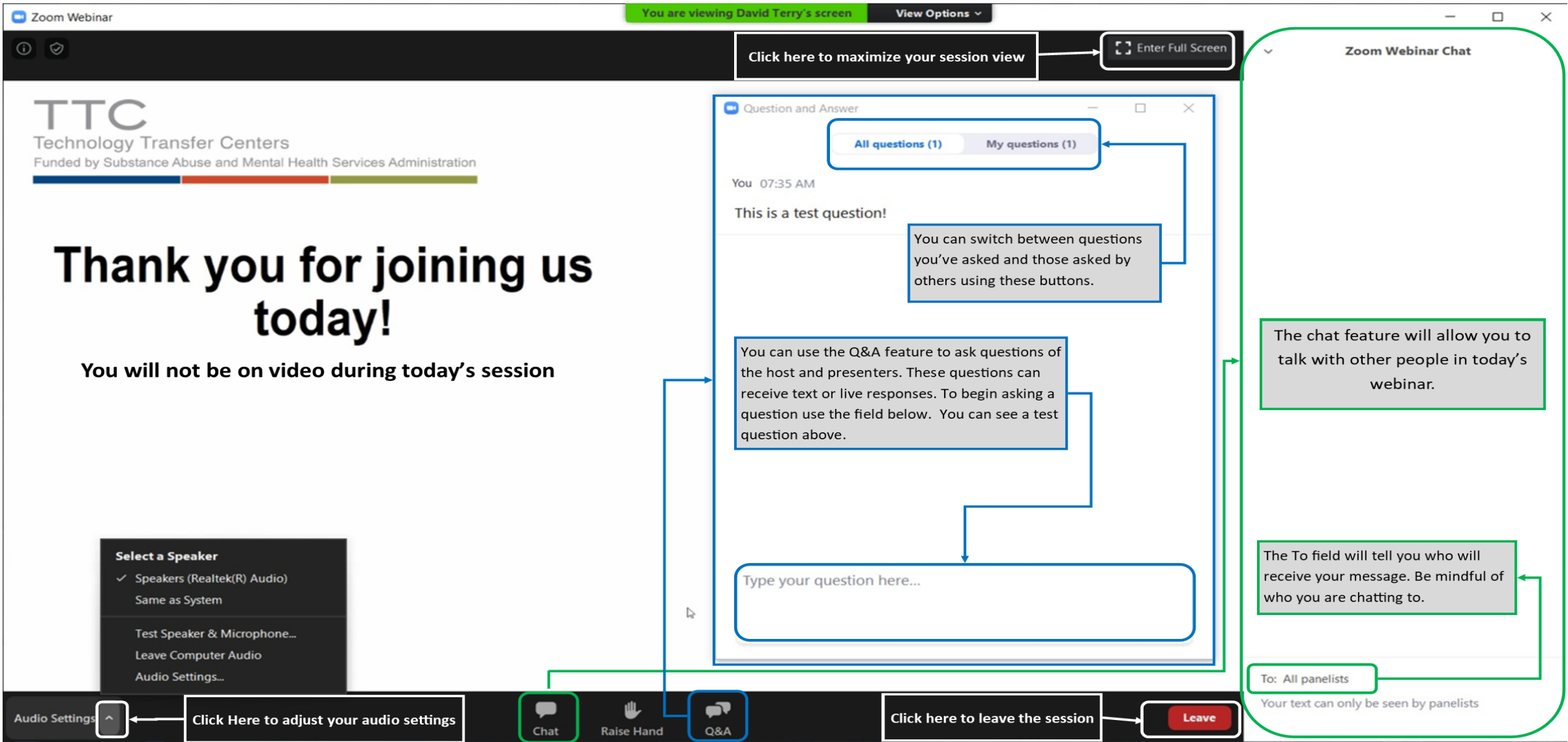


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**Question and Answer**

All questions (1) | My questions (1)

You 07:35 AM  
This is a test question!

You can switch between questions you've asked and those asked by others using these buttons.

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Type your question here...

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The National Child  
Traumatic Stress Network

# “Keeping it in the Family”: Addressing Family Conflict in the time of COVID-19

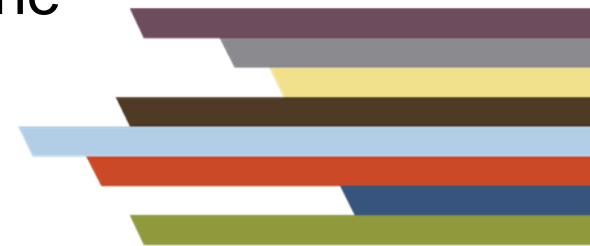
*Preventing and Responding to  
Family Violence During COVID-19*  
Tuesday, July 21, 2020

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Presented by:

**Laurel Kiser, Ph.D., M.B.A.**, University of Maryland School of Medicine



**Vikki Rompala, LCSW.**, Affiliate of NCTSN, Rush University Medical  
Center



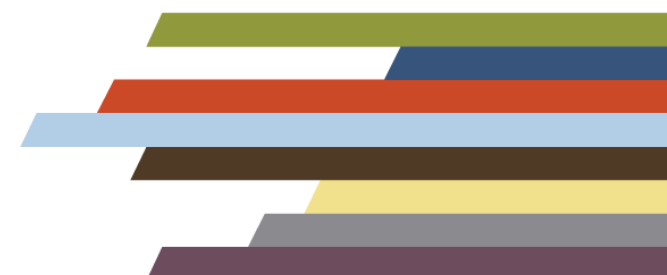
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- All attendees are muted and cannot share video.
- Have a question for the presenters? Use the Q&A
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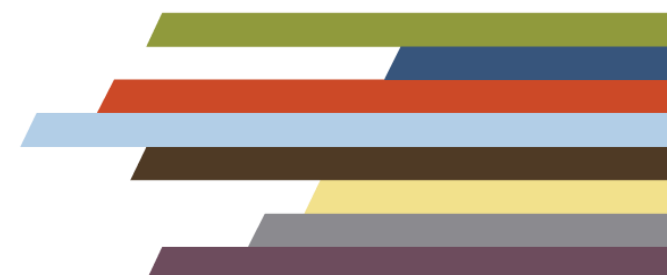


MHTTC

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](http://www.mhttcnetwork.org)



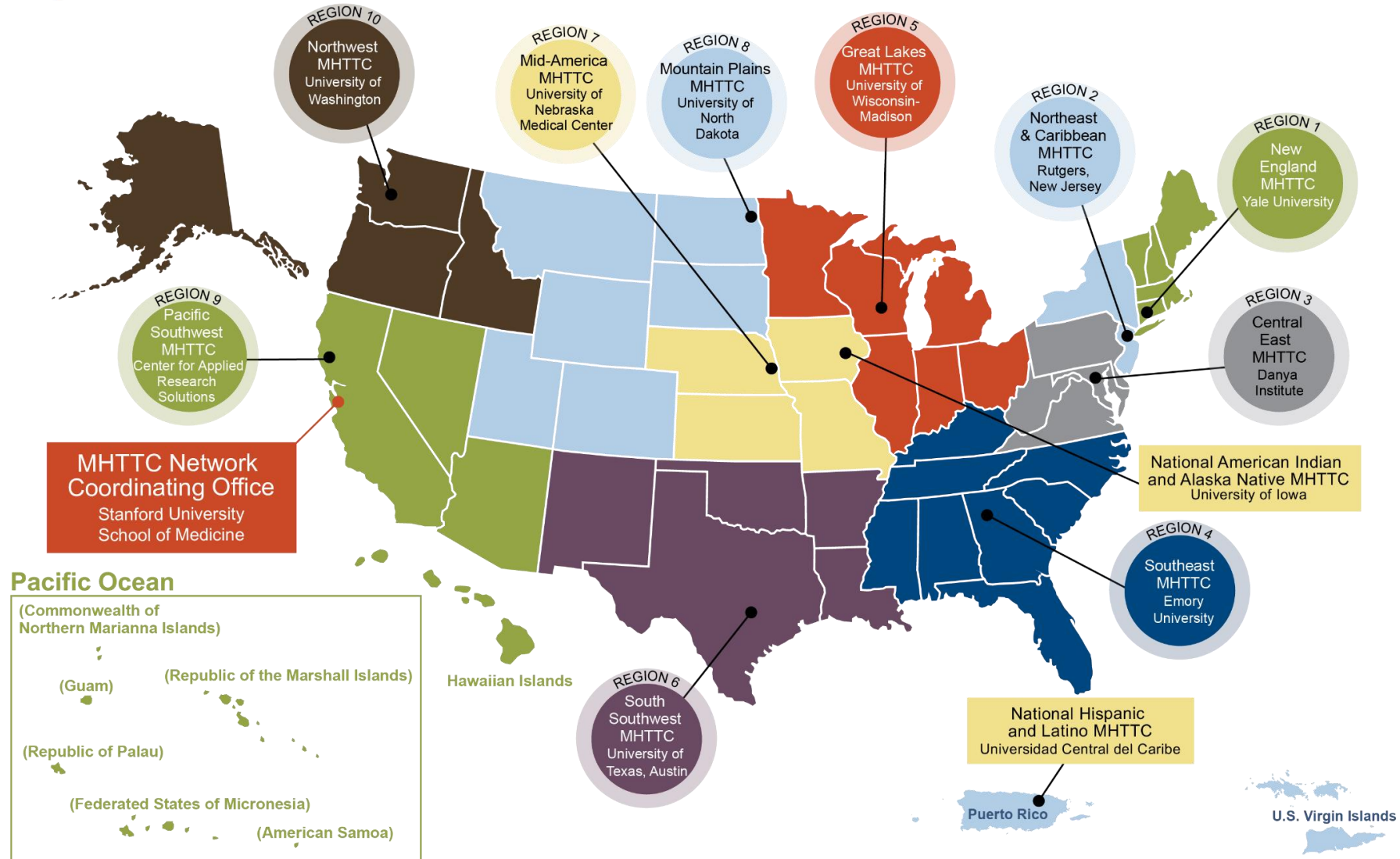
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# Webinar Series

Preventing and Responding to  
Family Violence During COVID-19



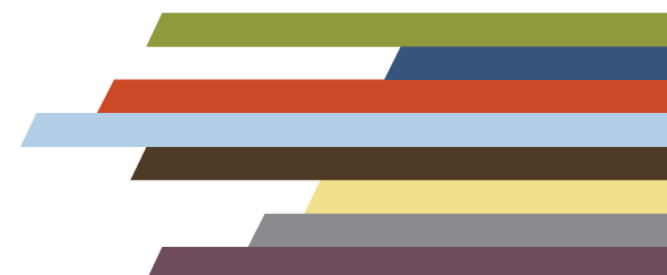
12 – 1:00 pm CT July 14 | July 21 | July 28 | August 11



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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 Vikki Rompala, LCSW, and Laurel Kiser, PhD, MBA, 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.

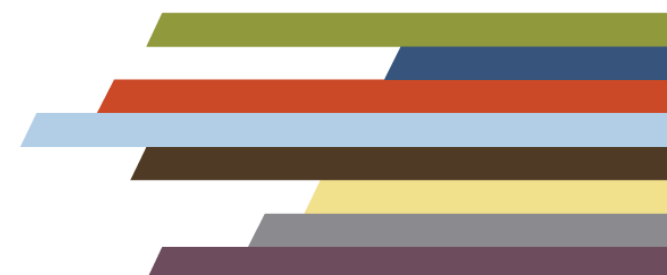


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# “Keeping it in the Family”: Addressing Family Conflict in the time of COVID-19

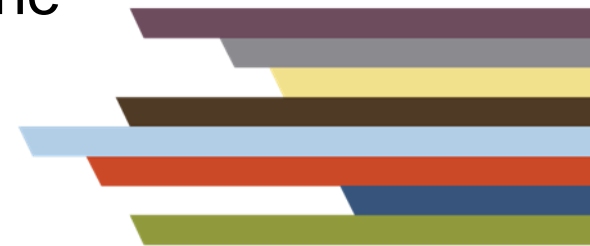
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# Presenters



**Dr. Laurel Kiser**, PhD, MBA, University of Maryland, Baltimore School of Medicine, is a Psychologist working in the field for over 40 years. She leads the Family Informed Trauma Treatment (FITT) Center, a Category II Center in the National Child Traumatic Stress Network. Along with a dedicated team of clinicians and families, she developed Strengthening Family Coping Resources (SFCR), an intervention designed specifically for families coping with chronic and severe stress and trauma.



**Vikki Rompala** is a Licensed Clinical Social Worker with over 20 years of social work practice and management experience. She has been an Affiliate of NCTSN since 2011 and was the former chair of the NCTSN Partnering with Youth and Families committee from 2007-2011. She currently is a Health Services Researcher at Rush University Medical Center.



# Preventing and Responding to Family Violence During COVID-19

## "Keeping it in the Family": Addressing Family Conflict in the time of COVID-19

*Laurel J Kiser and Vikki Rompala*

*Family Informed Trauma Treatment (FITT) Center*

# Learning Objectives

1. Participants will learn assessment and safety considerations in the time of self-isolation and quarantine.
2. Participants will gain tools and skills to use with families to build protective skills and resources.



# Defining Family Violence

- **Intimate partner violence (IPV)** occurs when an individual purposely causes harm or threatens the risk of harm to any past or current partner or spouse. Children can be impacted by IPV through both direct injury and by witnessing the harm.
- **Physical abuse** occurs when a caregiver commits an act that results in physical injury to a child or adolescent, even if the injury was unintentional.
- **Child neglect** occurs when a caregiver does not meet a child's basic needs.

## What is the impact?

Without appropriate treatment and intervention, childhood exposure to family violence and other traumas can lead to:

- Intense and ongoing emotional upset
- Depressive symptoms and anxiety
- Behavioral changes
- Difficulties with self-regulation
- Problems relating to others or forming attachments
- Regression or loss of previously acquired skills
- Attention and academic difficulties
- Nightmares
- Difficulty sleeping and eating
- Physical symptoms
- Risky behaviors

# Defining Family Violence

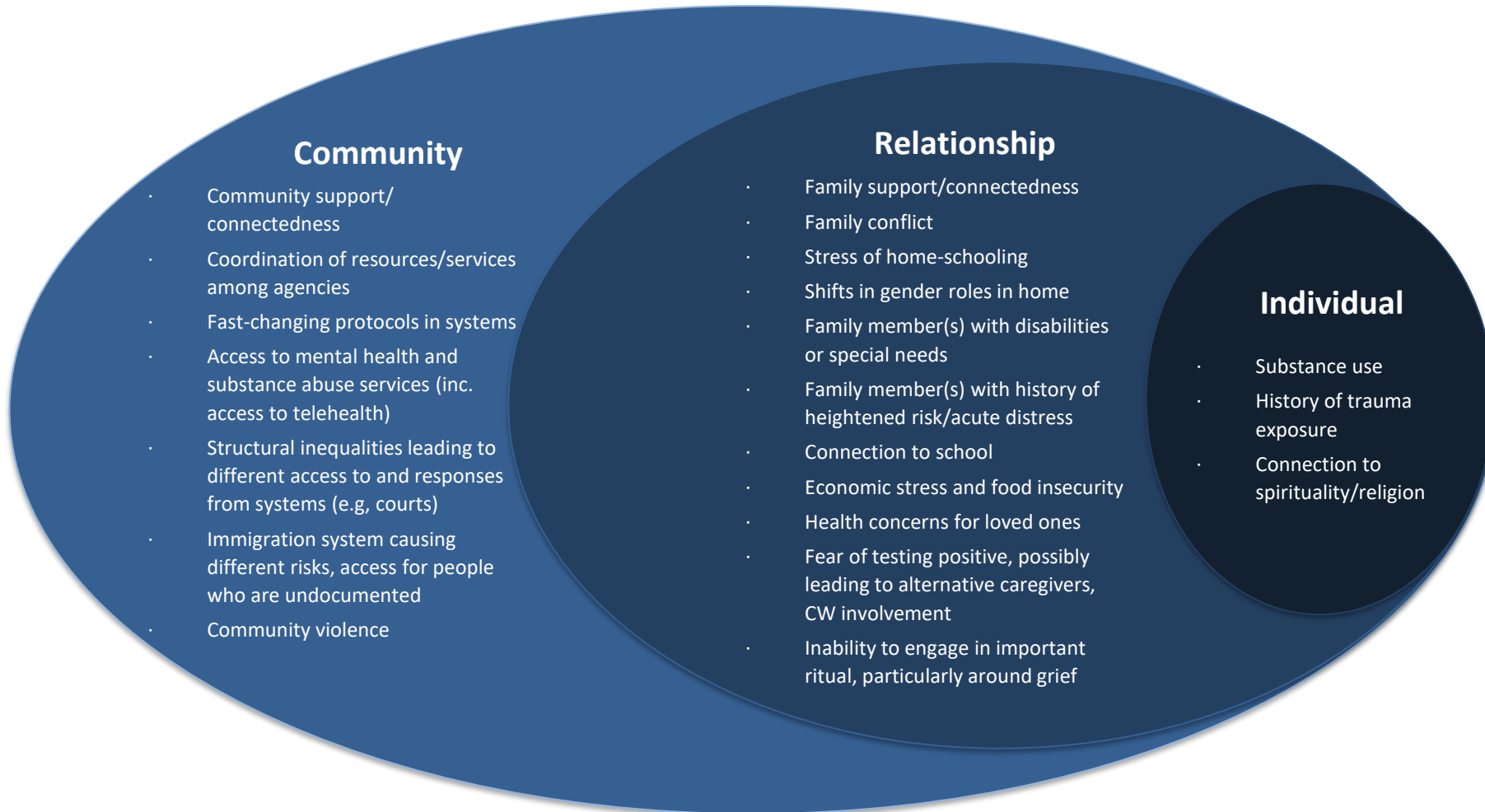
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## What are the elements of appropriate treatment and intervention?

- 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 considering injustices in systems that are experienced by communities and identities.

# Risk factors and protective factors



# Case example

---

Jennifer is living with her partner and they have 4 children. She is undocumented and her partner is an American citizen. Her children are 12, 10, 5, and 3 years old. Her parents have been the childcare resource in the past, but she has not been able to have them care for the children because of worries with COVID-19. She lost her job recently because of COVID-19 and because she had no childcare when schools went to remote learning.

Her boyfriend has been working but work has been more stressful than usual, and he comes home from work stressed and ends up drinking too much. He has been yelling at Jennifer about how lazy and unmotivated she is because the house is not perfect when he comes home. Last week, he locked the children and Jennifer out of the kitchen and their food when he went to work. He has been restricting any access to money when he is at work and has been tracking her cell phone use as he pays the phone bills. The 12-year-old is not keeping up with school work and yelling at Jennifer when she tries to help him. The 3-year-old is not sleeping well at night and comes into bed with Jennifer and her partner most nights creating additional tension.



# SFCR and TeleHealth

## **Multi-Family Group Model**

4-6 families participate

2-hour weekly sessions

At least two trained facilitators, one technical support facilitator

Break out opportunities by family or age group

Provide materials in different languages

Monetary support and non-monetary support for participation

## **Peer-to-Peer Model**

6-10 parents participate

60-90-minute weekly sessions

At least two trained peers lead the group

Break out opportunities for small group or paired discussions  
Monetary support for participation in an open or closed group format



# Strengthening Family Coping Resources (SFCR)

## Protective Family Coping Resources

Co-regulation & Crisis Management

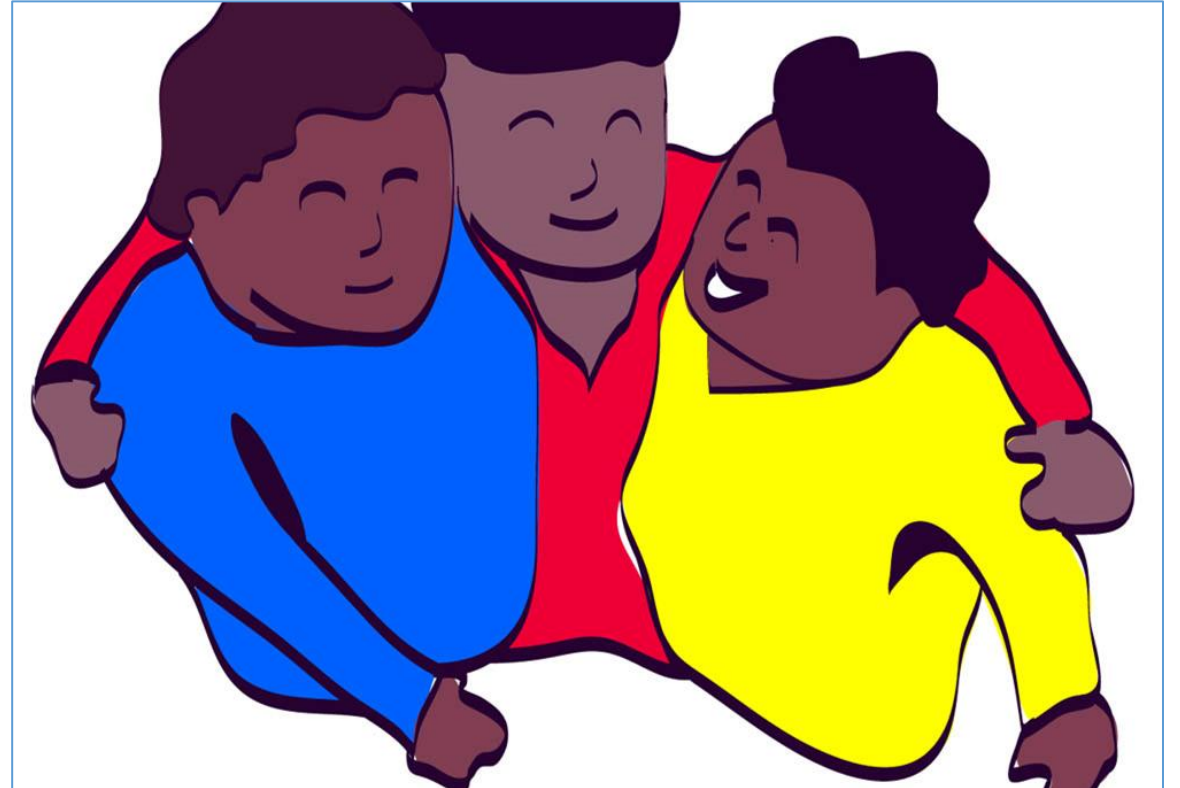
Deliberateness

Structure

Connectedness

Resource Seeking

Positive Affect, Memories, & Meaning



# Mitigating risk factors and building upon protective factors

COVID-19 Risks	Building Coping Resources
Disrupted routines and structure	<ul style="list-style-type: none"><li>• Establishing order and regularity in daily family life</li><li>• Preventive routines that allow a degree of control over the uncontrollable</li><li>• Collaborative coping to increase interdependencies</li><li>• Enjoyment of shared experience</li></ul>
Heightened safety concerns	<ul style="list-style-type: none"><li>• Establishing rules and limits</li><li>• Defining a safety plan for the family</li><li>• Rapid stabilization of family functioning</li><li>• Attunement with and communication of safety needs</li><li>• Define family comfort zone during interactions</li><li>• Read each other cues, listen to each other, and contain emotional expression within a safe range</li><li>• Build stress reduction skills</li></ul>
Crowding and isolation	<ul style="list-style-type: none"><li>• Helping the family identify who they can rely on</li><li>• Ask for and accept assistance when needed</li><li>• Give to others when the opportunity arises</li><li>• Spiritual beliefs and gratitude</li></ul>

# Safety

Safety is not the removal of threat.

Feeling safe is dependent on autonomic state.

Definable cues trigger an autonomic state that supports feelings of safety or danger or life threat.

Trauma disrupts safety and shifts autonomic state leading to mental and physical illness.

# Feature Detectors of Safety, Danger, and Life Threat

The importance of face↔face interactions, vocalizations, body posture, and gestures

Cues of safety or danger

Efficient strategy to co-regulate  
physiological state



Cues of safety promote co-regulation (intersubjective regulation)

# Safety Triggers



## Face to face social engagement

Facial expression and gaze  
Prosodic features of vocalizations  
Listening



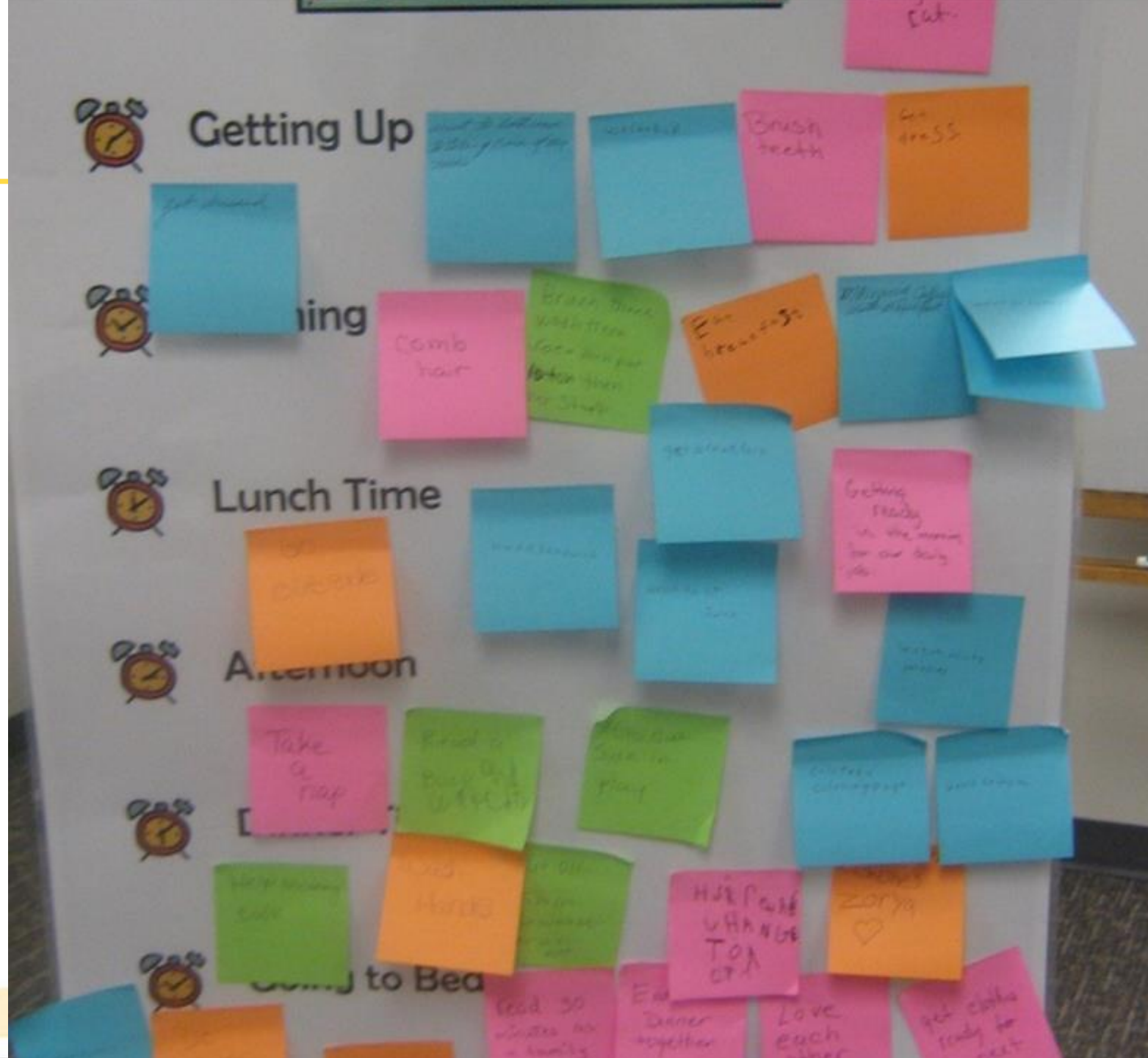
## Reciprocity

Contingent behaviors  
Tracking and attunement

A schedule defends from chaos and whim.

—Ann Dillard

## Daily Routines





# Shared Family Meals



# Bedtime Routines

A regular bedtime and a good night's sleep are related to:

Behavior – when caregivers establish a regular bedtime, behavior problems go down.



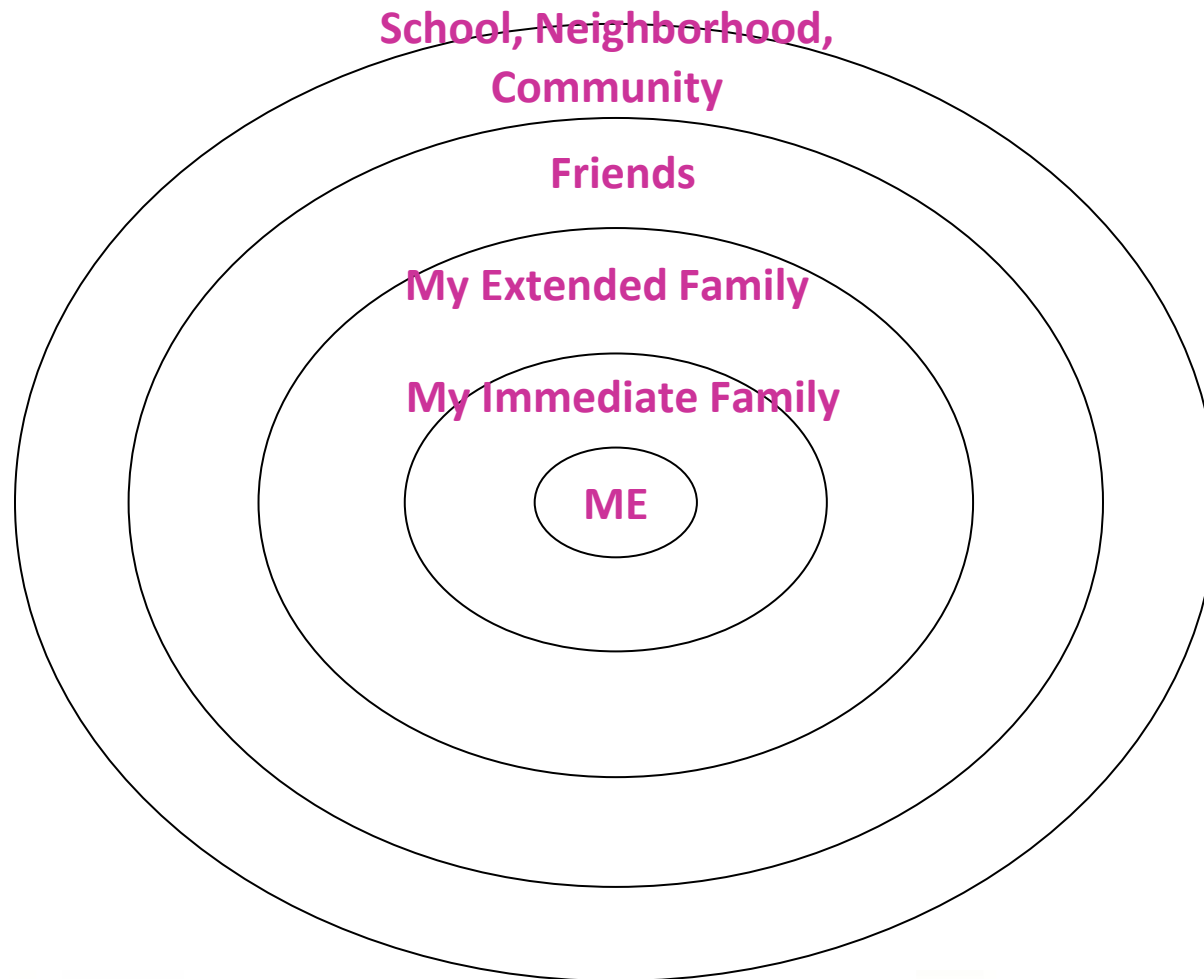
Regulation – structured nighttime activities may be associated with physiological and emotional regulation.

# Setting Limits



# Mapping who supports my family when things get stressful?

---



# Things Get in the Way Skit Card

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Tonight the family planned on watching a movie together. They rented a video and mom and the kids were looking forward to it! Just before starting the movie, mom and her boyfriend start talking about something that leads to an argument (such as money, time spent together, etc.), and the argument lasts for over an hour. The family never gets to watch the video.

What got in the way??



# Spirituality Word Flower

Adapted from Working with Groups on Spiritual Themes



Help people relax physically and mentally.

Laughter, like mild exercise, increases blood flow and exercises the muscles.

Fun and laughter help people see the light side of stressful situations.

Help us develop a positive, optimistic outlook on life.

Humor helps us see the “big picture,” notice the good as well as the bad, and create positive visions of the future.

Humor, laughter, and family fun build positive family relationships, which are central to healthy development.

## Fun & Laughter

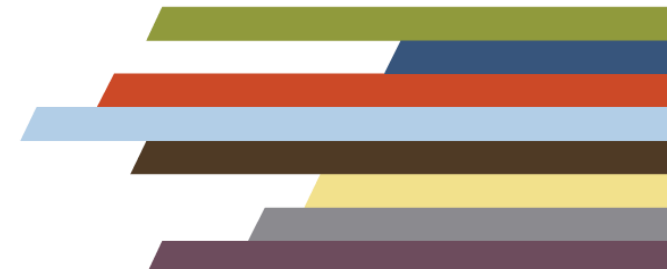
# Secondary Traumatic Stress and Self-Care

- **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:  
<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>
- 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 28:** Minimizing Risk for Conflict/Coercion in Families with School-Age Children

**August 11:** When the Monsters Live 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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