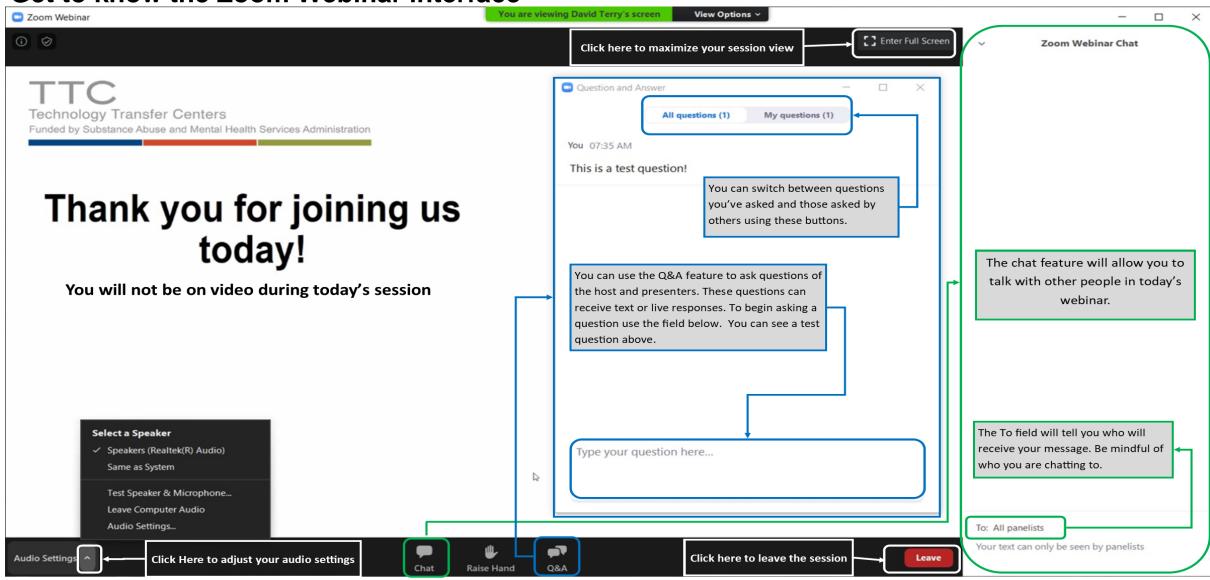


#### **Please Note:**

- All attendees are muted
- Today's session will be recorded

#### Get to know the Zoom Webinar interface





# Supporting Families of Young Children at Risk for Ongoing Domestic Violence

Preventing and Responding to Family Violence During COVID-19
Tuesday, July 14, 2020

#### Presented by:

Chandra Ghosh Ippen, Ph.D., UCSF Child Trauma Research Program Carla Stover, Ph.D., Associate Professor, Yale Child Study Center

# Housekeeping Items

- We have made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information.
- All attendees are muted and cannot share video.
- Have a <u>question</u> for the <u>presenters</u>? Use the Q&A
- Have a comment or link for all attendees? Use the Chat
- You will receive an email following the presentation on how to access a certificate of attendance
- Follow us on social media: 🔰 👖 @MHTTCNetwork
- South Southwest MHTTC (Co-host):



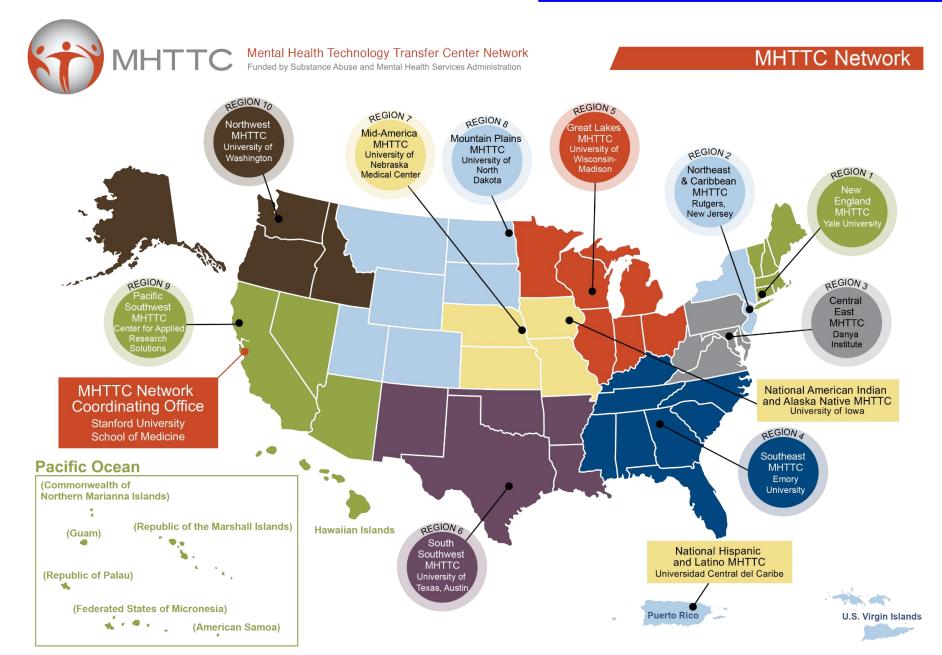


@SSWMHTTC

Please Note:
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within a few days.

- 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







AUG. 3-5

Join leaders working with individuals with early psychosis across the nation for a **FREE** virtual conference hosted by the South Southwest Mental Health Technology Transfer Center. Participation is open to everyone!

**REGISTER** bit.ly/FEPConference

#### **Webinar Series**

Preventing and Responding to Family Violence During COVID-19



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









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At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of Chandra Ghosh Ippen, Ph.D., and Carla Stover, Ph.D., and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

## **Evaluation Information**

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At the end of today's training please take a moment to complete a **brief** survey about today's training.

https://bit.ly/mhttc-nctsn-survey-1





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## Presenters



**Dr. Ghosh Ippen** is the Associate Director and Dissemination Director of the Child Trauma Research Program at the University of California, San Francisco and the Early Trauma Treatment Network, a member of the National Child Traumatic Stress Network. She has worked on seven longitudinal studies and has conducted treatment outcome research on the effectiveness of psychosocial intervention programs with Spanish-speaking children and parents. As a first-generation East Indian/Japanese American, she is committed to examining how culture and context affect perception and mental health systems.



**Dr. Carla Stover** is a licensed clinical psychologist and Associate Professor at the Yale Child Study Center. Her clinical work has included acute/peri-traumatic responses to families impacted by violence and long-term evidence-based treatments including Trauma Focused Cognitive Behavioral Therapy and Child Parent Psychotherapy. Dr. Stover developed *Fathers for Change*, an intervention for fathers with histories of use of family violence and is conducting outpatient, residential treatment, and community implementation studies on the effectiveness of the intervention.

# Preventing and Responding to Family Violence During COVID-19

# Supporting Families of Young Children at Risk for Ongoing Domestic Violence

**Carla Smith Stover, PhD Yale University Child Study Center** 

Chandra Ghosh Ippen, PhD UCSF Child Trauma Research Program



# Two Interventions for Families Impacted by DV



Follow on Twitter: @ChangeFathers

<a href="https://medicine.yale.edu/childstudy/education/practiti">https://medicine.yale.edu/childstudy/education/practiti</a>
<a href="mailto:oner/fathers/">oner/fathers/</a>

#### **Child Parent Psychotherapy**



https://childparentpsychotherapy.com
https://facebook.com/childparentpsychotherapy



# **Addressing Family Violence**

#### What are the elements of appropriate treatment and intervention?

- Evidence-based/informed treatment
- Understanding traumatic stress responses
- Mitigating risk factors and building upon protective factors

Trauma-informed practice and culturally responsive care require that clinicians and mental health workers acknowledge historical events, biases, and disparities within systems that often respond to instances of family violence (such as law enforcement and child welfare). Options for system engagement and treatment should be considered in light of injustices in systems that are experienced by particular communities and identities.

#### **Risk and Protective Factors**

#### Community

- Community support/ connectedness
- Coordination of resources/services among agencies
- Fast-changing protocols in systems
- Access to mental health and substance abuse services (inc. access to telehealth)
- Structural inequalities leading to different access to and responses from systems (e.g, courts)
- Immigration system causing different risks, access for people who are undocumented
   hity violence

#### Relationship

- Family support/connectedness
- Family conflict
- Stress of home-schooling
- Shifts in gender roles in home
- Family member(s) with disabilities or special needs
- Family member(s) with history of heightened risk/acute distress
- Connection to school
- Economic stress and food insecurity
- Health concerns for loved ones
- Fear of testing positive, possibly leading to alternative caregivers, CW involvement
- Inability to engage in important ritual, particularly around grief

#### Individual

- Substance use
- History of trauma exposure
- Connection to spirituality/religion

# Core Concepts for Understanding Traumatic Stress Responses

- 1. Traumatic experiences are inherently complex.
- 2. Trauma occurs within a broad context that includes children's personal characteristics, life experiences, and current circumstances.
- Traumatic events often generate secondary adversities, life changes, and distressing reminders in children's daily lives.
- 4. Children can exhibit a wide range of reactions to trauma and loss.
- 5. Danger and safety are core concerns in the lives of traumatized children.
- 6. Traumatic experiences affect the family and broader caregiving systems.

- 7. Protective and promotive factors can reduce the adverse impact of trauma.
- Trauma and posttrauma adversities can strongly influence development.
- 9. Developmental neurobiology underlies children's reactions to traumatic experiences.
- 10. Culture is closely interwoven with traumatic experiences, response, and recovery.
- 11. Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.
- 12. Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care.

https://www.nctsn.org/resources/12-core-concepts-understanding-traumatic-stress-responses-children-and-families



## Referral

- James (42) and Marisol (38) married
- Both were drinking and began arguing
- Fighting escalated (yelling and screaming)
- James grabbed and pushed Marisol down to the ground
- 19-month-old Kaya was in the room unclear if involved in incident
- Marisol's 14-year-old daughter called police.
- James was arrested and child protection was notified.
- A limited protective order is in place.



# In the Chat Box Share some of your immediate concerns/thoughts.

# What pictures/images come into your mind when you learn the following information?

#### **James**

- African American
- Grew up in housing projects
- Father was abusive
- Served 6 years due to drug and burglary related charges.
- 17-year-old daughter he has not seen in a year

#### Marisol

- Puerto Rican
- 2 older children from two different relationships.
- Previously diagnosed with and treated for PTSD

# Let's pause and think about our potential biases and assumptions about this family



# What pictures/images come into your mind when you learn the following information?

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- Previously diagnosed with and treated for PTSD

## **Intake Interview Information**

- Couple together for 3 years and married for 2 years.
- Met when James was doing repairs on a condo that Marisol was renting.
- James previously is currently on parole.
- Marisol has 14 and 21-year-old daughters from two previous relationships. Her 14-year-old resides with them.
- Pregnancy with Kaya was unplanned and high risk. Marisol was told she could not have additional children.

## **Assessment Information Continued**

#### **James**

- Raised in a violent home
- Father was a drug addict and was physically violent toward James, his mother and siblings
- No prior mental health treatment
- Anger Management and Parenting classes in prison

#### Marisol

- Good job with the local school district
- History of significant childhood trauma including sexual abuse
- Describes prior relationship as "toxic"
- Individual therapy several years ago to process past trauma – reports it was very helpful

# **Assessment Information Kaya**

- 19 months old
- Eats and sleeps well
- Developmental milestones within normal limits.
  - Walking
  - Some language (mostly single words).
- Likes to play but often kicks and throws toys

# **Father-Child Play Observation**



- Marisol has no intention of ending her relationship with James. She states that he is a good father and things just got out of hand.
- Kaya is comfortable with her dad. She crawls on his lap, hugs him and plays close to him handing him toys.
- He is affectionate to her and encouraging of her play.
- At times he is take charge of the play trying to get her to name colors of blocks
- He chuckles when she throws blocks or knocks them down or says "Hey, don't do that."

# **Safety Planning and Intervention**

- Strategize for Safety
  - Level of risk?
  - Sources of risk?
- Consider family context and potential consequences of developed plans
- Victim Focused Advocacy NOT Service Focused Advocacy
- Intervene to reduce stress and increase understanding
- Connect with supports

# Intervention Strategies with Parents and Caregivers

The best way to keep children safe, is to intervene with parents by:

- Assessing for and acknowledging stress
- Giving them coping strategies
- Connecting them with support
- Helping them understand from their child's perspective

# **Parenting Under Stress**

COVID-19 Racial Health inequities

Police violence in community

14-year-old sister virtual school

James laid off from job

Marisol Working

from home

Ongoing racism

> Repeated micro & macro aggressions

Crowded family living situation

Kaya At home no childcare

Individual/Family Relationship

Community/Society



# **Assessing Stress in the Home**

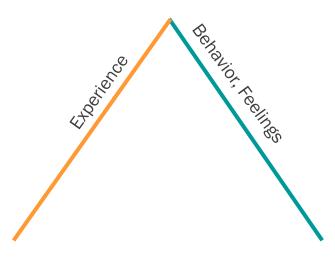
How are they . . .

- Sleeping?
- Eating?
- Feeling? (depressed, anxious, irritable, angry)
- Getting along with each other?
  - Feeling supported?
  - Feeling alone?
- What are they doing to relieve stress?

# **Connecting Experiences to Functioning**

#### James' Experience

- Dad's substance use
- Violence in his home
- Incarceration
- Estrangement from his daughter
- Remember to assess for positive experiences

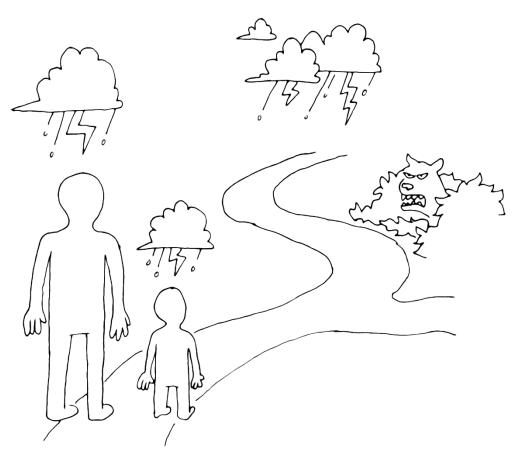


Build a Bridge of Understanding

#### James' Behavior

- Gets angry easily
- Hits and fights when angry

# Addressing the Psychodynamic Aspects of Safety



- Think about past and how it shapes current expectations regarding danger and safety
- In a supportive, non-confrontational manner, directly address safety issues with the goal of increasing caregiver awareness and mobilizing protective action
- Balance respect for the caregiver's psychological vulnerabilities with the need to address lapses in safety and destructive or self-destructive behavior
- Encourage caregiver to develop an attitude that prioritizes safety as a core value

This is stressful and why doesn't she understand...

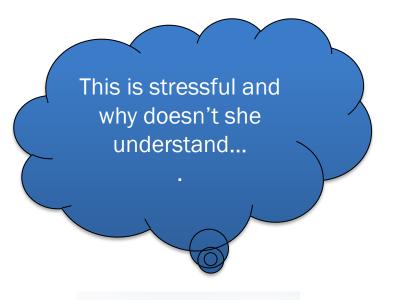


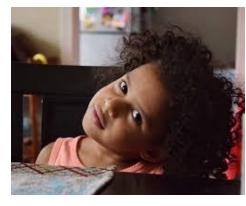


Harsh over-control



Passive withdrawal















Harsh over-control



**Passive withdrawal** 

# Reflective Functioning Approach

1. Recognize and make sense of his/her emotional distress





2. Recognize and make sense of child's emotional distress

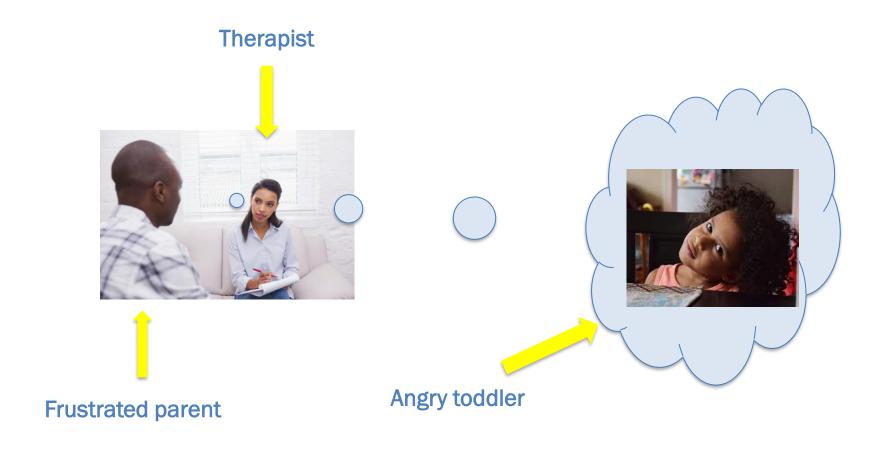




# Reflective Functioning Approach



# Reflective Functioning Approach



It sounds like you were feeling very frustrated. Do I have that right? What was going through your mind?





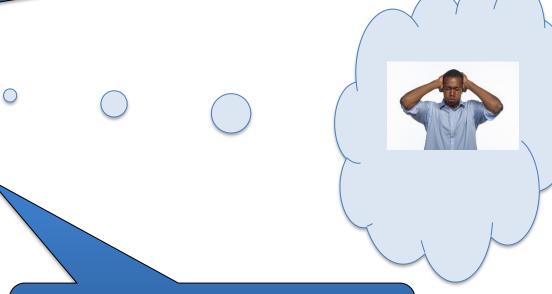


Yes, I was *very frustrated*. If I miss the job interview I have no chance at the job! She knows that it's important!

So you were really worried about being late for the job interview. Is that right?

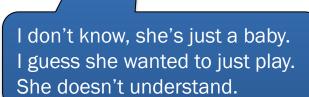


Yes, if I don't find work soon we might lose our apartment...



Let's see if we can think more about what was going through your mind. Would that be okay?

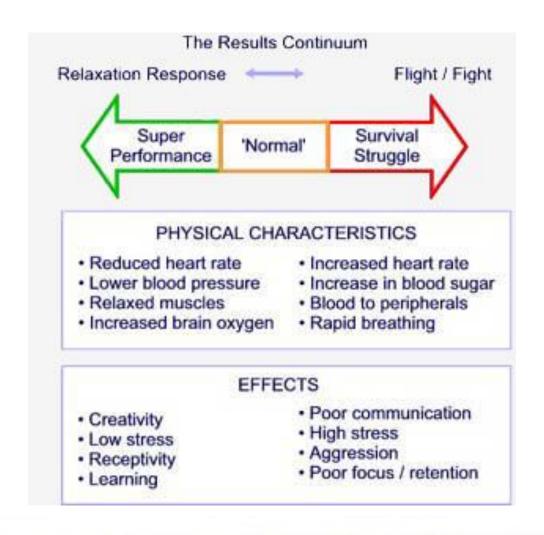
And you wanted Kaya to cooperate and understand what was worrying you. What do you imagine she was thinking and feeling?



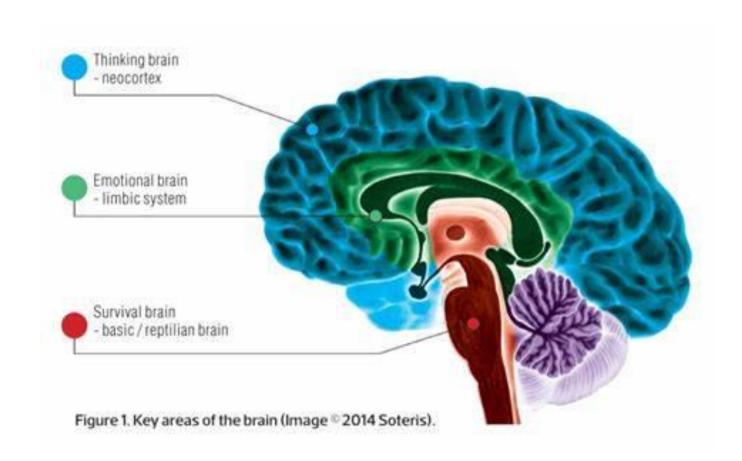
Can you say more about that?
What do you think she doesn't
understand? And why do you think
playing is so meaningful for her right
now?



### **Stress Reactivity Continuum**



## **Neurobiology of Emotion Regulation**



# Identifying Emotions and Stress to Get Back in Control

### **How Does Relaxing Help?**

It brings THINKING BRAIN back on-line

Makes us feel in control of our physical body

Helps us get control of our emotions and reactions

### **Breathing is KEY**

Controlled Diaphragmatic Breathing can bring the Parasympathetic (RELAXATION) Nervous System back on-line.

Breathe in through your nose

Take the breath all the way into your stomach NOT chest

breaths

Hold

Breathe out through your mouth for longer then you breathe in

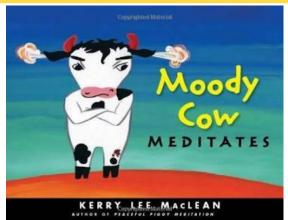


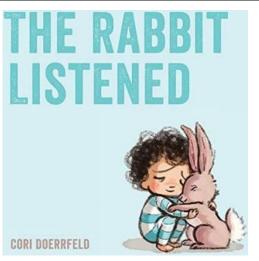
### Helping Parents Slow Down and Regulate

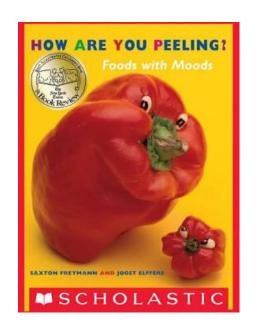
- Taking Space
- Mindfulness Techniques
  - Grounding techniques that engage the senses
  - Coloring, diamond art
- Exercise is a natural mood booster and way to expel agitation, irritability and aggression
  - Running or other cardio-vascular exercise
  - Weight-lifting
  - Push ups, sit-ups etc.



### **Bibliotherapy: Emotion Regulation Resources**

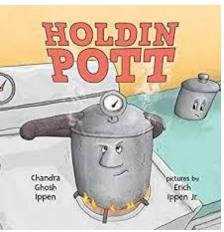












https://www.pinterest.com/CPPtreatment/cpp-emotion-regulation/

Spanish: <a href="https://www.pinterest.com/CPPtreatment/cpp-spanish-emotion-regulation-childrens-books/">https://www.pinterest.com/CPPtreatment/cpp-spanish-emotion-regulation-childrens-books/</a>

### **COVID-Related Story**

Free resource to help families talk about feelings and COVID-related stress

### Trinka and Sam Trinka y Juan Fighting the Big Virus:

Trinka, Sam, and Littletown Work Together



Luchando Contra El Gran Virus: Trinka, Juan, y Pueblito Trabajan Juntos





https://piploproductions.com/trinka-and-sam-virus/ or https:nctsn.org

### Mitigating Risk Factors and Building Upon Protective Factors

| Family conflict | <ul> <li>Validating and normalizing collective stresses and reactions</li> <li>Supporting people/families to set up basic routines to help provide structure and things to look forward to</li> <li>Sharing stress relief activities caregivers can do (with or without children)</li> <li>Leading people through grounding activities via phone or video</li> <li>Providing short-term relief for caregivers via virtual platform</li> <li>Suggesting hobbies like art and exercise (can be done individually and virtually in groups)</li> <li>Inviting clients to share distress tolerance/self-soothing activities via telehealth (e.g, playing an instrument, sharing art, sharing a song)</li> </ul> |
|-----------------|--|
| Economic stress | <ul> <li>Sharing information about community resources and unemployment benefits (with clear<br/>communication/instructions in caregivers' primary language about how to access them)</li> </ul>   |

### **Secondary Traumatic Stress and Self-Care**

- **Secondary Traumatic Stress** is the emotional distress that results when an individual hears about the firsthand trauma experiences of another.
- **Moral distress** occurs when one believes they know the right thing to do, but institutional or other constraints make it difficult to pursue the desired course of action.
- Burnout is the result of a high workload with insufficient support and resources.

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

- Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals:
   <a href="https://www.nctsn.org/resources/secondary-traumatic-stress-fact-sheet-child-serving-professionals">https://www.nctsn.org/resources/secondary-traumatic-stress-fact-sheet-child-serving-professionals</a>
- Taking Care of Yourself: <a href="https://www.nctsn.org/resources/taking-care-of-yourself">https://www.nctsn.org/resources/taking-care-of-yourself</a>
- Provider Resilience App



# **Q&A** with Presenters

### **Webinar Series**

Preventing and Responding to Family Violence During COVID-19



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







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

### **Upcoming Sessions:**

July 21: "Keeping it in the Family:"
Addressing Family Conflict in the Time of COVID-19

July 28: Minimizing Risk for Conflict/Coercion in Families with School-Age Children

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)

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