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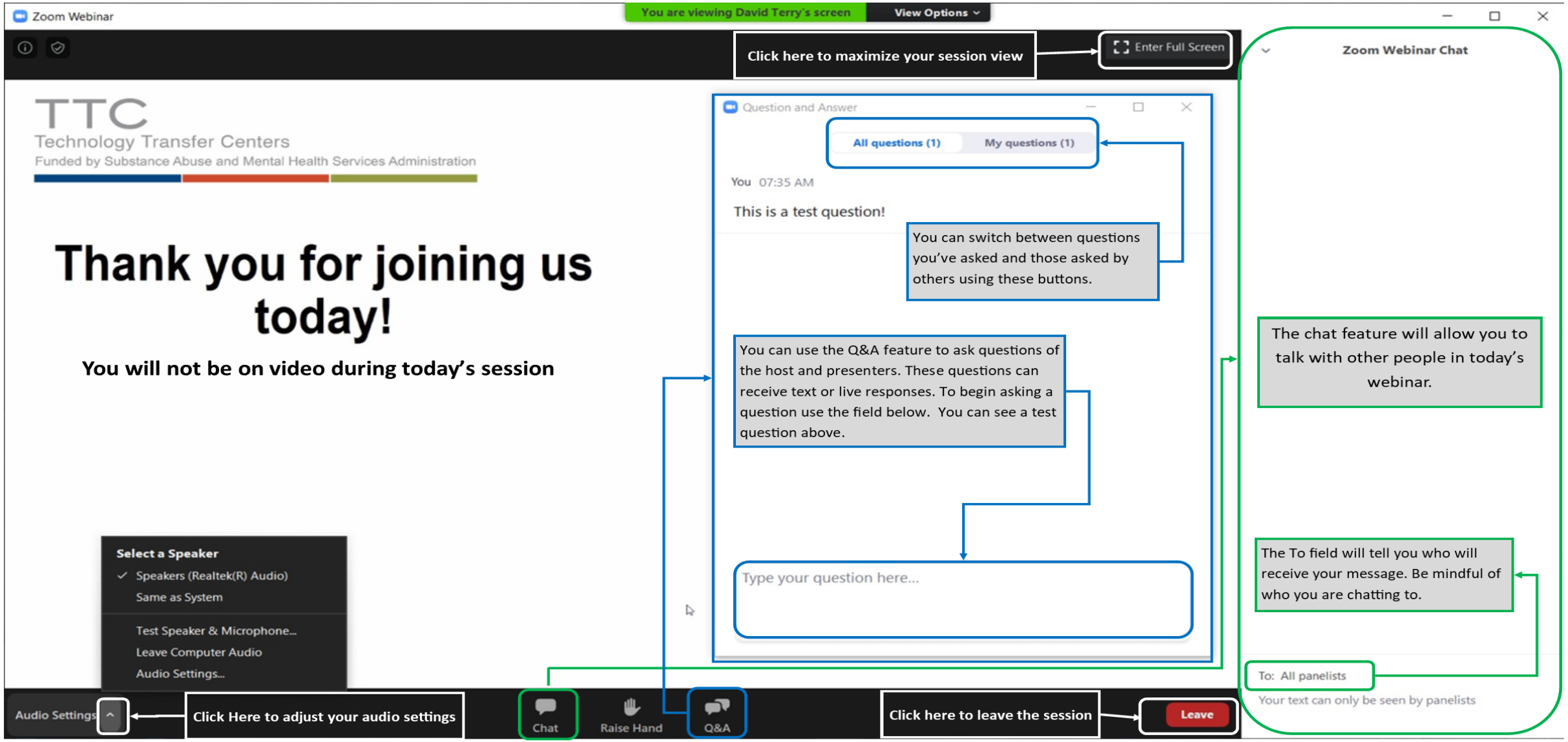

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NCTSN The National Child Traumatic Stress Network

Minimizing Risk for Conflict/Coercion in Families with School-Age Children

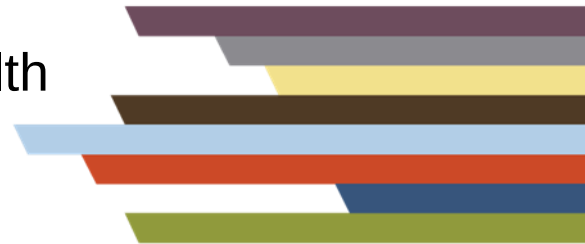
Preventing and Responding to Family Violence During COVID-19

Tuesday, July 28, 2020

Presented by:

David J. Kolko, Ph.D.,ABPP, University of Pittsburgh School of Medicine

Ashley Fiore, MSW, LCSW, Duke University Center for Child and Family Health



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MHTTC Mental Health Technology Transfer Center Network

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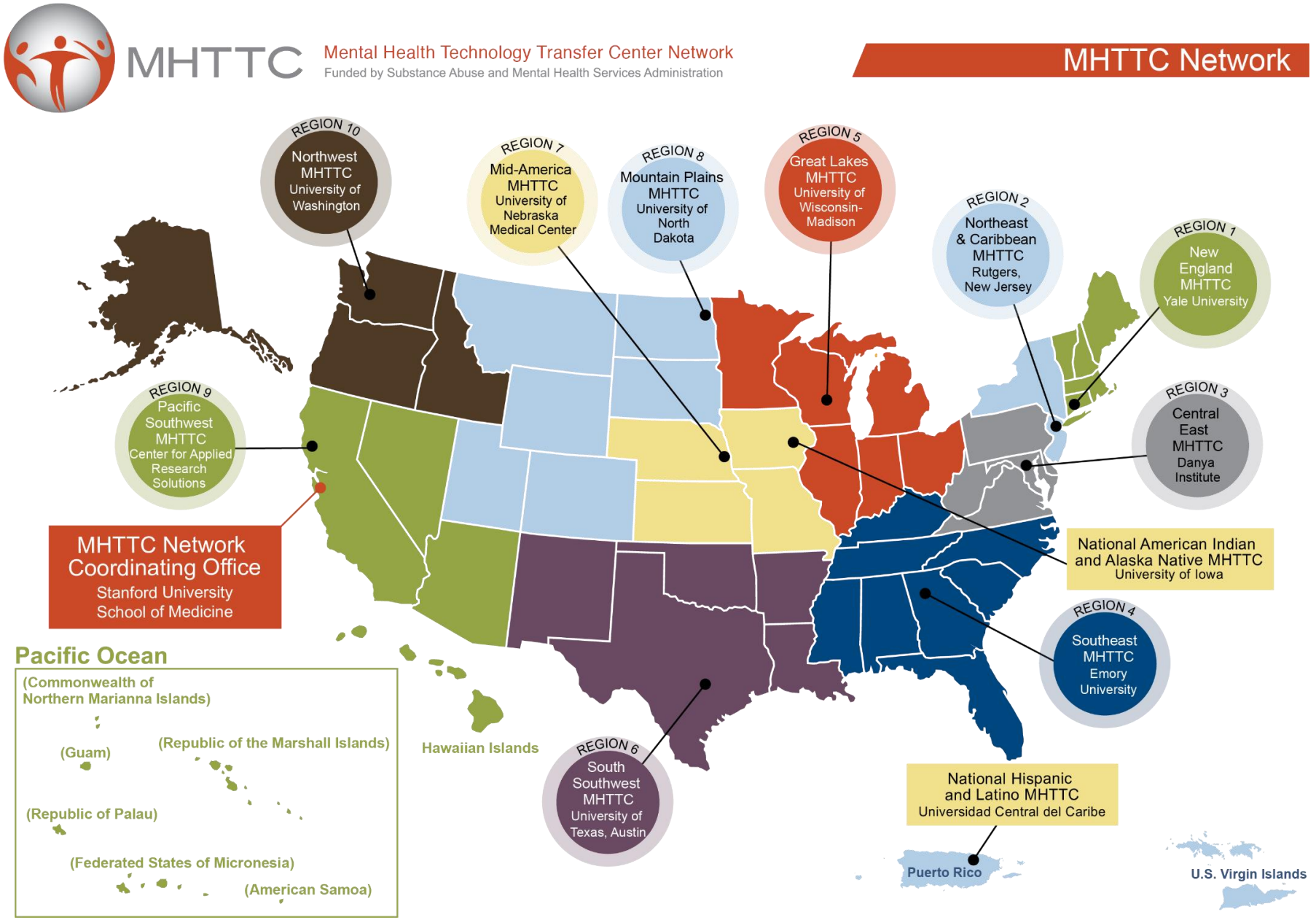
- The MHTTC Network accelerates the adoption and implementation of mental health related evidence-based practices across the nation
    - Develops and disseminates resources
    - Provides free local and regional training and technical assistance
    - Heightens the awareness, knowledge, and skills of the mental health workforce
- 10 Regional Centers, a National American Indian & Alaska Native Center, a National Hispanic & Latino Center, and a Network Coordinating Office
- www.mhttcnetwork.org

Connect with Your MHTTC at www.mhttcnetwork.org



Webinar Series

Preventing and Responding to Family Violence During COVID-19

12 – 1:00 pm CT July 14 | July 21 | July 28 | August 11

NCTSN The National Child Traumatic Stress Network

SAMHSA Substance Abuse and Mental Health Services Administration

MHTTC Mental Health Technology Transfer Center Network

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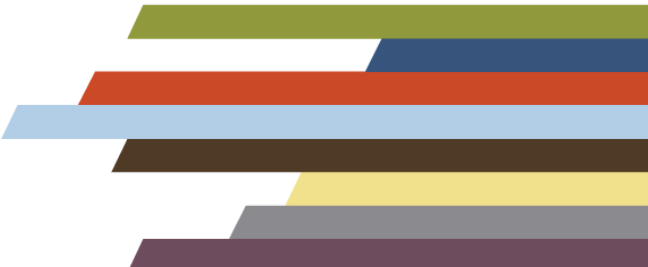

Evaluation Information

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https://bit.ly/mhttc-nctsn-survey-3

Presenters

David J. Kolko, Ph.D.,ABPP, is a Professor of Psychiatry, Psychology, Pediatrics, and Clinical and Translational Science, at the University of Pittsburgh School of Medicine. He directs the Special Services Unit at UPMC Western Psychiatric Hospital, a program devoted to promoting the implementation of evidence-based practices for children/adolescents who are victims and/or perpetrators of physical/sexual aggression being served in diverse community settings. He is co-developer of Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT), an intervention to improve family relationships for those experiencing high conflict/coercion, harsh/punitive discipline, child physical abuse, and/or child behavior problems.

Ashley Fiore, MSW, LCSW, is a licensed clinical social worker with 25 years of experience treating childhood trauma in Children's Advocacy Centers and Domestic Violence/Sexual Assault agencies. She provides evidence-based mental health trauma treatment to children and their families and disseminates evidence-based treatment practices. Ms. Fiore is endorsed as a master trainer by the developers of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and serves as clinical faculty for the NC Child Treatment Program at Duke University's Center for Child and Family Health, a Category III center of the NCTSN. Ms. Fiore is also certified in Alternatives for Families Cognitive Behavioral Therapy (AF-CBT).

Preventing and Responding to Family Violence During COVID-19

Monitoring and Managing Risk for Family Conflict and Coercion

David J. Kolko, Ph.D., ABPP
Ashley Fiore, LCSW

July 28, 2020

Media Recognition

'So many people...failed': Family, friends grieve 3-year-old's death in Oakmont

MICK STINELLI
Pittsburgh Post-Gazette
June 28, 2020

Police described how Bella was beaten, punched, knocked out, pushed down stairs, sexually abused, screamed at, bound and gagged, tied to a banister and kept inside out of public view and in her home on 10th Street in the nine months or so leading up to her death.

Understanding Physical Abuse (Conflict & Coercion)

- **Definition:** When a caregiver act or failure to act leads to serious physical harm or presents an imminent risk of serious harm (DHHS, CAPTA Reauthorization Act of 2010)
  - No single act (form) or impact (severity)
- **Prevalence**: 10.7% (1,256,000) of maltreated children harmed in 2018 ; 2,905,800 (endangered) (NIS-4; Sedlak et al. 2010)
- **Survey rate**: 3.7% of children/youth reported physical abuse in past year; 9.6% lifetime (NATSCEV-II, Finkelhor et al., 2015).
- **COVID (Ontario Parent Study)**: partner conflict (40%); exploded (40%); pick on child (30%); smack (2.7%)(Gonzalez, 2020)
- **Impacts**
  - Physical: greater stress response, health problems
  - Neurological: less self-regulation, executive function
  - Behavioral: Aggression/violence, anger
  - Emotional: depression, PTS
  - Cognitive: misattributions, self-blame
  - Social: mistrust, limited relations/attachments
  - Academic: less schooling, lower grades
  - Risky behaviors; substance abuse

Interventions and Services

Elements of appropriate treatment

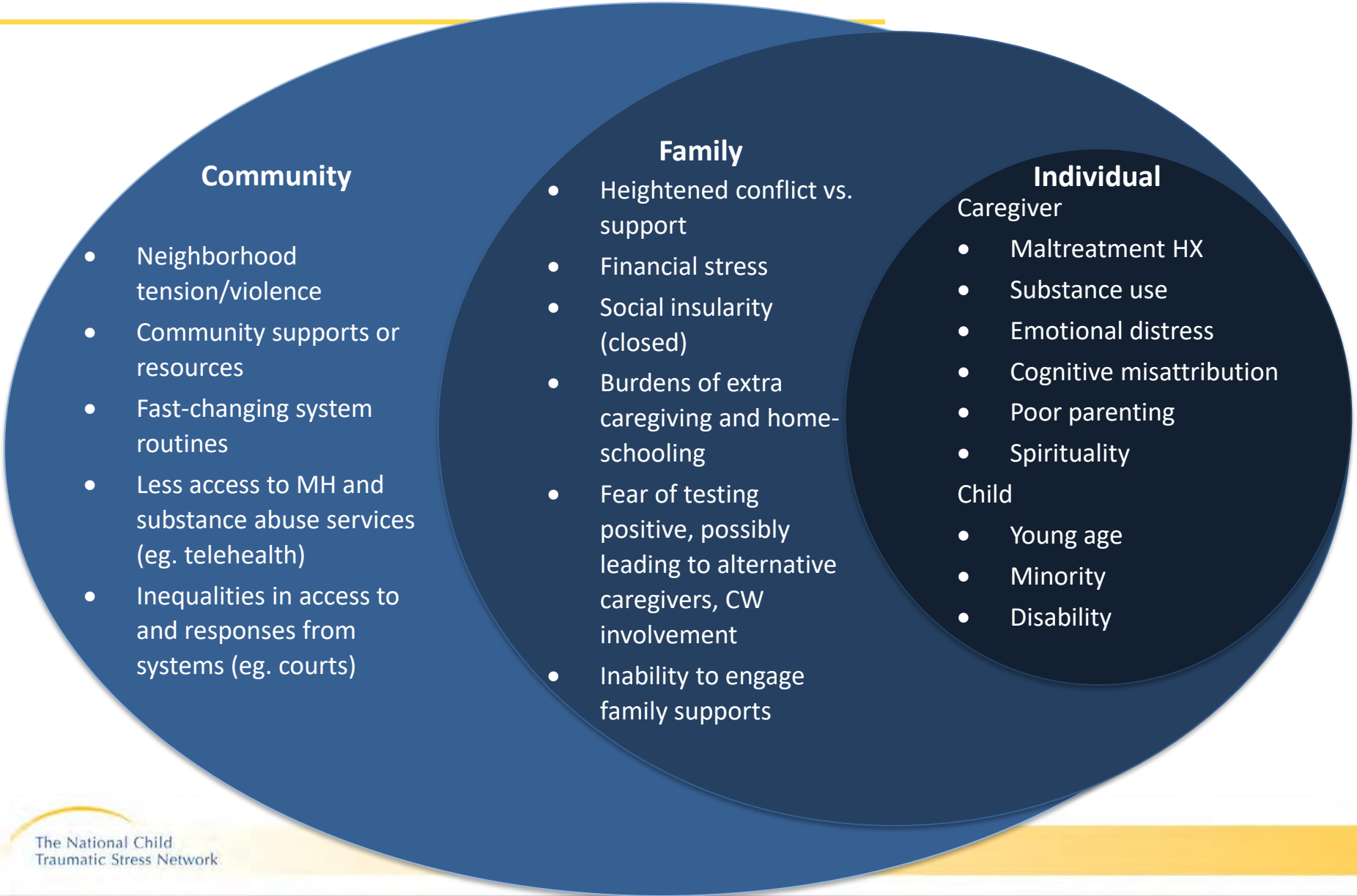
- Evidence-based/informed treatment: AF-CBT, CPC-CBT, PCIT, MST (www.nctsn.org)
- Understanding traumatic stress responses
- Mitigating risk factors and building upon protective factors

Respectful and responsive care requires the integration of these elements, recognition of existing disparities in systems that respond to family violence (e.g., law enforcement, child welfare), and availability of engagement and treatment options sensitive to this history.

Some core concepts for understanding traumatic stress responses

1. Trauma occurs within a broad context that includes children's personal characteristics, life experiences, and current circumstances.
2. Children and caregivers can exhibit a wide range of reactions to conflict and physical force.
3. Danger and safety are core ongoing concerns in the lives of physically traumatized children.
4. Protective and promotive factors can reduce the adverse impact of trauma.
5. Family and cultural background are interwoven with traumatic experiences, response, and recovery.
6. Working with physically coercive families can evoke distress in providers that may limit their ability to provide good care and be empathic.

Risk factors and protective factors



Case Example: “Jack” and Dad

- Dad (36) is a UPS Driver. Married to Stepmom; have 5-year old son and newborn
- Jack (11) lives with Mom; supervised visits with Dad; diagnosed with ADHD and PTSD
- Mom (41) works intermittently (since pandemic) as waitress
- DSS involved since January; substantiated abuse
- Dad charged (child physical abuse) after second incident with Jack.
- Referred 1-yr ago for AF-CBT, but no follow-through.
- Treatment (AF-CBT) began late March via telehealth (due to pandemic)

Pre- Treatment Assessment

Alabama Parenting Questionnaire (APQ): Dad's Report

Some inconsistent discipline, some corporal punishment, modest yelling, little ignoring; otherwise described self as warm, positive, and involved

Brief Child Abuse Potential Inventory (B-CAP)

No abuse risk or family conflict noted

Strengths and Difficulties Questionnaire (SDQ): Dad's report

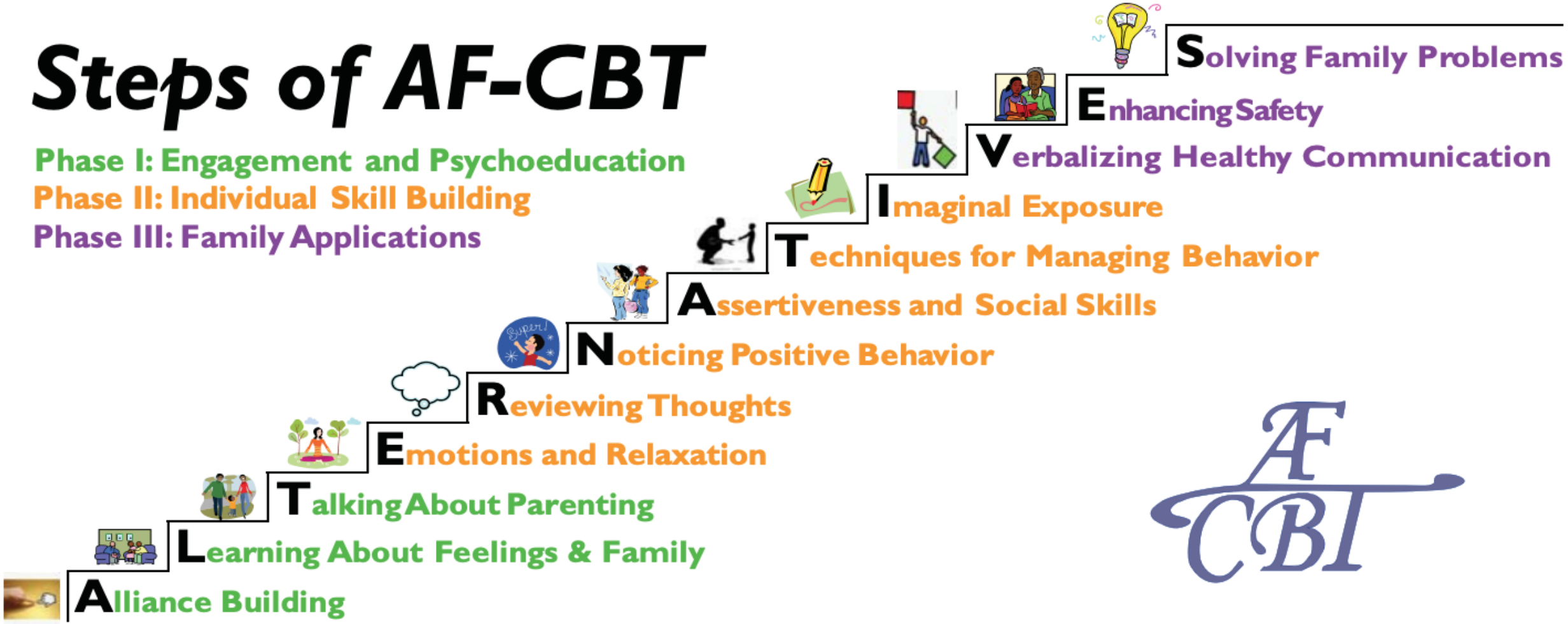
High "Total Difficulties" & "Peer Problems"; borderline "Hyperactivity" & "Emotional Symptoms", "Pro-social" was a strength

UCLA PTSD Reaction Index:

55 (Jack) 30 (Mom's report) 13 (Dad's report)

Steps of AF-CBT

Phase I: Engagement and Psychoeducation
Phase II: Individual Skill Building
Phase III: Family Applications



AF CBT

Alternatives for Families: A Cognitive Behavioral Therapy
www.afcbt.org

Overview/Structure

2 separate visits/week: One with Jack, checking in with Mom
One with Dad

Telehealth modality – due to pandemic
- Zoom platform
- Rules – telehealth consent, in-state only, privacy, adult present in home
- Trouble shooting: Lack of access (ipad on loan from agency for child)
  - Clinician as "tech support"
  - Administered measures online

Monitoring
- Weekly Safety Check-In (WSCI) – conflict, aggression (done separately)
- CPS had routine visits with Mom/Jack and Dad separately
- Close collaboration with CPS

Treatment Highlights by AF-CBT Topic

Phase One: Engagement and Psychoeducation

Orientation

- Primary values & stresses

Alliance Building and Engagement

- Pro/con decisional balance,
- Dad's goals
- Discipline practices in family of origin
- Family Plan starts: "Create your toolkit for what works for you"
- "What's the gem you want to take from today and use for home practice?"

Treatment Highlights by AF-CBT Topic

Phase One: Engagement and Psychoeducation

Talking about Family Experiences & Psychoeducation – caregiver (from truck)

Feelings and Family Experiences - Jack

sad
mad
scared
guilty
hurt
depressed
embarrassed
worried

worried: it will happen again. When friend over and it happened, I was worried what would happen when he left. Afraid he was going to get a lot more more mad than he already was. Thought he would throw me around. One time dad threw across room when he thought he texted someone to die, put a pillow over my face and pushed down hard. I never know with my dad what's going to happen. Want to feel like I'm safe, comfortable, like I can actually talk to him.

hurt: physically and mentally, more mentally hurt.

guilty: feel friends can't have a good time when over bc all they hear is my dad yelling at me. Friends ask if I'm ok, what happened.

scared: I can tell when he's about to blow up. Scares me bc I know he's going to get mad when I accidentally break something. Need to tell instantly, but he still gets mad.

emb: When friends over, I try to do something with them but I can't bc he won't let me, and I don't know why I have to stay beside him the whole time. He gets mad at me when I try to do something with my friends, even when it's not something bad. Confusing.

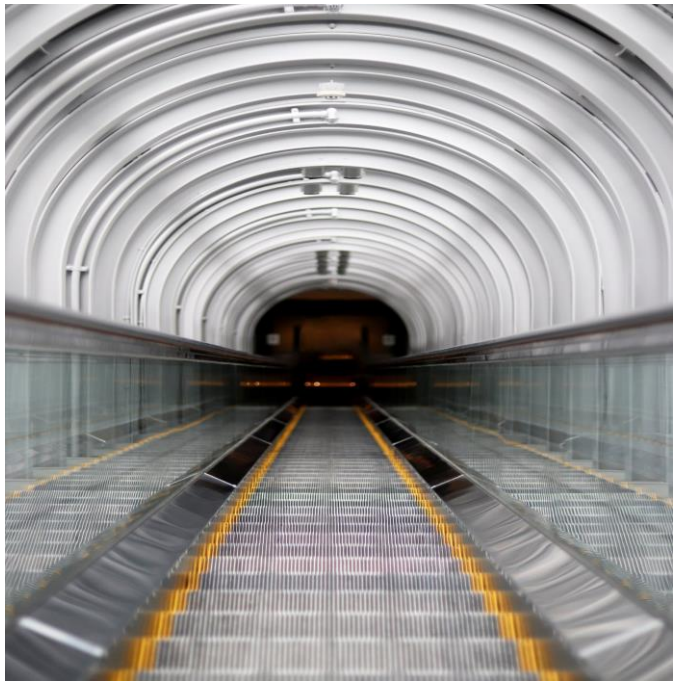
sad/dep: when I go to bed I get sad after something happens. I say "snap out of it". sometimes works but most of the time not.

mad: when with friends and he says I can't do something, annoying. They get to do what they want but I can't. Unfair.

Treatment Highlights by AF-CBT Topic

Phase Two: Individual Skill Building
Emotion Regulation – Caregiver

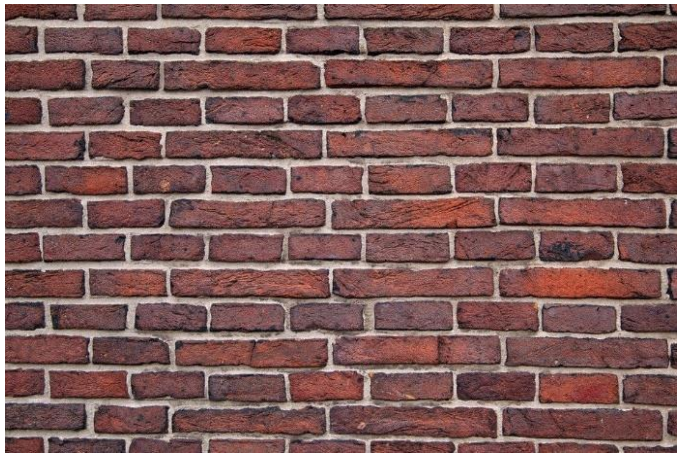
- 1st two attempts - telehealth challenges; consider impact on engagement
- Anger and anxiety cues and triggers
- Deep breathing and PMR practice in session (muscle group).
- Increased oxygen leads to better decision making



"Tunnel vision" when triggered leads to a "one track mind".

Treatment Highlights by AF-CBT Topic

Phase Two: Individual Skill Building
Restructuring Thoughts - caregiver



- Alternative thoughts when Jack is "shutting down"
- Psychoed about children's patterns of unhelpful thinking (self blame – taking responsibility for others' AGG behavior)

Instead of thinking "he doesn't care/disrespect" →
"He is building a wall to keep himself emotionally safe from me."

Dad used Cognitive Coping throughout treatment to reduce his anger and anxiety.

Treatment Highlights by AF-CBT Topic

Phase Two: Individual Skill Building
Assertiveness - Child

- Related to WSCI conflict reported by Jack; Dad called me “wimpy”
- Used cognitive coping to consider alternatives while supporting need to stand up for self.
- Role played this using
  "I feel ____ when you ____" statements.

Treatment Highlights by AF-CBT Topic

Phase Two: Individual Skill Building
Noticing Positive Behavior and Managing Behavior – caregiver

- Used skills to reinforce child sharing feelings
- Role played options for how to handle interaction about dog, self reflection
- Assigned home practice to self: following up, modeling behavior is also an effective teaching strategy for parents
- Dad: “Explaining can come across as criticism.”

DSS now allowing unsupervised day visits with dad.

Treatment Highlights by AF-CBT Topic

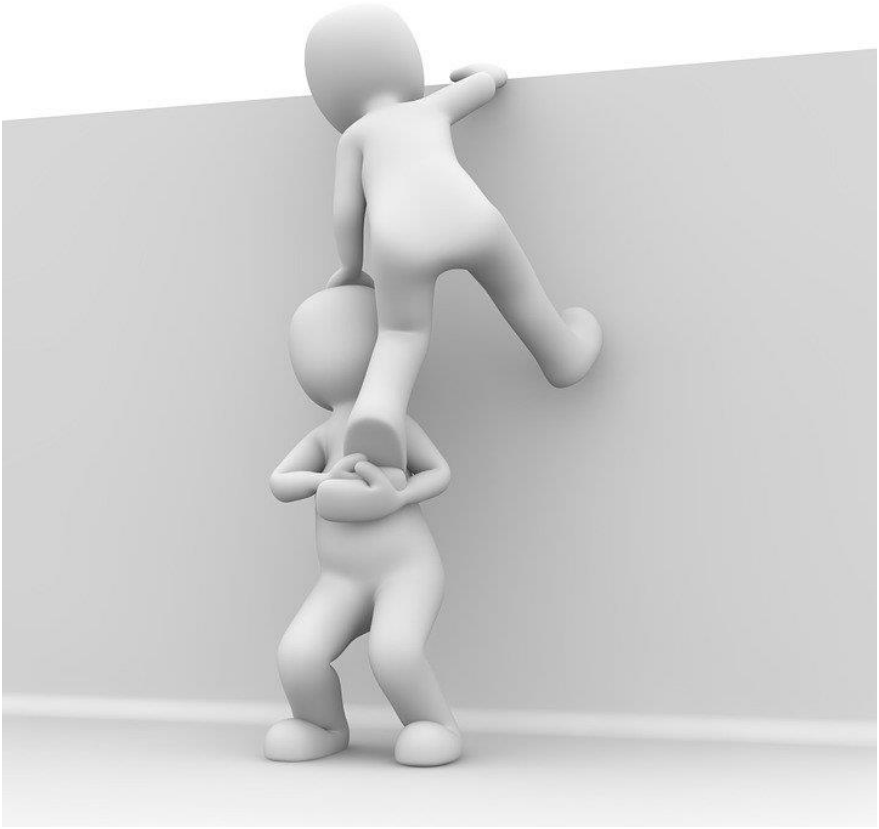
Phase Two: Individual Skill Building

Noticing Positive Behavior - caregiver

Bad Boss

vs.

Good Boss



Led to Dad allowing Jack more say in decisions. Jack noticed the change in his dad.

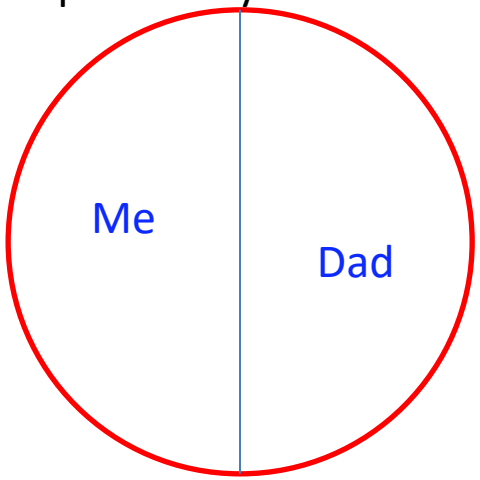
Dad's Gems: How to be the Good Boss as a Parent

- Talk with mutual respect, problem solving instead of shaming.
- Get smaller, sit down with him.
- Have an actual conversation, not an interrogation
- Remember you've been on the road, too.

Resign as "the punisher" and become more a teacher and resource to my children. "I want to inspire my children instead of making them fear me as *my purpose to my children*."

Imaginal Exposure – Child, Referral Incident

Jack's Old Responsibility Pie :



I can't control my friends. They won't listen to me. My dad can tell them to calm down or offer help to me if they're getting wild.

If I saw them getting wild, I could try to get them to calm down - choose not to run around the couch playing basketball inside.

I could ask Dad or K for help.

Alternative thought:
Our relationship isn't as good as it used to be because of him hitting me and the words he has said. We're both working to make it better.

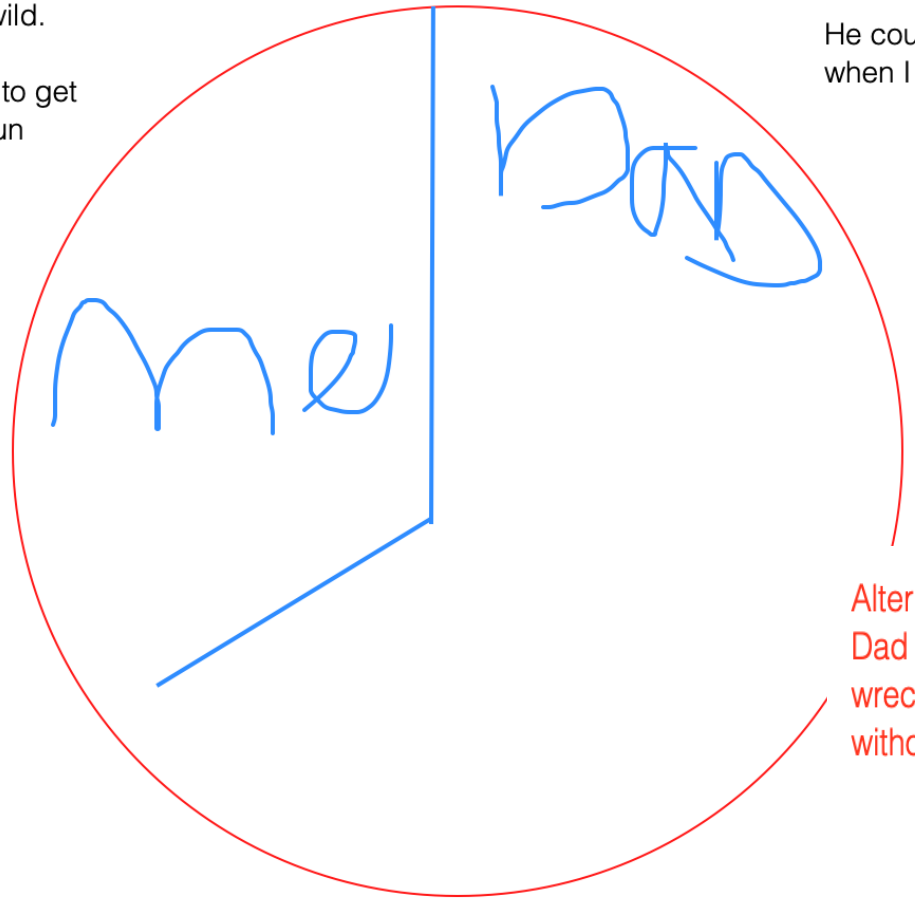
I used to think he was always mad at me. Now I don't.

Jack's New Responsibility Pie:

Dad can make my friends to calm down or ask them to leave.
He can ask me what happened instead of hitting me.

He could take deep breaths.

He could take stuff away like my phone when I mess up.



Alternative thought:
Dad was trying to teach me not be so wreckless which is helpful. He can do that without hitting me.

Phase Three: Family Applications

More to come … Preparation for Clarification

- Topic 14: Verbalizing Healthy Communication
- Topic 15: Enhancing Safety Through Clarification
- Topic 16: Solving Family Problems
- Topic 17: Graduation

Challenges

- **Telehealth invites "casualness" into sessions:** revisit boundaries and expectations throughout treatment
- **Child's loyalty bind between parents** – skill application with both, friends
- **Schedule "off" because of quarantine**; sometimes rescheduled appointments
- **Weekly Safety Check in** – 2/week separate calls with client and dad got both perspectives; at start of session with homework review; no sig concerns noted
- **Minimal mastery** to build engagement

Dealing with Anger/Aggression

- **Earning trust**
  - Respect for personal/family values and best intentions
  - Therapist direct and open about communication with system/DSS
  - They don't have to admit it to get better.

- **Moving from external locus of control to internal locus of control**
  - "What are you thinking **you'll** do?"
  - "How do you want to handle it when X happens?"
  - "Let's add that to your toolbox of what works for you."

- **How do you want to handle that?** "How will you cope with your emotions to access your thinking brain?; "What's your best response?"

- **Learn the skills in session; apply it as home practice.**

Mitigating risk factors and building upon protective factors

INDIVIDUAL	
Substance use	• Zoom Seeking Safety groups • SAMHSA resources
Emotional distress	• Online resources or apps to gain composure (breathing, relaxation) • Brief respite from high-risk encounter
Cognitive misattribution	• Gentle challenge prompts (accurate, helpful?) & find one alternative view • Online flexible thinking resource
Poor/punitive parenting	• Remember: discipline means teaching (what lesson do you want child to learn?) • Use more positives (praise/reward) than punishment
Connection to spirituality/religion	• Share online resources to access sermons, blogs, and other spiritual resources/practices
FAMILY	
Family support/ connectedness	• Virtual visitation with family members outside the home *(list of activities for virtual visits attached)* • Sending packets of materials that families can use during sessions and then after for play/connection time
Family conflict	• Process "incident" calmly – problem, consequence, and outcome (ABC model) • Share self-care and stress relief activities (hobbies, music, fun) and resources on social media • Validating and normalizing collective stresses and reactions • Add a message or app to your phone for 1-minute calm down/distraction
COMMUNITY	
Community support/ connectedness	• See or call a friend or call a hotline • Mark/celebrate special events in the family
Access to mental health and substance abuse services (TELA-H)	• Offer telehealth and online support groups that balance access/ease and safety ○ Use a tablet, wifi hotspots, headphones, monitor safety during call, have a safe word and way to reach family if you lose them • Hotline numbers • Opening emotional support hotline for those feeling frustrated or stressed due to COVID-19-related stressors

Provider Stress and Self-Care

- **Primary Traumatic Stress -** the emotional distress that results when one is directly confronted with a traumatic experience caused by another (client, coworker).
- **Secondary stress** -- when one hears about someone's traumatic experience(s)

What resources can you access to help you take care of yourself right now?

- **Primary**: Clear agency policies on prevention and response (first aid, debrief, change practice/support)
  - https://inclusiveteach.com/2019/02/21/behaviour-debriefing-and-post-incident-support/
- **Secondary**: A Fact Sheet for Child-Serving Professionals: https://www.nctsn.org/resources/secondary-traumatic-stress-fact-sheet-child-serving-professionals
- Taking Care of Yourself: https://www.nctsn.org/resources/taking-care-of-yourself

Summary/Recommendations – Managing Conflict

Make engagement an initial priority

Trust, transparency, fairness, consistency, accountability, alignment with family

Establish a routine

CASH; model disclosure

Remember the Basics – Skills Training Steps

Agenda, assessment/monitoring, validation/support, teaching techniques (describe, model, role play, feedback), home practice

Find just one alternative

EG: a new way to breathe/relax, a more helpful thought, a less painful consequence

Monitor and address progress/problems constantly

Ask and then follow-up – positive & negative; all participants

Thanks for your participation!

AF-CBT WEBSITE: www.afcbt.org (overview & orientation videos)

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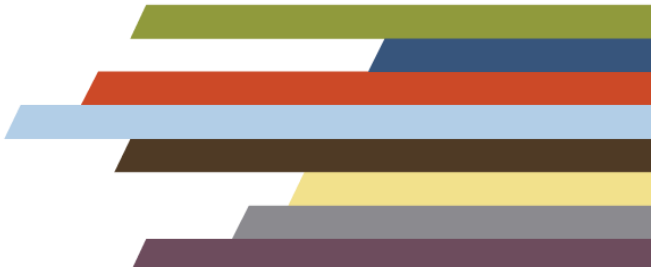
Q&A with Presenters



Final Session:

August 11: When the Monsters Life with Us Reflections on the Intersection of Structural Inequities, COVID-19 and Intimate Partner Violence and its impact on Young Children in Latin American Families (en español)

Register here: https://bit.ly/family-violence-series

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