



Safe Start

Promising Approaches Communities

Improving Outcomes for Children Exposed to Violence





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March 2013



*Special curricula Psychotherapeutic interventions (individual, family and group therapies) Child advocacy centers
Support services for kinship care providers Family support Motivational interviewing Case management
Intensive Family-Centered Treatment Service coordination Integrated mental health/case management Medical home
Support groups for children (Kids Club) Domestic violence-child welfare system collaborations Home Visitation*

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Prevalence and Impact of Children's Exposure to Violence

Over the past 20 years, awareness and understanding of the impact of children's direct and indirect exposure to home and community violence have increased. New research is expanding our understanding of this issue. The National Survey of Children's Exposure to Violence (NatSCEV)—the largest and most comprehensive survey on children's exposure to violence—found that children's exposure to violence, crime, and abuse is pervasive in the United States.¹ According to NatSCEV:

- In 2008, more than 60 percent of the children surveyed were exposed to crime, abuse, and violence within the past year, either directly or indirectly.
- Almost half were assaulted at least once in the past year, and more than 1 in 10 were injured as a result.
- One in ten respondents were victims of child maltreatment (including physical and emotional abuse, neglect, and family abduction), and 1 in 16 were victimized sexually.

The numbers of victimized children and youth (60 percent, or 3 in 5) remained largely stable in the updated survey conducted in 2011 with over 4,500 youth.²

¹ Finkelhor, D., Turner, J., Ormrod, R., Hamby, S., & Kracke, K. (2009, October). *Children's exposure to violence: A comprehensive national survey* (NCJ 227744). *Juvenile Justice Bulletin*. Retrieved March 5, 2012, from <https://www.ncjrs.gov/pdffiles1/ojdp/227744.pdf>

² Finkelhor, D., Turner, H., Shattuck, A., & Hamby, S. (2013, May 13). Violence, crime, and abuse exposure in a national sample of children and youth: An update. *JAMA Pediatrics* [online first].

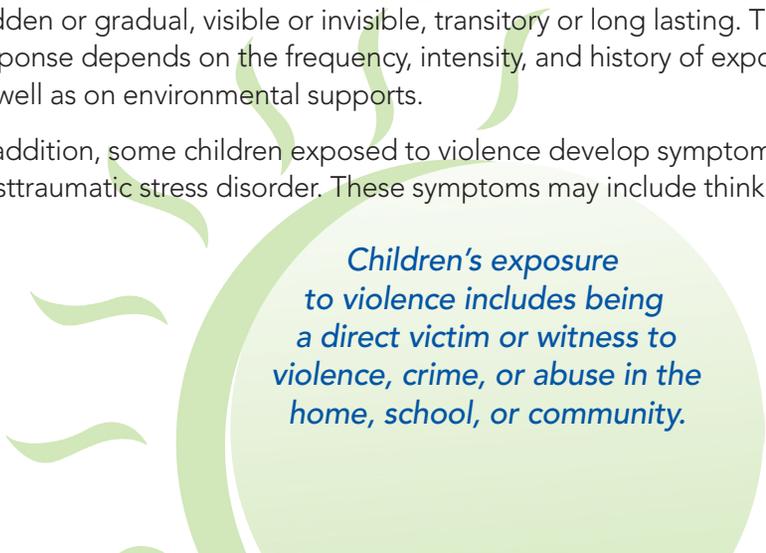
³ National Scientific Council on the Developing Child. (2005). *Excessive stress disrupts the architecture of the developing brain* (Working Paper No. 3). Retrieved March 5, 2012, from http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp3/

Given these staggering statistics, many more children than previously thought are exposed to home, community, and school violence.

NatSCEV also reveals that 11 percent of all children in the survey had five or more different kinds of victimization exposure in a single year. In fact, the survey makes it clear that when children are exposed to one form of violence, they are at increased risk for other kinds of violent victimization. Though all exposures increase the risk of problems, children who are exposed to multiple types of violence have been found to suffer elevated levels of anxiety, depression, and conduct problems. They are prone to dating violence, delinquency, further victimization, and involvement with the juvenile justice systems. Moreover, being repeatedly exposed to violence may impair a child's capacity for partnering and parenting later in life, continuing the cycle of violence into the next generation.²

According to the National Scientific Council on the Developing Child,³ worrying situations fall on a continuum, ranging from short-term, tolerable, and even beneficial stress to prolonged, uncontrollable stress that is toxic to the child's development. How a child responds to uncontrollable stress, such as being exposed to violence, may be sudden or gradual, visible or invisible, transitory or long lasting. The response depends on the frequency, intensity, and history of exposure as well as on environmental supports.

In addition, some children exposed to violence develop symptoms of posttraumatic stress disorder. These symptoms may include thinking



Children's exposure to violence includes being a direct victim or witness to violence, crime, or abuse in the home, school, or community.

2 Introduction



about a traumatic experience over and over again; being irritable and easily startled in situations that do not seem to warrant strong reactions; and/or staying away from situations, people, or places that remind them of the traumatic event.

But not all children exposed to violence are equally harmed, and specific actions can and should be taken to promote the resilience and well-being of children, even when their exposure to violence has occurred over time or in multiple settings. The most important protective resource to enable children to cope with exposure to violence is a strong relationship with a competent, caring, positive adult, most often a parent. Caring adults—such as coaches, teachers, advocates, and even older teens—can provide services and systems that protect children by creating environments that build children’s resilience and by providing treatments and services that can decrease—or even prevent—the negative effects of their exposure to violence.

In addition to a caring adult, research has documented the effectiveness of an array of programs to enhance resilience and decrease the risks of vulnerable children and their families. *For all children*, participation in high-quality early care and education programs can enhance physical, cognitive, and social development and promote readiness and capacity to succeed in school. *For at-risk families*, early identification of high-risk children and intervention by early education programs and schools, pediatric care and mental health programs, child welfare systems, and court and law enforcement agencies can prevent threats to healthy development by detecting and addressing emerging problems. *For children and families already exposed to violence*, intensive intervention programs delivered in the home and in the community can improve outcomes for children well into the adult years. *For children with symptoms of negative impacts of exposure to violence*, intensive trauma-focused therapeutic interventions can stop the negative chain reaction following victimization.

Safe Start: Working Together To Help Children Exposed to Violence

In 2000, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and its Federal partners in the U.S. Departments of Justice and Health and Human Services launched the Safe Start initiative to address the needs of children exposed to violence.

The initiative seeks to prevent and reduce the negative consequences of children's exposure to violence, as well as to create conditions that enhance the well-being of all children and adolescents through preventive interventions. The initiative's approach acknowledges the need to raise the awareness of both the problem of childhood exposure to violence and its solutions. It recognizes that we need to learn more about the prevalence and consequences of exposure to violence, and it calls on communities to put in place a continuum of services that address prevention, early intervention, treatment, and crisis response.

Safe Start's mission is to broaden the knowledge of and promote community investment in evidence-based strategies for preventing and reducing the impact of children's exposure to violence. The move from knowledge building to knowledge transfer is done through:

- *Research.* The University of New Hampshire's Crimes Against Children Research Center is conducting a national incidence and prevalence study on children exposed to violence.
- *Evaluation.* The RAND Corporation is conducting the national, cross-site evaluation of the Safe Start Promising Approaches sites described in this booklet.
- *Technical Assistance, Resource Development, and Dissemination of Information.* The Safe Start Center provides technical assistance to Safe Start grantees, develops new resources based on knowledge gained from research, and disseminates information and tools through the website <http://www.safestartcenter.org> and through several social media sites.
- *Evidence-Based Practice Implementation.* Eleven demonstration sites were funded from 2000 to 2006 to create a comprehensive service delivery system to improve the accessibility, delivery, and quality of services for children exposed to violence at any point of

entry. The 11 Phase I Safe Start demonstration communities were in Baltimore, MD; Bridgeport, CT; Chatham County, NC; Chicago, IL; Pinellas County, FL; Pueblo of Zuni, NM; Rochester, NY; San Francisco, CA; Sitka Tribe of Alaska; Spokane, WA; and Washington County, ME. A national evaluation broadened understanding of how communities can successfully implement a comprehensive system of care with policy and practice interventions to minimize the negative consequences of exposure to violence. The evaluation findings are presented in *Communities Working Together To Help Children Exposed to Violence*, which is available at http://www.safestartcenter.org/pdf/ssc_findings-brief-1108.pdf.

Fifteen Promising Approaches sites funded from 2005 to 2010 focused on implementing and measuring developmentally appropriate services for children exposed to violence within the context of the systems that serve them. A national evaluation of these sites conducted by the RAND Corporation analyzed the impact of specific intervention strategies on outcomes for children and families. The 15 Phase II communities were in Bronx, NY; Chelsea, MA; Dallas, TX; Dayton, OH; Erie, PA; Kalamazoo, MI; Miami, FL; New York, NY; Oakland, CA; Pompano, FL; Portland, OR; Providence, RI; San Diego, CA; San Mateo, CA; and Toledo, OH. Process evaluation results are presented in *National Evaluation of Safe Start Promising Approaches: Assessing Program Implementation* and the evaluation findings are presented in *National Evaluation of Safe Start Promising Approaches: Assessing Program Outcomes*. Both reports, as well as other publications of interest, are available at http://www.rand.org/multi/safe_start.html.

A second cohort of 10 Safe Start Promising Approaches sites are receiving funding from 2010 through 2015 to provide evidence- or theory-based interventions to prevent and reduce the impact of children's exposure to violence in their homes and communities. These communities include Aurora, CO; Denver, CO; Detroit, MI; El Paso, TX; Honolulu, HI; Kalamazoo, MI; Philadelphia, PA; Queens, NY; Spokane,

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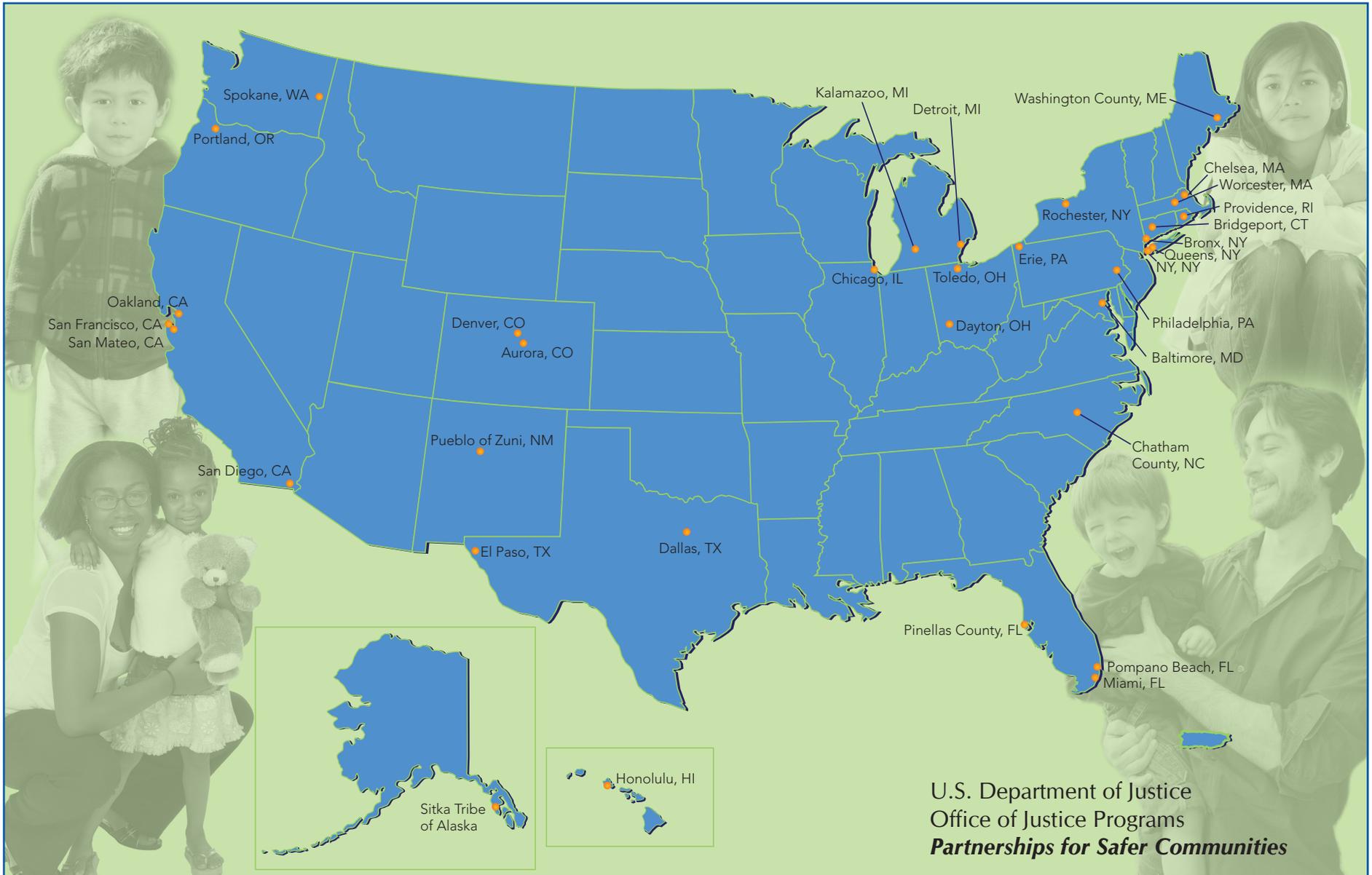


WA; and Worcester, MA. The sites are implementing interventions that address the needs of children and youth who have been exposed to violence and their families through comprehensive and collaborative approaches that use the current knowledge base to address children's exposure to violence.

Services and interventions to prevent and reduce the impact of exposure to violence on children have historically been determined by many factors, including Federal and State policies, the training and constraints of practitioners in different settings (including mental health professionals), and the financial pressures faced by the purchasers and service providers. The Safe Start Center is broadening and disseminating knowledge about different approaches based on the implementation of practices that use the best available research evidence. This approach recognizes that services for children exposed to violence should be, as much as possible, evidence based. To help define what constitutes the best available evidence, the Safe Start Center houses a database that describes evidence-based programs for children exposed to violence. The database is jointly developed by the Safe Start Center and Crime Solutions. The Safe Start Center database also houses resources to help agencies implement evidence-based practices in community-based settings.

This booklet describes each of the current Safe Start Promising Approaches communities and outlines how these programs are integrating evidence-based or promising practices as well as other complementary interventions within their geographical, agency, and community contexts. An asterisk in text identifies an evidence-based or promising practice. The final section provides a brief description of each evidence-based and promising practice and lists the Safe Start Promising Approaches communities that are implementing the practice.

The most important protective resource to enable children to cope with exposure to violence is a strong relationship with a competent, caring, positive adult, most often a parent.



6 Talking With Children About Traumatic Events



Tommy is an 8-year-old boy who is struggling in school after witnessing domestic violence. He often saw his mother, Gail, being hit and thrown to the ground by her boyfriend. At school, Tommy began having difficulty concentrating, getting into fights at recess, and refusing to do his homework. At home, Tommy talked back to his mom, spent time away from the family, and did not want to talk to anyone about what had happened.

Tommy had been seeing a school-based therapist. After Tommy started showing signs of posttraumatic stress disorder, as well as being distracted and jumpy and not listening, the therapist referred him to the Aurora Safe Start program. Tommy's teacher knew about the program after attending training by the Safe Start project manager. The training addressed the effects of exposure to violence and trauma on children's educational achievement.

At the Aurora Safe Start program, Tommy receives Trauma-Focused Cognitive Behavioral Therapy. He learns and practices coping skills and things to do at school and home to help him when he feels scared or angry. He learns how to relax his body with his breathing and using positive thoughts. Eventually, Tommy writes a story about the night when his mom was hurt by her boyfriend.

Gail learns how she can support Tommy and talks with him about his feelings, especially his feelings when he saw her being hit. At the end of treatment, Tommy feels more comfortable at home and school. His behavior is not perfect, but he is not getting in trouble at school and goes to his mom when he needs help with his feelings.

Interventions

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)*: All families in Safe Start Aurora receive some therapy: either TF-CBT alone or TF-CBT + AFFECT (A Family-Focused Emotion Communication Training). TF-CBT is short-term, evidence-based treatment for children who have experienced trauma (e.g., child abuse, domestic violence, traumatic grief, immigration trauma) and their non-offending caregivers. TF-CBT is provided through 90-minute weekly family therapy sessions.

Trauma-Focused Cognitive Behavioral Therapy + AFFECT: AFFECT is an add-on intervention module for TF-CBT that improves caregivers' emotion-communication skills for talking with children about traumatic events or other emotionally arousing topics. It teaches skills including active listening skills, emotion coaching skills (e.g., labeling and discussion of emotion, modeling/teaching healthy coping strategies), and emotion support skills (e.g., increase validation, empathy, and perspective taking; decrease invalidation and parent self-focus). TF-CBT+ AFFECT is a weekly therapy model that adds four sessions to the traditional TF-CBT model.

Case Management: All Safe Start Aurora families receive case management services as needed.

Medication Management Services: When indicated, families receive medication management services.



**Safe Start Aurora
Aurora Mental Health Center**
11059 East Bethany Drive
Aurora, CO 80014

Focus:

Compares the effectiveness of A Family-Focused Emotion Communication Training (AFFECT), as a strategic enhancement to Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), to stand-alone TF-CBT.

Target Population:

Children and their families who have experienced traumatic events

Age Range:

5–12

Interventions:

- Trauma-Focused Cognitive Behavioral Therapy*
- Trauma-Focused Cognitive Behavioral Therapy + AFFECT
- Case Management Services
- Medication Management Services

*Evidence-based or promising practice

8 Breaking the Intergenerational Cycle of Violence



Louisa was born into a family wrought with drug addiction, sexual abuse, and criminal involvement. She lived with her mother, but when her mother was in jail or using drugs, Louisa stayed with whichever family member she could. At age 3, Louisa's grandfather abused her sexually; at age 14, her sister gave her to an older man in exchange for a place to stay. Louisa had one child with this man and suffered years of physical, sexual, and emotional abuse. At 18, Louisa left the man but soon found herself in another abusive relationship. She used drugs, had two more children, and began helping her boyfriend sell drugs. Her children witnessed the physical and drug abuse and sometimes had to stay with other family members when Louisa was not around. Louisa found herself repeating the life her mother had lived.

Louisa was caught smuggling drugs for her boyfriend. After serving a few months in jail, and with the threat of facing another 6 years of incarceration, she came to Denver Adult Probation Department to serve a 2-year probation sentence. At the start of her sentence, Louisa asks for help to maintain sobriety and help for her children because of the violence they have seen.

Louisa and her family enroll in the Denver Safe Start Promising Approaches research study. They attend all 10 sessions of the Strengthening Families Coping Resources program, and Louisa meets weekly with her law enforcement advocate (LEA) for additional support. Sometimes her LEA takes the family to dinner or the park. Louisa implements a weekly family night and a chore system and 3 months later is maintaining both routines. Her kids attend school regularly, and Louisa returns to school for her GED. Louisa is still sober after almost 6 months and engages in weekly therapy to help understand her own trauma and how to heal her wounds.

Louisa is breaking her cycle of violence and providing her children with the possibility of a drug-free, violence-free life.

Interventions

Strengthening Families Coping Resources (SFCR)*: SFCR is a multifamily, trauma-focused, and empirically supported treatment for families living in traumatic contexts. To ensure fidelity to the curriculum, facilitators use a manual for the intervention. The program works with children and adult caregivers to reduce the symptoms of posttraumatic stress disorder and other trauma-related disorders.

Law Enforcement Advocate (LEA): The LEA program began as collaboration between the Denver Police Department and the Denver Juvenile Probation Department's Juvenile & Family Treatment Accountability for Safer Communities (TASC) project. As part of a comprehensive prevention and intervention approach, LEAs work with children and youth who have parents who abuse substances and are involved in the adult, family, and juvenile courts. LEAs develop positive relationships with, and advocate for, families while enhancing accountability and public safety through extensive outreach.

Case Management: The Denver Safe Start Promising Approaches, a program under TASC, offers intensive, home- and office-based assessment, referral, and accountability for clients and their families.

Case managers identify, screen, assess, and treat children and youth for exposure to violence. By providing recovery, support, and prevention services for offenders and their entire family, the program works toward breaking the intergenerational cycles of drug abuse and criminal involvement.

Outpatient Substance Abuse Treatment Interventions*: TASC provides individual, group, and family interventions, including MATRIX, an evidence-based, intensive outpatient substance-abuse group focused on developing early recovery and relapse prevention skills; Moral Reconciliation Therapy (MRT), a cognitive behavioral group intervention that focuses on reducing recidivism rates for offenders and at-risk populations; Cognitive Behavioral Therapy; and Community Reinforcement and Family Training (CRAFT), a scientifically based intervention to help concerned significant others engage treatment-refusing substance abusers into treatment.



Denver Juvenile Probation Department

Juvenile & Family Integrated TASC Project

303 West Colfax Avenue, #1401
Denver, CO 80204

Focus:

Links a variety of systems such as courts, police, probation, and substance abuse treatment to serve drug-endangered families. Provides recovery, support, and prevention services to families to break the intergenerational cycles of drug abuse and criminal involvement.

Target Population:

Families with children

Age Range:

0–17

Interventions:

- Strengthening Families Coping Resources*
- Law Enforcement Advocate
- Case Management
- Outpatient Substance Abuse Treatment Interventions*

*Evidence-based or promising practice

10 Helping Homeless and At-Risk Girls and Young Women



"I wanted to learn how to raise my children differently," explains Kristina, a mother of five children ranging in age from 2 to 10. "I come from a family where there was a belief that kids learn by being hit. I didn't want that pattern to continue from generation to generation. I wanted to teach my kids that hitting is not a solution."

During the weekly 2-hour sessions of the Alternatives For Girls' Strengthening Families Program, Kristina learns to teach her kids by talking to them rather than by hitting them. Through case management services and access to other resources and support, she learns patience and to take deep breaths rather than lose her temper when frustrated.

Kristina's children also participate in the program, each joining an age-appropriate group in which they talk about topics ranging from the danger of strangers to positive communication. Maya, the oldest, says, "I learned to be respectful to my mom, to other adults, and to myself." Eight-year-old Eloise chimes in, "I learned not to smoke and that if a stranger tells me that my mom says to come with them, not to come." Olivia, the middle child, shares, "I learned to help mom clean up."

Kristina feels a sense of community with the other families in the class. She learns that she is not the only person who has been raising children the way she was, and she finds other families with similar backgrounds. They learn together and from one another. "Everybody takes something from everybody else in the group," Kristina says with a smile.

Most important, family members have seen a change in how they communicate with one another, particularly in how their mother communicates with them. Kristina enthusiastically recommends this program to other families. "It's never too late to learn," she smiles.

Interventions

Strengthening Families Program (SFP)*: Alternatives For Girls offers SFP, an evidence-based intensive and structured family skills training program, in both English and Spanish. SFP includes three life-skills courses delivered in 14 weekly, 2-hour sessions. The Parenting Skills sessions help parents learn to increase desired behaviors in children by using attention and rewards, clear communication, effective discipline, substance use education, problem solving, and limit setting. The Children’s Life Skills sessions help children learn effective communication, understand their feelings, improve social and problem-solving skills, resist peer pressure, understand the consequences of substance use, and comply with parental rules.

Psychological First Aid (PFA)*: PFA was developed for disaster trauma but is now adapted for use in community violence. Families in Alternatives For Girls often experience direct and indirect exposure to violence, and this intervention addresses the effects of this violence through enhancing support networks and providing information on coping.

Case Management: Alternatives For Girls conducts case management and goal-planning sessions with families once per

month at a minimum, but more frequently with families in crisis. The initial session includes gauging the needs of the family, providing resources to address those needs, and developing a year-long goal plan. In each subsequent session, the family services case planner records the progress on connecting with and using referral services, facilitates a connection with resources if needed, reviews goals set with families, and addresses any immediate areas of need. The length of each session is based on the accomplishment of the objectives.



Alternatives For Girls

903 West Grand Boulevard
Detroit, MI 48208

Focus:

Uses an intergenerational intervention to reduce violence and address its impact on children and their families. Provides intensive and structured programming in small groups, in both English and Spanish, to reduce the child’s exposure to violence at home, in the community, and in school.

Target Population:

English- and Spanish-speaking children and families

Age Range:

3–16

Interventions:

- Strengthening Families Program*
- Psychological First Aid*
- Case Management

*Evidence-based or promising practice

12 Taking Cultural Issues Into Account



At age 13, Jessica has experienced community violence most of her life. With Sandra, her mother, she lived at her grandmother's in a very dangerous neighborhood of Ciudad Juarez, Mexico, a border town adjacent to El Paso, Texas. One morning, Jessica awoke to gunshots and found out her neighbor had been killed. Soon after, Jessica's brother was kidnapped and released only after Sandra paid a ransom.

This extreme exposure to trauma and violence prompts Sandra to move to El Paso, Texas, where she enrolls Jessica in school. Although Sandra feels safer, Jessica exhibits anxiety, irritability, fear, loneliness, and loss of trust. Because of the dramatic change of behavior, Sandra looks for help for Jessica. St. Peter and Paul Catholic Church refers Sandra to Aliviane, Inc., Behavioral Health Clinic where a case manager from the Safe Start program assesses Sandra and Jessica and refers them for services under the Safe Start program.

Safe Start case managers conduct weekly groups using the "Dando Fuerza a la Familia" curriculum. The curriculum covers communication styles of Mexican and Mexican-American families living in the border regions of the United States and focuses on the types of violence families experience within the family system and in the community, as well as the conflict between drug cartels in Mexican border states. Sandra participates in the parent training program while Jessica attends the children's social skills training program. After an hour each week in their separate programs, Sandra and Jessica come together for the family training session and practice the new skills they learned.

Sandra and Jessica are comfortable in the program because the case managers use Mexican colloquial Spanish and they seem to understand Sandra and Jessica's background and culture. After the 14 weeks of group sessions, the Safe Start program continues to provide case management services to the family for 1 year from the time of enrollment. Jessica now smiles, participates more in school, has friends, and feels a sense of belongingness.

Interventions

Strengthening Families Program (SFP) with a cultural adaptation called “Dando Fuerza a la Familia”(DFF)*: DFF follows the same structure as the original SFP with specific changes to account for cultural differences in the target population, such as the use of Mexican colloquial Spanish and the inclusion of cultural notes for facilitators. It is a 14-week program with two hour-long weekly sessions for parent, children, and then families. Two case managers run separate parent and children skills training groups simultaneously for 1 hour. At the end of the separate skills training sessions, the case managers, parents, and children come together for a family training session for the second hour.

The **parent training program** includes information and skill development exercises on developmental expectancies, stress management, behavior modification, communication, problem solving, limit setting, and the impact of parent’s substance problems on their children. The program improves parents’ ability to discipline their children and reduce their problem behaviors.

The **children’s social skills training program** includes information and practice on social skills, good behavior, how to say “no” to stay

out of trouble, communication, refusing alcohol and drugs, problem solving, accepting direction from parents, and coping skills. The program improves children’s social skills.

The **family skills training program** integrates the training received by the parents and children in their separate groups and offers opportunities to practice new skills with the assistance of the trainers. This training improves family relationships and reduces children’s problem behaviors.

Case Management: The Safe Start case manager makes monthly calls to DFF families. To ensure constant contact, administrative staff members call all participants including those in the control group.



Aliviane, Inc.
Behavioral Health Clinic
 7722 North Loop, Suite 5
 El Paso, TX 79915

Focus:

Adapts interventions by providing special sensitivity to the strengths and stresses facing Mexican-American families. Helps families decrease behavior problems in their high-risk children by strengthening family functioning and relationships and building better communication. Works with children to improve protective factors and with parents to improve their child-rearing and relationship skills. Allows families to practice skills and strengthen relationships.

Target Population:

Children and their parents with demonstrated exposure to trauma

Age Range:

3–14

Interventions:

- Strengthening Families Program with a cultural adaptation called “Dando Fuerza a la Familia”*
- Case Management

*Evidence-based or promising practice

14 Building a Healthy and Healing Pathway



Kaipo, a 12-year-old boy, is in seventh-grade regular and special education classes at Hawaii Middle School. Kaipo and his younger brother Jordan enrolled in Haupoa[†] Enhanced Safe Start (Haupoa) services with their mother, Luanne. During the comprehensive intake assessment interview, Luanne tearfully reports that she feels tremendous guilt, shame, and inadequacy as a mother because, during the 3 years she was married to the boys' father, her children witnessed physical and other forms of violence toward her, as well as ongoing verbal and emotional abuse. For example, their father told the boys that their mother was a whore. Luanne expresses that Kaipo is "scared" and more cautious because of his long exposure to the intimate partner violence. Although Luanne enrolls both children for Haupoa treatment services, she identifies Kaipo as the focus of her individual work in the program.

Luanne and her sons faithfully attend the seven initial group sessions of Haupoa. Luanne learns about positive parenting, and Kaipo demonstrates problem-solving skills. At the conclusion of the Haupoa group cycle, Luanne requests to continue with individual services. With the Haupoa counselor advocate and Kaipo, she collaboratively develops several individualized goals for treatment including decreasing conflicts between herself and Kaipo, decreasing conflicts between Kaipo and Jordan, and decreasing Kaipo's concerns about becoming a "cool kid" at school. The Haupoa counselor meets with the family regularly and tracks these behaviors using Modular Cognitive Behavior Therapy tools. Over the course of eight sessions, they discuss parent management training and with Kaipo discuss problem solving and goal setting. Conflicts between Luanne and Kaipo decrease from one or more times per week to less than once per week, conflicts between Kaipo and Jordan decrease from every day to only once per week, and Kaipo begins to use his problem-solving skills more frequently to address "drama" at school. It appears from their self-reports and staff progress reports that their participation in Haupoa services is helping increase self-efficacy and confidence for both Luanne and Kaipo.

[†]Haupoa: Making the Soil Soft for Planting

interventions

Haupoa Enhanced*: Before beginning services, the parent and target child undergo individual service/clinical assessments in separate sessions. The assessment covers comprehensive psycho-social and health histories, including domestic and family violence safety planning. The treatment team discusses the results and establishes an individualized action plan for each parent-child dyad. The team, in collaboration with parents and children, collects data weekly and adjusts treatment accordingly.

The treatment intervention includes group counseling sessions for children in four separate age groups and by gender for the teen group. The manual-based curriculum for the children's group focuses on learning to develop a safety plan, strategies to identify and express feelings, nonviolent conflict resolution skills, and identification of negative and positive family and societal influences. The manual-based curriculum for the non-offending parents' group focuses on recognizing and expressing feelings in nonviolent ways, understanding the dynamics of domestic violence and its impact on children and the family, positive parenting and communication skills, child development and age-appropriate interactions for children

and parents, and accessing community supports and resources.

Group facilitators receive monthly formal supervision and weekly informal supervision by phone and in person. All treatment staff must attend a 2-hour monthly training and group supervision session.

Weekly individual counseling sessions of 45–60 minutes with parents and/or children primarily use Modular Cognitive Behavior Therapy, incorporating evidence-based practices and content focused on domestic and family violence. Parents and older children receive home practice assignments using standardized forms. Although most parents and/or children meet weekly with counselors, the timing, frequency, and duration of these sessions are based on parent needs and availability, child goals, and treatment response. These sessions continue up to 4 months after the group cycle ends.

Individual treatment staff receive weekly individual supervision from their direct supervisor and biweekly group supervision from clinical social workers and/or clinical psychologists to discuss treatment planning and progress and to develop strategies to overcome barriers to treatment.

Safe Start Hawai'i

University of Hawaii at Manoa
Department of Sociology &
Department of Psychology
2424 Maile Way Saunders 247
Honolulu, HI 96822

Parents and Children Together (PACT),
Family Peace Center, 1485 Linapuni
Street, Honolulu, HI 96819

Focus:

Blends understanding of domestic and family violence with MCBT as a practice innovation for children who have lived in homes with parental violence. Incorporates both group and individual modalities, tailoring treatment plans and services for the specific needs of each family. Serves a client population that is over 80% Native Hawaiian, Asian and/or Pacific Islander Americans and immigrants.

Target Population:

Children and their non-offending parent or caregiver (usually mother)

Age Range:

3–17

Interventions:

- Haupoa Enhanced*

*Evidence-based or promising practice

16 Empowering Parents To Address Exposure to Violence



Going into the Project PERK (Partnering to Effectively Reduce the Impact of Violence in Kalamazoo) parenting group, Kamilla feels uncertain. She knows her daughter was at the children's group learning about the effects of experiencing violence. Both enjoyed their group experiences. Kamilla says, "I enjoy socializing with other parents. We help each other and learn that many of us have similar concerns. No matter how stressed I am when I come to group, I always leave feeling better."

Kamilla says, "Not much has changed in my home or community but since I started Project PERK, I feel I'm handling it better. I can control my anger. By checking my stress level, I know when I need to take a time-out." In groups, adults learn to identify their stress level by using a stress scale from 1 to 10. Parents learn how their brain responds to stress, how extreme stress affects their ability to think clearly, and how stress compromises their ability to make positive choices for their children. Their children obtain similar knowledge, which increases the family's use of a common language for expressing feelings. Many parents in Project PERK feel connected and continue meeting on their own once sessions end.

Ursula, another member of the Project PERK group, reports that her grandson Enrique's behavior improved once they began using the common language of stress levels to identify things that are challenging for Enrique. She notes, "Enrique's behavior in school is improving."

Sophie, also a member of the Project PERK parenting group, learned that children don't always lash out just to be bad but can have something going on that causes this behavior. She says "By learning to cool down, I am not making situations worse. Now, I talk to my daughter, Mia, to see what's really going on. Mia is also able to cool down instead of making the situation worse with anger." Mia says, "I've learned to calm my stress, ignore the bad stuff, or hold my breath and count to 10."

Interventions

Partnering to Effectively Reduce the Impact of Violence in Kalamazoo (PERK): Project PERK recruits through word of mouth, outreach to community organizations, events, and referrals from agency partners. Partnering with established, trusted neighborhood sites is a key component of this program. PERK develops partnerships by identifying sites and leaders in target neighborhoods who have proven track records in providing services to community residents. Partnerships are established through discussions on how Project PERK might enhance existing services to identify and address childhood exposure to violence.

The Project PERK treatment program uses a specifically developed six-question screening instrument on exposure to violence. If the family answers yes to one or more questions, it is allowed to participate in the program. Eligible parents attend five weekly educational modules held at two community sites. During the sessions, information is introduced through a **Psychological First Aid (PFA)*** lens where parents learn about the impact of exposure to violence, what they can do about it, and how they can work with their children. Children meet four times using the **Trauma Affect Regulation Guide for Education and**

Therapy (TARGET)* curriculum. Project PERK empowers parents and encourages them to take the initiative to address exposure to violence. One goal of Project PERK is to teach organizations about the programs used and build their capacity to deliver the programs.

To ensure sustainability, Project PERK identifies staff members to be trained as facilitators. The project recruits parents from the PERK parent groups. Interns and agency staff act as facilitators to teach the effects of violence and trauma on children. Project PERK staff members teach the elements of the PERK curriculum and provide participants with experience by having them co-facilitate parent/child groups.

Trauma-Focused Cognitive Behavioral Therapy Referral*: Project PERK and partner agencies refer extremely traumatized children for individual therapy as needed.



Southwest Michigan Children's Trauma Assessment Center (Project PERK)

Western Michigan University
1000 Oakland Drive
Kalamazoo, MI 49008

Focus:

Focuses on children's exposure to violence and its impact. Empowers parents to take initiative by helping them understand the impact of exposure to violence, what they can do about it, and how they can work with their children.

Target Population:

Children and families exposed to violence living in Kalamazoo city or township

Age Range:

8-16

Interventions:

- Partnering to Effectively Reduce the Impact of Violence in Kalamazoo
- Psychological First Aid*
- Trauma Affect Regulation Guide for Education and Therapy*
- Trauma-Focused Cognitive Behavioral Therapy Referral*

*Evidence-based or promising practice

Home Visitation to Break the Cycle of Intergenerational Trauma



Carla is a 22-year-old African-American mother of Sylvie age 2 and Quinton age 1 month. Carla was sexually abused by her stepfather starting at age 8 and ending at age 15 when she ran away. She was placed in a foster home where her foster father sexually abused her from ages 15 to 17 when she again ran away. She lived with her boyfriend and was the victim of domestic partner violence. She has had several miscarriages as a result of the violence.

Carla is involved in the Health Federation of Philadelphia Early Head Start program, which referred her to the Enhanced Home Visitation Project (EHVP). She is exhibiting disturbing behaviors: cutting herself, physically attacking others in her home, having blackouts and seizures following flashbacks, not nurturing her children including withholding food, being afraid to leave her house, and expressing feelings of hopelessness.

A family trauma specialist from EHVP visits Carla 24 times in her home to facilitate the Safety, Emotions, Loss and Future (S.E.L.F.) psycho-educational program. To work through the stages of trauma recovery, Carla learns how to create a safe environment. She uses candles, music, knitting, puzzles, and self-soothing techniques to ground herself.

Because Carla lives with relatives in an overcrowded household, it is difficult for the trauma specialist to create opportunities for Carla to engage with her children, but slowly Carla can hold her children, make eye contact, and share food with them. Gradually, Carla is becoming less angry and is able to maintain contact with two neighbors. For 6 weeks, Carla works on a transition project, develops a safety plan, and integrates self-soothing techniques into her daily activities. At one time, Carla did not believe she was a survivor, but now she writes in her journal: "Today I'm a survivor. I'm excited about a brighter future."

Interventions

Safety, Emotions, Loss and Future (S.E.L.F.) Psycho-Educational Program*: S.E.L.F. is a nonlinear, cognitive behavioral therapeutic approach that facilitates client movement through four critical stages of trauma recovery: safety—attaining safety in self, relationships, environment, and beliefs; emotional management—identifying levels of affect and modulating affect in response to memories, people, and events; loss—feeling grief, dealing with personal losses, and confronting resistance to change; and future—trying out new roles and ways of relating and behaving as a “survivor” to ensure personal safety and help others. S.E.L.F. is a component of the evidence-informed Sanctuary Model. Parent participants receive up to 24 home-based S.E.L.F. sessions facilitated by trauma specialists.

Integration: The Enhanced Home Visitation Project integrates a trauma-specific intervention into an existing Early Head Start home-based model. It focuses on addressing caregiver trauma to break the cycle of intergenerational trauma transmission.

Capacity Building: To institutionalize an improved response to children exposed to violence and their families, the project builds the capacity of agencies, systems,

and professionals interacting with young children. All Early Head Start staff and other partners providing early childhood services receive regional interagency and community training and specialized training focused on identifying, treating, and preventing/reducing children’s exposure to violence.

Home Visitation: Although S.E.L.F. is traditionally used as a group intervention model, it is used in this program in a home visitation model.



**Health Federation of Philadelphia
Enhanced Home Visitation Project**
1211 Chestnut Street, Suite 801
Philadelphia, PA 19107

Focus:

Embeds trauma-specific services in a home visitation program. Prevents intergenerational trauma transmission by identifying and addressing unresolved caregiver trauma and its impact on parenting.

Target Population:

Parents/caregivers and children

Age Range:

0–3

Interventions:

- Safety, Emotions, Loss and Future (S.E.L.F.) Psycho-Educational Program*
- Integration
- Capacity Building
- Home Visitation

*Evidence-based or promising practice

20 Mental Health Services in a Safe Place



After a workshop on Positive Parenting Strategies at a local school, Monica asks to speak to Lorena, the Project CONNECT team member who gave the presentation. She relays her concerns about her son, Alex, whom she describes as defiant and angry. Monica recounts years of domestic violence she experienced with Alex's father. Although her relationship with the father is over, she recognizes that the abuse that Alex witnessed was harmful to him. Lorena encourages Monica to enroll in CONNECT services at the Long Island City branch of the Queens Library.

At the library, Alex spends time in the children's area, uses the library's computers, or hangs out with the youth counselor while his mother works with the family therapist. The therapist tells Monica she can receive information from the library's case manager on benefits, available services, job opportunities, and adult education classes.

In treatment, the therapist asks Monica and Alex to talk about what they want to happen at home, to clarify their goals, and to solve issues that might keep them from attending the sessions. The sessions provide a safe space for open discussions about stigma and fears regarding treatment and to speak about the violence that occurred in their lives and how to process the thoughts, feelings, and behaviors related to these traumatic events.

Monica and Alex learn strategies to cope with stressful events, including relaxation skills like "belly breathing" and muscle relaxation, how to restructure distressing thoughts, and how to negotiate conflict. Monica learns skills to increase positive interactions with Alex, such as giving praise, effective rewards, and learning how to give clear instructions and rules. These skills help strengthen the respect Monica receives from Alex.

Alex and Monica will eventually learn how to communicate and interact in a more positive way with each other and cope effectively with the painful memories of the violence that occurred in their home. With the help of Project CONNECT, they will learn how to strengthen their relationships and move forward.

Interventions

Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT)*: AF-CBT is an approach to working with families whose histories involve exposure to violence such as child physical abuse or excessive physical discipline, as well as with youth who have significant behavioral dysfunction. Project CONNECT adapts this program for Latina/o, African-American, and Afro-Caribbean families and alleviates barriers to accessing mental health services by providing evidenced-based treatment for children exposed to violence in a community space that may be less stigmatizing for families. The content of AF-CBT is divided into three phases: engagement and psycho-education, individual skill building, and family applications. A goal of the treatment is to instruct caregivers and children in intrapersonal and interpersonal skills to increase pro-social skills so that they can be an “alternative” to using coercive or aggressive coping strategies. The program targets child, caregiver, and family characteristics related to conflict, as well as the larger context in which coercion and aggression occurs.

Case Management: Project CONNECT therapists serve as advocates for children and families by working collaboratively with child welfare, legal services, and community organizations. They collaborate with Queens Library staff to inform families of available services and maintain up-to-date information on local, city, State, and Federal programs.

Community Capacity Building: Project CONNECT team members provide trainings on the prevalence and effects of violence on children and how to identify and refer violence-exposed children to trauma-informed treatment services. Recipients of these trainings include families, educators, librarians, community advocates, and religious leaders.



Project CONNECT The Child HELP Partnership

St. John's University
152-11 Union Turnpike
Queens, NY 11367

Focus:

Provides mental health services, including assessments and interventions, in library settings which are viewed as “safe.” This innovative collaboration with the Queens Public Library represents a shift in mental health delivery and is expected to increase rates of identification, referral, assessment, and treatment of youth exposure to violence.

Target Population:

Latina/o, African-American, and Afro-Caribbean youth affected by abuse and other forms of violence and their families

Age Range:

5–17

Interventions:

- Alternatives for Families: A Cognitive Behavioral Therapy*
- Case Management
- Community Capacity Building

*Evidence-based or promising practice

Building a Universal Trauma-Informed Early Childhood System



Three-year-old Jack has already witnessed several domestic violence incidents between his parents at home and at his aunt's house where he stays when his mom works. Lisa, Jack's mom, has a history of experiencing and witnessing domestic abuse and does not want Jack to have the same experiences.

Since separating from Jack's father, Lisa has been concerned that Jack's previous exposure to domestic violence may have an effect on him. She notices that he is becoming more withdrawn and timid, so she enrolls him in Head Start. She meets with the Head Start family service worker and agrees to take the Adverse Childhood Experiences assessment. The results show both her and Jack's level of traumatic stress.

Lisa learns that she and Jack are eligible for services from the Spokane Safe Start Initiative and begins the Attachment, Self-Regulation, and Competency (ARC) home visiting program. A Head Start staff facilitator meets 12 times with Lisa and helps her understand and identify the negative effects of trauma. Lisa learns ways to cope with the impact of her past experiences, as well as strategies to support Jack.

Jack benefits from the Spokane Safe Start Initiative at his Head Start program, where all staff members receive training in the Fostering Resiliency in Early Learning Environments (FREE) professional development program. By learning competencies to provide trauma-informed care to children and their families, the teachers and specialists can identify Jack's needs and address them with appropriate skills, strategies, and services. For example, Jack's teacher, Erin, recognizes that Jack experiences changes in routine as anxiety provoking and helps him practice self-soothing exercises. Erin's practice of announcing changes in advance helps Jack and other children. Erin helps Jack improve social skills so that he can participate more successfully in group activities.

Lisa and Jack benefit from Spokane Safe Start Initiative's systems-level approach to addressing children's exposure to violence. Their participation in the program is improving their chances for a more positive outcome at a crucial point during the early years of Jack's development.

Interventions

Fostering Resiliency in Early Learning Environments (FREE): FREE is a professional development program adapted from Attachment, Self-Regulation, and Competency (ARC), a clinical intervention for youth and families exposed to multiple or prolonged traumatic stress. FREE is designed to build the capacity of Head Start and other early childhood program staff to provide trauma-informed services for young children and their families. Staff members receive 50 hours of cumulative training in a curriculum derived from the ARC framework. The adapted curriculum is organized into 10 “building blocks” that cover key concepts, tools, and developmental considerations for trauma-informed care. As a result of the training, staff can integrate these professional competencies across early childhood programs and services. For example, the development of family service planning goals and child learning plans are now infused with trauma-informed principles.

Attachment, Self-Regulation, and Competency Home Visiting Program*: This home visiting program, which is based on the ARC framework, uses eight Head Start staff members as ARC facilitators to provide intervention services directly to children and their families. Over 12 home visits, ARC

facilitators work with the families to teach them about the impact of trauma and how to cope with its symptoms. The home visits use a semi-structured process guided by a manual based in the ARC framework. Participants are selected for the home visits based on an initial voluntary screening conducted when they begin the Head Start program.

Circle of Security*: This program uses a model widely adopted across the United States and in other countries. Three Head Start staff members serve as facilitators, meeting with small groups of families for eight sessions. Circle of Security is a parent education program that focuses on helping participants understand basic principles of attachment and how to modify parenting behavior to meet their child’s needs. Participants are selected for the program based on an initial voluntary screening to identify families exposed to especially high levels of maltreatment and violence.



Washington State University,
Area Health Education Center
P.O. Box 1495
Spokane, WA 99210

Focus:

Adds a trauma-informed approach to Head Start’s strong foundation of social-emotional development and trains staff to deliver more effective individual interventions with families exposed to adversity.

Target Population:

Children enrolled in Head Start, their families, and staff

Age Range:

3 and 4

Interventions:

- Fostering Resiliency in Early Learning Environments
- Attachment, Self-Regulation, and Competency Home Visiting Program*
- Circle of Security*

*Evidence-based or promising practice

24 Serving Children Who Are Experiencing Homelessness



Marie is a 28-year-old mother of two sons: Jasper age 3 and Dion age 6. Six months ago, Marie broke up with her boyfriend, the father of her sons. Marie's relationship with her boyfriend was volatile, with physical abuse as well as verbal threats and name calling. Jasper and Dion witnessed much of this violence. Recently, Marie and her sons moved into a shelter.

Marie's sons exhibit increasingly concerning behaviors. Dion "acts out," screaming at his mother, hitting her, and pulling her hair when angry. He is aggressive toward children in the shelter and in school and calls his teacher names. Jasper has begun to mimic Dion's behaviors. Both children frequently ask for their father and appear distressed and confused about their family's changes. Marie is overwhelmed by her children's behavior and does not know how to respond.

As part of the START with Kids program, Marie's case manager meets with Marie and conducts a child assessment. On the basis of the assessment results, both children appear to have some delays and challenges in social and emotional development, behavior, and learning, and Marie appears very distressed when she is with her children. The shelter case manager discusses the results with the shelter team, including the clinical child specialist, to make recommendations about next steps.

Marie and her case manager work together to develop a child service plan for each son to address past and current family stressors. The case manager helps Marie enroll Jasper in an Early Head Start program and establish ongoing monitoring by a pediatrician. She refers Dion for play therapy and mobilizes school-based supports, including an Individualized Education Plan for Dion.

Marie and her children join the Strengthening Family Coping Resources group where they begin to reestablish family safety and routines and practice new coping strategies, while connecting with other families with shared experiences. Marie likes the group because her children are excited about going and it reduces her stress by giving her time to focus on what they enjoy doing as a family.

Interventions

Strengthening Family Coping Resources (SFCR)*: SFCR is a multifamily group for families affected by trauma that strengthens parent/child attachments and the cohesiveness of the family unit. Families work in groups to reestablish routines and rituals, enhance safety and coping, and manage stress. This program helps strengthen attachments and family stability and is particularly important in shelter settings where families are often managing multiple crises that are disruptive to family cohesion and identity.

Comprehensive Child Assessments: Case managers in emergency shelters conduct a comprehensive child assessment with each family that enters the shelter. The assessments focus on physical health, social/emotional/behavioral development, trauma exposure, caregiver stress, and family functioning. This tool supports case managers in assessing current level of risk for trauma and developmental impact of current stressors and in making necessary referrals.

Child-Focused Individualized Service Plans:

On the basis of the information gathered from the child assessment, case managers create an individualized child service plan that addresses the needs of each child in the family, as well as the overall family unit. Child service plans include a plan of action corresponding to each area in the child assessment and space to track referrals made and followup.

Clinical Child Specialist: The START with Kids clinical child specialist leads the SFCR groups in the shelter and provides ongoing training and consultation to shelter staff related to development, attachment, mental health, assessment, and trauma-informed care.

Trauma-Informed Organizational Self-Assessment*: This resource is used by programs serving children and families to evaluate their current practices against the trauma-informed practices outlined in the Self-Assessment, identify areas for organizational growth, and make concrete changes using the Self-Assessment as a guide. It helps emergency shelters evaluate current programming and develop a strategic plan for incorporating trauma-informed practices.

START with Kids The National Center on Family Homelessness

200 Reservoir Street, Suite 200
Needham, MA 02494

Focus:

Provides trauma-informed care for children in shelter settings. Enhances the capacity of service providers to assess, refer, and treat children, build community connections, and solidify best practices for serving children in the field of homeless services.

Target Population:

Families, with at least one child ages 1 month to 18 years, that enter an emergency shelter

Age Range:

1 month–18 years

Interventions:

- Strengthening Family Coping Resources*
- Comprehensive Child Assessments
- Child-Focused Individualized Service Plans
- Clinical Child Specialist
- Trauma-Informed Organizational Self-Assessment*

*Evidence-based or promising practice

26 Evidence-Based and Promising Interventions

Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT):

AF-CBT is an approach to working with families whose histories involve exposure to violence such as child physical abuse or excessive physical discipline, as well as with youth who have significant behavioral dysfunction. Project CONNECT adapts this program for Latina/o, African-American, and Afro-Caribbean families and alleviates barriers to accessing mental health services by providing evidenced-based treatment for children exposed to violence in a community space that may be less stigmatizing for families. The content of AF-CBT is divided into three phases: engagement and psycho-education, individual skill building, and family applications. A goal of the treatment is to instruct caregivers and children in intrapersonal and interpersonal skills to increase pro-social skills so that they can be an “alternative” to using coercive or aggressive coping strategies. The program targets child, caregiver, and family characteristics related to conflict, as well as the larger context in which coercion and aggression occurs.

Site using this approach: Queens, NY

Attachment, Self-Regulation, and Competency (ARC) Home Visiting Program:

This home visiting program, which is based on the ARC framework, uses eight Head Start staff members as ARC facilitators to provide intervention services directly to children and their families. Over 12 home visits, these ARC facilitators work with the families to teach them about the impact of trauma and how to cope with its symptoms. The home visits use a semi-structured process guided by a manual based in the ARC framework. Participants are selected for the home visits based on an initial voluntary screening conducted when they begin the Head Start program.

Site using this approach: Spokane, WA

Circle of Security: This program uses a model widely adopted across the United States and in other countries. Three Head Start staff members serve as facilitators, meeting with small groups of families for eight sessions. Circle of Security is a parent education program that focuses on helping participants understand basic principles of attachment and how to modify parenting behavior to meet their child’s needs. Participants are selected for the program based on an initial voluntary screening to identify families exposed to especially high levels of maltreatment and violence.

Site using this approach: Spokane, WA

Group and Individual Counseling Sessions: The Haupoa Enhanced intervention used by Safe Start Hawai‘i in Honolulu includes group and individual counseling sessions. The manual-based curriculum for the children’s group focuses on learning to develop a safety plan, ways to identify and employ constructive outlets for expressing feelings, nonviolent conflict resolution skills, and identification of negative and positive family and societal influences. The manual-based curriculum for the non-offending parents’ group focuses on recognizing and expressing feelings in nonviolent ways, understanding the dynamics of domestic violence and its impact on children and the family, positive parenting and communication skills, child development and age-appropriate interactions for children and parents, and accessing community supports and resources. Weekly individual counseling sessions of 45–60 minutes primarily use evidence-based Modular Cognitive Behavior Therapy, incorporating content and evidence-based practices regarding domestic and family violence. Parents and older children receive home practice assignments using standardized forms. Although most parents and children meet weekly with counselors, the timing, frequency, and duration of these sessions are based on parent availability and interest, child goals, and treatment response. These sessions continue up to 4 months after the group cycle ends.

Site using this approach: Honolulu, HI

Outpatient Substance Abuse Treatment Interventions: The program provides individual, group, and family interventions, including MATRIX, an evidence-based, intensive outpatient substance-abuse group focused on developing early recovery and relapse prevention skills; Moral Reconciliation Therapy, a cognitive behavioral group intervention that focuses on reducing recidivism rates for offenders and at-risk populations; Cognitive Behavioral Therapy; and Community Reinforcement and Family Training, a scientifically based intervention designed to help concerned significant others engage treatment-refusing substance abusers into treatment.

Site using this approach: Denver, CO

Psychological First Aid (PFA): PFA was developed for disaster trauma but is now adapted for use in community violence. Families often experience direct and indirect exposure to violence, and this intervention addresses the effects of this violence through enhancing support networks and providing information on coping. Parents learn about the impact of exposure to violence, what they can do about it, and how they can work with their children. It empowers parents and allows them to take the initiative to address exposure to violence.

Sites using this approach: Detroit, MI; Kalamazoo, MI

Safety, Emotions, Loss and Future (S.E.L.F.) Psycho-Educational Program: S.E.L.F. is a nonlinear, cognitive behavioral therapeutic approach that facilitates client movement through four critical stages of trauma recovery: safety—attaining safety in self, relationships, environment, and beliefs; emotional management—identifying levels of affect and modulating affect in response to memories, people, and events; loss—feeling grief, dealing with personal losses, and confronting resistance to change; and future—trying out new roles and ways of relating and behaving as a “survivor” to ensure personal safety and help others.

S.E.L.F. is a component of the evidence-informed Sanctuary Model. Parent participants receive up to 24 home-based S.E.L.F. sessions facilitated by trauma specialists.

Site using this approach: Philadelphia, PA

Strengthening Families Coping Resources (SFCR): SFCR is a multifamily empirically supported treatment for families affected by trauma. The program works with children and adult caregivers to reduce the symptoms of posttraumatic stress disorder and other trauma-related disorders. To ensure fidelity to the curriculum, facilitators use a manual for the intervention. Families work in groups to learn to reestablish routines and rituals, enhance safety and coping, and manage stress. This program helps strengthen parent/child attachments, family stability, and the cohesiveness of the family unit. It is particularly important in shelter settings where families are often managing multiple crises that are disruptive to family cohesion and identity.

Sites using this approach: Denver, CO; Worcester, MA

Strengthening Families Program (SFP): SFP is an evidence-based intensive and structured family skills training program, in both English and Spanish. It includes three life-skills courses delivered in 14 weekly, 2-hour sessions. The Parenting Skills sessions help parents learn to increase desired behaviors in children by using attention and rewards, clear communication, effective discipline, substance use education, problem solving, and limit setting. The Children’s Life Skills sessions help children learn effective communication, understand their feelings, improve social and problem-solving skills, resist peer pressure, understand the consequences of substance use, and comply with parental rules.

Site using this approach: Detroit, MI

28 Evidence-Based and Promising Interventions

Strengthening Families Program (SFP) with a cultural adaptation called “Dando Fuerza a la Familia”(DFF): DFF follows the same structure as the original SFP with specific changes to account for cultural differences in the target population, such as the use of Mexican colloquial Spanish and the inclusion of cultural notes for facilitators. It is a 14-week program with two hour-long weekly sessions for parent, children, and then families. Two case managers run separate parent and children’s skills training groups simultaneously for 1 hour. At the end of the separate skills training sessions, the case managers, parents, and children come together for a family training session for the second hour.

The parent training program includes information and skill development exercises on developmental expectancies, stress management, behavior modification, communication, problem solving, limit setting, and the impact of parent’s substance problems on their children. The program

improves the parents’ ability to discipline their children and reduce their children’s problem behaviors. The children’s social skills training program includes information and practice on social skills, good behavior, how to say “no” to stay out of trouble, communication, refusing alcohol and drugs, problem solving, accepting direction from their parents, and coping skills. The program improves children’s social skills. The family skills training program integrates the training received by the parents and children in their separate groups and offers opportunities to practice new skills with the assistance of the trainers. This training improves family relationships and reduces children’s problem behaviors.

Site using this approach: El Paso, TX

Trauma Affect Regulation Guide for Education and Therapy (TARGET): Children in Project PERK in Kalamazoo meet four times using the Trauma Affect Regulation Guide for Education and Therapy curriculum.

Site using this approach: Kalamazoo, MI

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT is a short-term, evidence-based treatment for children who have experienced trauma (e.g., child abuse, domestic violence, traumatic grief, immigration trauma) and their non-offending caregivers. TF-CBT is provided through 90-minute weekly family therapy sessions.

Sites using this approach: Aurora, CO; Kalamazoo, MI

Trauma-Informed Organizational Self-Assessment: This resource is used by programs serving children and families to evaluate their current practices against the trauma-informed practices outlined in the Self-Assessment, identify areas for organizational growth, and make concrete changes using the Self-Assessment as a guide. It helps emergency shelters evaluate current programming and develop a strategic plan for incorporating trauma-informed practices.

Site using this approach: Worcester, MA





Safe Start Center

5515 Security Lane
Suite 800
North Bethesda, MD 20852-5007
1-800-865-0965

www.safestartcenter.org

The Safe Start Center is funded by the Office of Juvenile Justice and Delinquency Prevention to support the Safe Start initiative on a national level. The goals of the Center are:

- To broaden the scope of knowledge and resources for responding to the needs of children exposed to violence and their families.
- To develop and disseminate information about the Safe Start initiative and emerging practices and research concerning children exposed to violence.
- To raise national awareness about the impact of exposure to violence on children.

The Safe Start Center works with national partners and a multidisciplinary group of experts to provide training and technical assistance to the 10 Safe Start Promising Approaches communities; to develop multimedia information, education, and training resources concerning innovations in the field of children's exposure to violence; and to convene national and regional Safe Start meetings to foster a learning community and ensure the efficient sharing of knowledge and skills. The Center maintains an up-to-date website with general information, new resources, and notifications about national events.

For further information about the Safe Start Promising Approaches communities or the Safe Start initiative or to receive Safe Start Center publications, contact the Safe Start Center at [1-800-865-0965](tel:1-800-865-0965) or info@safestartcenter.org, or visit the Safe Start Center website at www.safestartcenter.org.



