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Helping Traumatized Families by Charles R. Figley

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Finally, the third chapter by Edith Freeman reviews the traditional social work approaches that have been used with black families. Problems with these approaches are noted, such as: the use of middle-class norms for gauging success, ignoring strengths present within black families and black communities, and denial of racism and discrimination on an individual and institutional level. She proposes a theoretical framework which considers the important past history and current problems faced by blacks in contemporary America, and she extends this framework to include practice principles.

Part 2 looks at specific social and cultural issues that impact assessment processes of black families. Suggestions are made for reframing the problems and needs of black families, and social work implications are offered. Chapter 4 explores "The Black Family's Life Cycle" from a perspective of strengths. Edith Freeman frames the black family cycle within a cultural context. She also draws implications relevant for social work practice. Black family structures are described in chapter 5 by Sadye Logan. She offers an unbiased and culturally appropriate framework for analyzing basic functioning with black families. Finally, Ruth McRoy uses the context of family dynamics to explore the influence of culture on identity development, both individually and as a group in chapter 6. Racial identity problems are addressed within work, school, and family situations.

Part 3 explores specific intervention strategies with black families. The eight chapters in this section stress culturally relevant helping. The family and other social systems are viewed as contributors and agents of change in the overall structure and functioning of the black family. In chapter 7, Frances Caple looks at how public schools either help or hinder the academic development of black children. Social workers are advised about dealing with inappropriate school recommendations about drugs, violence, and special education. Patricia Morisey centers on the world of foster care for black children in chapter 8. Of special concern is the preservation of black families. The role of all involved in the child welfare system is proposed. In chapter 9, black teen pregnancy is the focus. Logan, Freeman, and McRoy look at the family role in combating this problem. The role of the social worker is also cited. Leon Williams explores poverty and the black family in chapter 10. James Moss and George

Lockhart explore the issue of black unemployment and underemployment as it impacts black family life in chapter 11. Roosevelt Wright, Jr., Barbara Kail, and Robert Creecy discuss black alcoholics in chapter 12; teens and older Black Americans are at special risk for alcohol difficulties. In each case, social work practice implications are discussed that consider culturally relevant issues, and subgroups at special risk are identified. The elderly Black American is the focus of chapter 13 by Marion Beaver. The strengths of the extended black family are integral factors in intervention strategies with this subgroup. Finally, chapter 14 by Bernice Harper looks at the challenges and future of the health care delivery system for blacks. Both chronic and acute health problems are addressed. The differential impact on blacks by some problems, such as AIDS and high blood pressure, is cited.

Part 4 presents practice and research issues and looks to future concerns and opportunities. This chapter by Billy Tidwell explores past research with its inherent problems of bias and omissions, and recommends future directions for ethical, methodologically sound, ethnographic research on black families.

Finally, the Epilogue by the editors draws this text together. Moving toward a practice of working with black families rather than doing social work on them is a goal. A myriad of opportunities in social work practice, research, and curriculum can help confront the many problems facing Black American families today.

Written primarily for social work practitioners who already work primarily with black families, this text will also assist anyone interested in practice issues with Afro-American families. Any helping professional interested in a deeper understanding of Black Americans can learn from this book. It can be used at the undergraduate or graduate level in a classroom setting. Public policy devotees will also find useful information that challenges the dysfunctional stereotypes so present in society. Each Part is preceded by a forward that introduces the contributions. References are included at the end of each chapter. Both a subject and author index appear at the end of the book.

Figley, Charles R. (1989). **Helping Traumatized Families**. San Francisco: Jossey-Bass, 178 pp., \$22.95 (cloth).

Three objectives undergird this book: to review the body of knowledge about traumatized families, to examine functional and dysfunctional coping strategies employed by families confronting trauma, and to present a comprehensive treatment strategy for working with traumatized families. Directed primarily toward clinicians, students interested in trauma will also find this useful. In the first chapter Figley states that he has tried to avoid as much jargon as possible in order to facilitate the appeal of this book to the widest possible audience, including various disciplines, cultures, and languages. The book is organized into 12 chapters and is written in the first person with a liberal use of personal pronouns ("I," "me," and "my" in frequent references to the author). The result of this approach is awkward at times.

In the first chapter, Figley grounds his perspective in systems theory. Traumatized families are characterized as those who have experienced a severe stress with resultant unwanted life style disruption. Figley contends that traumatized families are far more common than was thought. He discusses Post-Traumatic Stress Disorder (PTSD) and illustrates how common it may be. For example, some studies report that between 24% and 33% of all women report an unwanted childhood sexual experience with an adult male, and at least one researcher estimates that American women have a 50% chance of being raped at some point in their lives. Adding the number of violent crime victims, the Vietnam veteran PTSD victims, and catastrophic illness or accident victims increases the number of potentially traumatized families dramatically. Indeed, most families have experienced a major traumatic stress at some point in their lives.

The ways in which families cope with trauma are explored in the second chapter. The effective methods naturally used by many families are adopted by Figley into his approach. These families are able to help the traumatized victim by detecting the traumatic stress, encouraging confrontation of the stressor, prompting recapitulation of the traumatic event, and working to resolve the resulting conflicts. In addition, social support is essential to help clarify the insights for one another, to correct distortions, and to support a more positive perspective of the traumatic episode. In addition to the primary victim of stress, the close family members also experience distress. This may be in the form of simultaneous effects, in that they have experi-



enced the trauma as well. Or, it may take the form of vicarious effects, as when family members learn of a traumatic event that has befallen a loved one. It may also affect family members in a chiasmal way, that is, family members are indirectly affected because of their attachment. Finally, intrafamilial trauma, where trauma occurs within the family borders, precipitates a stressful situation for all family members. Individual and family adaptation to traumatic stress are also discussed. The Double ABCX is adapted for use in understanding this issue. Finally, family coping is explored in both functional and dysfunctional patterns.

In the third chapter, Figley outlines his approach to empower families by drawing upon crisis intervention theory, traumatic stress research, cognitive therapy, behavioral psychology, and systems theory. A general approach to therapy is presented along with preconditions for family treatment. In chapter 4, tips are suggested for evaluating the family system. Included are questions for use in the clinical interview. Ways of assessing stress, trauma, social support, and family functioning are suggested. Actual instruments are contained in an Appendix.

The empowerment approach is outlined in the fifth chapter. Included are the treatment objectives and a description of the five-stage approach for use in working with these families. Chapters 6 through 10 each focus on one of the stages in detail, beginning with "Building Commitment to the Therapeutic Objectives." The second phase frames the problem, and Phase Three focuses on "Reframing the Problem." "Developing a Healing Theory" is the intent of the fourth phase. Finally, in phase five, "Closure and Preparedness" are discussed.

The 11th chapter concentrates on the special considerations involved in helping traumatized children. Included are developmental issues that need to be considered depending upon the age of the child in treatment. Children's methods of dealing with trauma are also presented. The final chapter summarizes the major points of the book and highlights special issues for researchers and clinicians. In total, this book provides a summary of the emerging area of traumatic stress treatment focusing on families as the primary unit of concern. It is easily read and understood, and organizes information already available to most clinicians as they confront clients who have experienced traumatic stress.

Macklin, Eleanor (Ed.). (1989). **AIDS and Families**. New York: Harrington Park Press, 284 pp., \$19.95 (paper), \$44.95 (cloth).

Acquired Immuno-deficiency Syndrome (AIDS) has been increasing in prevalence and has affected society in many ways. For example, at the time of this writing, the U.S. Centers for Disease Control (CDC) have reported over 115,000 cases of AIDS in the United States and approximately 460,000 cases of AIDS-related Complex (ARC, the precursor to full-blown AIDS). In addition, it is estimated that 1.5 to 2 million people carry Human Immuno-deficiency Virus (HIV) and have the potential to become full-blown AIDS patients. The CDC has predicted these figures to more than double by 1991.

While the public and health organizations' attention have been focused primarily on the treatment and care of persons with AIDS and ARC, little attention has been given to family members of persons with AIDS. For every one person who suffers from AIDS or AIDS-related complexes, there are many other persons in the individual's family and social network who are also affected by the illness. Thus, as the HIV epidemic continues to grow, so does the need to better understand the impact of AIDS on the family. *AIDS and Families* explores the affect of AIDS on the family and raises issues of concern for professionals and policymakers who work with persons with AIDS and their families (e.g., physicians, nurses, therapists, social workers, and clergy). The book is edited by Eleanor D. Macklin of Syracuse University and is an outcome of the collaborative work of scholars on the Groves Conference AIDS Task Force.

The book emphasizes two basic principles. First, the family should be considered the unit of care, both the unit to receive care and the unit to give care. Second, the book addresses the perennial issue of "Who is family?" Contributors to the book suggest that professionals define family broad enough to include biological family, partners, friends, and the "family" of caregivers that respond to an individual's diagnosis of AIDS. The book is divided into five chapters, each one exploring a different topic concerning AIDS and the family: Chapter 1 discusses the epidemiology of the HIV epidemic; chapter 2 explores "Strategies for AIDS Education and Prevention"; chapter 3 considers "Therapeutic Issues When Working with Families of Persons with AIDS";

chapter 4 examines the societal implications of HIV antibody testing, health care, and AIDS education; and chapter 5 considers the public policy implications of AIDS. The book concludes with an epilogue by Marvin B. Sussman and two useful sections listing different resources on the topic of AIDS.

Richard N. Needle, Susan Leach, and Robin P. Graham-Tomasi (chapter 1) provide a thorough report on the epidemiology and natural history of AIDS. The authors further consider the epidemiological implications of the HIV epidemic for family professionals. The characteristics and needs of clients are discussed.

Jeri Hepworth and Michael Shernoff (chapter 2) present "Strategies for AIDS Education and Prevention." The authors list eight principles on the importance of AIDS and sex education in the schools and community. Responses to those not in favor of AIDS education and prevention programs are provided. AIDS education is further discussed, targeting issues of special concern for specific populations. The chapter concludes with age-appropriate guidelines for parents to assist them in educating their children about AIDS and sexuality.

Kay B. Tiblier, Gillian Walker, and John S. Rolland (chapter 3) provide an excellent chapter on therapeutic issues to consider when working with families of persons with AIDS. Basic principles of care are defined and discussed. Different client-family configurations and their special needs are considered, such as male couples and parents of persons with AIDS. The authors present an interesting section on sociological variables, such as race, socioeconomic class, ethnicity, and religion, which may affect a family's response to a diagnosis of AIDS. Psychosocial needs of populations at risk (gay men, intravenous drug users, women and children with AIDS) are discussed. The authors also consider the different biopsychosocial stages persons with AIDS and their families may go through as the illness progresses.

D. Bruce Carter (chapter 4) examines the social implications of HIV testing, health care, and AIDS education. The author provides an interesting discussion of the implications of HIV testing and diagnosis at the microscopic (individual and family) and macroscopic (society) levels. Carter also discusses the impact of AIDS on the health care system, such as risks to medical personnel, mental health care, client confidentiality, and the econom-

