Batterer Intervention Services Coalition of Michigan
The Source For Batterer Intervention in Michigan Since 1994

REFLECTING FORWARD

BISC-MI
21st Annual Conference

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Plenary #5

Trauma Informed Considerations: Childhood Influences Impacting Abusive Choices

Conference Faculty

CHRIS HUFFINE

Chris Huffine, Psy.D., licensed psychologist, has worked with abusive men for the past 24 years. He is the Executive Director of Allies in Change in Portland, Oregon. Prior to founding that agency in 2004 he worked for 12 years at Men's Resource Center. During his career he has worked with thousands of abusive men and dozens of female and male victims of abuse. He is the founder of the Tri-County Batterer Intervention Provider Network which has made regular use of facilitated discussions in its 19 years of monthly meetings.

He is an adjunct faculty member at Portland State University where he teaches an anger management class and speaks on domestic violence. He regularly speaks publicly and offers trainings on a variety of issues related to domestic violence. He is a member of the advisory group to the Oregon state attorney general to monitor standards for batterer intervention programs and of the Oregon Domestic Violence Fatality Review Team. In addition to his domestic violence work, he does individual and couples counseling with adults on a variety of other issues including mood disorders, stress management, relationship/intimacy issues, and addictions.

Full bio at conference website

Conference Faculty

Oliver J. Williams

Oliver J. Williams, Ph.D., Professor of School of Social Work at the University of Minnesota, in St. Paul. From June 1994 to September, 2016 he was the Executive Director of the Institute on Domestic Violence in the African American Community (IDVAAC). He has also served as the Director of the Safe Return Initiative that addresses the issues of prisoner reentry and domestic violence from 2003-2016 and Director of the African American Domestic Peace Project (AADPP) that works with community leaders in 10 cities across the United States to address domestic violence. He has worked in the field of domestic violence for more than thirty-five years. Dr. Williams is a clinical practitioner; working in mental health, family therapy, substance abuse, child welfare, delinquency and sexual assault programs. He has worked in battered women's shelters, developed curricula for batterers' intervention programs and facilitated counseling groups in these programs. He has provided training across the United States and abroad on research and service-delivery surrounding partner abuse.

Full bio at conference website

Trauma Informed Considerations: Childhood Influences Impacting Abusive Choices

Chris Huffine, Psy.D.
Allies in Change
November 2, 2016

Trauma informed care vs. trauma specific services

- Some people mistakenly use trauma informed care and trauma specific services synonymously, but they are actually quite different from each other
- Trauma specific services are typically psychological interventions that are intended to directly address and heal the consequences of trauma in the individual
- Trauma informed care is a more general way of providing any sort of services (e.g., legal, social, governmental, etc.) that considers how trauma survivors may respond differently than "normal" or "expected" and makes accommodations for them, when possible

Trauma Informed Care (TIC)

- Definition: "An understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate so that these services and programs can be more supportive and avoid re-traumatization." -Substance Abuse Mental Health Services Administration (SAMHSA)

TIC Goals

- Increase desired outcomes
- Reduce re-traumatization
- Provide corrective emotional experiences/trauma recovery

The 4 R's of TIC

- A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma to clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist** re-traumatization.

  -SAMHSA

The 4 R's of TIC

- Realization
  - Trauma exists and can affect groups as well as individuals
  - Trauma survivors may have different coping strategies that need consideration
- Recognize
  - The signs of trauma, which can vary greatly from person to person

The 4 R's of TIC

- Respond
  - Applying a trauma informed approach
  - Examples:
    - Staff training
    - Agency self-evaluation
    - Operationalizing in agency policies and procedures
    - Making accommodations
- Resist re-traumatization
  - Monitor self and others for triggering experiences

CARES model of TIC

- Collaboration
- Autonomy
- Respect
- Empathy
- Safety

3 key tenants of TIC

- As outlined by Mandy Davis . . .
- 1. Create safe context
  - Physical safety
  - Trustworthiness
  - Clear and consistent boundaries
  - Transparency
  - Predictability
  - Choice
  - Examples:
    - Signage
    - Seating/room arrangement
    - Explaining the "whys"
    - A non-triggering environment (e.g., not too crowded, noisy, etc.)

3 key tenants of TIC

- 2. Restore power
  - Choice
  - Empowerment
  - Strengths perspective
  - Skill building
  - Example:
    - Offering choices, at least 3, if possible

3 key tenants of TIC

- 3. Value the individual
  - Respect
  - Compassion
  - Mutuality
  - Engagement and relationship
  - Acceptance and non-judgment
  - Examples:
    - Making specific referrals
    - Life experience valued
    - Flexibility

Other qualities consistent with TIC

- Being curious
- Making agreements
- Being relational

To sum it up . . .

- Think of Trauma Informed Care as really good customer service where you do everything you can to help the person feel welcome, safe, and accommodated
- It also involves flexibility—being able to flex polices and procedures to accommodate the particular needs of the individual
- It also requires humility (including cultural humility) on the part of the agency to not presume to know what is going to work best for any particular client and to be willing to make adjustments to standard operating procedures to accommodate these clients

To sum it up . . .

- TIC is excellent modeling of how to be respectful, compassionate, and relational with others in general
- For some it is (still) a provocative idea to treat abusive partners with compassion and respect and/or to apply TIC principles in working with them
- But in treating abusive partners this way we model for and challenge them to behave these same ways in their own lives with their loved ones

Allies in Change

Group for abusive men who are childhood trauma survivors

AKA

Externalizers

AKA

Emotionally Intense Men

Origins of the group for Emotionally Intense (EI) abusive men

- Initially offered in 2006 and has been run continually since then
- Originally designed/developed by Chris Wilson, Psy.D. who had significant experience/training in batterer intervention, Dialectical Behavior Therapy, forensic work, and trauma work
- We currently offer two of these specialized groups, one of which also blends in parenting information

Emotionally intense abusive partners

- Most abusive men are quite controlled and discrete in their abusive behavior and may even be quite calm when being abusive and controlling
- However, there is a subset of abusive men who are more prone to affective flooding and rage—less discrete and controlled abusive behavior which corresponds with emotional distress
- Many of these abusive men are also childhood trauma survivors

Types of abusive men

- Family only
- Psychologically Distressed/Dependent
- Criminal/Generally Violent

- Source material: Holtzworth-Munroe, A. & Meehan, J.C. (2004). Typologies of men who are maritally violent: Scientific and clinical implications. *Journal of Interpersonal Violence,* 19(12), 1369- 1389

Types of abusive men

Psychologically Distressed/Dependent

- Cyclical pattern
- Greater enmeshment/dependency
- More prone to jealousy
- More likely to have a history of childhood abuse
- Mood swings, higher levels of depression
- More impulsive (e.g., more property abuse, public abuse)
- Intermittent remorse
- At greatest risk of committing murder-suicides
- 25% of all abusive men

Common qualities of referrals for Emotionally Intense (EI) group:

- History of childhood trauma
- Untreated PTSD/complex trauma, often with some dissociation
- Currently in significant psychological distress
- History of suicidality and/or psychiatric hospitalization
- Impulsive abuse/rage (e.g., property abuse, self-abuse, and/or abuse in public)
- Overly dependent/enmeshed
- Jealousy issues
- Stalking behaviors
- More prone to Axis II issues (i.e., Borderline PD) and co-occurring disorders
- Emotionally needy/demanding with probation officer (and others)

Curriculum of EI group

- Standard Allies in Change curriculum plus . . .
- Regular use of grounding/centering techniques including mindfulness and breathing
- Heavier emphasis (especially early on) on emotion regulation and management skills
- Dialectical Behavior Therapy (DBT) skills
- Attention to and acknowledgement of additional work that childhood trauma may require beyond the group

Emotion regulation skills

- Greater emphasis on:
  - Self-awareness
    - Physiological
    - Cognitive (i.e., negative self-talk)
    - Emotional
  - Mindfulness/non-judgmental self-awareness practices
  - Self-management
    - Self-soothing skills
    - Conscious breathing
    - Time-outs
    - Grounding exercises
    - Self-compassion

Dialectical Behavior Therapy (DBT) skills

- Greater focus and attention given to DBT skills to manage their distress including:
  - Radical acceptance
  - Wise mind
  - Acting opposite
  - Right vs. effective
- This is not intended to be a replacement for formal DBT treatment, which some group members may need

Attention to childhood trauma

- While childhood trauma may be touched on in regular groups, it is more frequently mentioned and taken into consideration in the EI group
- It is consistently made clear that their trauma history neither excuses nor justifies their abusive behavior
- It is emphasized that while they are not responsible for their trauma, they are responsible for effectively managing their trauma

Attention to childhood trauma

- Basic education on what a trauma response is and how this may play a role in their abusive behavior
- More time spent on identifying their emotional triggers—circumstances which are most likely to elicit trauma responses (and possibly abusive behavior)
- Encouragement to seek out additional therapeutic services (often through other agencies) to do additional work on their trauma and co-existing psychological issues

Distinctive aspects of facilitation of the EI group

- Slightly smaller group size (averaging 6-9 rather than 7-10) because more group members tend to need more time/space
- Closer monitoring of group members' emotional distress and prioritizing the immediate addressing and managing of it over curriculum teaching
- Group facilitators are more psychologically minded
- More knowledgeable about personality disorders and how to manage them

Distinctive aspects of facilitation of the EI group

- On the lookout for affective flooding which is addressed as it occurs
- More knowledgeable about suicidality and how to manage it
- Comfort with experiencing and appropriately managing transference/counter transference which is more common
- Calm, gentle facilitation style

Effectiveness/legitimacy of this group format?

- While abusive partners who are trauma survivors can do fairly well in a well run regular group, they typically find the EI group to be more responsive and a better fit
- There tends to be greater cohesion among the men in the group and a greater sense of comradery and support
- Their trauma issues and management of their trauma issues are more regularly and effective addressed in this group
- While there has been no formal outcome research, the cohesiveness, positive group member response, and distinct energy have all been validating of offering this specialized group over the past 10 years

Other materials online

- One pager by Fernando Mederos on addressing trauma issues in group with abusive partners
- What is trauma informed care?
- SAMHSA guide on TIC
- A checklist for agency TIC
- An excellent website with tons of TIC hand-outs and materials (or just go to traumainformedoregon.org): http://traumainformedoregon.org/resources/resources-organizations/#FullList

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