MHTTC
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NCTSN The National Child Traumatic Stress Network

Frequently Asked Questions

Preventing and Responding to Family Violence During COVID-19 Learning Series: Minimizing Risk for Conflict/Coercion in Families with School-Age Children, July 28, 2020

Presenters: David J. Kolko, Ph.D., ABPP, University of Pittsburgh School of Medicine
Ashley Fiore, MSW, LCSW, Duke University Center for Child and Family Health

The following are several frequently asked questions from the webinar. See the webinar recording and slide deck for more information.

Participant Question & Presenters' Response

Q1 ***What are the core elements of appropriate treatment for families who show or are at risk for conflict, coercion, and violence?***

A1 There are at least three core elements: (1) Evidence-based/informed treatment - the use of a recommended family-focused intervention that focuses on stopping any physical abuse or coercion/force, works with the caregiver and child, teaches adaptive skills while addressing problem behaviors, and has supportive scientific evidence. We listed four here that are described on the NCTSN website: AF-CBT, CPC-CBT, PCIT, MST (www.nctsn.org); (2) Understanding traumatic stress responses – making sure to specifically ask about and assess the nature and severity of the child's (and caregiver's) traumatic symptoms; and (3) Mitigating risk factors and building upon protective factors – identifying and targeting risk for emotional and physical abuse and family strengths, which may fall in the individual, family, or community domains. Of course, respectful and responsive care requires the integration of these elements, the recognition of existing disparities in the systems that respond to family violence (e.g., law enforcement, child welfare), and the availability of effective engagement and treatment options that are sensitive to this history (e.g., trauma informed care).

Q2 ***What is the content and structure of Alternatives for Families: A Cognitive Behavioral Therapy?***

A2 Caregivers and children receive both joint and individual skills-training sessions to promote a set of complementary inter- and intra-personal competencies. These competencies are organized into topics or content areas, including initial orientation and graduation, that are delivered across three treatment phases. These topics are reflected in the acronym, **ALTERNATIVES.** Phase 1 concentrates on an introduction to and engagement into treatment, motivation and goal setting, feeling identification and review of positive and negative experiences in the home, psychoeducation, and a brief discussion of any referral incident. Phase 2 teaches emotion regulation, new ways of thinking, behavior management, and assertiveness and social skills, uses imaginal exposure, if applicable, and helps caregivers write a letter for clarification. Phase 3 prepares the caregiver and child for more positive family interactions by teaching healthy communication skills, holding a clarification meeting, and teaching problem-solving skills to use in routine situations.

Q3 ***What is the format for using the weekly safety check-in?***

A3 We encourage clinicians to have caregiver and/or child respond to the items in the **Weekly Safety Check-in** in order to learn about any recent conflicts, arguments, or physical force involving the caregiver and child(ren), which help to provide some understanding of the caregiver's use of various disciplinary strategies. It is also helpful in documenting the absence of these events and, possibly, the use of more desired alternative skills. The handout and specific procedures involved in completing it are described in the AF-CBT session guide (e.g., *please tell me about any family conflicts, arguments, fights, or other upsetting incidents; what was the reason; what happened, was physical discipline or punishment*

used, what were consequences?). Briefly, the questions help to identify "low-risk" incidents that can be targeted by the content of the treatment or "high-risk" incidents or situations that may require more immediate attention, such as a safety plan, and, thus, can help to reflect on the family's progress during treatment. The handout also can be completed as a self-report if that is preferable to an interview.

- If an incident involving "low-risk" verbal or physical aggression is reported, further discussion may help the clinician to determine the significance and severity of the child's experience that can be incorporated in the routine content found in the session guide.
- If a "high risk" circumstance has been reported, a Safety Plan should be developed that includes specific recommendations and follow-up activities (e.g., mention your concern about someone possibly getting hurt, gather more information to build a functional analysis, connect interaction with AF-CBT plan for the session, develop safety plan).
- Once the Safety Plan is in place, it can be re-assessed each week with the participant(s) you have in each session (caregiver, child, or both).

Q4 ***The case presentation focused on working with the father. How would you use AF-CBT with moms/non-perpetrators/other family members?***

A4 Caregivers who have not been aggressive/coercive also benefit from the topics addressed in AF-CBT such as emotion regulation, cognitive restructuring, parenting skills, and improved communication skills. They can better reinforce their children's skill acquisition through home practice and coaching the child in these interactions if they also have been taught the skills in separate caregiver sessions. In the case example, the mother continues to have some unhelpful thinking about the father's past behavior that interferes with their ability to co-parent and communicate effectively about their child (arranging visits, agreeing to consistent behavioral expectations/schedules at both houses, agreeing to a plan about in person or remote learning for school in the fall and possible COVID-19 exposure). Given the parents' past conflict and mistrust of one another, it has been challenging to protect confidentiality for the father and child as the primary clients while trying to help both parents get on the same page for Jack. I am considering offering some brief additional support to them after Jack and Dad complete treatment focused on applying healthy communication and problem solving skills to their co-parenting of Jack.

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Q5 ***How do we get training and more information about Alternatives for Families: A Cognitive Behavioral Therapy?***

A5 You can learn more about training opportunities in Alternatives for Families: A Cognitive Behavioral Therapy, by going to its website (www.afcbt.org). The home page lists upcoming trainings on the right hand side of the page; if you click those links, you can learn more about the training and sign up for it. Or, you can go to the training tab and complete an online training request form for your agency. Finally, you can click the Ask a Question button to send a question or comment to the program.

Q6 ***For providers, remember self-care! What resources can you access to help you take care of yourself right now?***

- Primary traumatic stress: It is important to establish clear agency policies to help prevent or respond to any incident of verbal or physical coercion/aggression directed to staff in the program (e.g., first aid, debriefing, change practice/support)
  - https://inclusiveteach.com/2019/02/21/behaviour-debriefing-and-post-incident-support/
- Secondary traumatic stress: 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

Other Resources

- **Trauma Teletherapy for Youth in the Era of the COVID-19 Pandemic: Adapting Evidence Basted Treatment Approaches.** The University of Southern California – Adolescent Trauma Training Center have created a comprehensive guide to providing teletherapy to multiply-traumatized youth in the COVID era. It especially considers social maltreatment (e.g., racism, homophobia, transphobia, institutional violence, poverty) as it adds to the trauma, exacerbate COVID-19 effects, and interferes with access to mental health services: https://keck.usc.edu/adolescent-trauma-training-center/wp-content/uploads/sites/169/2020/07/Trauma_Teletherapy_Final_2020702.pdf

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