly:

> *The latest research shows a direct link between proper nutrition and its healing effects on the traumatized brain for both you and your child. However, every brain, just like every car, needs proper gasoline. If you put diesel gasoline in a car that needs unleaded, the car will break down. In the same way, if you feed your brain with processed sugar, bad carbs, and not enough water or vitamins, you can literally starve it to death.*
>
> *Our brain needs the right "gasoline" to rewire itself properly. Therefore, before we move into rewiring through the use of what we call wound playbooks, we must first make sure you have the proper "gasoline in the tank" to feed both your body and your brain.*
>
> *Let me pause here and ask each member to comment on or ask questions about what I just said.*

This introductory statement should elicit rich conversation and debate. It can range from wholehearted argument, to denial or defensiveness. Since the typical diet is often high in sugar and saturated fat, children and teenagers, even sometimes parents, may vehemently resist such a change. Therefore, keep in mind that family members may agree in theory, but when it comes to actual change—a battle between the therapist and family may ensue.

It is important not use the word "diet." It has a very negative connotation today. Instead, use the phrase, "nutritional plan." This reframe is invaluable in getting the child or family system to accept change in this area.

In fact, if not handled carefully, this discussion may lead to premature termination.

For example, if the FST therapist asks a family of overweight adults to change their diet in support of their child who is asked to change their diet, they may resist to the point of walking away from treatment. This is exactly what happened in my treatment failure:

CASE EXAMPLE

Fifteen-year-old Travis came into treatment heavily medicated for both anxiety and depression. He experienced only mild improvement, which was compromised by the simultaneous onset of serious side effects (including dizziness, fatigue, dry month, and insomnia). The medication was also constantly being changed and dosages adjusted in a futile effort to reach some sort of balance between benefits and side effects. Prior treatment did not include any nutritional analysis or consideration prior to medication.

The parents, Travis, and his younger sister were completely engaged in treatment and fully onboard with the goal of addressing unhealed wounds and the use of wound playbooks. However, after I (the FST therapist) introduced the topic of nutrition, a sudden wall of resistance emerged from both Travis and his father. The father was overweight, and the mother quickly used the nutritional handout as an opportunity to state, "I have been trying to get my husband to lose weight forever. This is a great opportunity. If we ask Travis to go on a proper diet, we all should." *Travis was equally agitated, saying that he could not, and would not eat vegetables or change his diet. The father then quickly terminated treatment.*

Lessons Learned: *I tried to block the words of the wife before she uttered them, but it was too late. The proposed new diet created unforeseen intensity because it activated underlying dysfunction in the family structure, within the marriage and the parent-child relationship. A new diet would force mom and dad to have to come together and set limits if Travis refused to follow the plan. The new diet would also force the wife and husband to face old and unresolved resentments around weight gain. In addition, a medicated brain with psychotropics nutrition was at odds with nutritional brain stance.*

Looking back, the best course of action would have been for the therapist to read the father's body language "as very agitated" and ask the children to leave the room in order to talk in private. Another option would have been to call him on the phone privately the next day to apologize for moving too fast, and to ask if there was some sort of compromise that the father could live with.

Good therapy often represents a blade of a thousand cuts. Any cut can be too deep, too soon, or too late, when one is a systems' irritant. Look at your client's body language for when to push, pull, or hold back.

Good therapy often represents a blade of a thousand small cuts. Any cut can be too deep, too soon, or too late when one is a systems irritant. One must look at the body language of your clients constantly as a barometer for when to push, pull, or hold back. In addition, one must choose one's battles carefully. In the case of Travis, given the serious side effects with his medication and his poor nutrition, it was a battle worth fighting—but more consideration of the right timing and more joining with the family first. Another key is to emphasize the fact that this is more of a nutritional change than a diet change.

Step 2: Use a Nutritional Self-Assessment

After the introductory discussion of the pros and cons of proper nutrition, the FST therapist will use the Basic Dietary Guidelines Handout to assess for proper nutrition. Please click here for a copy of this self-assessment handout: Table 7.5– pg. 190 of the *Treating the Traumatized Child* Book. The questions for this handout were adapted from the section entitled "Dr. Shannon's Basic Dietary Guidelines for All Children" in his book *Parenting the Whole Child* (Shannon, 2013, pp. 80–82).

Basic Dietary Guidelines for Good Nutrition to Feed and Rewire Your Brain

According to Dr. Scott Shannon's research and book entitled P*arenting the Whole Child* (Shannon, 2014) there are 6 key ingredients to brain growth:

1. Water
2. Protein
3. Energy (fat and carbohydrates)
4. Vitamins (fat and water soluble)
5. Minerals
6. Trace elements

Step 3: Nutritional Application to Trauma

If the decision is made to move forward on improving the child's nutrition, follow these steps:

+The FST therapist must find out whether other family members will also agree to improving their diet. However, as the treatment failure illustrated, the FST therapist must carefully consider the benefits of hinging the child's diet changes on parent diet changes.

+ The likelihood that the child or teen will be compliant or enthusiastic with dietary changes is low.

+ Instead, just as with discipline, the FST therapist might need to use what we call a nutritional behavioral modification contract. Please click here for a copy of a sample nutritional contract: Table 7.4- pg. 188-189 of the *Treating the Traumatized Child* Book.

+ As illustrated, in the contract, privileges that the child receives or takes for granted are tied to eating what is served. For younger children, one can tie good eating to the privilege of electronics or television. For adolescents, good diet can be tied to the privilege of seeing friends, or going out on a Friday and/or Saturday night.

+ This easy-to-follow and straightforward nutritional approach with the use of a dietary behavioral contract can help remove any power struggles.

Conclusion

Therapists who actively pursue this nutritional technique will see huge changes in the child or family member who is traumatized. The use of drug therapy can be helpful because it can quickly alleviate the child's traumatic symptoms (i.e., depression or anxiety) and provide an immediate break for the overwhelmed parent (Shannon, 2014).

Psychotropic medications only treat the symptoms of the trauma. Medication can be an important piece to treatment, but using medication without nutrition can delay treatment of the core undercurrents or root causes of the child's trauma. Combining our wound playbooks with nutrition will work together to treat the whole traumatized child or family.

UPCOMING TECHNIQUE NEXT MONTH

Using the Motivational Phone Call to Motivate the Parent to Attend Trauma Treatment