

Group Treatment for Children Affected by Domestic Violence (DV)

Treatment Description	<ul style="list-style-type: none"> • Acronym (abbreviation) for intervention: • Average length/number of sessions: Forty-four week group program with 11 topic-driven modules—e.g., why am I here, my world, perceptions/awareness, environmental cues, thoughts/feelings/behaviors, communication, violence info, coping, anger management, blame/responsibility, feelings identification, loss/separation ambivalence. Children and parents attend parallel groups with similar content. Multigroup family sessions are held halfway through the program. Groups are open to accommodate families in need. Groups meet once a week for 90 minutes. There is a one-week break between modules. Delivery of the entire intervention takes about one year. • Aspects of culture or group experiences that are addressed • <i>Groups address cultural implications of DV, DV in Gay and Lesbian families, spiritual and religious issues related to DV and recovery from trauma</i> • Trauma type (primary): Domestic Violence • Trauma type (secondary): Poly exposure (i.e. co-exposure to CPA, CSA, community violence, refugee/immigration issues) • Additional descriptors (not included above): Program innovations include alternative treatment practices including, mindfulness exercises, movement therapy, music, art, and trauma focused treatment interventions.
Target Population	<ul style="list-style-type: none"> • Age range: (<i>lower limit</i>) 5 to (<i>upper limit</i>) no upper limit • Gender: <input type="checkbox"/> Males <input type="checkbox"/> Females <input checked="" type="checkbox"/> Both • Ethnic/Racial Group (<i>include acculturation level/ immigration/refugee history--e.g., multinational sample of Latinos, recent immigrant Cambodians, multigenerational African Americans</i>): Multinational sample of Latinos with various immigration situations, but can also be used or adapted for other populations • Other cultural characteristics (e.g., SES, religion) : varies • Language(s): English • Region (.e.g., rural, urban): Urban • Other characteristics (not included above): Offered to both children and their nonoffending parents who have been exposed to DV.
Essential Components	<ul style="list-style-type: none"> • Theoretical basis: • Key components: Delivered in group format and structured by content areas with defined purpose and goals for each session. Utilizes, trauma-focused intervention for complex trauma cases. Includes affect regulation and relaxation components of mindfulness, meditation, movement, art and music.
Clinical & Anecdotal Evidence	<ul style="list-style-type: none"> • Are you aware of any suggestion/evidence that this treatment may be harmful? <input type="checkbox"/> Yes x <input type="checkbox"/> No <input type="checkbox"/> Uncertain • Extent to which cultural issues have been described in writings about this intervention (<i>scale of 1-5 where 1=not at all to 5=all the time</i>). 3 • This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group. <input type="checkbox"/> Yes X <input checked="" type="checkbox"/> No

- Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)? X Yes No

If YES, please include citation:

- Has this intervention been presented at scientific meetings? X Yes No

If YES, please include citation:

Ross, L., Larson, L., Gaba, R. Seilicovich, I., Foy, P., Foy, D. (2006) Developmental Differences in Self-Reported Domestic Violence Exposure and Posttraumatic Stress Disorder in Children and Adolescents. *Family Violence and sexual Assault Bulletin*, Vo.22, 1, pg 5-11.

Leslie Anne Ross, Psy.D., Linnea C. Larson, M.A., M.P.H., Irma Seilicovich, MFT, Rebecca Gaba, Ph.D., MFT, Patrick Foy, B.A., David W. Foy, Ph.D. (November, 2005) Domestic Violence and PTSD Severity: Comparison of Mother, Adolescents and Children. Poster presentation at the International Society for Traumatic Stress Studies 21st Annual Meeting, Toronto, Canada

Gaba, R., Seilicovich, I., Ross, L.A., Foy, P., Foy, D. W. (2004) Comparison Between Maternal and Child Traumatic Stress in Families Exposed to Domestic Violence.

In Press: *Journal of Interpersonal Violence*

- Are there any general writings which describe the components of the intervention or how to administer it? Yes X No

If YES, please include citation:

- Has the intervention been replicated anywhere? Yes No

Other countries? (please list)

- Other clinical and/or anecdotal evidence (not included above): Willing and interested to engage with other organizations to implement replications.

Children really seem to like participation and especially like the consistency and length. They are able to directly discuss exposure and impact.

There are logistical barriers to attendance for many families, and it is often hard to stick with the protocol because families are experiencing crises and multiple adversities.

Research Evidence			Number of Participants	Sample Breakdown	Citation
	Published Case Studies	<input type="checkbox"/> Yes <input type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	
	Pilot Trials/ Feasibility Trials (w/o control groups)	<input type="checkbox"/> Yes <input type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	
	Clinical Trials (w/ control)	<input type="checkbox"/> Yes <input type="checkbox"/> No	N =	By gender: By ethnicity:	

	groups)			By other cultural factors:	
	Randomized Control Trials	X Yes <input type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	
	Studies describing modifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	
	Other research evidence	<input type="checkbox"/> Yes <input type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	
Outcomes	<ul style="list-style-type: none"> • What assessments or measures are used as part of the intervention or for research purposes, if any? Core Data Set and DV assessment • If research studies have been conducted, what were the outcomes? Children and families undergo an extensive initial evaluation that includes standardized measures. Measures are repeated at the completion of each module. Analysis of aggregate data show improvement over time, but the decline does not begin until the third quarter of the year-long intervention. 				
Implementation Requirements and Readiness	<ul style="list-style-type: none"> • Space, materials or equipment requirements? This DV-focused program is delivered in the context of a multiservice agency that offers a wide array of other services, including assistance with concrete needs, therapy, and special events. Most families are receiving multiple services. • Supervision requirements (e.g., review of taped sessions)? • In order for successful implementation, support should be obtained from: 				
Training Materials & Requirements	<ul style="list-style-type: none"> • List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained. Materials are available describing the module topics, purpose/goals of sessions, and a variety of therapeutic materials and activities. • How/where is training obtained? Not Yet Available • What is the cost of training? Not Yet Available • Are intervention materials (handouts) available in other languages? X Yes No If YES, what languages? Spanish • Other training materials &/or requirement (not included above): Therapists are experienced staff members. At this time there is no stand-alone specific training on the intervention, but staff does receive some initial training and have many opportunities for in-service training. In addition, therapists meet before and after every group to prepare and discuss cases, and there is a two-hour clinical staff meeting per week for case presentations and coordination. Once the manual is completed a specific training program will be developed. 				
Pros & Cons/	<ul style="list-style-type: none"> • What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)? 				

<p>Qualitative Impressions</p>	<ul style="list-style-type: none"> • What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)? • Other qualitative impressions:
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