



Innovative Training Programme for Adult Educators To Work with Perpetrators, Women and Children who Suffered from Domestic Violence

1. Training programme

The training programme has been prepared within the frames of NORDPLUS ADULT project “Nordic-Baltic Collaboration in Creating Innovative Training Programme for Adult Educators To Work with Perpetrators, Women and Children who Suffered from Domestic Violence”.

This training programme is designed for training organisers / tutors / who are going to train specialists to work with perpetrators and survivors of domestic violence. The training programme might also be used by adult educators (psychologists, social workers, counsellors, etc.) who already have previous knowledge / education to work with parties involved in domestic violence.

In this training programme project partners have chosen to present training plans, materials which might be useful to train adult educators to work with:

- ☐ abusers / perpetrators who used violence in family / relationship environment;
- ☐ women / men who survived domestic violence;
- ☐ children who experienced or witnessed domestic violence.

The handbook “Good Practice Examples for Working with Perpetrators and Survivors of Domestic Violence” (<http://domesticviolence.zispb.lt/products/>) describes many methods for trainers to work with Perpetrators and Survivors. Some methods are openly available, while others require special certification or education to train others to use them. The tools described there have been the basis for this training programme. Partners have also researched new materials to help adult educators in their work with all parties involved in domestic violence

The training programme is an educational framework, focusing on important moments to consider when planning and conducting a training lesson. The programme assumes that you have at least some previous knowledge about the topic.

The created training programme will be sought to be accredited in Lithuania by VšĮ Žmogiškųjų išteklių stebėsenos ir plėtros biuras. Upon certain adaptation of the programme to the local context and its accreditation, the training will be offered for social workers to help them gain more knowledge, tools to work with the whole family which was involved in domestic violence.

Before starting to work with specialists who will be later working directly with abusers, women and children who survived domestic violence, it is necessary to get acquainted with the main principles of the work with adults.

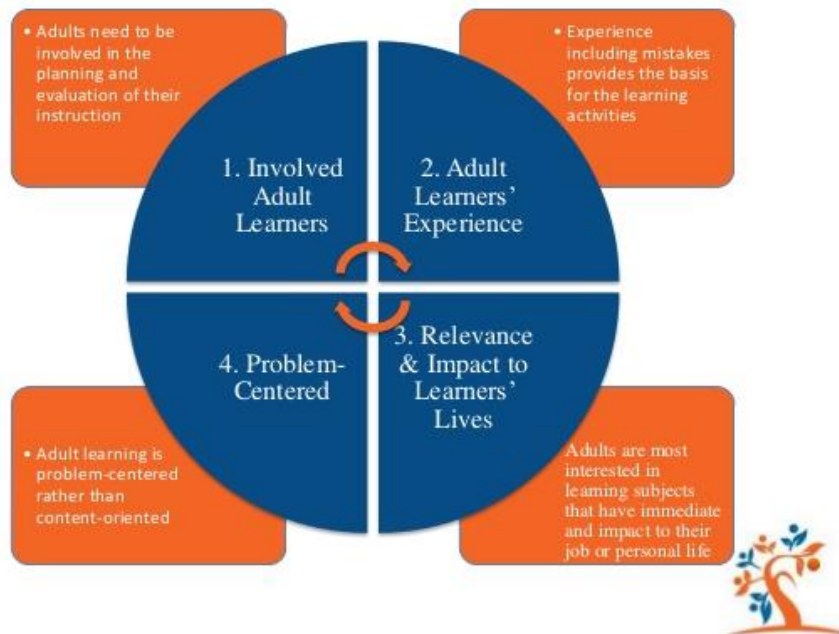
4 principles that are applied to adult learning

Your trainees / target group will be adults (social workers, consultants, other professionals interested about the issue), and the training program must address this fact. There are 4 principles that are applied to adult learning:

- ☐ Adults need to be involved in the planning and evaluation of their instruction.
- ☐ Experience (including mistakes) provides the basis for the learning activities.
- ☐ Adults are most interested in learning subjects that have immediate relevance and impact to their job or personal life.
- ☐ Adult learning is problem-centered rather than content-oriented.

(Malcolm Shepherd Knowles)

Knowles' 4 Principles Of Andragogy

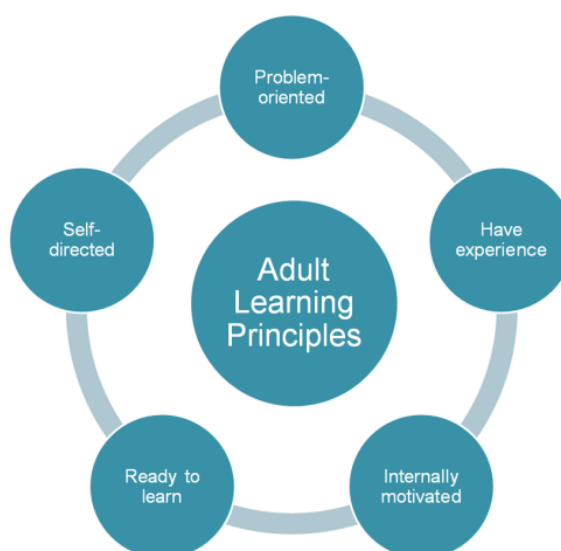


Key factors

To best reach adults, there are five key factors you should focus on in the development of your training:

1. The material presented should have immediate usefulness to the learners.
2. The material presented should be relevant to adult learners' lives. This is why we are aiming at extremely practical activities.
3. The training environment should be welcoming so that all learners feel safe to participate.
4. The training presentation should be engaging.
5. The training should be presented in a respectful manner, where learners have an opportunity to share their experiences

Following these key principles will help you determine what to include in your training and how to present it. Make your training relevant to the learner by recognizing the unique background and experience of people working with perpetrators and survivors of domestic violence. To engage your audience, use examples or anecdotes showing how the material is relevant.



Preparation

A good training program depends on a lot of good preparations. You should think about these key questions

- ☐ Who is my target audience, and what are their learning needs?
- ☐ What are the learning objectives for this training?
- ☐ What kind of training should I develop?
- ☐ How large should my class be?
- ☐ Which instructional methods gives the best effect, including the professionals / specialists' need for variety of training methods

Target audience

- ☐ Who is my target audience, and what are their learning needs?
- ☐ Who will be in the audience and what kind of training have they already received.
- ☐ Write a short description of your target audience. You can use this when disseminating information about your course.

Helpful questions:

- ☐ **Who are you going to train?** Get names and titles of your attendees, or at least the names of their places of employment.
- ☐ **What is their background?** If you can determine the trainer's educational backgrounds, this will help in determining the depth of information to cover in your training.

- ❑ **Will some people need more training than others?** In cases where there are extreme differences in skill levels, you might consider holding several sessions at different levels of expertise—for experience trainers versus more inexperienced trainers.

Target Audience

Target audience descriptions do not need to be extensive, but they should be very specific.

For example, “The primary audience is health workers, which later will deal with children who suffered from DV. They are without formal legal training in this topic.”

Learning objectives

Your purpose should meld the key components of your audience, its training needs, its skill and knowledge deficits, and what you want to accomplish in your course. Think through what you want participants to learn as a result of your training. They should leave the training with new information and/or skills that they didn't possess prior to taking it.

Learning objectives serve as a type of contract with your audience and help put the purpose of your training in concrete, measurable terms. If participants know the objectives from the beginning, they know what they are expected to learn. Objectives also clearly focus on the desired outcomes.

Before you start developing your learning objectives, it's important to determine the kind of learning your professionals / specialists will be gaining. Identifying the type of learning—Knowledge, Skills or Attitudes (KSAs)—will help you develop more specific learning objectives.

For example, if your professionals / specialists' learning involves **knowledge** retention and the development of intellectual skills, it is considered knowledge-based. If your professionals / specialists' learning involves physical movement, coordination, and motor skills, it is considered **skill-based**. If your professionals / specialists' learning deals with motivation and values, it is considered **attitudes-based**.

Training Purpose

The Purpose of your training should be anchored in:

- ✓ training needs
- ✓ skill, knowledge deficits
- ✓ what participants should know

Types of Learning

Types of learning fall into three categories:

Knowledge: specific facts, patterns, concepts

Skills: practical abilities measured in speed, precision

Attitudes: realizing feelings, values, motivation

Develop learning and training objectives

The simplest way to start writing learning or training objectives is by answering three questions:

1. What will participants be able to do as a result of the course, training, or class?
2. What are the conditions or circumstances where the participants will perform this activity, and what knowledge or materials does he/she need to do this effectively?
3. What level of proficiency is needed to perform the task or skill successfully or apply this information?

There are several different models that have been created to help in designing learning objectives. For developing practical objectives, you might consider the SMART Model. For considering objectives that may relate more to behavior change, you might consider the A-B-C-D Model.

SMART Model

This model is used to build practical objectives.

S is for Specific; specify what to achieve.

M is for Measurable.

A is for Achievable. SMART Model

R is for Relevant.

T is for Time-bound.

A-B-C-D Model

This model is often used to build behavioral objectives.

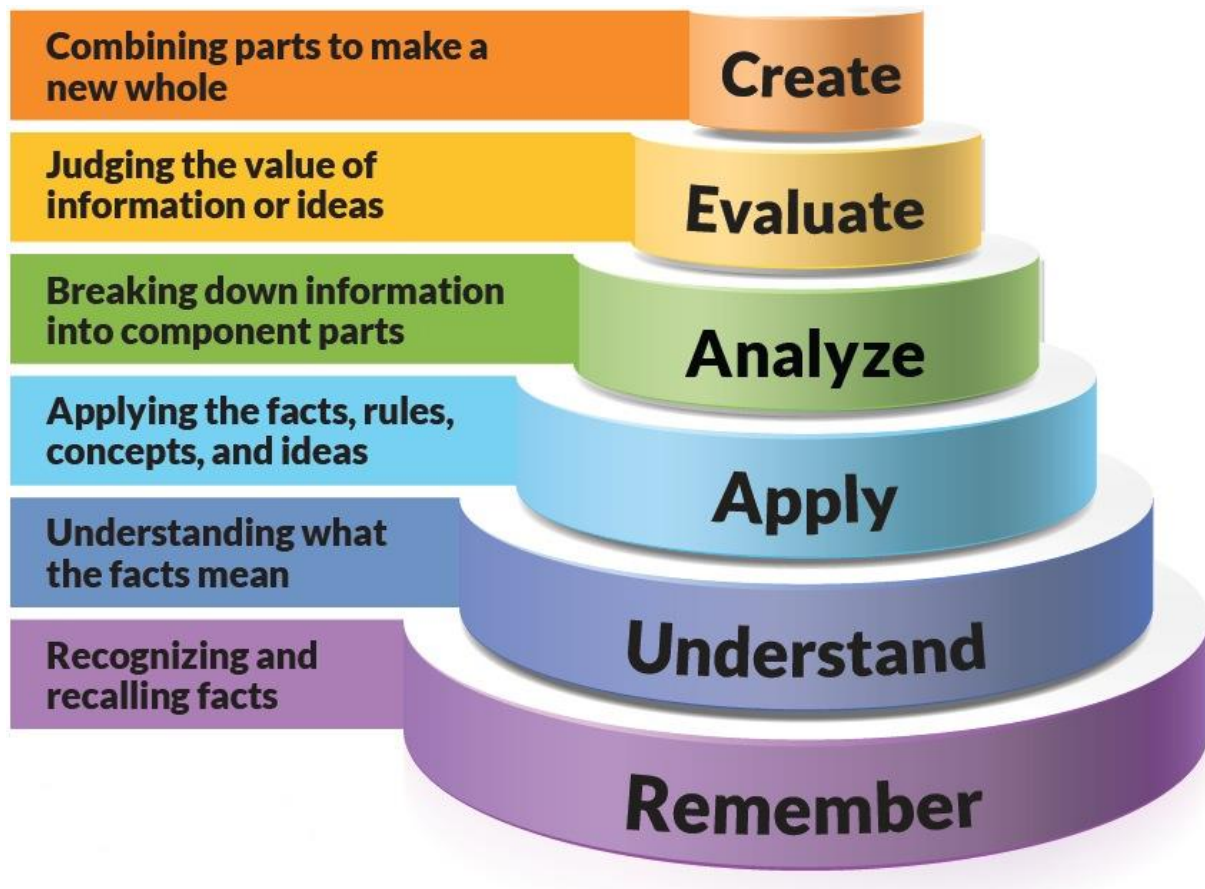
A is for Audience. State the learning audience within the objective.

B is for Behavior. State the behavior you wish to see exhibited.

C is for Condition. State the conditions where the behavior will occur.

D is for Degree. To what degree will the learner be enabled?

Bloom Taxonomy



Bloom's Taxonomy is a classification of the different objectives and skills that educators set for their professionals / specialists (training objectives). The Taxonomy can help you in your course design because it explains the process of learning:

- ✓ Before you can understand a concept, you must remember it.
- ✓ To apply a concept you must first understand it.
- ✓ In order to evaluate a process, you must have analyzed it.
- ✓ To create an accurate conclusion, you must have completed a thorough evaluation.

However, we don't always start at lower order skills and step all the way through the entire taxonomy for each concept you present in your training. That approach would become tedious—for both you and your professionals / specialists! Instead start by considering the level of learners in your training.

Adding to this confusion, you can locate Bloom's verb charts that will list verbs at levels different from what we list below. Just keep in mind that it is the skill, action or activity in your training which will use that verb that determines the Bloom's Taxonomy level.

| Bloom's Level | Key Verbs (keywords) | Example Learning Objective |
|----------------------|---|--|
| Creating | design, formulate, build, invent, create, compose, generate, derive, modify, develop. | <i>By the end of this lesson, the professional / specialist will be able to determine whether using conservation of energy or conservation of momentum would be more appropriate for solving a dynamics problem.</i> |
| Evaluating | choose, support, relate, determine, defend, judge, grade, compare, contrast, argue, justify, support, convince, select, evaluate. | <i>By the end of this lesson, the professional / specialist will be able to design an original homework problem dealing with the principle of conservation of energy."</i> |
| Analyzing | classify, break down, categorize, analyze, diagram, illustrate, criticize, simplify, associate. | <i>By the end of this lesson, the professional / specialist will be able to differentiate between potential and kinetic energy.</i> |
| Applying | calculate, predict, apply, solve, illustrate, use, demonstrate, determine, model, perform, present. | <i>By the end of this lesson, the professional / specialist will be able to calculate the kinetic energy of a projectile.</i> |
| Understanding | describe, explain, paraphrase, restate, give original examples of, summarize, contrast, interpret, discuss. | <i>By the end of this lesson, the professional / specialist will be able to describe Newton's three laws of motion to in her/his own words</i> |
| Remembering | list, recite, outline, define, name, match, quote, recall, identify, label, recognize. | <i>By the end of this lesson, the professional / specialist will be able to recite Newton's three laws of motion.</i> |

Kind of training to develop

Will it be a one-time training or a series? Will it be face-to-face, online, or blended? How intensive, basic, or elaborate your training will be depends on determining the following:

- ☐ What resources are available?
- ☐ What are some potential challenges to this training (for example format, class size, minimal resources)?
- ☐ What content needs to be created?
- ☐ What evaluation instruments need to be created?

The content and activities appropriate for your training should be tied directly to the learning needs and objectives that you have defined. To be most effective, they should be tailored to your audience.

How large should my class be

Based on current literature, the best class size estimate is approximately 10-15 professionals / specialists per classroom if you are teaching face-to-face, although debate still rages around a specific number. Smaller class sizes make it easier to break into groups or work on activities and use other learning methods besides lecture.

Keep in mind that the more complex your material, the more time and activities you may need to provide your professionals / specialists, so they have plenty of opportunities to grasp the complexities. However, if you are faced with a larger group, you can still make the learning more interactive.

Try breaking up your lecture session by having professionals / specialists discuss key concepts with those sitting around them or break into small groups to work on specific activities. These are common methods to improve learning in large group settings.

Instructional methods

There are a number of instructional methods to choose from when designing your training.

Remember: No one instructional method will work for all professionals / specialists, for all trainers or in all subject areas. Think of these ideas as places to start in figuring out what works most effectively for you and your professionals / specialists.

Listed below are some key methods, including purpose and when to use them:

Case studies, role plays, and small group discussions help participants discover learning points themselves and practice skills used in interactions. Best used to practice newly acquired skill, to experience what a particular situation feels like, to provide feedback to participants, or to apply new knowledge to a specific situation.

Classroom training, lectures, and lecturettes convey information when interaction or discussion is not desired or possible. Best used to convey information in a short time, to communicate the same information to large numbers of people, or to provide basic information to a group.

Experiential learning lets participants try new concepts, processes or systems in a controlled environment through supervised coaching, practicum, or internship, which includes debriefing and reflection. Best used in structured and mentored settings.

Games, table-tops, and simulations provide non-threatening ways to present or review course material and can be used to recreate a process, event or set of circumstances, usually complex, so that participants can experience and manipulate the situation without risk and then analyze what happened. Best used to integrate and apply complex skills, to elicit participants' natural tendencies and provide feedback, to provide a realistic job-related experience, to help grasp total program content, to present dry material in an interesting way, or to add a competitive element to a session.

Projects and writing tasks help participants reflect on their understanding of concepts, information, and ideas, and allow them to work individually or in small groups with the content. Best used to test for participants understanding or to provide for individual input.

Self-study allows an individual to acquire skills and knowledge through self-learning, guided by structured materials. Best used as computer-based modules, CD-ROM/DVD learning, and web-based virtual labs.

Put it all together for a course

You have learned about your audience, assessed their needs, developed learning objectives, determined the type of training and methods. Now it's time to put it all together in a course. You can follow these simple steps:

1. Prepare a course outline with what needs to be learned and the time allotted. Clearly name the content (knowledge, skills, or attitudes) and learning objectives. Make sure your training is sequenced, with easier learning first, building to complex.
2. Determine work-related professional competencies, capabilities or standards your training addresses, if applicable. Competencies in materials you disseminate with your course.
3. Develop how learning will be evaluated. Will you include an assessment of some type? Examples include a quiz, test, or final project.
4. Develop a trainer's manual or instruction sheet for yourself and a syllabus denoting what the class will cover for your professionals / specialists. Provide this to participants in advance if possible.
5. (Include a warm-up exercise, appropriate for the group and setting.)
6. Plan for open questions and ways to stimulate discussion throughout the course.
7. Make your training design flexible, providing options for assignments, to help meet different learning styles.
8. Set up activities that ensure the inclusion of all participants.
9. Provide follow-up—resources, books, contact names and numbers, websites—to reinforce learning.

Further below we provide you a template which adult trainers could use when planning their training session. Also project partners have prepared three different instruction sheets dealing with the work, support provision to:

- 1) abusers;
- 2) survivors of domestic violence: women
- 3) survivors of domestic violence: children

Example: Instruction Sheet for Trainers*

| | | |
|--|--|---|
| Title | | |
| Short description of content | | |
| Target group | Adult educators working / aiming to work with perpetrators and survivors of DV | |
| Aim/ Training Goals | | |
| Training objectives | | |
| Programme or training duration (hrs.) | | |
| Materials used to prepare the programme (links, books, etc.) | | |
| Instructional methods to use | | |
| Evaluation (What the person will know after the training and how to measure it) | | |
| | | |
| Unit Outline | | |
| Time | Method / Concrete activity | Description of the method / activity |
| 5 minutes | #1: Presentation | Introductions and learning objectives |
| 15 minutes | #2: Large group discussion | Participants identify themselves and their training needs and expectations |
| 35 minutes | #3: Small group discussion of roles/large group follow-up | The assumptions (sometimes false) professionals can make about the roles of others and the problems this can cause in communication, teamwork |
| 25 minutes | #4: Large group exercise | Enhanced communication skills |

2. Instruction Sheet for Trainers to Train Specialists Working / Going to Work with Abusers / Perpetrators

| | |
|---|--|
| Title | “Violence Reduction Programme” |
| Short description of content | <p>The aim of this part of the training is to introduce specialists working / seeking to work with perpetrators with the “Violence Reduction Programme (VRP)”. This programme is being used by VšĮ Žmogiškųjų išteklių stebėsenos ir plėtros biuras and has been adapted from participating in other projects.</p> <p>One of the main aims of VRP is to help abusers stop using violence. The programme for perpetrators is composed of 6 individual and 10 group meetings/ consultations. It is 16 hours programme.</p> <p>The aim of this training session for specialists working / seeking to work with perpetrators is to introduce the main topics of and tools for each consultation, also to present the work methods from Scandinavian countries (collected in “Good Practice Examples for Working with Perpetrators and Survivors of Domestic Violence”) and provide possibility for specialists to share their experience or learn from each other.</p> |
| Target group | Adult educators working / aiming to work with perpetrators and survivors of DV. |
| Aim/ Training Goals | The aim of the training for specialists working with perpetrators is to introduce “Violence Reduction Programme” designed to those who used domestic violence. |
| Training objectives | <ul style="list-style-type: none"> • To introduce the topics for this 16 hours violence reduction programme; • To present and try main tools used in consultations; • To induce discussion and sharing experience related to the work with perpetrators; • To present methods collected as good practice examples of working with main parties involved in domestic violence. |
| Programme or training duration (hrs.) | 8 hrs |
| Materials used to prepare the programme (links, books, etc.) | <p>“Guidelines for Working with Perpetrators of Domestic Violence” (based on Duluh model);</p> <p>“Good Practice Examples for Working with Perpetrators and Survivors of Domestic Violence” (http://domesticviolence.zispb.lt/wp-content/uploads/2016/09/Good-Practise-Book.pdf)</p> |
| Instructional methods to use | <p>Case studies</p> <p>Role plays</p> |

| | | |
|--|---|--|
| | Presentation / Lecture Writing tasks Discussion | |
| Evaluation (What the person will know after the training and how to measure it) | 1. After the training, participants (adult educators) will be acquainted with the Violence Reduction Programme for perpetrators as one constituent part of the “Training Programme for Adult Educators To Work with Perpetrators, Women and Children who Suffered from Domestic Violence”; 2. Participants will be able to apply in practice tools created for the work with perpetrators; 3. 3. After the training participants will also have their knowledge expanded about different ways of working with perpetrators and survivors of domestic violence; | |
| Handouts and additional resources (if not mentioned elsewhere) | 1. “Good Practice Examples for Working with Perpetrators and Survivors of Domestic Violence”; 2. Handouts for individual and group consultations (see Annexes below); 3. “Metodinės rekomendacijos specializuotos pagalbos centrų darbuotojams, savanoriams bei apsaugos nuo smurto artimoje aplinkoje įstatymą įgyvendinančių institucijų darbuotojams ir specialistams” (in Lithuanian); 4. “Metodinės rekomendacijos skirtos prieglobstį smurto šeimoje aukoms teikiančių organizacijų darbuotojams ir savanoriams” (in Lithuanian); 5. “Darbo su smurtą artimoje aplinkoje patiriančiais asmenimis ypatumai” (in Lithuanian). | |
| Unit Outline | | |
| Time | Method / Concrete activity | Description of the method / activity |
| 15 minutes | #1: Presentation / lecture | Introduction to DV, myths, forms of DV; Presentation of Violence Reduction Programme (topics, approach of individual and groups consultations, main principles of work) |
| 30 minutes | #2: Presentation / lecture | |
| 160 minutes | #3: Discussion, writing tasks, handouts | A detailed presentation of 6 individual consultations, analysis and filling in the handouts; |
| 15 minutes | BREAK | |
| 180 minutes | #4: Discussion, writing tasks, handouts | A detailed presentation of 10 group consultations, analysis and filling in the handouts; |
| 90 minutes | #5: Group discussion, case studies analysis, role play | Analysis of case studies presented by participants in a group discussion; |

| | | |
|--|--|---|
| | | Role plays related to domestic violence and their analysis (to test different situations and participants' reactions, attitudes and approaches) |
| | | |

ANNEXES

ANNEX No. 1

VIOLENCE REDUCTION PROGRAMME FOR PERPETRATORS

THE TOPICS FOR CONSULTATIONS

1st individual consultation

To determine if the person is suitable for the programme:

- Used force;
- Admits the fact of violence;
- Understands that he/ she needs help;
- Making the agreement.

2nd individual consultation

- Getting acquainted with the programme and its aims;
- The origin of anger;
- The domination of the man in the relations;
- Getting acquainted with the cycle of violence;
- The changes in emotions and methods of their control.

3rd individual consultation

- Non-violence and the analysis of violence
- The concept of violence
- Myths about the violence
- Recognizing violent behavior, forecasting actions and methods of their change

4th individual consultation

- Effective communication and interpersonal relations;
- Criteria separating a submissive person from the aggressive one and from a person who communicates effectively;
- The impact of self-control in difficult situations;

5th individual consultation

- Non-frightening behavior;
- The analysis of intimidation and threats;
- Understanding the real "I";

6th individual consultation

- The types of conflicts and the variety of their solutions;
- Personal style of managing conflicts, the need and possibilities for its change.

1st group consultation

- The use of violence using the concept of Power and Control, the domination of the man in relationships;
- The model of functioning relationships based on equality and partnership.

2nd group consultation

- The concept of trust and support;
- Presentation of the situation and analysis;
- The questionnaire on control (homework).

3rd group consultation

- Role-play, analysis (using the questionnaire on control filled in at home);
- Personal responsibility, how to deal with unpleasant emotions using A-B-C scheme;
- A – incident, B – opinion about the incident, C – emotional reaction.

4th group consultation

- A-B-C scheme + D (why) discussion;
- Ways of encouraging open and responsible behavior;
- 12 steps of Alcoholics Anonymous (steps 4,5,8,9);
- Homework (admitting the fact of using violence).

5th group consultation

- Minimizing, denying and blaming as a method of control;
- Discussion and analysis of homework;
- Presentation of situation and analysis;
- Division of interpersonal relations according to the Power and Control concept.

6th group consultation

- Improving relationships with relatives / close people/ partner and other people;
- The cycle of violence;
- Being open, honest / sincere while expressing feelings;
- Examining how blame is placed on others;

7th group consultation

- Development of communication skills;
- Spending valuable time with close people/ relatives / partner;
- Gestures, mimics and voice tone;
- Learning to say “I am sorry”;
- Stopping to compare our relatives / close people / partner with somebody else;
- Learning to solve even the smallest conflicts at once;

8th group consultation

- Respectful communication;
- Presentation of the situation and its analysis;
- Definition of sexual respect and analysis of sexual abuse;
- Questionnaire on control (homework);

9th group consultation

- Possibilities for changing behavior;
- Role-play, analysis (using questionnaire on control filled in at home);
- The significance of roles in the family;
- Husband – wife;
- Husband – wife – children.

10th group consultation

- Summarising the programme;
- Repeating the definition of violence /abuse and its understanding;
- Writing a letter of apology to the victim.

ANNEX No. 2

Tip Sheet for Health Professionals Working with Men who Use Violence or Abuse in Their Relationships

Family violence is any abusive behaviour in a family or intimate relationship where one person attempts to gain and maintain control over another.

Family violence can take many forms including physical violence, sexual assault, emotional abuse, social or financial control. It is important to remember abuse does not have to be physical or sexual to be considered family violence.

Violence is a criminal offence, and other forms of abuse and control can be similarly viewed as illegal activities. In your professional role and contact with the perpetrator, it is absolutely critical that you at no time accept any reasons for the existence and continuance of family violence and abuse.

How will you recognise family violence or abuse is taking place?

- They may tell you outright
- They may be referred to you formally (through a court process) for assessment and management of their violence and abuse or referred to you by a colleague for the management of family issues
- You may become aware directly or indirectly by their presentation, or through other family members seeking your assistance or presenting with persistent injuries
- The violence and abuse may come to light through your contact with them.

Issues that can point to family violence and abuse are:

- Fighting with their partner or family member regularly as a means of resolving issues
- Unwarranted jealousy or possessiveness
- Overt threats to harm their partner or family member
- Controlling all aspects of family life e.g. finances, social contact, work arrangements
- Stalking and overly monitoring behaviour
- Treating their partner in a derogative and dismissive manner.

These behaviours need an active enquiry on your part to determine whether there is violent and abusive behaviour in the relationship and the full nature and extent of the problem.

Reactions

It is common for perpetrators of family violence and abuse to fail to acknowledge or take responsibility for their actions when first confronted by their behaviour. Typical comments can be:

- Denying – ‘I wasn’t being abusive’
- Minimising – ‘I only pushed them, they weren’t hurt’
- Justifying – ‘If they stopped annoying me, I wouldn’t have had to do it’
- Blaming – ‘It’s not my fault, I’m under a lot of pressure at work at the moment’
- Deflecting – ‘I didn’t know what I was doing, I was drunk’
- Avoiding – ‘I don’t know why I hit them’

Safety

Immediately consider the safety and potential risk to everyone – including other members of the family. This is essential where there are elements of physical violence, abuse or neglect.

Reporting requirements for domestic violence differ across states. You may be obligated to immediately take action by formally reporting your concerns to the relevant authority. You can clarify your immediate responsibilities through contact with your professional association or local police.

Where the issue of safety is not clear or unresolved, you must meet your professional obligations by acting to ensure that all parties are safe or will be made safe.

Where ensuring safety is not possible through your actions alone, you must follow any reporting requirements inherent in your professional registration obligations and/or articulated through your professional body. It can also be useful to consult with a colleague or professional supervisor outlining the situation and their recommendations for managing the issue of safety and ongoing professional contact with the person.

Important things you can do from the outset

Your approach and manner, particularly in spending the time to discuss and understand the situation, provides many opportunities to start addressing the behaviour.

Actively ensure that everyone is safe or can be made safe

This is usually done through reporting the violence or abuse to the relevant authorities. Do not assume this is not your concern. By being made aware of the situation you now have a responsibility to ensure that relevant authorities are notified and other necessary reporting is undertaken.

Create awareness and understanding

Important areas to explore:

- Do they see these behaviours as a problem?
- Why have they come to see you now?
- What do they need from you?
- What needs to happen for things to be different?
- What do they stand to lose or gain through addressing this behaviour in their intimate relationship?
- How is it affecting their other relationships?
- What have they done about it in the past?
- What has improved the situation or, alternatively, made things worse?

Consider alternatives to manage the situation

Do you have the skills and experience needed? It may be more appropriate to refer the person to a specialist practitioner or service and ensure that they attend.

Alternatively, you could form a coordinated management plan with other professionals to provide a network to assist the person and support other members of the family to address these issues. Managing family abuse and violence through a group approach lessens the responsibility of one professional, provides support to those providing treatment and allows for regular consultation on progress and impediments.

Educate and empower

Talk about responsibilities and obligations by all parties in relationships and the rights that individuals have that are the conventions of society or are protected by law. Make it clear that no matter what has happened to them in the past, they have choices as to how they behave and exercise their responsibilities in their relationships.

Assist in developing strategies

While ensuring safety, it may be that the solution does not involve immediate action but a more gradual and monitored approach to addressing the behaviour in the relationship.

Be realistic

Understand that the person may not have the insight, motivation or life-skills to be able to address the situation on their own. Your initial focus may be assessing these factors and whether you can work with them to constructively address the situation while ensuring the safety of others.

(taken from https://mensline.org.au/wp-content/uploads/2018/01/MLA_TipSheet_HP_menusingviolence_web.pdf)

1ST INDIVIDUAL CONSULTATION

1. SAFETY PLAN EXAMPLE (FOR SURVIVORS)

http://www.ncdsv.org/images/DV_Safety_Plan.pdf

2. SAFETY PLAN EXAMPLE (FOR ABUSERS / PERPETRATORS)

Safety plan

Provided below is an example to help you to make up your own safety plan:

1st STEP:

Predicting conflict and aggressive behaviour

1. What is your alarm signal?

What is your cycle of using violence?

In table below mark **X** when, during the course of last three years, did you use violence on somebody:

| MONTH / YEAR | J a n u a r y | Feb rua ry | M ar ch | A p ri l | M a y | J u n e | J u l y | Au gu st | Sept emb er | Oct ob er | Nov emb er | Dec emb er |
|-----------------|---------------------------------|------------------|---------------|-------------------|-------------|------------------|------------------|----------------|-------------------|-----------------|------------------|------------------|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

In the list below mark how often do you attack, insult others, without using physical violence:

_____ every day _____ once a week
 _____ every other day _____ once every few weeks
 _____ other.....

Mark the days of the week when you were the most aggressive:

..... Mondays Tuesdays Wednesdays Thursdays
 Fridays Saturdays Sundays

Mark at which part of the day you were the most aggressive:

..... early in the morning
 before noon
 at noon
 after noon
 at evenings
 late in the evening

YES..... NO.....

Do you ever get so called “bad days”?

YES..... NO.....

If so, are you more aggressive during those days?

During those days, at what time do you understand that it's your "bad day"?

..... in the morning at noon after noon at evening

When is it most likely that when the next day comes you'll be aggressive?

.....

2. What are your situational signals?

Under what conditions do you become aggressive?

What provokes anger in you? Below mark the points that apply to you:

| | |
|---------------------------------|--------------------------------------|
| lack of money | children misbehaving |
| work | lack of sex |
| mother-in-law | chores at home |
| going to church | the way my partner is behaving |
| hearing out the criticism | |
| other..... | |

In which type of relationship are you aggressive?

| | |
|--|---------------------------|
| with wife | with ex-wife |
| with partner | with former partner |
| with children | with father |
| with mother | with mother-in-law |
| with other family members | with friends |
| with other people, name them:..... | |

Sometimes we become mean because we have such desire, or because we feel we have a right to do it. At that moment we think that our victim deserves it.

Do you remember when the last time you felt that way was?

.....YES

..... NO

It is crucial for described "Safety Plan" method for you to stop using violence in any form.

In the list below, mark excuses for violence have you used in the past six weeks:

| | |
|-----------------------------------|--|
| she hit me first | she hit me back |
| she didn't listen to me | I was drunk and didn't know what I was doing |
| she was calling me names | she was mistreating kids |
| she became very independent | |
| other..... | |

3. What are the physical signals of your body?

How does your body warn you about the possible outburst of aggression?

Try to quickly relax and recall the last verbal or physical aggressive behaviour. Remember what did you feel in your body right before the outburst:

| | | |
|--------------------------|-------------------------|----------------------------|
| panic | clenched fists | tensed jaw |
| shortage of breath | blemishes on face | ears started burning |

..... unable to stay still bulging eyes pressure in chest
..... other.....

4. What are other important factors?

Mark how did you feel several hours before becoming aggressive:

..... dreamy nervous angry
..... agitated (unable to stay still) had no appetite unable to sleep
..... unpleasant sad felt empty
..... other.....

During the last conflict, did you use alcohol or drugs?

..... YES NO

If so, what type?

.....

In the list below, mark what substances you like to use to make yourself feel better:

| | |
|---|---|
| nicotine (cigarettes, cigars) | caffeine (coffee, tea, slimming pills, Coca-Cola, etc.) |
| tranquilizers (Valium) | alcohol (beer, wine, vodka) |
| marihuana | other substances to boost mood |
| other substances that worsen the mood | cocaine |
| sugar (sweets, chocolate, soda) | fast food |
| other | |

Do you think that any of the aforementioned habits are bad for you?

..... YES NO

If so, name them?

.....

2ND STEP:

Planning of safety. Creating alternative behaviour and reaction.

Now, that some of the warning signs have been identified, create your own safety plan to avoid using violence.

YOUR SAFETY PLAN

In space below, provide detailed plan of actions that will help you prevent usage of strength or violence after the following signals appear:

Time signal:

Plan:

Situational signal:

Plan:

Physical signal:

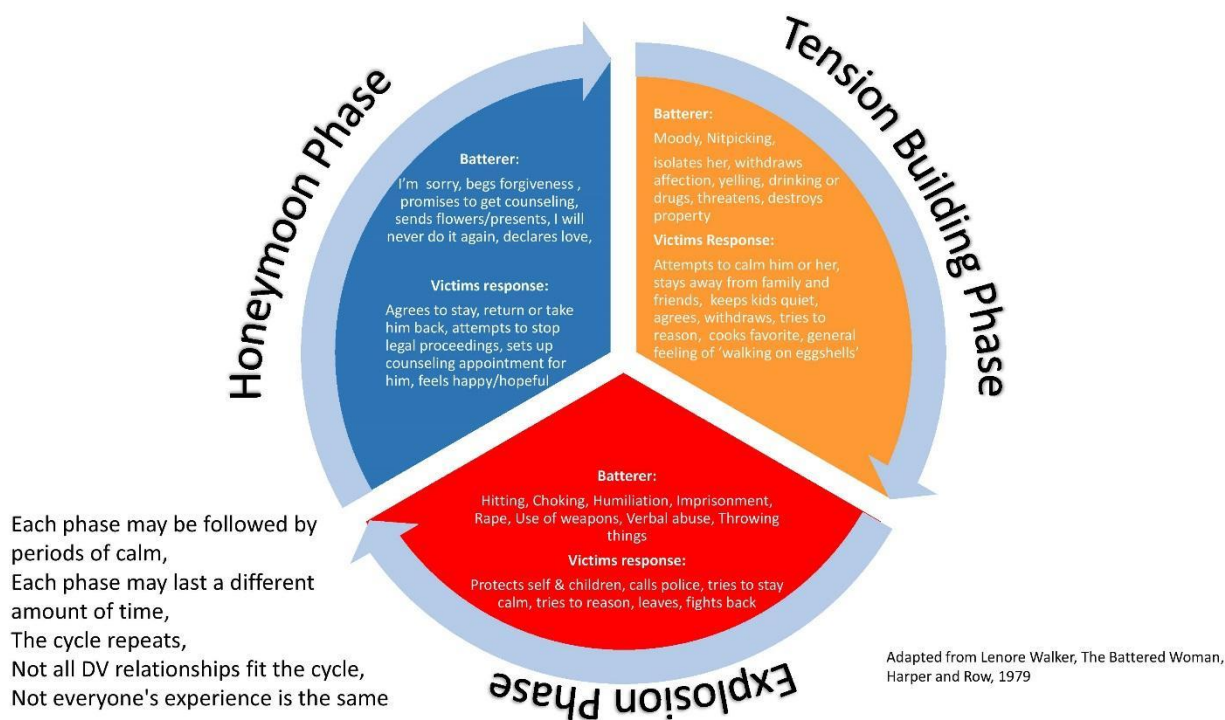
Plan:

3rd STEP:

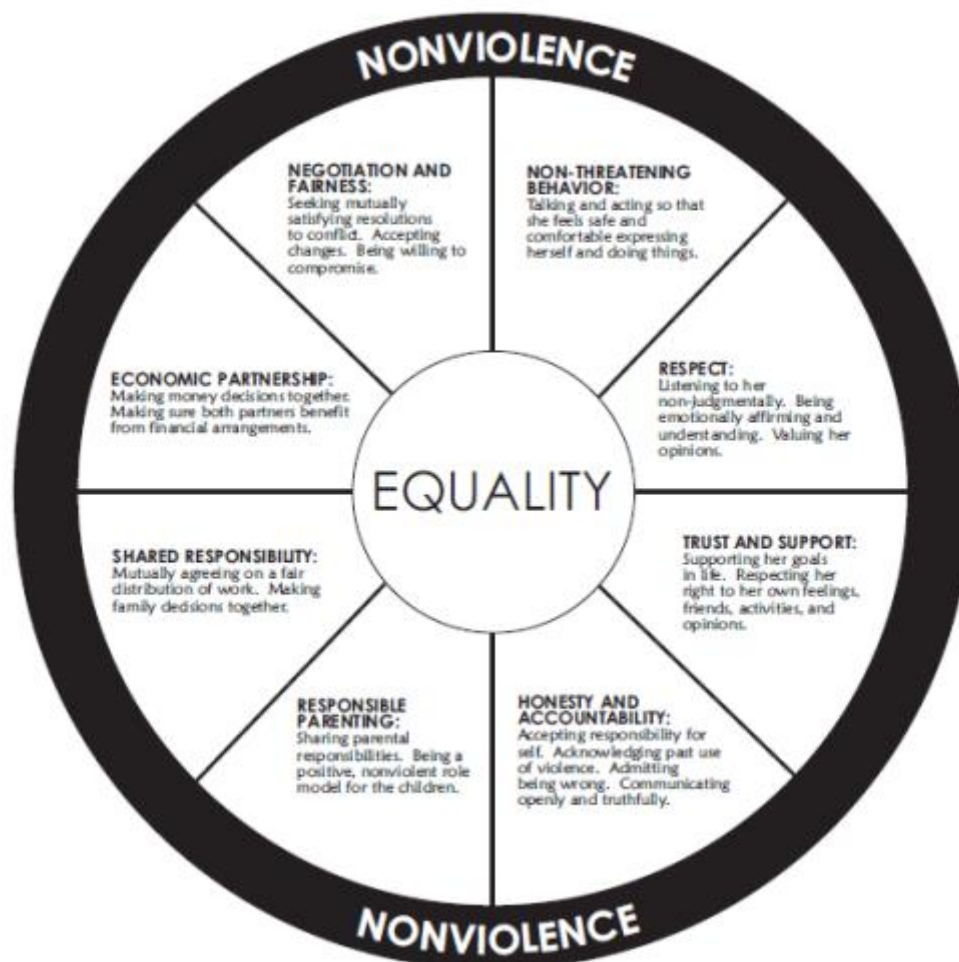
Evaluation of the success of your safety plan.

2ND INDIVIDUAL CONSULTATION

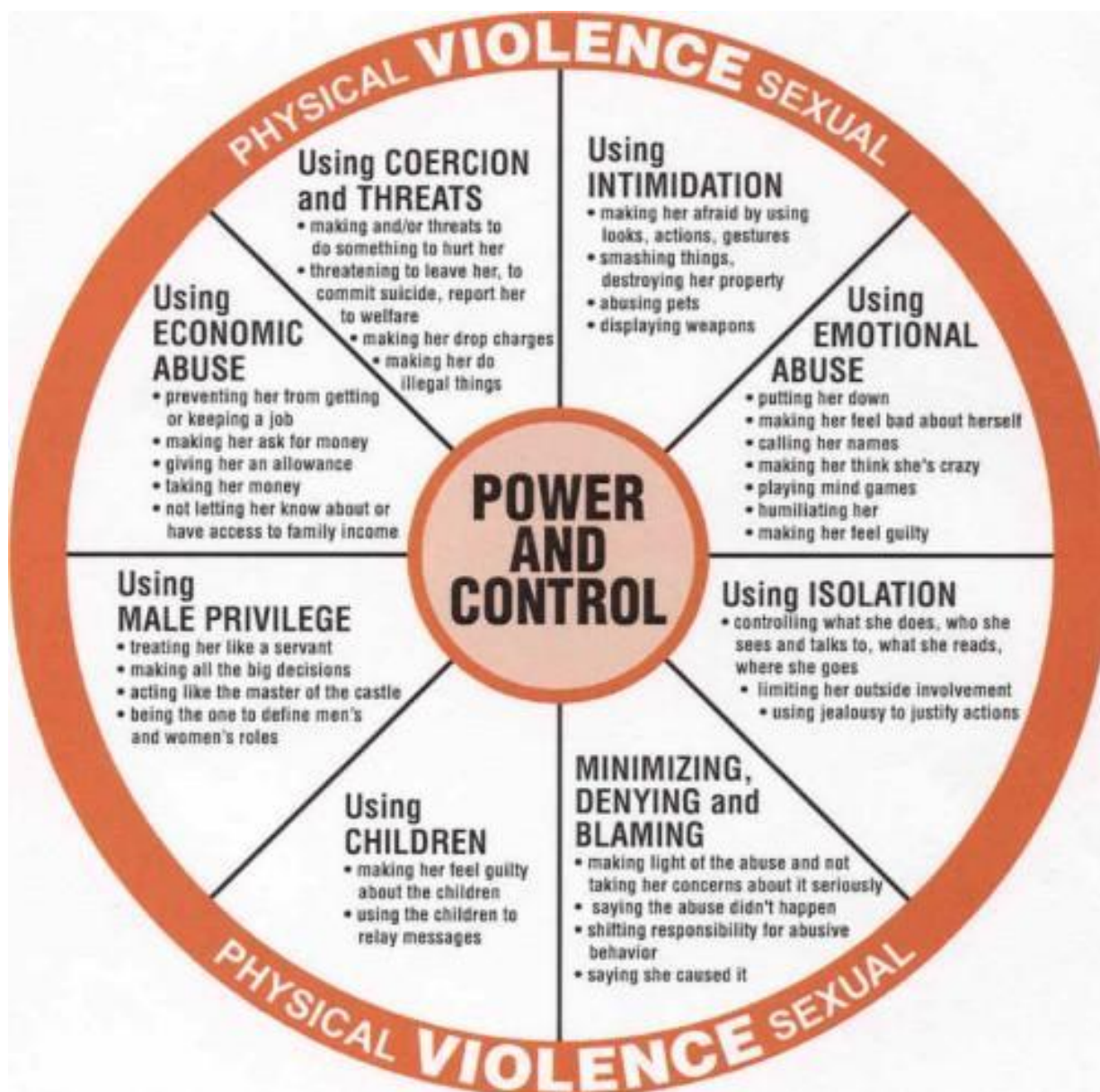
THE CYCLE OF VIOLENCE



5TH INDIVIDUAL CONSULTATION



1ST GROUP CONSULTATION



2ND GROUP CONSULTATION

Situation “You don’t care about my needs”

ONA is sitting at the table and working with bills. **JONAS** comes along and takes her handbag without saying a word. He opens it looking for something. He takes out a wallet and angrily says:

JONAS: *Where is my money? I want to go fishing. What did you do with the money? I gave you my whole salary two weeks ago?*

ONA is surprised and says: *Everything costs money. Just recently Petriukas was sick, he needed medicine, also all of the bills needed to be paid.*

JONAS was barely listening to her, started walking around the room, suddenly he rapidly walked up to the table and murmured while tapping his finger on the lined up documents:

I need that money for fishing. There’s plenty for everyone, but if I need them there’s always no money!

ONA is startled and started explaining again: *Do understand I’ve spent a lot on medicine. It wasn’t enough to even pay for all taxes. Understand that children have their needs too and it would be nice if you remembered that (she added angrily).*

JONAS shouted with expressive movements: *This is your way of managing! We’re always short on money! You’re all the same! You never take care of my needs.*

ONA *They were threatening to disconnect our phone so I had to pay that bill too.*

JONAS is now shouting: *Well of course. It would have been such a tragedy if you couldn’t chat with your friend on the phone. I’ll disconnect the phone immediately.*

He comes up to the phone and unplugs it from the wall.

We ask questions:

- In your opinion, what creates trust in relationships? (Answers are written on the board)
 - Love
 - Acceptance
 - Etc.
- What makes you trust a person?
- What does it mean to provide the support to your partner?
- In what way would you like your partner to provide support for you?
 - Safety
 - Being there
 - Forbearance
 - Tolerance
- What’s your opinion: what women want from man in a relationship (besides financial support)?
 - To provide sense of security
 - Love
 - Be responsible
 - Be respectful towards partners’ feelings (right to own feelings)
 - Be respectful towards right to personal opinion

3. Instruction Sheet for Trainers – Playwork

| | | |
|---|---|--|
| Title | Playwork | |
| Short description of content | In this training you will get a basic education in the method of playwork. | |
| Target group | Volunteers, specialists who work with children or come into contact with children in shelters of women, health centers, preschools and more. Also volunteers, specialists who have the knowledge of working with the method of Playwork to support children's processing of experiences, the traumas. | |
| Aim/ Training Goals | Give participants an introduction to the Playwork method and evaluate when it is appropriate to use. Participants should also be encouraged to adapt the method to their use. | |
| Training objectives | The participant will: 1. Know what the method of Playwork is about 2. Understand in what situations this method should or may be used 3. Self-planning and conducting a session with a child based on the Playwork method | |
| Programme or training duration | 150 minutes | |
| Materials used to prepare the programme | paper and pencils / crayons | |
| Instructional methods to use | Presentation, discussion, self-training | |
| Evaluation (What the person will know after the training and how to measure it) | The participant should be able to explain in own words what the method is about, when it should be used and important matters to be considered when implementing. Questions/survey to participants | |
| | | |
| Unit Outline | | |
| Time | Activity | Focus |
| 5 minutes | #1: Presentation | Introduction and presentation of learning objectives |
| 15 minutes | #2: Presentation | Explain what the method is about |
| 25 minutes | #3Group discussion | Share experience about in which situations and when the method is useful. |
| 90 minutes | #4: Practical training | Participants test the method two-an-two with assigned questions. Practical exercises are performed (from the Annexes). |
| 10 minutes | #5: Group discussion | Group discussion. What works and was what is challenging |
| 5 minutes | #6: Closing up. Evaluation questions | Summary and evaluation questions |

Details

#1: Presentation 5 minutes

Introduction and presentation of learning objectives.

Instructor explains briefly the aims and how we will work with the subject matter.

#2: Presentation 15 minutes

Explain the method

Use the method Playwork/Lekarbete from Good practice handbook, page 17 or from attachment, annex 1 *How to work with children_DOMESTIC VIOLENCE*

#3: Group discussion 25 minutes

Share experience about in what specific situations this method may be useful

The participants have a lot of expertise and they now have an insight into what the method is about. For instructors it is now desirable to get the participants to think for themselves and share their thoughts in the group. It is also important that the participants think critically when it is not advisable to use the method. Instructor asks questions, pointing out who will answer if no one is volunteering. Remember that silence is allowed, participants must be allowed to think about. Ask follow-up questions.

#4: Practical training 90 minutes

Participants try two and two methods using distributed assignments. What do the instructors do while they work? What is the role of the instructor here?

Other tasks are performed to give a deeper insight about the work with children.

Annex 2. Exercise 1 (doing the exercise in practice)

Annex No. 3 Exercise 1 (role play of the questions)

#5: Group discussion 10 minutes

Discussion in group. What worked well, what was challenging.

#6: Closing up. Evaluation questions 5 minutes

Summary and evaluation questions.

Handing out the annexes related to the theme.

ANNEX No. 1

Supporting children living with domestic violence and abuse

How domestic violence and abuse affects children and young people

The risks of harm to children exposed to domestic violence and abuse have now been recognised. An amendment to the definition of harm in the Children Act 1989 now includes ‘impairment suffered from seeing or hearing the ill treatment of another’ (Adoption and Children Act, 2002). This reflects that children living with domestic violence and abuse are over-represented among those children referred to statutory children and families teams with concerns about child abuse and neglect and represent about two thirds of cases seen at child protection conferences. However, children’s experiences are more than a child protection issue. Research with children suggests it has implications for education, health, welfare and criminal justice.

Children who live with domestic violence and abuse feel:

- *Powerless: Because they can’t stop the violence*
- *Confused: Because it doesn’t make sense*
- *Angry: Because it shouldn’t be happening*
- *Guilty: Because they think they’ve done something wrong*
- *Sad: Because it’s a loss*
- *Afraid: Because they may be hurt, they may lose someone they love, others may find out*
- *Alone: Because they think it’s happening only to them*

Children are individuals and can react in many different ways to being brought up in a household where there is domestic abuse. However some of the effects of domestic abuse on children can include:

- Physical harm by being caught up in the violence. Research indicates that between 30-60 percent of children suffer direct abuse when living with domestic abuse. Children, particularly teenagers, are vulnerable to being hurt through intervening in a violent incident.
- Children learn to behave from the examples set for them.
- Domestic violence and abuse teaches children negative things about relationships and how to deal with people

Living with domestic violence and abuse can teach children:

- That violence is a way to resolve conflict.
- To keep secrets.
- To mistrust those close to them.
- That children are responsible and to blame for the abuse, especially if it happens after an argument about the children.

Short term effects of domestic violence and abuse on children:

- At school their work may suffer.
- They may have poor attendance.
- They may behave in an aggressive or withdrawn way or have behavioural problems.
- They could be bullied or behave in a bullying way towards other children.

- They could have poor concentration and display signs of emotional turmoil. Often this is associated with the child worrying about what is happening to their mother.
- Children may become violent themselves.
- Babies under one show their distress by poor sleeping and excessive crying.
- Children can suffer symptoms of post-traumatic stress involving fear, helplessness and horror. This can involve flashbacks, a continual state of anxiety, and waiting for the possibility of abuse to themselves or their mother.
- It leads to significant distress and impairment in all aspects of their life, play, health and ability to form relationships.
- Children will feel unable to invite friends to their homes for fear of shame of what their friends might witness.
- Black and Asian children may find it particularly difficult to leave communities which provide positive support for their religious and cultural life.
- Resources for children with disabilities may be difficult to replace. Specialist assistance with schooling, care packages and alterations to the home may have taken years to establish and put an added restraint on women leaving an abusive situation.
- Traveler children and their mothers may find the only way to escape domestic abuse is to leave traveler networks and lifestyle.
- Older children may use drugs or alcohol as a way of coping or turn to self harm.
- Some children may develop eating disorders

Long term effects of domestic violence and abuse on children:

The longer children are exposed to violence or domestic abuse, the more severe the effects on them are. These can include:

- A lack of respect for the non-violent parent
- Loss of self-confidence/low self-esteem, which will affect their ability to form healthy happy relationships in the future
- Some of these children may become victims or perpetrators in future relationships

Talking to children about domestic violence and abuse:

When talking to children about domestic violence and abuse tell them that:

- What is happening is not OK
- It's not your fault
- It must be scary for you
- I will listen to you
- I'm sorry you had to see/hear it
- You do not deserve to have this in your family
- There is nothing you could have done to prevent it/change it

How you can help children when they have witnessed/experienced domestic violence and abuse:

- Talk about it with them when they are ready
- Listen to them
- Talk about their feelings
- Show understanding

- Let them know it's not their fault
- Let them talk, if they want to
- Let them know you will try to keep them safe/act in a way that is safe
- Let them know that violence is not OK
- Acknowledge it's hard/scary for them
- Accept that they may not be willing or able to talk about it right away

How denial affects children:

- They will learn that violence is normal
- They are afraid to talk about the violence
- They are confused, don't understand
- They blame themselves
- They learn to deny and not talk about their own feelings
- It makes them feel like they are crazy
- It makes them feel isolated and lonely
- They learn that it is not OK to ask about the violence or discuss it
- It gives the children unrealistic beliefs about the cause of violence

Benefits of talking to children about domestic violence and abuse:

- Children feel safer
- They learn that violence isn't their fault
- They learn that violence isn't an OK way to solve problems
- It helps them to feel cared for, and understood
- Children learn that it's OK to talk about feelings

Resilience

Research with children and young people living with domestic violence and abuse shows that they have very individual reactions to the violence. They have their own views and interpretation of the abuse they are living with.

It is particularly important to avoid assumptions of permanent psychological damage and notions of 'cycles of abuse'.

There are several factors that moderate the risk of harm and negative experiences of children.

- The mother's ability to maintain her parenting abilities under such adverse conditions and whether she is perceived by the children to be positively supportive are important factors in moderating the abuse impact
- Children whose mother's mental health is not unduly affected by depression and anxiety also show greater resilience
- Children also may learn positive aspects of survivorship from those mothers who model assertive and non violent responses to violence
- Levels of social support from within the extended family or community are significant for all children, particularly with minority ethnic children

Taken from: <http://www.safetotalk.org.uk/professionals/supporting-children-living-with-domestic-violence-and-abuse/>

ANNEX No. 2

Exercise 1 - Story Exercise

Tell class: We are going to talk today about the effects of DV on kids. We're going to start with an exercise to understand this. Everyone is going to get a card saying what age they are (for example, eight years old).

The purpose of this exercise is to understand the effect of DV on children so we can better help our children. It is difficult, but try not to judge the mother or father for what they did or didn't do. Just listen from the point of view of the child.

Give each participant a card with an age written on it. Tell them to imagine that they are a child of that age while you are reading the story. Before you begin, write titles for two columns on the board:

Abusive Behavior Child's Feeling

After each anecdote, stop and list the abusive behavior and the child's feeling.

Tell class:

So far, you have grown up with both parents. You love both your parents. Sometimes they get along very well. Your father is sometimes very nice to you. He is handsome and funny. He makes you laugh. You want them to be together. The violence in your home has been going on since you were born. As I read the different situations, think about how you might feel, and what you might learn from each situation.

1. Lots of times, when you are having a family dinner at home, your father tells your mother that he can't stand the way she chews. She is a slob. She is so gross. He can't bear to look at her. He tells her to wipe the grease off her chin. She takes a napkin and wipes her face. She looks down and doesn't say anything.

Ask class and list on board: What was the abusive behavior? What would the child feel?

2. Your mother is doing a load of laundry and cooking dinner. You are playing on the floor in the living room. Your sister is napping. Your father comes home and trips on one of your toys. Your father screams at your mother and tells her she's a slob and why doesn't she ever clean the house. Your mother tells him to stop. He tells her to quit her bitching. Your sister wakes up and starts screaming. Your mother says that he shouldn't talk like that in front of you. Your father slams her against the wall and hits her. On his way out the door he says he wants the house clean when he gets home. You are crying. Your mother is crying. She hugs you and tells you not to worry. Things will be OK.

Ask class and list on board: What was the abusive behavior? What would the child feel?

3. Your father comes home the next night. He brings you a beautiful new kite. He says he's sorry he upset you, but if your mother were a better housekeeper these things wouldn't happen. He hugs you and the two of you go outside to fly your kite.

Ask class and list on board: What was the abusive behavior? What would the child feel?

4. You aren't doing so well in math class. You just can't concentrate. You get a D. You bring your report card home. Your mother tells you that you shouldn't show it to your father. Later, your father finds it. At that moment, your mother is on the phone with a friend. Your father calls you into the living room and asks you why you're doing so badly. You say you don't know. He keeps asking you. When you don't answer he gets very angry. He takes off his belt and hits you across the legs. Your mother comes running in and physically tries to stop him. He throws her to the ground. He says to her, "Maybe if you weren't so busy yacking on the phone all the time, my kid would be doing better in school." He tells you that you better answer him next time he asks you a question. The next night your mother offers to help you with your math homework.

Ask class and list on board: What was the abusive behavior? What would the child feel?

5. You're driving home from a family picnic. You're on a narrow back road. You had a great time playing with your cousins. Your parents smiled at each other the whole time and you feel good.

Things are going to work out. Your father was drinking beer all day. He and your mother are singing. There's a fork in the road and your father asks your mother which way to go. She says, "I don't know." She grabs a map and tries to open it. Your father starts screaming at her and telling her she's a stupid bitch. He accelerates and drives 90 miles an hour around a sharp curve. You notice the speedometer. Your mother pleads with him to slow down. Your little sister starts crying. Another car comes and your father slams on the brakes. You are holding on to your sister. Your father turns around and smiles at you. "Close call, huh?" You smile back.

Ask class and list on board: What was the abusive behavior? What would the child feel?

6. Your father seems to have disappeared for good. You haven't seen him in a long time. Your mother is always worried about money now. You had to move out of your house to a small apartment in a yucky building. There are lots of strange people on your street. You had to change schools. You don't have a yard to play in. You never see your friends anymore. The other kids in school tease you a lot for the way you dress. You're the new kid. You don't understand what's going on in most of your classes. You hope your father will come back. Then you can move back into your house and have your yard and your friends back. Maybe your Mom and Dad will get along. When you ask your mother when he's coming back, she just says she doesn't know. You wait to hear from him. You're afraid to ask because your Mom doesn't seem to want to talk about it. One day you're leaving the new school and your Dad is standing by the door. You shout "DADDY!" He picks you up, gives you a big hug and says you're going for a ride with him. You go out to your favorite restaurant and he gives you a nice present. He asks you where you live now. You are eager to see him so you tell him. He asks you if your Mom is seeing anyone new. Then he tells you that your Mom won't let him see you anymore. He asks, "Do you miss me?" You start to cry. He says you can stay the night with him if you want to. Do you want to?

Ask class and list on board: What was the abusive behavior? What would the child feel?

7. He takes you to his new place. It's a very nice apartment with a view of the mountains and the Sound. He has a whole room that he says is just for you when you come to visit. He's bought all the toys you said you wanted but didn't have. He has a huge TV with the video game you always wanted. You play for a while. Later you tell him you need to call Mom. He says you can call later. He takes you to a fun movie. He asks you how you like school. You remind him to call Mom. He asks for her number. He calls her and tells her that you're with him. He says he just wants to spend some time with his own child. You can tell by the way he's talking that she's angry. He sounds calm. He says he loves you. He gets off the phone and says your Mom is just crazy. She broke up your family and now she doesn't even want you to spend time with him. He asks you where you'd rather live.

Ask class and list on board: What was the abusive behavior? What would the child feel?

Tell class: Take a few minutes and answer the questions on pages 2-2 and 2-3 of student workbook.

- How old were you?
- How did you feel about your father?
- How did you feel about your mother?
- Who did you blame?
- What did you want to do?
- How might you think men and women are supposed to act in relationships?
- What was it like to be an adult participating in this exercise?

Taken from: <http://www.thegreenbook.info/documents/instructor.pdf>

(Helping Children Who Witness Domestic Violence: A Guide for Parents (Instructor's Manual))

ANNEX No. 3

INDIVIDUAL SESSIONS WITH PRE-SCHOOL CHILDREN

Initial individual sessions with pre-school children were based on the ‘focused therapeutic interview protocol’ devised by Pynoos and Eth (1986, in Arroyo & Eth, 1994). This was originally designed for use with young children who had witnessed a parental homicide but was soon employed effectively in numerous clinical situations with children who had been exposed to life-threatening events. Its aim is to provide the child with the first opportunity to begin a spontaneous and complete exploration of their subjective experience of the trauma with an unbiased adult who is a mental health professional. Pynoos (in Gaensbauer, 1996) states that the aim of this ongoing work is to help the child master and adaptively integrate the overwhelming traumatic feelings into their current emotional life. For the current study, the pre-school psychologist devised a series of interview questions (see appendix II) for specific use with pre-school children exposed to domestic violence. These questions encourage the child to begin to make sense of what has happened and to develop a coherent story. ***They include questions about the:***

- ***Past, e.g. what happened; who was there; how did each person feel, then what happened; what did you want to happen;***
- ***Present, e.g. where live now, why came here, who is here***
- ***Future, e.g. new house; who will live there***

The clinician also aims to offer reassurance to the young child that she has talked with other children in similar situations and has talked with their mother about what happened at home. The aim is to elicit information in a safe and supportive way at a pace at which the child feels in control. It is expected that the questions will elicit descriptions of the violence, the child’s interpretations of what occurred and their (and perhaps others’) sensory and emotional responses to it. Children are also encouraged to express any wishes for revenge (Arroyo & Eth, 1994) and any fantasies about what they wish could have happened. Children’s responses are normalised (i.e. understandable and universal) and children are complimented on their bravery during the violence and now in sharing difficult thoughts and feelings about what happened. Throughout the sessions play materials are available to the pre-school children to encourage them to ‘show’ what happened rather than rely solely on language. The interviews always take place in the context of play. The main focus is a doll’s house and doll figures to represent significant people in the child’s life. Other toys available include emergency service vehicles and personnel such as a police as well as a toy telephone. Pictures of children experiencing different emotions such as sadness, fear, happiness, and anger are used. Drawing materials and puppets are also available. Different toys can be introduced depending on the developmental level, interests and needs of each individual child. It is necessary to consider the child’s developmental level, particularly language and representational thinking (i.e. ability to use dolls/toys to represent self and others) before expecting the child to engage in this kind of play.

Exercise 1 - Child semi-structured interview – possible questions

Mummy told me you came to live here because something bad happened at home. This is a special place where only Mum's and children can live. I'm really pleased that you are safe now. Sometimes Mum's and children feel sad and scared about what happened. Sometimes they feel better when they tell or show someone what happened.

Can we play together so you can show me what happened in your house?

Present range of activities to the child, e.g dolls house, small world dolls, pens/paper, puppets, phone, police car, ambulance, play dough etc.

Can you tell me/show me who lived with you and your Mum in your old house?

Can you tell/show me where you used to sleep? What about Mummy, What about Daddy?

Here is Daddy, he has come home from work...what does he say to Mummy? What does he do? What does he say to you? Then what happened?

Here is Mummy and Daddy in the kitchen...What do they say/do? What do you say/do? Then what happened?

Look at these faces...What was Mummy's face like when Daddy said/did...? Show me your face when Daddy/mummy said/did...?

Did the police/ambulance come to your house? What did they do?

Pretend you are a grown up now...what will you say/do to your Daddy?

Taken

from:

<https://nzfvc.org.nz/sites/nzfvc.org.nz/files/Assessment%20and%20Intervention%20for%20Young%20Children%20Exposed%20to%20Domestic%20Violence%20.pdf>

3. Instruction Sheet for Trainers going to Work Cognitive Behavior Therapy

| | | |
|---|--|--|
| Title | Cognitive Behavior Therapy | |
| Short description of content | Cognitive therapy focuses on present thinking, behavior, and communication rather than on past experiences and is oriented toward problem solving. | |
| Target group | Adult educators working / aiming to work with women that have survived abuse | |
| Aim/ Training Goals | The aim is to reestablish power to survivors of abuse and correct thoughts that are hurtful | |
| Training objectives | 1) To describe how to conceptualize clients according to the cognitive model 2) To identify cognitive behavior therapy interventions | |
| Programme or training duration (hrs.) | The short training for specialists – 6 hrs. The whole programme with women who suffered from DV - depends on group and individuals. Often 12 weeks - 2 hours per week | |
| Materials used to prepare the programme (links, books, etc.) | An introduction to cognitive behavior therapy skills and applications- SAGE (2012) http://www.apadivisions.org/division-49/publications/newsletter/group-psychologist/2012/11/partner-violence.aspx | |
| Instructional methods to use | Presentations / lectures, group discussions, simulation | |
| Evaluation (What the person will know after the training and how to measure it) | Know the current situation locally; Influencing improvement for women who have suffered violence and survived; Learn from, use each other's experience. | |
| Unit Outline | | |
| Time | Method / Concrete activity | Description of the method / activity |
| 10 minutes | #1: Presentation | Introduction and learning objectives |
| 20 minutes | #2: Large group discussion | Participants identify themselves and their training needs and expectations |

| | | | |
|------------|---------------------------------------|--|--|
| 90 minutes | #3: Presentation, lecture, discussion | Presentation about CBT (to remember the main principles); specialists also share what they know; | |
| | | <ul style="list-style-type: none"> - why CBT? Aims; - group therapeutic factors; - structure; - possible problems and solutions; | |
| 60 minutes | #4: Simulation | Simulating a typical group session | |
| 60 minutes | #5: Lecture and discussion | Cognitive model presentation and general discussion among participants | |
| 90 minutes | #5: Practical tasks | Trying out some of the practical methods: STOP, NOW, Positive Self Talk, Helicopter View, etc. | |
| 30 minutes | #6: Reflection | Evaluation of the training sessions | |
| | | | |
| | | | |

ANNEXES

ANNEX No. 1

Session 1 Will focus on rapport building between group members and group facilitators. As a way to promote empowerment and control over her treatment, each group member will share why she is in group and her individual goals for treatment. Continuing on the work from Session 1 regarding the promotion of group rapport and trust, during

Session 2 The group members will begin to work in groups of 3 to discuss their personal experience with trauma. Additionally, Session 2 will focus on creating a detailed safety plan for each individual. The facilitator will first discuss the important aspects of an effective safety plan. According to the National Center of Domestic and Sexual Violence (NCDSV), safety plans should be personalized and contain detailed information regarding multiple different scenarios that could occur. For more details on safety planning, please visit the [NCDSV website](#). Members of each small group will give and receive help in creating the safety plans for each member.

Sessions 3 and 4 The focus is on empowering the group members by providing psycho-education about the development of PTSD. Knowledge is viewed as power; the better the women understand their current situation, the more control they have over it. The clients will be given relevant handouts and worksheets regarding symptoms and effects related to IPV. It is intended that this educational component will have a secondary effect of providing group cohesiveness so members do not feel like they are the only one suffering from previous trauma.

During **Sessions 5 through 8**, facilitators will utilize CBT techniques to teach the group members about schemas, core beliefs and how these concepts can affect one's emotions and behaviors. Facilitators will teach group members how to complete Automatic Thought Records as an effective way of challenging negative beliefs about themselves and their traumas. It is likely that most of the women in the group will endorse core beliefs that they are unlovable, do not deserve to be happy, or feel that they are too weak to leave a relationship, so facilitators will point out these beliefs to the group. Facilitators will also highlight any themes that arise regarding cognitive appraisals of the traumatic event, such as victim thinking.

Small group work and large group facilitation will be utilized throughout these sessions to further increase the group's comfort with one another and with the facilitators.

Sessions 9 through 10 will focus on having the facilitators and group members work toward identifying what triggers memories, flashbacks, and anxiety or avoidant behaviors. From there, group facilitators will identify which maladaptive coping strategies group members have used in the past to deal with these triggers. Effective coping strategies and communication techniques will be taught during these sessions, and the group members will have the opportunity to discuss with the group their success in using these coping strategies outside of the sessions.

Sessions 11 through 13 will capitalize on the feelings of trust and safety the group members have developed over previous sessions. These sessions will focus on role-playing techniques to address healthy expression of anger and other relevant emotions such as pain and resentment. Each group member will have a chance to role play with other members of the group. As the group dynamics develop over the previous 10 sessions, the facilitators will make a judgment regarding an issue each client should work through in a role play; however, to promote control and empowerment, the ultimate decision about the role play will be left up to the individual client. The client is able to make the decision about what emotion or situation they would like to address as well as which group members they would like to use. Psychodramatic techniques will be utilized in the role-playing sessions (see Karp, Holmes, & Tauvon, 1998). Group members will play several roles, including client doubles, client alter-egos, client life-roles, and important people in the client's life. Each client will have the opportunity to utilize effective coping strategies and communication techniques to express their emotions and work through their issues.

Sessions 14 and 15 will be the termination sessions. Clients will have the opportunity to express what they feel they have gained from the group therapy experience. The facilitators will praise the clients for the growth and point out their newly found strengths in order to promote control and confidence in their abilities. Each client will review their safety plan and make changes as needed. Facilitators will make any necessary referrals if a client should need additional support or treatment. Facilitators will perform a review of what the group members accomplished throughout the course of group treatment, and will provide a packet of worksheets and resources so the women can continue their progress after termination. Lastly, each client will discuss their long-term goals and how they plan to attain those goals. Facilitators will stress the importance of setting manageable goals and objectives as an effective way of promoting confidence and maintaining motivation to continually progress. Before the client leaves the group, she must identify at least one group member in whom she feels she can trust and confide. Additionally, each member must identify at least one way she plans to increase her social support in her community.

ANNEX No. 2 - CBT OPEN GROUP THERAPY

INTRODUCTION

We know there is a weight of evidence for the efficacy of Cognitive Behaviour Therapy (CBT) (e.g. Butler et al 2006). While there is a lot of literature in the public domain about how to run a psycho-educational or themed CBT-based group therapy, there is little, or no, information about suggestions for running an open, on-going, group therapy with no psycho-educational structure.

I had worked in an acute mental health day centre, as manager, for seven years prior to becoming a CBT Therapist. I was very comfortable in running psychoeducational groups such as Assertiveness, or Anxiety-Management, and also in facilitating therapeutic groups broadly based on Irvin Yalom's model of interpersonal group therapy (Yalom 1975).

After completing practitioner CBT training in 2008, I set out to run an open CBT group therapy. CBT à la Yalom. I ran the group over the next four years before taking a year out in France.

I learned a lot during those four years, and I will here seek to set out what seems to work for me. I have no statistical evidence, only subjective feedback from myself and many group members.

The group was a secondary care setting, with group members who had mostly severe and complex mental health problems. There was a core-group of members who attended most weeks, but the individuals changed over long periods. Some clients attended for a few weeks, but most attended for many months. The group was NEVER their only source of treatment. Each group member had at least one other mental health professional involved, and often several, but most group members were not receiving individual therapy.

This is the method that seemed to work well for me and my style of group facilitating.

WHY CBT IN GROUPS?

- Weight of evidence for efficacy of CBT
- Cost-effectiveness of groups
- Different perspectives gained from other group members
- Mutual support – being with others with whom we can identify has a positive effect (Leahy 2003)
- Identification with others
- Sense of hope from others
- Learn from others and how they have dealt with similar situations
- Social modelling
- Opportunity to practice skills in a safe setting – the group itself
- Clients learn to help others and gain a sense of esteem
- Clients become their own therapists and become very good at asking the right “therapy questions”. So much so that on several occasions, an experienced group member has facilitated the session (with me present and chipping in as necessary)

Group Therapeutic Factors (Based on Yalom & Leszcz 2005)

12 factors which are all relevant for CBT open group therapy:

- **Universality**

Group members have shared experiences and feelings, which results in individuals feeling less isolated and more validated.

- **Altruism**

The group members learn and gain a lot from helping each other, including raising self-esteem and improving interpersonal skills.

- **Installation of hope**

Group members are greatly encouraged by hearing about other members who have overcome similar problems.

- **Imparting of Information**

Inevitably, there will be some psycho-education in any CBT group, and members also learn facts about problems, solutions, treatment and services from others.

- **Corrective recapitulation of the primary family experience**

Group members have learned to act and respond in certain ways due to their own experiences with close interpersonal groups. Commonly, the members will react in similar ways within the group, towards other group members. The “here and now” of group therapy encourages others to observe those responses, and we can formulate them in a CBT way, to enable the group member to learn new and healthier ways to respond in order to improve their relationships.

- **Development of socialising techniques**

The group is a safe and supportive environment in which group members can practise their new learning - new ways of thinking and acting, in order to improve how they think, act and feel act in social settings, and improve their interpersonal skills.

- **Imitative behavior**

The group members learn and develop social and interpersonal skills via a modelling process, in which they observe and try out interactions, behaviours, expressions with other group members or the facilitator.

- **Cohesiveness**

Human beings have an instinctive need to belong to a group, and the group provides a sense of belonging, acceptance and validation. Even within this open group, where group members join or leave any week, there is usually a core group of members who really take ownership of the group.

- **Existential factors**

Group members learn the consequences of their unhelpful thinking and behaviours, and learn that in spite of adverse life experiences and circumstances, they can still choose how they react. Whilst coming to understand the role of their past, they learn to take responsibility for their own present and future.

- **Catharsis**

Group members have often not talked with others about significant events or emotional distress. Within the safe and supportive environment of the group, members gain a sense of relief from their distressing feelings.

- **Interpersonal learning**

Group members learn a great deal from the interactions of others within the group, seeing the effects of those interactions, and learn about their own interactions via the feedback they receive from others. This is made much more clear within a CBT vicious cycle formulation.

- **Self-understanding**

Within the group, members come to understand the role of their past and how it affects the way they think and act in the present. A basic CBT vicious cycle formulation only looks at the present, but we often include a “past box” which validates those unhelpful thoughts and behaviours. Understanding our past, and the way we are now, means we are better able to make helpful changes for a brighter future. The “vicious cycle and alternatives” formulation that is most often used in the group, really clarifies and cements this knowledge.

The broad aims of CBT open group therapy

- Increase understanding
- Identify and reduce unhelpful thoughts and behaviours
- Reduce distress
- Learn skills
- Increase coping

GROUP SUMMARY

- Open format – all mental health service users may attend the group at any time
- 1 hour
- Weekly
- Facilitated by CBT Therapist, mostly accompanied by an additional member of (Day Centre) staff

STRUCTURE

Always start the group with an introduction – name and role. Give a brief description of the group for any new members.

Ask for feedback from last session and whether anything has come up since, related to the session.

Set agenda

- Topic for the group
 - o Perhaps ask each group member to say their first name, in turn, and whether they would like time to talk today
 - o If no-one says they want to talk, agree a general subject (such as anxiety) or particular skills (such as STOPP or mindfulness exercises)
 - o If several group members want time to talk, agree a set time for each and prioritise. Members are very good at agreeing importance and priority!
- Last 5-10 minutes

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- o Summing up
- o Feedback o Comments
- o Wind down if necessary

RESOURCES REQUIRED

- Size-appropriate room with chairs in a circle
- White board and pens
- Optional – hand-outs or pencil and paper to enable members to make notes if desired

POSSIBLE PROBLEMS – and solutions

- **Group members walking out of the session.**

The group discusses the best plan of action. It is usually agreed that either a member of staff or service user goes to speak with the individual and encourages them to return.

- **Anger directed at other group members.**

It is essential to put some distance into the situation, and often the best way to do this is to formulate it on the white board. Write up what is going on for one person, and for the other/s, observing how they are reacting to each other. Other group members are also very good at offering support and understanding to both sides. The situation usually calms with mutual understanding and acceptance. On rare occasions, it may be necessary to speak with a group member individually, outside of the group, but the issue must be brought back to the group for resolution if it is a group issue.

- **Individuals who talk too much.**

Formulate it! Other group members will let you know this is a problem for them, with body language or expressions, or just by saying it. Address the individual with gentleness and perhaps a little humour. Ask them what they think about how they are in the group, which usually leads them to admit to their garrulousness! Other group members will suddenly become supportive and understanding rather than irritated and intolerant. Discuss a possible solution. The group member will often come up with their own solution for what they would like to do about it, or how they would like the group to address it.

- **Individuals who don't talk at all.**

All group members are aware that members do not have to talk at all. They learn a lot from listening, and that is ok. However, there may be times when you pick up on something that leads you or others to believe that the individual wants to say something, but perhaps is too anxious. You (or a group member) can direct a comment to them about what they observe. Suggestions may be something like: "Jack, you're looking a bit fidgety and I wondered what that was about." "Alice, I wonder if there's something you would like to say?"

- **Members who arrive late or leave early.**

Group members are encouraged to attend on time as it can be disruptive to others or to the group itself. Occasionally, one group member may need to leave early to attend another appointment for

example, and they are encouraged to let the group know at the beginning, when other group members invariably give their agreement.

- **Therapist leave or sickness.**
It's good to have a contingency plan in place. Ask the group what they would like to happen in that eventuality. There may be several options, including: Ask another CBT therapist to cover the group (unlikely as that may be), ask another mental health professional to cover the group, the group goes ahead without any member of staff (depends on experience and skill of the group members), a group member facilitates the group with a mental health professional sitting in, the group is cancelled, the group takes on a different format (in our case, Day Centre staff will facilitate a more usual open interpersonal group therapy – Yalom model, but the group members may well still use their CBT knowledge and experience).

A TYPICAL GROUP SESSION

- CBT Therapist facilitates, with another staff member.
- 6-14 clients attend (with severe and complex mental health needs).
- Hosted in size-appropriate room with all chairs arranged in a circle.
- White board and pens.
- Make sure the therapist is next to the white board, and one of the staff members close or next to the door (so group members can speak to them as necessary if they leave, and so that any situations can be responded to).

Beginning – the first 5 minutes

Introduce yourself, particularly to any new group members.

If there are any new members, the facilitator or a group member offers a brief description of CBT (“CBT looks at the links between thoughts, feelings and our behaviours and we learn how we can make helpful changes”).

There are three standard rules, which regular clients often assume the reciting of:

- Strict confidentiality – “What is said in the room must stay in the room, and we use first names only.”
- Reduce interruptions - “Turn off all mobile phones or switch to silent mode.”
- “I encourage you to stay in the room for the hour, but if you need to leave, please let me know your way out, if you’re ok. If you don’t, then someone will come out to enquire after you.”

Feedback from the previous session. “Have you had any thoughts, comments, or is there anything that has come up in the days after the group?”

By way of an agenda: “Can we just go around the room and say our first name, and whether you would like the time to talk today.”

“So Alice, Jack and Joan would like to talk today, and Caroline MIGHT want to talk if no-one else wants to”. One or two might then say – “It’s more important that Joan talks today, I can wait.” Then discuss and agree to share the time between those who want and need to talk, and who should go first. Allow 5-10 minutes at the end of the session for summary etc.

The Main or Middle Part of the Group

Keep an eye on the time, or ask a group member to be the time-keeper and give a five minute warning for each time period/group member’s turn. However, try not to be too rigid – you’ll know if that person needs another couple of minutes! If you think that person needs more time, then take it back to the group and renegotiate the time. The group members are always supportive and understanding.

For each group member who wants to talk, start with something like “What is it you would like to bring to the group today Joan?” They will then describe the problem. Individuals are encouraged to identify and describe a recent situation which is typical of the problem. Ask usual questions to enable you to write up a basic ‘thoughts, feelings (emotions and physical sensations) and behaviours’ vicious cycle

on the white board. If appropriate, ask the group how they might react in this situation, to generalise the vicious cycle and fill it out a little. Discuss each aspect and enable the group members to make the links between the thoughts, feelings and behaviours.

Then ask the group for any healthier, alternative responses that may be more helpful. Write them up in a different colour pen, outside of the vicious cycle. Ask how thinking or doing differently may have affected feelings and the outcome.

Keep it simple. It is often possible and appropriate to add in 'past experiences' to explain why the group member always reacts in that way, to facilitate better understanding. However, individuals should not feel pressurised to divulge sensitive information to the group that they would rather not. You might simply ask "Is there anything that has happened to you in the past that might explain the way you think or act in these situations?"

It is recommended to use the same basic formulation, such as the [vicious cycle and alternatives formulation](#). Repetition is the key! The group members are much more able to remember if they see it formulated in the same format each time. They learn to use the same vicious cycle formulations outside of the group. However, I also use other generic formulations if they seem more appropriate at the time, particularly the [Virtuous Flower formulation](#).

Introduce other skills as part of the alternative cycle. Repeatedly use a range of skills to help group members to familiarise themselves with the skills so they can use them at distressing times. Suggested skills are (all below are freely downloadable from the [get.gg](#) website):

STOPP

- **Stop**
- **Take a breath,**
- **Observe** (feelings, thoughts etc)
- **Pull back** (Perspective, see the bigger picture, how else could I look at this? What would someone else say? Etc)
- **Practise what works** (What's the best thing to do – for me, for others, for the situation?)

Fact or Opinion

NOW

- **Notice** where my attention is
- **Observe** what I'm doing right now: I am standing, I am walking, I am sitting, I am breathing
- **What now?** How shall I continue? Doing, or Being?

Mindful Breathing

Positive Self Talk

Helicopter View

Increasing Activity

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Nourishing or Depleting Activity

PACE and PLAN

Positive Steps to Wellbeing

Dealing with Negative Emotions – lots of ideas for thinking and doing differently, including imagery.

Emergency or Soothe Bag or Box

Keep Calm & Carry On

These printable cards include many of the skills

Interventions are obviously not restricted to this list, but they are some of the most frequently used or suggested.

Ending – the last 5-10 minutes of the group

Allow enough time according to the particular group

Sum up

Ask for feedback – what was helpful, what was unhelpful, is there anything we could have done differently, what can you take away from this group that might be helpful, what can we do now (after the group), what can we do over the following week that might be helpful?

It is useful and appreciated to give each group member a helpful or inspiring quote printed on a small credit-card sized card or paper, or card-sized copies of the skills reminder cards, such as these: [printable cards](#) Other printable cards (with multiple copies of one skill) are available from the website www.getselfhelp.co.uk/freedownloads.htm

Wind down with a brief mindful breathing exercise or similar?

Thank everyone for their contributions and help they've offered to each other

If you've been personally touched by the group, then say so. They will really value your humanity, and will mean so much, to know that they have played a part in affecting you in a meaningful way.

SUMMARY

- Weekly open group sessions, 1 hour
- CBT Therapist and additional staff member
- White board and pens

Typical session

Start – first 5 minutes

- Introductions
- Rules
- Agenda

Middle – 45-50 minutes

- Each person (from the agenda) given time to talk.
- Formulate each problem – recent incident analysis – thoughts, feelings, behaviours
- Generate healthy alternatives
- Keep an eye on the time

End – last 5-10 minutes

- Sum up
- Feedback
- What to do between now and next week?
- Cards or quote?

Carol Vivyan 2013

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