



Obtaining a Family History from Parents

1. Obtain family Genogram
2. A few words to describe your own mother/father.
3. Any information about your conception, birth
4. Information given to you in 1st 2 years of life re: feeding, sleeping, accidents, trauma, loss, illnesses, etc.
5. Any trauma, loss or significant separations in 1st 5 years.
6. First childhood memory.
7. First separation from mother.
8. Relationship to siblings, and any other significant family members.
9. Experience of primary school, social and academic.
10. Perception of 'emotional rules' in the family. Did you share your feelings with anyone in the family?
11. Experience of secondary school, social and academic.
12. Adolescent issues, compliance vs rebellion, use of substances, etc.
13. Tertiary education, career issues.
14. Relationship history, and history with father/mother of IP
15. Current relationship with family of origin
16. Any other unresolved emotional issues that are known, either with relationships or work/career related.
17. Current perception and relationship with IP.
18. Obtain a full marital history, including past marriages and current marital issues.

Tania's TOP TIPS

Follow Socratic questioning techniques and allow for emotions to be expressed, particularly if they arise.

Follow all verbal or non-verbal prompts to illicit more information. Allow the client to lead the conversation. Only ask the next question once the topic has come to an obvious end.

Do not rush to "finish" the questions.

Parallel Parent Capacity Assessment (Use in conjunction with “Obtaining a Family History from Parents” document)

(Clinician-Led | Psychodynamic & Systemic Focus)

1. Parent Engagement & Motivation

- Who initiated the referral and why?
- How do parents describe the problem (child-focused vs relational/systemic)?
- Level of openness vs defensiveness
- Expectations of therapy (fix child vs understand process)
- Capacity to tolerate discomfort and uncertainty

2. Reflective Capacity (Mentalization)

- Ability to think about the child’s internal world
- Can parents link behaviour to feelings or needs?
- Do they show curiosity about their own role?
- Response when clinician introduces relational hypotheses
- Rigidity vs flexibility in thinking

3. Emotional Regulation in Parents

- Baseline anxiety, anger, guilt, or helplessness
- Capacity to self-soothe under stress
- Tendency to escalate, withdraw, or collapse emotionally
- Use of denial, minimization, or intellectualization

4. Attunement & Containment

- Sensitivity to child’s emotional cues
- Timing and quality of responses to distress
- Capacity to remain calm in the face of child dysregulation
- Tolerance of the child’s dependency, vulnerability, or anger

5. Boundaries & Authority

- Consistency of boundaries and follow-through
- Comfort with limits without guilt or hostility
- Parent–child role clarity (any role reversal or over-responsibility in child?)
- Capacity to hold structure while remaining emotionally available

6. Parent's Own Attachment History

- Parent's experience of being parented/willingness to discuss
- Unresolved losses, trauma, or neglect
- Patterns of idealization, blame, or emotional cut-off
- Awareness of how their history shapes current parenting
- Any previous therapy, individual or couple, and outcomes

7. Couple / Co-Parenting Relationship

- Level of alignment vs conflict
- Undermining or splitting around the child
- Capacity to present a united emotional stance
- Use of the child to manage marital tension

8. Parallel Process in the Room

- How do parents make the clinician feel? (e.g. inadequate, pressured, rescuing, excluded, overwhelmed, helpless)
- Do these feelings mirror any aspect of the child's presentation?
- Evidence of splitting, projection, or idealization
- Parent's response to limits, endings, or challenge
- Parent's response to therapist and clinic procedures

9. Capacity for Therapeutic Alliance

- Reliability in attendance and communication
- Ability to tolerate feedback without collapse or attack
- Willingness to engage in parent work if recommended
- History of follow-through with support

10. Capacity to Support the Child's Therapy

- Practical capacity (time, finances, logistics)
- Emotional capacity (tolerating slow change, setbacks)
- Willingness to reflect between sessions
- Ability to prioritize the child's emotional needs

11. Risks & Constraints

- Active or historical substance use
- Severe untreated mental illness
- High conflict, domestic violence, or instability
- External pressures limiting engagement

12. Clinical Summary (For Formulation)

- Parent strengths and limitations
- Degree of containment available to the child
- Likely impact of parental capacity on treatment pace
- Need for:
 - Parent work
 - Individual Work
 - Couple therapy
 - Co-therapist involvement
 - Family therapy

Key Clinical Principle

The child can only go as far as the system allows. Parent capacity sets the ceiling for therapeutic change.

Key Clinical Message

When parents cannot provide containment or engage in reflective change, symptoms become the child's only adaptive solution.

From Relational Trauma to OCD & School Refusal

Early Environment (0–5 yrs)

- Chronic parental anxiety, emotional unavailability, alcohol misuse, ongoing marital issues
- No consistent emotional containment or attunement
- Early signs: withdrawal, separation anxiety, regression, aggression



Attachment & Systemic Failure

- Parents unable to reflect or change parenting patterns. Cultural transmission – epigenetic transmission of extreme agoraphobia on father's side
- Child adapts by becoming compliant externally, terrified internally
- No internalised sense of safety or “good object”



Accumulated Loss & Developmental Trauma

- Deaths, illness, premature therapy separation (8 years old – “the fairy godmother”)
- Ongoing experiences of abandonment (intimate relationship break up after 4 years) and emotional rupture
- Grief remained unprocessed and layered over early trauma



Symptoms as Survival

- **OCD** = attempt to create certainty, control, and safety
- **School refusal** = separation terror, fear of collapse without external regulation
- Symptoms function as emotional regulation, not pathology



Adult Outcome

- Severe OCD, depression, guilt, avoidance
- High dependency under stress, fear of abandonment
- Therapy focus: building internal safety, tolerating separation, integrating loss

100 sessions - Currently 27 years old

School Teacher, Living independently

Integrated a internal “secure object”

Still negotiating identity but established as a separate self with healthy boundaries.