

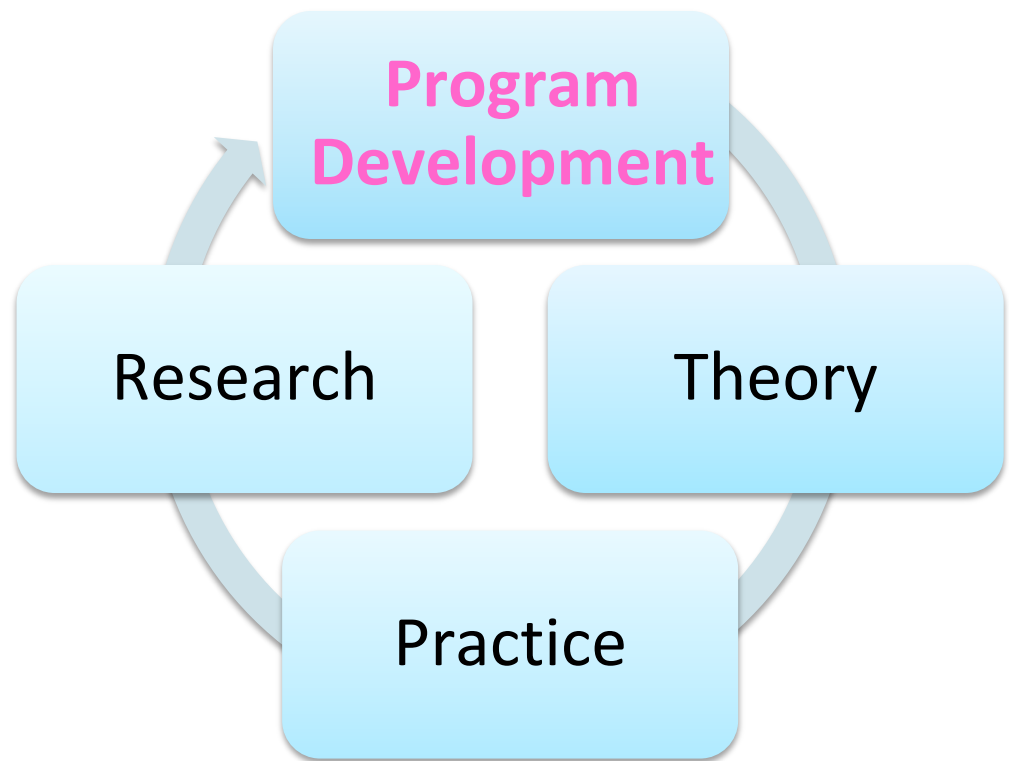


Here to Help Group for children and mothers exposed to intimate partner violence (IPV)

How theory, research and practice continually
guide a trauma informed group model

Paula De Jesus
Elizabeth Savaria
Mehak Sharma
Michael Wall

Here to
Help's
trauma
informed
practice, a
continual
process of
integrating:



Who is the program for:

Available in **five locations** in Toronto
(CDI, Yorktown, Jewish Family & Child,
Native Child & Family, YWCA)

Eligibility:

- Mothers and children ages 4 to 18
- Past experiences of IPV
- No longer living with abusive person(s)
- Courageously prepared to explore **in an 11 session group format** how IPV has impacted children's development and mother/child relationship

Group Goals

*“The parent child connection
is the most powerful
mental health intervention
known to mankind”*

-Bessel van der Kolk

Group Goals:

1. **Support the positive development of mother-child relationship**
2. Support mothers in managing the **emotional, behavioural, relational impact** IPV has had on their children
3. **Increase** emotional regulation for children and mothers
4. **Increase** child and mother's sense of safety

Overarching goal:

Break the cycle of violence – contribute to the prevention of children recreating violence and or becoming victims as adults

What does the group look like?

- Facilitator Briefing & Prep (5:00pm to 6:00pm)
- Family Welcome & Greet (5:45pm to 6:00pm)
- Family Dinner (6:00pm to 6:30pm)
- Family Interactive (6:30pm to 7:00pm)
- Concurrent Mother's & Children's Groups (7:00pm to 8:00pm)
- Facilitator Notes & Debrief (8:00pm to 10:00pm)



Here is
what we
cover in
program:

11 Week Group:

Session 1: Introduction & Pre-measures

Session 2: Self- Compassion

Session 3: Feelings

Session 4: Self-Regulation/ Trauma & the Brain

Session 5: Safety

Session 6: Understanding Abuse & Hurting in Families

Session 7: Worries and Fears

Session 8: Anger

Session 9: Responsibility

Session 10: Loss/Sadness & Post-measures

Session 11: Positive Family Changes & Graduation

What are
the
theoretical
lenses
guiding our
work?



Learning from Trauma Theory:

1. Exposure to abuse and trauma impacts:
 - Attachment
 - Child Development
 - Relationships
 - Emotional regulation



1. **Learning from Brain Science - The Trauma Response:** so-called “maladaptive behaviours” and “symptoms” we see in clients today, were **normal and protective** responses to abuse/control/trauma and helped to keep mothers and children safe

1. **Today**, these coping mechanisms **aren't always helpful**

How does the “trauma response” impact families coming to group?



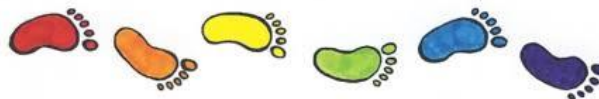
Hey Kids and Moms: Come on down to group and share your painful stories!



- **Externalized & Internalized Dysregulation** - fear, caution, resistance, withdrawal, anger, “silly/wiggly/giggly”, “behave!”
- This dysregulation is **the place of our work**.
- This requires lots of **observation, curiosity, gentle probing, naming and tuning in** to behaviour and family dynamics

“Our job is not to educate, but to educate ourselves. We need to come to know them and their worlds and offer an emotional availability that can withstand their reactivity in order to make space for that world they have so fiercely hidden or tried to protect”

- Bunston, Pavlidis, Cartwright



Safety First



We optimize every opportunity to create a **welcoming, safe, structured, and predictable** world for participants:

- invitation to program

- control, choice & options always with mother & child(ren)

- structured yet **adapt** to children & mothers' needs - have a roadmap, but be prepared to change directions and be **child-led**

Relational Practice

- Trauma happened in relationship and healing happens in relationship
- Building **trustworthy, safe, and authentic relationships**, set appropriate boundaries
- Influence **regulation & relationship** through modeling healthy attunement & engagement
- **Staying Hopeful, Calm, Connected**

“Immersion in qualities of goodness, kindness, mercy, compassion, respect and attunement allow our patterned defenses to soften and ease, just a tiny bit. Being with people who see the best in you, despite all the icky parts that show, soothes and reassures your heart and nervous system. We need that, don’t we?”

- Deirdre Fay (2007)

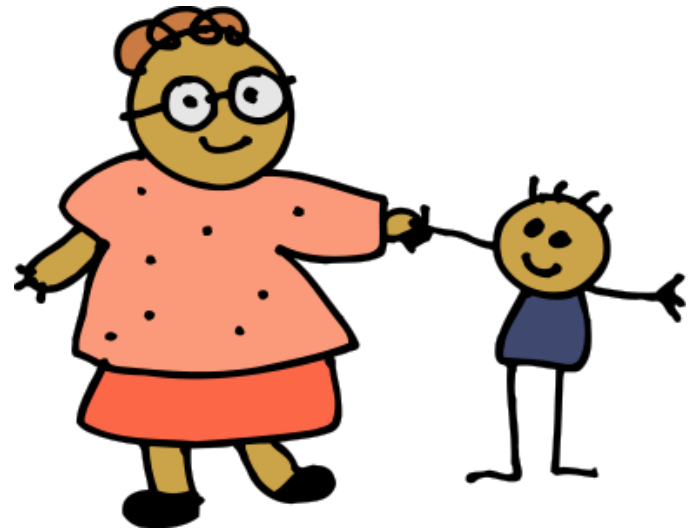
Supporting hard moments and relational challenges

- Being **present** and engaged in the hard moments teaches that **emotions are not dangerous and can be tolerated** (repair and change patterns of communication)
- Notice, communicate & support **challenging moments** and **emotional regulation** - “**name it to tame it**” (Siegel, 2011). Lots of repetitions are required to rewire the connections:
 - Wondering out loud - approaching challenges with curiosity
 - Giving voice to what cannot presently be voiced helps to “tune in” to thoughts/feelings/sensations
 - Risking gentle probing
- **Moms: Gently, kindly and patiently**, support moms to respond to their children’s needs without taking their agency away
- Set **boundaries** in ways that promote safety in ways that are non-punitive & perceived as controlling



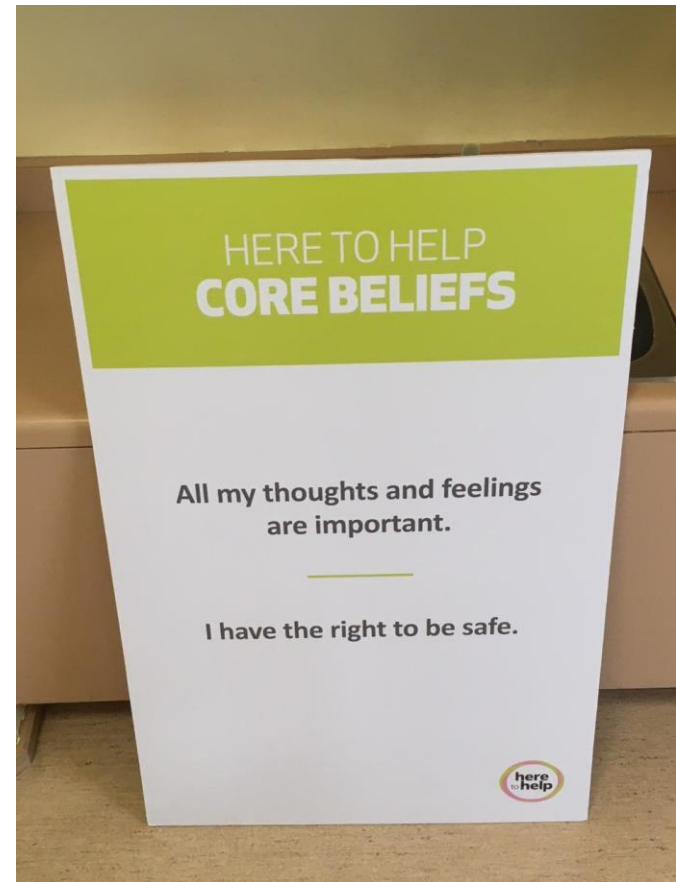
“Catching” Moments of Connection

- Finding ways of highlighting shared moments of connection in ways that can be “taken in” by mom & child(ren)
- Sometimes, it’s being a gentle witness present to the moment
- Sometimes, it’s reflecting it back in words in the moment or later, when it will be taken in



“She made me feel like I knew what I was doing as a mom” - Here to Help mother

Assessment & Setting the Safety Stage



Being Mindful of Safety within the Research Process

Trauma Informed Research

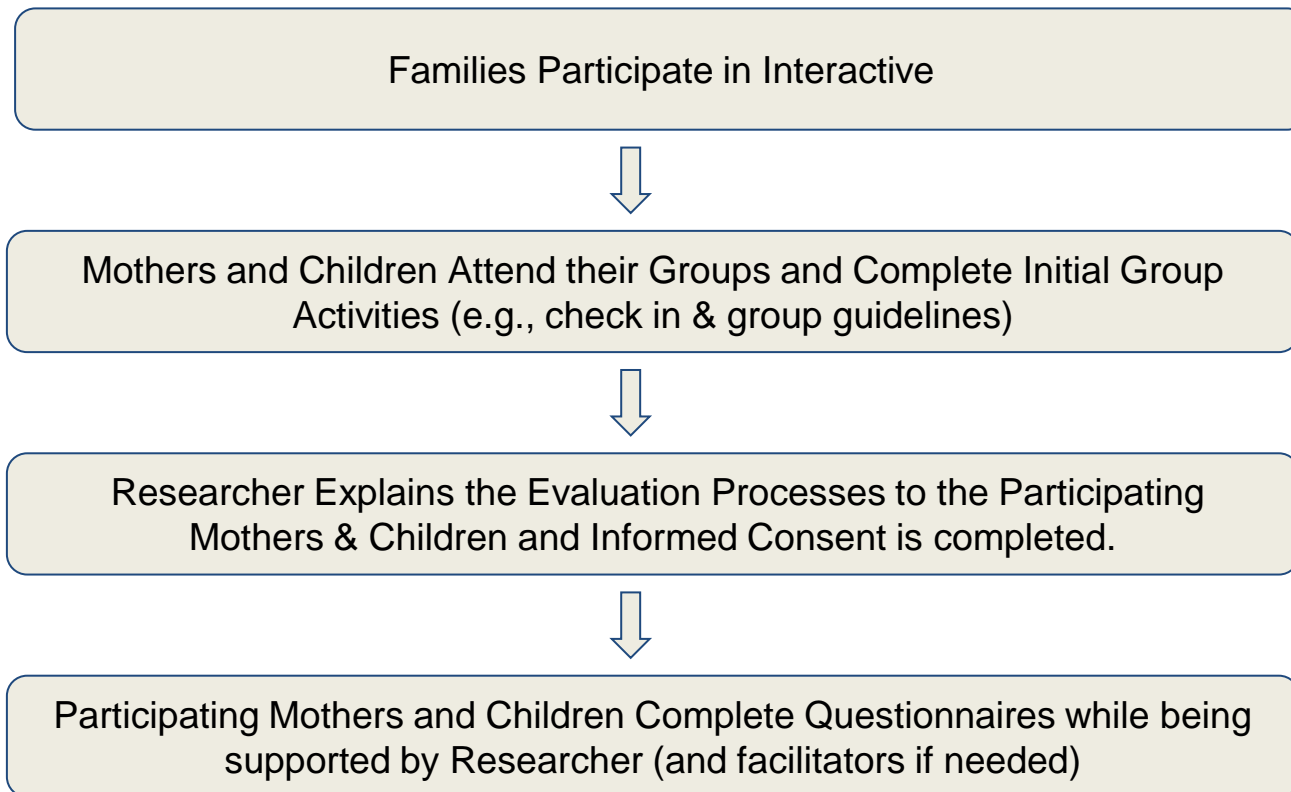
Research Assistant Training

Collaborating with Facilitators

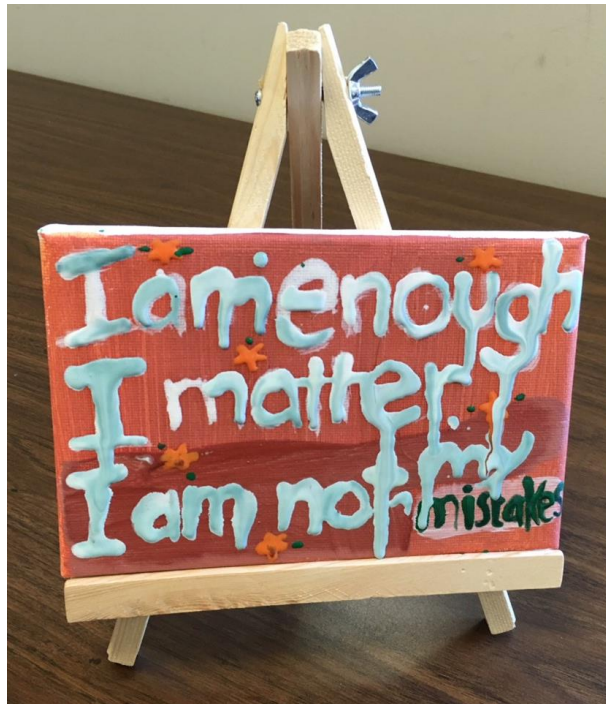
Providing Opportunities and Choice

Creating a System of Support

Session One: An Overview



Self-Compassion and Family Kindness



My Check-In

Hyper-Arousal

Emotional overwhelm, panic, feeling unsafe, angry, racing thoughts, anxiety, etc.

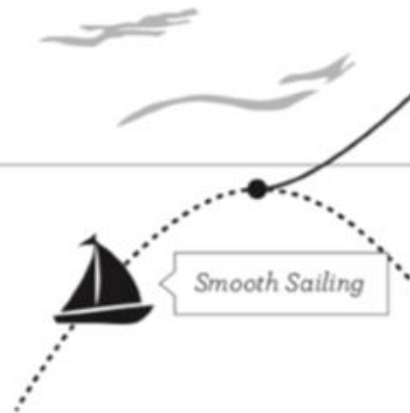
Window of Tolerance

OPTIMAL AROUSAL ZONE

Carrying on with daily life in the river of well-being

Hypo-Arousal

Numb, no feelings or energy, can't think, shut down, ashamed, disconnected, depression, etc.



Too Hot

clear mind

Just Right
Calm Body

Too Cold



*it is ok to have all feelings

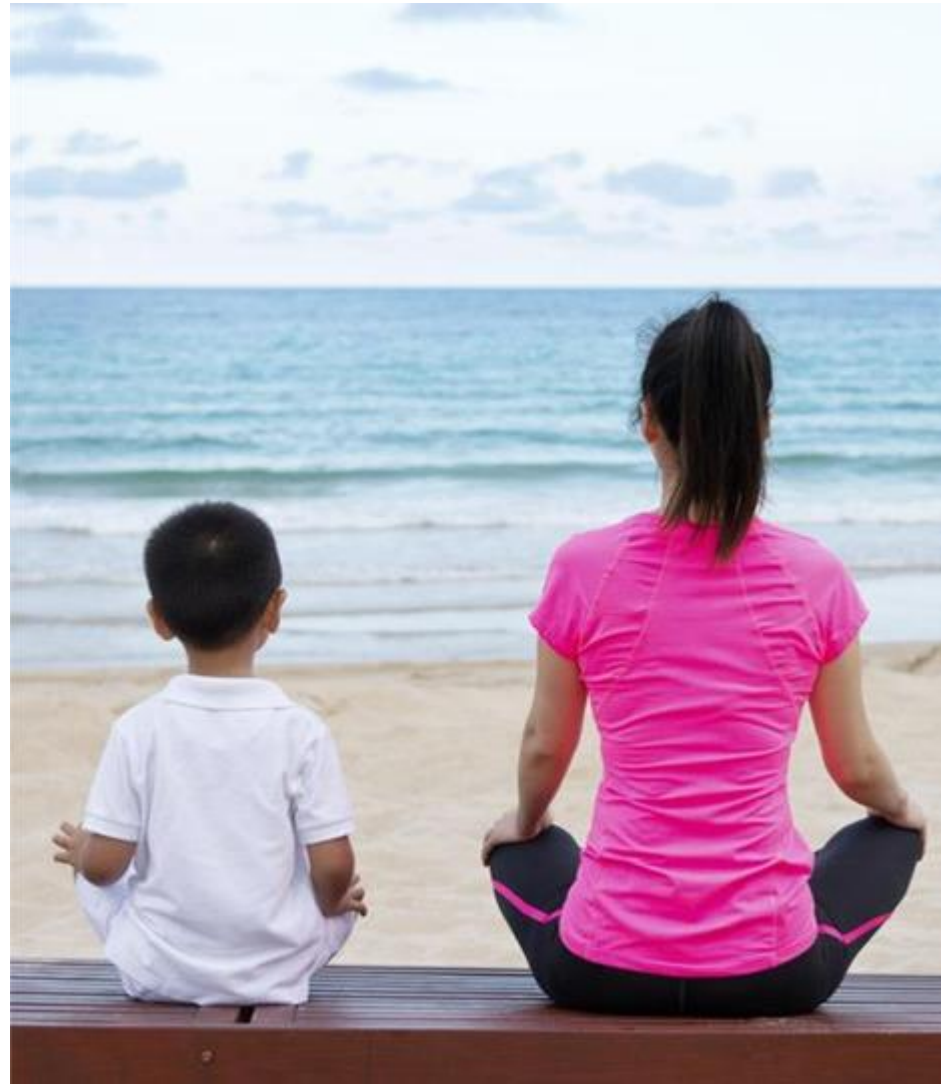
St. Michael's Hospital, 2018

Understanding the Brain



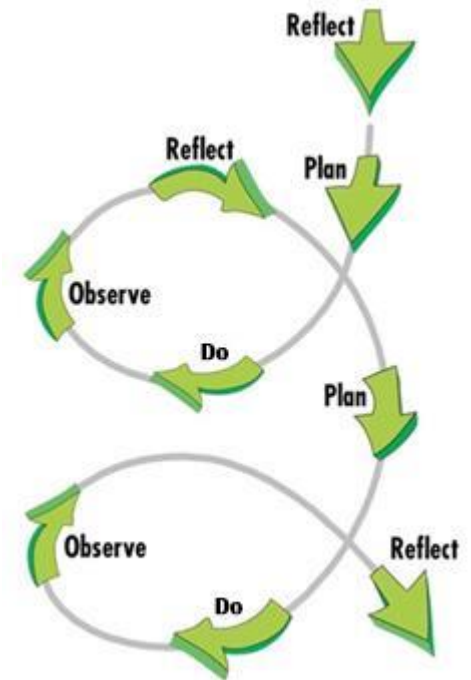
Mindfulness

- Being present
- Focusing on the breath
- Noticing what you notice non-judgmentally
- Weekly mindful activities



Learning from Evaluation

- The Here to Help program at CDI works towards improving programming and practice through the processes of program evaluation and research.
- **These initiatives work towards:**
 - Providing families with the opportunities to provide feedback about their experiences in group and how the program can be improved.
 - Continuously monitoring whether the program is meeting its established goals and indicators of success
 - Creating a feedback loop to integrate this information into our clinical practice and group programming.



Learning from Evaluation

Strengths and Difficulty Questionnaire

SDQ Scale	Time One Mean (SD)	Time Two Mean (SD)	Statistical Significance
Emotional Difficulties	5.4 (2.8)	4 (2.8)	$p < .001^*$
Conduct Difficulties	3.5 (2.2)	2.6 (2.0)	$p < .001^*$
Hyperactivity	4.8 (2.6)	4.2 (2.6)	$p = .004^*$
Peer Difficulties	3.1 (2.0)	2.7 (1.7)	$p = .068$
Total Difficulty Score	25.3 (7.5)	21.9 (7.0)	$p < .001^*$
Prosocial Behaviors	8.3 (1.7)	8.4 (1.7)	$p = .707$

Learning from Evaluation

Client Satisfaction - Experiences in Group

- 4/5 Mothers reported that they were “Extremely Satisfied” with their experiences in Here to Help.
- In the last three rounds of group, 100% of mothers reported that they felt the group positively impacted their parenting.
- 85% reported that the group positively impacted their parent-child relationship.

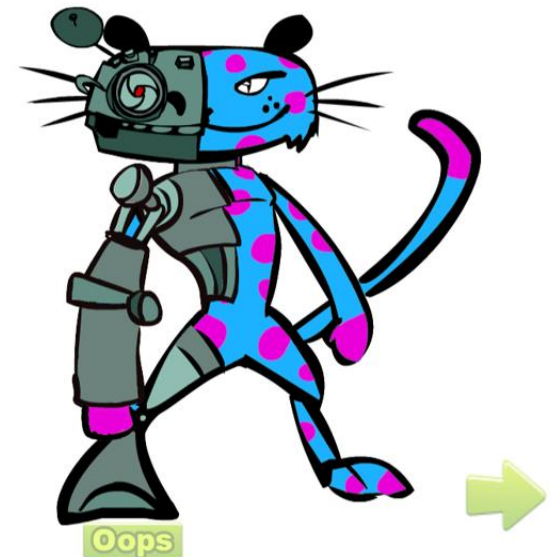
Learning From Evaluation: CommuniCAT

Confidentiality

Your answers will be kept private. This means we will not tell anyone about what you say or who you are.

If you don't understand please ask the leader to explain this to you.

If you understand and are OK with this, push the green arrow at the bottom of the screen to continue.



Learning from Evaluation

Q3: How safe did you feel when you were here?



Oops



Have your feelings changed since coming here?



Happened less often



Stayed the Same



Happened More often



Oops



Bridging Evaluating and Practice

- Purposefully using the information we collect from evaluation to create feedback loops that inform practice and improve programming.
- Continuously monitoring the processes of research to ensure that we are working from a trauma-informed lens and improving our methodologies.

Reflective Practice: taking a step back to think about our work

Briefing and debriefing focused – starts with great respect & appreciation for the relational challenges & defences we see which have been adopted for survival: concerns, challenges, growth, gains and session by session clinical integration

Understands that we all have **biases** and histories that impact our work – **we get triggered too!** **Bravely share** and get support from team & have a **self-care plan**.

Recognizes that we will **miss opportunities** - let's work together on a plan to revisit!

Flexible and adaptable to a variety of clinical strategies, directive and non-directive work to support client needs.

Use of Self - creatively use **Self** in practice.

Continually asks the question: “**How do I moment to moment stay present to my clients’ needs?**”

We are a drop in the ocean....counting on a big ripple effect!

“Allowed my children to connect with other children recovering from abuse. Helped them to understand that they are not alone, not to blame and have nothing to be ashamed of. Appreciated the compassion and level of attention shown to my child. **Being immersed in a warm and safe environment demonstrated the treatment my child should expect - as opposed to the abusive environment they knew for so long.**”

- H2H Mom



Resource List

Brain Science:

Perry, B.D., Pollard, R.A., Blakeley, T.L., Baker, W.L., & Vigilante, D. (1995) Childhood trauma, the neurobiology of adaptation, and “use-dependent” development of the brain: How “states” become “traits”. *Infant Mental Health Journal*, 16(4), 277-291.

Siegel, D.J. (2011). *Mindsight: The New Science of Personal Transformation*. Random House, New York.

Group Work with children affected by IPV:

Bunston, W., Pavlidis, T., Cartwright, P. (2016). *Children, Family Violence and group Work: Some Do's and Don'ts in Running Therapeutic Groups with Children Affected by Family Violence*. *Journal of Family Violence*, 31, 85-94.

DeBoard-Lucas, R., Wasserman, K., McAlister Groves, B., Bair-Merritt, M. (2013) *16 Trauma Informed, Evidence-Based Recommendations for Advocates Working with Children Exposed to Intimate Partner Violence*. Futures Without Violence.

Trauma Informed Practice:

The Trauma-Informed Toolkit. (2008) KLINIC Community Health Centre, Winnipeg.

Trauma Treatment:

Fisher, J. in Fay, D. (2007). *Becoming Safely Embodied: A Skills-Based Approach to Working with Trauma and Dissociation*. Somerville, Heart Full Life Publishing.

Van der Kolk, B.A. (2014). *The Body Keeps the Score: Brain, Mind & Body and the Healing of Trauma*. Penguin Random House, New York.

Resource List Continued

Van der Kolk, B.A. & Fisler, R. (1995). Dissociation and the fragmentary nature of traumatic memories: overview and exploratory study. *Journal of Traumatic Stress*, 8 (4), 505-525.

Self-Compassion:

Neff, Kristin (2011). *Self-Compassion*, HarperCollins, New York, New York.

Trauma Informed Practice:

The Trauma-Informed Toolkit. (2008). KLINIC Community Health Centre, Winnipeg.

Trauma Treatment:

Fisher, J. in Fay, D. (2007). *Becoming safely embodied: A skills-based approach to working with trauma and dissociation*. Somerville, Heart Full Life Publishing.

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Viking.

van der Kolk, B.A. & Fisler, R. (1995). Dissociation and the fragmentary nature of traumatic memories: Overview and exploratory study. *Journal of Traumatic Stress*, 8 (4), 505-525.

Resource List Continued

Videos

22-CityView Cambridge. (2014). *Behind the Pages with Bessel Van Der Kolk, MD* [video]. Available at: <https://www.youtube.com/watch?v=ymOCS5VfHZ8>

Beacon House Trauma Services. (2017). *The Repair of Early Trauma: A Bottom Up Approach* [video]. Available at: <https://www.youtube.com/watch?v=FOCTxcaNHeg>

Beacon House Trauma Services. (2018). *The Window of Tolerance* [video]. Available at: <https://www.youtube.com/watch?v=Wcm-1FBrDvU>

Echo Parenting & Education. (2014). *Working with the Neurobiological Legacy of Developmental Trauma with Janina Fisher* [video]. Available at: <https://www.youtube.com/watch?v=5cjrOA0DNhY>

Neff, K. (2013). *The Space Between Self-Esteem and Self Compassion* [video]. Available at: <https://www.youtube.com/watch?v=lvTZBUSplr4>

Mindfulness

St. Michael's Hospital. *Mindful Awareness Stabilization Training (MAST) program materials*. (2018). Available at: <http://www.stmichaelshospital.com/programs/mentalhealth/mast-materials.php>