



# Safe Start:

*Promising  
Approaches  
Communities*

**Working Together  
to Help Children  
Exposed to Violence**



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







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January 2008



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This publication is supported by Contract No. GS-10F-0285K awarded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

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 Every year, millions of children and adolescents are exposed to violence—either as direct victims or as witnesses of violent events—in their homes, schools, and communities. In the past 15 years, researchers and practitioners have come to recognize that such exposure can negatively impact a child’s development and functioning. Children and young people who face early and prolonged exposure to violence are at greater risk for a range of learning and social difficulties as well as for perpetuating violence within their own families.

Children confront tense and frightening events all the time, whether it is going to school for the first time, experiencing the death of a beloved grandparent, or becoming hospitalized. According to the National Scientific Council on the Developing Child at Harvard University<sup>1</sup>, worrying situations fall on a continuum, ranging from short-term, tolerable, and even beneficial stress to prolonged, uncontrollable stress, that is toxic to the child’s development. How a child responds to uncontrollable stress, such as being exposed to violence, may be sudden or gradual, visible or invisible, transitory or long lasting. The response depends on the frequency, intensity, and history of exposure as well as on environmental supports.

Most of the time adults can protect children by creating environments that help them manage stressful situations and learn to cope. Protective adults and environments build children’s resilience and can decrease—or even prevent—the negative effects of their exposure to violence. In practice, this means that families, teachers, police officers, judges, pediatricians, child protection workers, and others can join forces and adopt a comprehensive system of care to confront this serious issue.

<sup>1</sup>National Scientific Council on the Developing Child. (2005). *Excessive stress disrupts the architecture of the developing brain* (Working Paper No. 3). Cambridge, MA: Author.

It means that, by providing supports and specialized services to children and families who have been exposed to violence, we can reduce the impact violence will have on their lives.

## Safe Start: Working Together to Help Children Exposed to Violence

In 2000, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and its Federal partners in the Department of Justice and the Department of Health and Human Services launched the Safe Start initiative to address the needs of children exposed to violence. The initiative seeks to prevent and reduce the negative consequences of children’s exposure to violence, as well as to create conditions that enhance the well-being of all children and adolescents through preventive interventions.

The initiative’s approach acknowledges the need to raise the awareness of both the problem of childhood exposure to violence and its solutions. It recognizes that we need to learn more about the prevalence and consequences of exposure to violence, and it calls on communities to put in place a “continuum of services” including prevention, early intervention, treatment, and crisis response.

The Safe Start initiative envisions Federal, State, and local communities working together to prevent and reduce the impact of violence for all children.

*Safe Start’s definition of exposure to violence includes direct exposure (usually in the form of child physical, sexual, and emotional abuse or neglect) or indirect exposure (usually when a child witnesses family and community violence).*

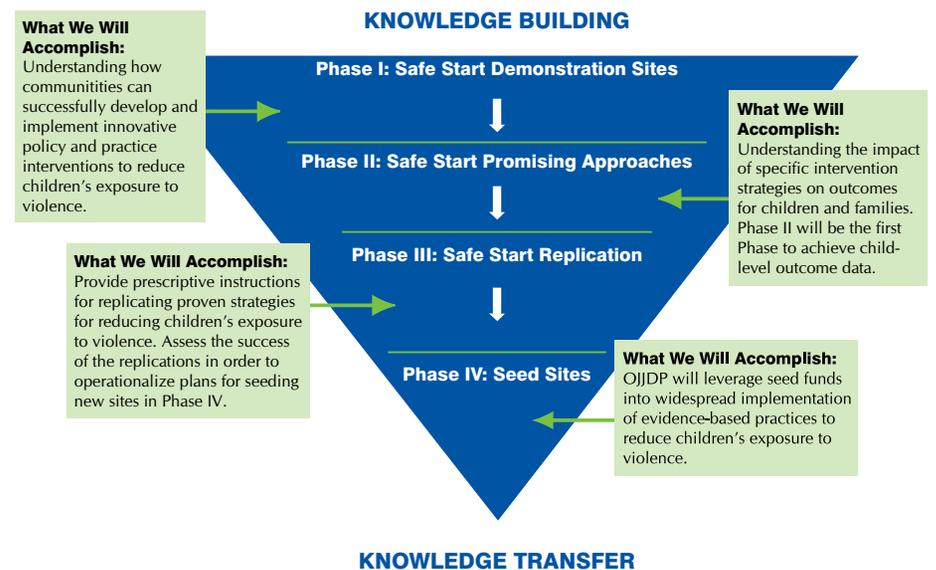
## 2 Introduction

### Expanding the Knowledge Base

To promote investment in the development and application of evidence-based practices for children exposed to violence, Safe Start was designed as a comprehensive national framework. The core of the framework is the development of phased practice components. Phase I—Safe Start Demonstration—engaged communities in creating a continuum of care. Phase II—Safe Start Promising Approaches—draws on the findings, innovations, and experiences of the Safe Start Demonstration sites along with continued advancements in evidence-based practices in the exposure-to-violence field. These sites are engaged in a rigorous quasi-experimental evaluation that will inform Phase III. Phase III will replicate findings and experiences of the Promising Approaches sites to further evaluate and confirm results. Phase IV will broadly spread the effective interventions and practices by seeding the practice knowledge gained in Phase III in as many communities as possible. This final phase will continue as the knowledge transfer builds and practices are strengthened and expanded to effectively prevent and reduce the impact of children's exposure to violence. These phases ultimately depend on the level of funding appropriated for the initiative.

#### The Safe Start Vision...

A future in which Federal, State, and local communities work together to provide access to evidence-based services and supports for children exposed to violence and their families.



From 2000 to 2006, OJJDP funded Phase I demonstration sites in 11 communities, tasking them with creating a comprehensive service delivery system to improve the accessibility, delivery, and quality of services for children exposed to violence and their families at any point of entry into the service system. Each community implemented a locally driven approach, using innovative strategies based on its unique cultural and geographic strengths and needs and service delivery structure.

The Safe Start demonstration communities implemented their strategies across five domains:

- 1) Policies, procedures, and protocols
- 2) Service integration activities
- 3) Resource development, identification, and reallocation
- 4) Expanded and enhanced programming
- 5) Community action and awareness

A national evaluation of the sites broadened our understanding of how communities can successfully implement a comprehensive system of care to minimize the negative consequences of exposure to violence.

The 11 Phase I Safe Start demonstration communities were Baltimore, MD; Bridgeport, CT; Chatham County, NC; Chicago, IL; Pinellas County, FL; Pueblo of Zuni, NM; Rochester, NY; San Francisco, CA; Sitka Tribe of Alaska; Spokane, WA; and Washington County, ME.

Phase II began in 2005 and will run through 2009. OJJDP is funding 15 Promising Approaches communities in this phase, with each site implementing and measuring **evidence-based practices** for children exposed to violence within the context of the systems that serve them. Each of the sites integrates and sometimes expands interventions that have empirical support and/or demonstrate promising or recommended practices. A national evaluation of these sites will broaden our understanding of the impact of specific intervention strategies on outcomes for children and families.

The 15 Phase II communities are Bronx, NY; Chelsea, MA; Dallas, TX; Dayton, OH; Erie, PA; Kalamazoo, MI; Miami, FL; New York, NY; Oakland, CA; Pompano, FL; Portland, OR; Providence, RI; San Diego, CA; San Mateo, CA; and Toledo, OH.

This booklet describes each of the 15 Safe Start Promising Approaches communities and outlines how these programs are integrating evidence-based or promising practices as well as other complementary interventions within their geographical, agency, and community contexts. An asterisk in text identifies an evidence-based or promising practice. The final section provides a brief description of each evidence-based and promising practice and lists the Safe Start Promising Approaches communities that are implementing the practice.



## 4 Restoring a Sense of Safety



*At just 5 years old, Kristi has already experienced many medical problems. When she was 3, her doctor diagnosed her with asthma. A year later, she began experiencing sporadic seizures.*

*Kristi's symptoms have always been controllable, but in her first 2 weeks of kindergarten, she suffers three asthma attacks and a seizure. Her mother, Sharon, doesn't know what to do. She doesn't understand why her daughter's health is worsening.*

*But Kristi's pediatrician, Dr. Edwards, suspects a likely cause. He knows that Sharon survived ongoing domestic violence while Kristi was only a toddler, and he thinks Kristi's symptoms may be related to the emotional stress of witnessing that violence—even though it was several years ago.*

*Like the many other children exposed to violence who experience physical symptoms, Kristi needs help soon. The earlier the root cause of her health problems is addressed, the better off she will be. So Dr. Edwards immediately refers the family to the St. Barnabas Hospital Safe Start program.*

*After learning more about Sharon and Kristi's family history through a multi-disciplinary assessment, the Safe Start "medical home" team at St. Barnabas concludes that some of Kristi's recent symptoms may stem from the fact that, having just started school, she feels insecure, scared, and cut off from her mother. The team educates Sharon about the possible connections between the emotional triggers of Kristi's current physical symptoms and the long-term emotional effects of the domestic violence she witnessed as a baby.*

*Safe Start staff also accompanies Sharon to meetings with Kristi's teacher and guidance counselor, and mother and daughter participate in weekly parent-child psychotherapy sessions. Together, Kristi and Sharon begin the process of restoring a sense of safety and rebuilding the foundation of a healthy family that will allow Kristi to develop to her maximum potential.*

## Interventions

**Medical Home\*:** The Family Safety Center at St. Barnabas Hospital (the Center) provides needed medical and nonmedical services for the child and family. An interdisciplinary team comprising a general pediatrician, a developmental pediatrician, a child psychologist, and social workers provide medical and pediatric care, parenting education, counseling, advocacy with schools, and referrals to other services. The team also conducts medical, developmental, and psychosocial evaluations. The medical home maintains a centralized, comprehensive record of services to facilitate continuity and coordination of care, thereby expanding access and making possible more family-centered, culturally competent, and compassionate service delivery.

**Child Parent Psychotherapy (CPP)\*:** The program provides an hour of weekly dyadic psychotherapy over 12 months. The goal of the CPP model is to restore the child-parent relationship as well as the child's mental health and developmental progression, which may have been damaged by the experience of violence. Child-parent interactions are the focus of six intervention modalities aimed at restoring a sense of mastery, security, and

growth as well as promoting congruence among bodily sensations, feelings, and thinking on the part of both child and parent in their relationship with each other.

**Community capacity building:** The Center has developed a directory of resources and provides ongoing training for community pediatricians and others to improve the identification of children exposed to violence. It also publishes a brochure of information on medical home concepts for domestic violence providers.



### St. Barnabas Hospital Family Safety Center

260 East 188 Street, 5th floor  
Bronx, NY 10468

#### Focus:

Children exposed to community and family violence

#### Age range:

0–6

#### Interventions:

- Medical Home\*
- Child Parent Psychotherapy\*
- Community capacity building

\*Evidence-based or promising practice

## 6 Healing Begins in a Safe Place



*Julia picks up her 9-year-old son, Eric, from his afterschool program. As they approach their housing complex, a group of teenagers are fighting. One of them has a knife. Another has blood on his leg. People watching on the street make room when they hear the siren and see the lights of the police car. The three young men are thrown to the ground and searched. They are handcuffed and taken away. The youngster with the knife is Eric's cousin, George. When Eric asks Julia about the incident, she is too upset to respond. Eric later finds out that his cousin was selling drugs.*

*The following month, Julia gets called to school. Eric is not doing his homework and seems to barely be there mentally. The teachers wonder why a child with so much potential is slipping out of reach.*

*Like many other elementary-school-aged children exposed to violence, Eric is old enough to express what he is going through, but he needs someone who can understand what he is feeling. The school counselor finds the right outlet for him at the Safe Start program at Massachusetts General Hospital's Chelsea HealthCare Center.*

*Eric enters the Cool Youth program, a group therapy program for children, ages 7 to 11, who have been exposed to violence. Meeting once a week with specially trained therapists, Eric and the other children share how the violence they've witnessed makes them feel and discuss how to understand and deal with those feelings.*

*At the same time, Julia joins a group for mothers with children in the Cool Youth program. The mothers exchange personal stories and learn how to help their children overcome the effects of witnessing violence.*

*By giving Julia and Eric safe spaces and separate forums in which to air their feelings, the Cool Youth program has helped them understand each other better.*

## Interventions

**Comprehensive assessment:** A multi-disciplinary team conducts comprehensive assessments of mental and physical health and connects the family with community services and supports. The team conducts an in-home safety assessment for families with children from birth to 17 years of age.

**Attachment, Self-Regulation, and Competence\*:** Based on the results of the comprehensive assessment, a multi-disciplinary team determines which model of care each family and child receives. Treatment focuses on attachment, regulation, and competence and is grounded in trauma-informed interventions strategies.

Clinicians from the mental health unit provide individual, group, and family therapy. Based on the child's or adolescent's needs and strengths, the practitioner chooses an appropriate

intervention from a menu. Therapeutic procedures include psycho-education, relationship strengthening, social skills, and parent-education training as well as psychodynamic, cognitive, behavioral, relaxation, art/expressive, and movement techniques.

**Institutional change:** Various hospital units (mental health, social services, pediatric, Ob/Gyn, and school-based health programs), police action counseling teams, the school system, the Department of Social Services, and family violence advocates work together to create policies and procedures that expand access to psychiatric intervention and ensure quality services for children and families.



### Massachusetts General Hospital Chelsea HealthCare Center

151 Everett Avenue  
Chelsea, MA 02150

#### Focus:

Children exposed to violence and their families

#### Age range:

0–17

#### Interventions:

- Comprehensive assessment
- Attachment, Self-Regulation, and Competence\*
- Institutional change

\*Evidence-based or promising practice

## 8 Supporting Family Transitions



**A**ndrea, 29, and her son Steven, 5, literally have nothing but each other. No belongings, no place to live, no family or friends to support them.

*They are taking their first steps out of the Dallas/Fort Worth area domestic violence shelter where they've been living for the past month. They had to leave behind all of their things when they fled Andrea's abusive husband, and now they are on their own.*

*The shelter helps Andrea locate an apartment near the bus line, and she manages to find a job that pays a little more than minimum wage. With so much on her mind, she's had little time to stop and worry about Steven, who seems to have withdrawn into himself.*

*But she knows that Steven's problems will likely worsen if he doesn't get help. She turns to the Safe Start program, called Project SUPPORT, at Southern Methodist University. True to its name, Project SUPPORT gives her the aid she and Steven need.*

*Andrea is assigned a clinical service provider and a mentor for Steven. Over the next 6 months, the two visit weekly with mother and son in their home, making sure they have everything they need. Soon Andrea and Steven have furniture, clothing, and other necessities.*

*Once the family's basic needs have been met, the Project SUPPORT clinician begins to work more intensively with Andrea. Together, they practice parenting strategies she can use to help Steven overcome the damaging effects of his exposure to violence.*

*Just as important, at each home visit the mentor provides one-on-one attention to Steven. Since the mentor is trained in the same parenting strategies that Andrea is learning, Andrea can observe those strategies in use.*

*Gradually, Steven comes back out of his shell, and that, to Andrea, is everything.*

## Interventions

**Project SUPPORT\*:** Families who seek refuge at domestic violence shelters and whose children exhibit clinical levels of adjustment problems begin receiving services during the transition period, beginning shortly after leaving a shelter. For an hour a week for at least 6 months, the family receives joint visits at their home from a service provider and mentor. The service provider works one-on-one with the mother while the mentor interacts with the children. Once the family has gained stability, the second component of intervention begins, during which the service provider and mentor model mother-child management skills through interactions with the children that are based on the strengths and weaknesses of the mother and child. Interventions (including mentoring

and treatment for children with elevated adjustment problems) are also available for children.

**Motivational interviewing\*:** The program engages mothers in two sessions of motivational interviewing designed to enhance their motivation to learn and apply effective child management strategies.

**Community capacity building:** Project SUPPORT emphasizes expanding the Dallas/Fort Worth capacity to respond to the needs of young children exposed to violence by providing training to domestic violence agencies. It also seeks to build the skills necessary for addressing children's exposure to violence by providing undergraduate and graduate courses and practicum experiences.

Southern Methodist University  
Department of Psychology

Box 0442  
Dallas, TX 75275

**Focus:**

Children exposed to extreme violence (domestic violence and child maltreatment)

**Age range:**

3-9

**Interventions:**

- Project SUPPORT\*
- Motivational interviewing\*
- Community capacity building



\*Evidence-based or promising practice

## 10 Family Support at Home



 Maggie doesn't feel safe in her own home.

*She's spent the past 3 weeks in a domestic violence shelter to escape her abusive husband, Dwayne. Now that she has obtained a protection order forbidding Dwayne from further contact, she and her infant daughter, Lucille, have returned home. But Maggie's still scared.*

*With a baby to worry about, Maggie wants to move forward with divorce proceedings. But she doesn't know how Dwayne will react to the news, and even worse, he has keys to the apartment. Add to that her concerns over money—she has only limited job prospects and can't afford childcare.*

*Maggie is a participant of the Brighter Futures Family Partnership in Dayton, Ohio. This home visitation program works to prevent child abuse and neglect. To obtain specialized services for exposure to violence for Maggie and Lucille, the nurse home visitor refers her to the Safe Start program at the Artemis Center. By agreeing to participate, Maggie gets one step closer to the safety and security she and her daughter need, without setting foot out of her apartment.*

*A client advocate and a therapist from Safe Start visit Maggie and Lucille at home. For an hour, the Safe Start team sits at the kitchen table and listens as Maggie describes her situation. The advocate suggests Maggie ask her landlord about changing the locks and also recommends several community groups that can help with childcare, employment, and legal services.*

*The therapist asks Maggie questions about her goals as a parent, laying the foundation for a trusting and committed relationship. Over the next 10 months, she will help Maggie identify potential problems in her relationship with Lucille, as well as effective ways to address them. Their sessions together will give Maggie the knowledge and confidence she needs to raise a healthy child in a loving, safe, and secure home.*

*With the locks changed and her life changing, too, Maggie isn't fearful anymore.*

## Interventions

**Home visitation\*:** The Artemis Center for Alternatives to Domestic Violence provides on-going training on domestic violence to nurses who provide home visits. This training aims to build the nurses' capacity to identify, assess, and respond to the needs of young mothers of children from birth to 3 years of age who are at risk of or have been exposed to domestic violence. During home visits, the nurses place special emphasis on attaining and maintaining safety and advocacy, as well as on assessing the progress of both parent and child.

**Case management:** The program provides intensive case management in the home through a personal family advocate. This case management emphasizes supports and linkages with community resources.

**Child Parent Psychotherapy\*:** In addition to the traditional home visiting services, the program offers weekly in-home dyadic therapy that focuses on the relationship between mother and child.



### Artemis Center

310 West Monument Avenue  
Dayton, OH 45402

### Focus:

Young children and their mothers who witness or experience domestic violence

### Age range:

0–3

### Interventions:

- Home visitation\*
- Case management
- Child Parent Psychotherapy\*

\*Evidence-based or promising practice

## 12 After Abuse, a Nurturing New Beginning



**S**omething is wrong with Maria's 7-year-old daughter Hannah. The normally outgoing and friendly little girl has become sullen and withdrawn. Her teacher reports that the first-grader is missing assignments and not paying attention in class.

Maria, 26, looks for a cause. Her boyfriend, Hector, recently moved in with her, and she worries that Hannah might feel jealous. She sits her daughter down for a heart-to-heart talk. At first, Hannah refuses to say anything, but when Maria presses the issue she learns a terrible secret: Hector has been sexually abusing Hannah for nearly 3 weeks.

Maria feels her world collapsing around her. Numb, she calls the police, who take her and Hannah to the Erie County Children's Advocacy Center (CAC). Maria doesn't know it yet, but CAC will give her and her daughter a nurturing new start.

After CAC's forensic team has gathered the facts of the abuse, the Safe Start manager invites Maria to bring Hannah back for further assessment and specialized interventions to address issues related to her exposure to violence. Specialized services include in-home therapy designed to help Hannah—and her mother—recover from the effects of the sexual abuse through conversations, play therapy, and safety training.

Maria also joins a parent group that meets for 12 weeks to discuss the effects of violence as well as other real-life issues, such as how to have a social life and a safe and stable home. Later, the parents and children come together, engaging in joint activities designed to develop honest communication.

All the while, an integrated team meets regularly to discuss Maria and Hannah's progress and link them to other support services. When the in-home therapy ends, the team continues to follow Maria and Hannah's progress for 2 years, providing additional support as needed. Over time, mother and child rebuild the feelings of safety and trust that had been shattered.

## Interventions

**Developmental screening:** The CAC pediatrician and case manager provide screening and in-depth assessment of children exposed to violence to determine areas of risk, guide appropriate treatment, and oversee the referral process.

**Children's Advocacy Center\*:** Staff representing multiple systems of care provide an integrated program to children who have been exposed to violence. The integrated treatment program includes case management and parenting education as well as child, parent, and family mental health interventions.

- **Case management:** A team of providers develops safety plans and provides support and crisis management services. The team also links families to early intervention, provides support and crisis counseling, assists with court-related activities, and offers mental health services. This team of providers meets weekly to review each family's progress.
- **Parenting education:** Parents complete a psycho-educational course consisting of weekly 90-minute sessions lasting 12 weeks. The goals of these psycho-educational groups are to expand parent knowledge, improve parent-child bonding, and provide child management and child protection skills.

- **Child, parent, and family mental health interventions:** The program provides mental health interventions based on the needs of the family during 16 in-office, in-home, or at-daycare visits. Child-focused interventions concentrate on reducing the impact of exposure to violence. The interventions follow a parent-child dyadic model with infants to re-establish bonding and use play therapy and expressive art approaches with children from 2 to 12 years of age. Mental health interventions with mothers focus on identifying and addressing the dynamics and behaviors set into motion by exposure to violence and seek to address those issues that continue to leave the child at risk. Family therapy is used to address issues such as blaming the child for the loss of a home or family, divided loyalties among siblings, and difficulty in managing child behavior.



### Children's Advocacy Center of Erie County

2005 West 8th Street  
Suite 103  
Erie, PA 16412

#### Focus:

Children exposed to violence (defined as physically or sexually abused; a witness to domestic violence; or exposed to any violent crime)

#### Age Range:

0-12

#### Interventions:

- Developmental screening
- Children's Advocacy Center\*
- Case management
- Parenting education
- Child, parent, and family mental health interventions

\*Evidence-based or promising practice

## 14 Making Teachers Part of the Equation



 One child woke to gunshots last summer and learned that a neighbor had been shot and killed.

Another lives in a domestic violence shelter because his mother was assaulted.

A third has been removed to a foster home because his parents physically abused an older sibling.

All three are students in the same Head Start class. All three fidget and talk too much—behaviors typical for preschoolers, but now occurring at a disruptive rate.

Frustrated with her inability to reach the three children, their teacher, Laurie, decides she needs help. She gets it from the School Intervention Project, a collaboration between the Kalamazoo Safe Start program, Kalamazoo County Head Start, and the Southwest Michigan Children's Trauma Assessment Center (CTAC).

The project trains teachers to understand how exposure to violence affects the social and emotional development of young children. It also gives them tools they need to work more effectively with students exposed to all kinds of violence.

In a 2-day training session, Laurie and her colleagues learn a curriculum centered on five core elements: teaching children ways to feel safe, make and keep friends, calm their minds and bodies, feel good about learning, and make meaning of their experiences. In coordination with the Head Start program, the School Intervention Project convenes parent education groups and provides individualized case management services to the families.

The School Intervention Project's aid to Laurie doesn't end with the training. CTAC sends a trained staff member and a graduate assistant to her classroom to support her as she puts her new knowledge into practice.

Throughout the school year, Laurie continues to meet with the other teachers. They talk about specific problems they have encountered and come up with solutions.

The behavior of the three children who spurred Laurie's interest in the School Intervention Project has slowly improved. By employing teaching strategies specifically developed for children exposed to violence, Laurie has been able to help them learn again.

## Interventions

### **Head Start School Intervention Project**

**(HSSIP)\*:** Southwest Michigan CTAC developed and is currently evaluating a preventive intervention that equips children with personal strategies to manage stress and respond to potentially traumatizing events. CTAC is working with Kalamazoo County Head Start to implement the HSSIP trauma-sensitive curriculum for Head Start preschool classrooms. A team of graduate students from the fields of education, occupational therapy, and speech and language pathology support interventionists who implement the curriculum in Head Start classrooms. The curriculum is based on core elements of trauma intervention, including feeling safe, making and keeping friends, calming my mind and body, feeling good about learning, and making meaning of my experiences. It includes three 30-minute sessions offered over 26 weeks.

**Teacher education:** Implementation of the curriculum is supported by a transdisciplinary teacher professional development model that seeks to change teacher attitudes and behaviors toward the most challenging students, who are most likely to have a history of traumatization. The program offers ongoing professional development for teachers with an initial 2-day training on the impact of exposure to violence,

followed by 45 minutes of critical incident meetings offered every other week for 26 weeks. The content of the teachers' curriculum, connecting the impact of exposure to violence with real-life classroom and home experiences, mirrors the core components of the children's curriculum.

**Parent education:** Parent groups meet every other week in 90-minute sessions to discuss issues including the impact of exposure to violence, the core elements of the curriculum, and stress management skills.

**Parent Child Interactive Therapy\* training to build community capacity:** The Safe Start steering committee provided a 3-day training on Parent Child Interactive Therapy (PCIT) to mental health interventionists working with young children exposed to violence. Trainees include collaborative members of the steering committee as well as other clinicians who are committed to working with children exposed to violence. The goal of the training is to develop a network of providers in Southwest Michigan trained in PCIT and available to families in Kalamazoo and its surrounding areas. A long-term goal of PCIT training is to sustain the availability of evidence-based, trauma-focused therapy for young children through the establishment of a regional training center (Western Michigan University) that includes community partners.

### **Southwest Michigan Children's Trauma Assessment Center (CTAC)**

Western Michigan University  
1000 Oakland Drive  
Kalamazoo, MI 49008

#### **Focus:**

Head Start children, parents, and teachers

#### **Age Range:**

3–5

#### **Interventions:**

- Head Start School Intervention Project\*
- Teacher education
- Parent education
- Parent Child Interactive Therapy\* training to build community capacity

\*Evidence-based or promising practice

## 16 Starting Over in a Caring Community



 Life has been chaotic and scary for 8-year-old Tonya. Her father has abused her mother for years, and Tonya never knows when things will get bad. Finally, a beating pushes Claire, Tonya's mother, over the edge.

Claire waits for her husband to leave for his night job. Then, at nearly one o'clock in the morning, she gets Tonya out of bed. Without bothering to pack, the two race outside to a waiting cab, which takes them to the Inn Transition South, a women's shelter and transitional housing site in Miami.

After arriving safely at the shelter, mother and daughter are exhausted and scared. Over the next few weeks, Claire settles in, but Tonya begins to change. She wakes up with nightmares, and she won't interact with the other children at the shelter. Claire worries that Tonya is blaming herself for the violence they have experienced. She longs to see her daughter's beautiful smile again.

The case manager refers the family to the Safe Start program at the University of Miami Consortium for Children in Crisis, located at the Linda Ray Center. At the center, Tonya is invited to participate in the Heroes program, a children's support group operated by the Safe Start program on site at Inn Transition South. The program helps children like Tonya overcome their feelings of guilt and fear.

For an hour each week over the next 3 months, Tonya joins a group of children her age who also live at the shelter, taking part in structured activities led by a specialized therapist.

The children talk about the domestic violence they have experienced and learn that the violence was not their fault. After a few weeks in the group, Tonya asks to play with her new friends. She's started smiling again.

## Interventions

**Infant Mental Health\*:** Clinical staff provide psychotherapy for young children and their parents at domestic violence shelters and transitional housing sites. In collaboration with Louisiana State University Professor Joy Osofsky, the staff provides up to 25 weeks of treatment and assessments. In addition to helping develop appropriate parenting skills, the clinical model focuses on helping a mother respond more empathically to her child's needs and support her child's emotional development. It also helps to heal relationships that have suffered from violence, whether the exposure was child neglect, abuse, abandonment, or witnessing violence in the home.

**Heroes program\*:** The Heroes program is used with children from 5 to 11 years of age who have witnessed domestic violence. These groups meet 10 times to focus on breaking the intergenerational cycle of abuse by learning nonviolent conflict resolution skills, developing nurturing relationships, and identifying and expressing feelings.

**Working with the Dependency Court\*:** The program works with the Juvenile Court in Miami-Dade County offering assessments of children between the ages of 1 and 5 who are under the court's jurisdiction for child maltreatment and/or family violence and their primary

caregivers. First, children and their parents participate in a relationship-based assessment. Then, recommendations are drafted to assist judges in developing the case plan and to order appropriate treatment. Training is provided to judges and child welfare staff on early development and mental health issues for infants and toddlers.

**Case management:** A wide range of partners provide collaborative case management for families with issues of violence and/or child maltreatment. The goal is to create a seamless community response among the juvenile justice system, law enforcement, domestic violence shelters, and transitional housing sites. The program provides training for shelter and community childcare program staff about the effects of violence on young children. This training includes information on warning signs for children under 3 years of age who have been exposed to violence and the referral processes for assessment and treatment within the project and across the provider network.



### University of Miami Linda Ray Center

750 Northwest 15th Street  
Miami, FL 33136

#### Focus:

Children who have been exposed to domestic violence or child maltreatment

#### Age Range:

6 months–11 years

#### Interventions:

- Infant Mental Health\*
- Heroes program\*
- Working with the Dependency Court\*
- Case management

\*Evidence-based or promising practice

## 18 Learning From Peers



 **M**ichelle has a lot on her mind. Four months pregnant, the 24-year-old lives in New York City with her son Ben, 7. She's separated from her abusive boyfriend. Her new part-time job as a home health aide pays her just enough money to rent a small apartment and cover basic living expenses.

*The combination of work and single motherhood leaves Michelle exhausted. Ongoing legal battles with her children's father drain her even more. And then Ben gets into a fight at his afterschool program and is suspended for a week. Michelle is frustrated, but she doesn't want to take her problems out on Ben. She also doesn't want his behavior to get worse. She seeks help from the Safe Start Family PEACE Program at New York Presbyterian Hospital's Ambulatory Care Network.*

*In the program's Kids' Club, Ben learns to express his feelings while also acknowledging the needs of others, meets other boys and girls with stories similar to his own, and learns relaxation exercises he can use to cope with everyday stress.*

*Meanwhile, Michelle attends a mothers' group in which she shares her experiences and learns techniques for seeing things from Ben's perspective. As she begins to more fully understand how the abuse she suffered affects her ability to parent, Michelle feels ready to begin a year of intensive child-parent psychotherapy with her new baby.*

*These days, Michelle has a greater feeling of peace than ever before. She's learned to respond positively to Ben's needs and to make good decisions for herself and her family.*

## Interventions

**Child Parent Psychotherapy (CPP)\*:** The program provides CPP for families with children from birth to 5 years of age. Mother-child dyads meet with a therapist an hour a week for a year and focus on intervention strategies that address conduct disorder, post-traumatic stress disorder, anxiety, and depression.

**Kids' Club\*:** The program provides Kids' Club groups to children from 6 to 12 years of age. These groups meet once a week for 90 minutes over 12 weeks. The Kids' Club intervention provides children with information about domestic violence and allows them to discuss attitudes and beliefs about families, relationships, and family violence. Children work on developing appropriate social behavior in small-group settings.

**Reflective Parenting:** The program offers Reflective Parenting groups to parents at the same time that the children participate in the Kids' Club group. Parents learn how to strengthen and improve the parent-child relationship, communicate more effectively with their children, and feel more confident in their parenting.

**Coordinating Council:** A range of community-based private and public providers serve on a Coordinating Council that developed and implements a strategic plan for reaching children exposed to domestic violence and linking them to services of the Ambulatory Care Network and the Safe Start Family PEACE Program.



**Ambulatory Care Network Family PEACE Program**  
**New York Presbyterian Hospital**  
 534 West 135th Street  
 New York, NY 10031

**Focus:**

Children exposed to violence and their mothers

**Age Range:**

0–12

**Interventions:**

- Child Parent Psychotherapy\*
- Kids' Club\*
- Reflective Parenting
- Coordinating Council

\*Evidence-based or promising practice

## 20 Nurturing Trust Through Relationships



*Miguel is hiding under his bed for the third time in a week. He is 4 years old and is scared, not of monsters or ghosts that may come out at night; rather, Miguel is hiding again from the constant yelling and fighting between his parents. Miguel hears his mother, Carmen, scream and a plate being thrown. He can also hear his father, Francisco, hitting her.*

*The police arrive at the scene and Francisco is taken into custody as Miguel watches. Police Officer Russell tries to communicate with Carmen but she speaks only Spanish. He then hands Carmen a card with the Oakland Safe Start phone numbers for her to call and seek help for the family.*

*Carmen is at first apprehensive to call the number on the card but hopes that the person on the other end will understand her plea. The call is answered by a bilingual intake coordinator who patiently listens to her story and makes an appointment to visit Miguel and his mother in their home.*

*After listening to Carmen explain the history of violence in her household and of her immediate basic and emotional needs, the intake coordinator refers her to a Spanish-speaking case manager/therapist at the Jewish Family and Children's Services.*

*Although Carmen is nervous about involving other people, she agrees to go when the coordinator offers to attend the initial meeting with her. At this meeting, Carmen says she needs housing, food, clothing, legal help, and a job. Stabilizing the mother is the most important first step in situations like Carmen and Miguel's, so the case manager/therapist immediately outlines with her a family plan and the community services that are available. Together they also create a treatment plan so that they can address the behavior symptoms that Miguel is expressing as a result of the family violence. The case manager/therapist therefore not only helps Carmen and Miguel with crisis stabilization but also helps them repair the disruptions in the parent-child relationship and restore a sense of safety for Miguel.*

## Interventions

### ***Integrated case management/mental health\*:***

Safe Passages integrates community-based, culturally competent intensive case management with mental health services provided by the same person. Case managers are licensed therapists from Jewish Family and Children's Services who help caregivers understand the effects of trauma on themselves and their children while assisting with stabilizing the family's urgent needs. Case management services include assistance with securing public services (medical, housing, transportation, childcare, emergency funds, legal, and food) and coordinating with other public agency workers. Mental health interventions include dyadic therapy. Multi-language services (in Spanish, Cantonese, Mandarin, Korean, Vietnamese, Cambodian, Laotian, and Japanese) are provided in the home or in community-based organizations depending on the family's preference and safety issues.

A minimum of 2 hours of case management and mental health clinical supervision are provided to the clinicians each week by a psychotherapist with expertise in children from birth to 5 years of age who have been exposed to trauma and/or violence.



### **Safe Passages**

250 Frank H. Ogawa Plaza  
Suite 6306  
Oakland, CA 94612

### **Focus:**

Children and families in communities of color that are exposed to violence

### **Age Range:**

0–5

### **Interventions:**

- Integrated case management/mental health\*
- Dyadic therapy

\*Evidence-based or promising practice

## 22 Preserving Families With Services and Support



 **H**aley just can't seem to catch a break.

*A survivor of domestic violence, she divorced her husband a year ago and started a new life with her children, Jonas, 5, and Erica, 7. Though she works hard, Haley has financial problems. She has had problems collecting child support from her ex-husband. Plus, the childcare options she has been able to find are proving too expensive for her single income.*

*It doesn't help that Jonas has begun hitting other children at the childcare center—if he does it again, he'll have to leave the program. So while Haley's been thinking about taking a second job, she worries that having to spend more time out of the house will only make Jonas' problems worse.*

*She needs advice, financial help, emotional support—the list goes on. At the Institute for Family Centered Services' Safe Start program, she gets assistance that addresses the needs of every member of the family.*

*A clinical specialist from the Institute visits Haley, Jonas, and Erica in their home and together they assess the family's needs. Over the next 3 months, trained mental health workers meet with Haley 4 hours a week in her home. They discuss effective parenting practices and explain that Jonas' current behaviors might stem from his exposure to the violence at home. They work with Haley to encourage her to seek the support of extended family members and to connect with her ex-husband's family to enlarge her circle of support.*

*The mental health workers also help Haley locate a new childcare center better suited to Jonas' needs and connect her to organizations that provide legal aid and financial assistance for childcare. Before their time with her ends, they point her to a local single mother's support group, where Haley can begin building a supportive network of people who are struggling with similar issues.*

## Interventions

**Intensive family-centered treatment\*:** The Institute provides three levels of family-centered services that focus on creating a safe and stable environment for young children exposed to violence through consistent, supportive interactions with a primary caregiver in the family's home. All levels of care implement play therapy with young children in a context that allows the primary caregiver to observe the play and learn about the child's needs through what is observed. The program also provides around-the-clock crisis intervention for the duration of services at all three levels.

- *Project Support.* Higher functioning families receive crisis intervention and stabilization, information on the impact of violence on child development, parenting skills training, child and family assessments, and linkages with community supports as needed. This intervention is provided for 3 to 5 hours per week over a period of 4 to 6 weeks, depending on need.
- *Project Foundation.* Families struggling with multiple stressors, who require education on child development, safety planning, and crises intervention, as well as families with children who display high levels of

depression, developmental delay, or other problems receive a more intensive intervention. Crisis intervention and stabilization, parenting skills training, and linkages with community supports are offered for 5 to 7 hours a week over 2 to 3 months. Additional services focus on working with the non-offending parent (or both parents when safety is ensured) in a group setting to discuss gender and identity roles and responses to violent experiences. These support groups last for 4 to 6 months.

- *Project Hope.* Families struggling with multiple stressors who are willing to attend to their coparenting relationship are offered the same services as families in Project Foundation, with an additional focus on cycle-of-violence interactions.



### Institute for Family Centered Services, Inc.

4101 Ravenswood Road  
Suite 323  
Dania Beach, FL 33026

#### Focus:

Children exposed to domestic and community violence

#### Age Range:

0–6

#### Interventions:

- Intensive family-centered treatment\*
- Project Support
- Project Foundation
- Project Hope

\*Evidence-based or promising practice

## 24 Advocating for Families, Every Step of the Way



 **M**eg, a domestic violence advocate at the Safe Start program in Gresham, Oregon's Child Welfare Office, is used to working with families who've reached rock bottom. Today, she gets an emergency referral from Child Protective Services (CPS) of a family that requires immediate intervention. Over the weekend, the police were called to a family dispute. The police report notes that a 4-year-old boy named Josh witnessed his father assault his mother; police suspect Josh is also being physically abused.

*Meg accompanies the CPS worker on the initial home visit to meet with Heather, Josh's 20-year-old mother. The CPS worker discusses the risks domestic violence poses to Josh's safety and begins assessing concerns about Josh being physically abused. Heather feels desperate. What if CPS takes Josh away from her? Even if CPS doesn't, how will she get what she needs: a place to live, a job, legal advice, a restraining order, childcare?*

*Heather has no idea where to begin.*

*It's Meg's job to help Heather navigate a scary situation. Meg helps Heather and Josh get into a domestic violence shelter, then goes with Heather to the family decision meeting at the Child Welfare Office. Over the following weeks, Meg helps Heather negotiate the maze of nonprofits and government agencies that offer services and supports she needs to establish a safe living environment for her and her son.*

*Later, a Safe Start parent-child specialist begins meeting with Heather and Josh in their apartment, teaching them ways to talk about the domestic violence they have experienced and cope with its lingering effects. Meg continues to monitor Heather's progress, helping her establish a robust support network of community organizations.*

*As a direct result of Meg's careful case management and advocacy, Heather and Josh gain a level of stability and safety in their family that, only months before, seemed impossible.*

## Interventions

### **Child Welfare/Domestic Violence**

**Collaboration\*:** Domestic violence advocates are co-located in the Child Welfare Office to help provide safety planning, referral to and advocacy for other needed services, accompaniment to court, team decision meetings, and other child welfare meetings. They also provide consultation and technical assistance to the child welfare workers and others involved in the CPS system regarding domestic violence issues and system responses.

**Child Parent Psychotherapy\*:** A parent-child specialist provides interventions to the mother-child dyad with the goal of reducing the impact of exposure to violence. Services include home visits, parenting support, and coaching for mothers who need additional parenting support because of their domestic violence experiences.

**Case consultation and coordination:** Domestic violence and child welfare staff work together to develop a collaborative case plan that jointly addresses domestic violence and child abuse and neglect issues.



### **Multnomah County**

421 Southwest Oak Street  
Suite 630  
Portland, OR 97204

### **Gresham Child Welfare**

355 N.W. Division  
Gresham, OR 97030

### **Focus:**

Children who experience child abuse and witness domestic violence

### **Age Range:**

0–6

### **Interventions:**

- Child Welfare/Domestic Violence Collaboration\*
- Child Parent Psychotherapy\*
- Case consultation and coordination

\*Evidence-based or promising practice



*A 15-year-old boy has been shot and lies on the sidewalk next to a busy Providence intersection. He is bleeding and yelling for help. The ambulance arrives and takes the injured youth. Melissa, a 4-year-old girl, observing everything that is happening, sobs and huddles behind her mother, Rosa. Eric, a rookie police officer, assesses the situation. He attempts to speak with Rosa, but she cannot understand him: she only speaks Spanish. Eric calls the Police Go Team and it sends Eileen, a bilingual social worker on staff, to meet Melissa and Rosa at the crime scene. A second social worker is dispatched to the hospital to work with the wounded boy and his family.*

*Eileen walks with Melissa and Rosa to their nearby apartment. Once inside, she helps calm Melissa. Rosa explains that 3 months ago Melissa heard gunshots and screams outside her daycare center. Ever since, she has been afraid to sleep and refuses to leave her mother's side. Rosa, too, is afraid. She is very concerned about the potential impact of this new scary incident on Melissa.*

*Eileen speaks to Rosa about the impact of exposure to violence on young children and some of the strategies that she may use to talk to Melissa about the incident and help her to sleep better. Eileen continues to visit the family over the next few weeks. Ultimately, she refers Rosa to the Family Service of Rhode Island's Child Parent Psychotherapy program. Over the next few months, the program helps them re-establish a trusting relationship.*

*Throughout the process of working with Melissa and Rosa, Eileen provides follow-up information to the police, through phone reports and at their weekly command staff meetings.*

*Thanks to the partnership between the Providence Police Department and Family Service of Rhode Island, Melissa and Rosa are served in a coordinated manner. Through the specialized training that he received as part of the Providence Go Team project, Eric is able to provide much more than handcuffs and arrests. He can also give understanding, empathy, and access to needed resources. Eileen referred the child to the Safe Start program, where the family was helped to heal.*

## Interventions

**Crisis intervention, identification, assessment, and referrals:** A crisis response worker on the scene identifies families, addresses immediate crisis needs, and initiates followup and service referrals after an incident.

**Child Development-Community Policing (CD-CP) Program\*:** The Providence Police Go Team, which has been trained in the CD-CP program, provides crisis intervention 24/7 to children and families. The program, a national model of collaborative alliances among law enforcement, the juvenile justice system, medical and mental health professionals, child welfare agencies, schools, and other community groups, includes cross-training, followup home visits, and short- and long-term treatment interventions held in homes, neighborhoods, and schools.



**Case management:** The program plans and implements community supports for children and families exposed to violence. Family progress is reviewed and coordinated in weekly interdisciplinary case consultation meetings that include staff from domestic violence shelters, police, youth and family departments, and the Rhode Island Family Court.

**Child Parent Psychotherapy\*:** The program provides child-parent psychotherapy to children and families in 12 sessions.

### Family Service of Rhode Island

PO Box 6688  
Providence, RI 02940

#### Focus:

Children who are exposed to domestic or community violence

#### Age Range:

0–18

#### Interventions:

- Crisis intervention, identification, assessment, and referrals
- Child Development-Community Policing (CD-CP) Program\*
- Case management
- Child Parent Psychotherapy\*

\*Evidence-based or promising practice

## 28 Helping a Family to Heal Itself



 Carlos and Lucia Menendez have been arguing a lot lately. Fueled by unemployment and subsequent drinking, Carlos has begun to turn his rage on Lucia, shouting that it's all her fault and hitting her. Their 5-year-old son, Jorge, is terrified of his father. He's not sleeping or eating well, and he cries frequently.

*Everything comes to a boil one night when a screaming match between Carlos and Lucia leads to a physical fight. Carlos repeatedly hits Lucia and then hits Jorge, who jumps in to try to protect his mother. A concerned neighbor calls 911. When the police arrive, the investigating officer finds Jorge hiding beneath his bed.*

*Concerned about the young boy's situation, the officer calls the San Diego Child Welfare office. Carlos and Lucia reluctantly agree to voluntary services. As a "family maintenance case," the family voluntarily separates until they are considered stable enough for reunification. Carlos moves in with a cousin, and Lucia and Jorge receive a referral to the Safe Start San Diego program.*

*Safe Start helps Carlos, Lucia, and Jorge begin to heal—both as a family and as individuals in relationship to one another.*

*A Safe Start child advocate connects Lucia and Jorge with nonprofit and faith-based organizations that provide a wide range of services, including language classes and job training. After putting in place all of the safety precautions, a community-based clinician begins meeting with the Menendez family in his office.*

*While his parents work to resolve the issues underlying their domestic problems, Jorge works with a therapist to learn to cope with his exposure to violence. He makes a storybook about his experiences in a violent home and shares it with his parents. Finally, they can see the true impact their actions have had on their son.*

*By the time they are reunited, the family members have improved their ability to cope with life's stressors, to listen to one another, and to treat one another with love and respect.*

## Interventions

### **Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathway\*:**

This model is an assessment framework for understanding traumatized children and making informed clinical decisions that enable clinicians to gain an in-depth understanding of children, their developmental levels, their traumatic experiences, and the family, community, and cultural systems in which they live. This information assists the clinician in making effective decisions throughout the treatment process.

**Trauma-Focused Cognitive Behavioral Therapy Treatment Model\*:** This model is a therapeutic approach for children who have had one or more traumas and are demonstrating symptoms of post-traumatic stress. The therapist meets with the child each week before meeting with the parent/caregiver to teach methods for helping the child at home. The therapy includes education about trauma and common reactions to it, help with parenting and behavior problems, information about relaxation and stress management, and other strategies.

**Case management:** A child protection worker coordinates case planning and management services that include family assessment, safety

planning, family advocacy, parenting classes, and referrals to community-based and other services. In addition, a child advocate for case planning helps the family with child-focused safety planning, provides linkages to support services for the child, assists with problem solving, and supports the primary caregiver. Monthly clinical case consultation meetings are used to review progress and plan followup.

**Capacity building:** To institutionalize an improved response to children exposed to violence and their families, the project builds the capacity of agencies, systems, and professionals interacting with children through a countywide community conference, regional interagency and community training, and specialized training focused on identifying, treating, and preventing/reducing children’s exposure to violence.



### **County of San Diego—Health and Human Services Agency**

6950 Levant Street  
San Diego CA 92101

#### **Focus:**

Children exposed to violence and their families

#### **Age Range:**

3–8

#### **Interventions:**

- Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathway\*
- Trauma-Focused Cognitive Behavioral Therapy Treatment Model\*
- Case management
- Capacity building

\*Evidence-based or promising practice

## 30 A More Stable Life for Child and Grandmother



**T**hough he's only 4 years old, Jayden has seen a lot. He's watched his mother descend into a world of drug addiction, failed relationships, and joblessness.

*He's watched her latest boyfriend assault her.*

*He's watched the police arrest her and take her away.*

*Now, he lives with his grandmother, Harriett. She doesn't want Jayden to end up in foster care, but she knows that he is a troubled young boy, haunted by his exposure to domestic violence and his mother's chronic drug use.*

*Harriett worries about her ability to raise him with her limited finances and her health problems. A visiting social worker, noting her concerns, tells Harriett about the Edgewood Center for Children and Families and its Kinship Support Network.*

*The Kinship Support Network gives grandparents like Harriett, and other people who take full-time care of their relatives' children, access to legal assistance, parenting education, community resources (like summer camps), and other supports.*

*With guidance from a legal advisor, Harriett establishes a permanent guardianship for Jayden. A community healthcare nurse provides free home visits for her and Jayden. And through the Edgewood Center's Safe Start program, Harriett is able to have a therapist assess Jayden and begin weekly in-home visits designed to address the effects of his exposure to violence.*

*Over the next year, Harriett talks through the issues she is facing concerning the safety and stability of her family, and when Jayden begins to exhibit behavioral problems, the clinician is there to help her deal with them.*

*With so many people to lean on at the Edgewood Center, Harriett can finally give Jayden something he's never experienced before: stability.*

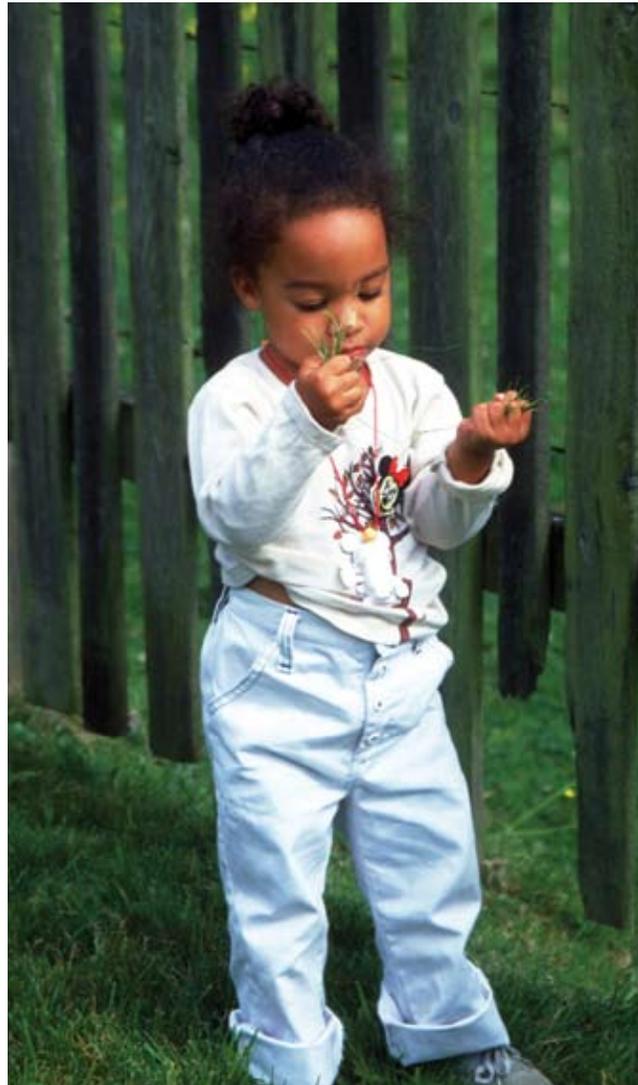
## Interventions

**Case management/support:** The program offers families in the Kinship Support Network with children who have been exposed to violence comprehensive in-home assessments and provides/links them with services required to promote family stability. These services include phone calls, home visits, and visits to the child's school. Weekly contact is maintained with the family for a year or until the service plan needs are met.

**Kinship Caregiver Services\*:** Services to support relative caregivers include support groups, advocacy services, and respite on weekends and during the week. The program also provides parenting, legal, educational, and medical education.

**Child Parent Psychotherapy\*:** Every family participates in home-based psychotherapy that uses the child-parent dyadic approach. This psychotherapy is provided in weekly sessions averaging an hour and engages both a child and a caregiver. Related children in the home and a second caregiver (e.g., grandmother/grandfather) may be included as recommended by the assessment. Collateral service providers may also be involved, as needed. The key issues addressed in psychotherapy are the caregiver's adoption of developmentally

appropriate, nonpunitive parenting skills, the encouragement of symbolic play, the capacity to put feelings into words, and the expression of negative feelings in nondestructive ways.



### Edgewood Center for Children and Families

1801 Vicente Street  
San Francisco, CA 94116

#### Focus:

Kinship families with children who have been exposed to violence

#### Age Range:

0–6

#### Interventions:

- Case management/support
- Kinship Caregiver Services\*
- Child Parent Psychotherapy\*

\*Evidence-based or promising practice

## 32 Consistent Support for Families in Need



 Sarah trusts Diane a lot.

*It was Diane, a service coordinator with the Help Me Grow program at the Family and Child Abuse Prevention Center in Toledo, Ohio, who supported Sarah through the birth of her son, Kevin, 2 years ago. Diane helped Sarah escape an abusive relationship and was there for her during the month she spent in a women's shelter after Kevin's birth. Diane also got Sarah into drug counseling and job training programs.*

*Recently, Diane noticed the bruise on Sarah's face after her boyfriend punched her. The service coordinator asked whether Kevin witnessed the punch and the 2 months of abuse leading up to it (he had) and explained the risks posed to Kevin by his exposure to violence. She referred Sarah and Kevin to the Safe Start program at Toledo Children's Hospital's Cullen Center.*

*When Sarah learns about Safe Start's child-parent psychotherapy, she feels uncertain. The therapy sounds like a positive step for her and her son, but she prefers not to have to work with someone new. She wants to stick with Diane.*

*That's no problem, she's told. Diane will continue to provide service coordination, in collaboration with a therapist. Over the next year, the therapist visits Sarah and Kevin at home once a week and helps the young mom draw up an "individual family service plan," the blueprint for the services mother and son will receive.*

*Diane remains involved during every facet of Sarah and Kevin's therapy. Her deep knowledge of their case and her close relationship with them is a big part of their successful treatment. By Kevin's third birthday, he and Sarah are well on their way to a more stable and secure life.*

## Interventions

**Screening and assessment:** Staff of collaborating agencies and other professionals in child-serving agencies use screening tools to identify and refer for further assessment children from birth to 5 years of age who have been exposed to violence. Through screening, agencies respond to children regardless of their point of entry into the system. All assessments are used in context with parent-child observations made during a 1- to 2-hour session that enables the therapist to determine the quality and quantity of parent interactions over a set period. These observations include both strengths and weaknesses of family relationships as well as the resiliency of the child and how the adults in the child's environment can be supportive of treatment.

**Child Parent Psychotherapy (CPP)\*:** The project uses the CPP approach. This model integrates psychodynamic, attachment, trauma, and social learning theories into a dyadic treatment approach designed to restore the parent-child relationship and the child's mental health and developmental progression.

**Community capacity building:** The project provides training to the community, parents, and multidisciplinary groups of professionals about the impact of exposure to violence on the brains and developmental milestones of infants and toddlers, as well as on trauma-informed developmental screenings and assessments.



### The Cullen Center—Toledo Children's Hospital

2150 West Central Avenue  
Toledo, OH 43606

#### Focus:

Children exposed to domestic violence and their families

#### Age Range:

0–5

#### Interventions:

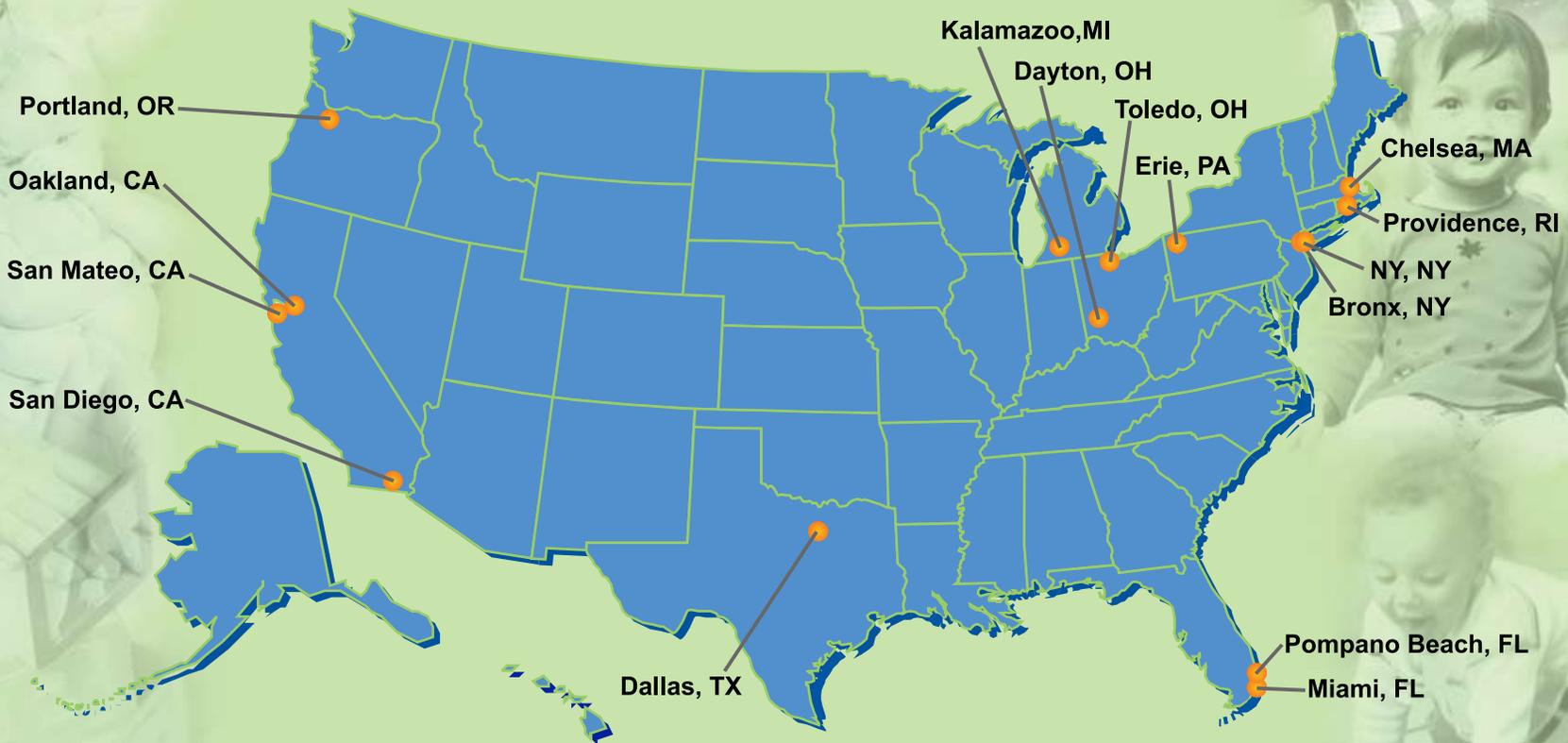
- Screening and assessment
- Child Parent Psychotherapy\*
- Community capacity building

\*Evidence-based or promising practice

# 34 Safe Start: Promising Approaches Communities



## Safe Start: Promising Approaches Communities



U.S. Department of Justice  
Office of Justice Programs  
*Partnerships for Safer Communities*

## Evidence-Based and Promising Interventions

### Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathway (TAP)

The TAP framework helps service providers understand and make informed clinical decisions about traumatized children 2 to 18 years of age. All forms of childhood trauma are addressed within the model, which incorporates a multifaceted assessment process that enables clinicians to understand a child's developmental level, traumatic experience, and the family, community, and cultural system in which he or she lives. The information is used to effectively triage and treat the child and family and to assist the clinician in making informed decisions throughout the treatment process.

**Site using this approach:** San Diego, CA

### Attachment, Self-Regulation, and Competence (ARC)

The ARC model provides a component-based framework for intervention with children who have experienced complex trauma. The framework is grounded both in theory and empirical knowledge about the effects of trauma and recognizes the core effects of trauma exposure on a child's attachment, self-regulation, and developmental competencies. This model emphasizes the importance of understanding and intervening with the child in context, working from the philosophy that systemic change can lead to effective and sustainable outcomes. It focuses first on developing the relationship between the child and his or her primary caretakers in order to establish or re-establish the essential bond, which then enables the child to regulate his or her emotions and behaviors. By doing so, the child can develop the skills and sense of competence necessary to both resolve the pre-existing trauma and master future life tasks.

**Site using this approach:** Chelsea, MA

### Child Advocacy Center (CAC)

A CAC is a community-based facility designed to coordinate services to victims of abuse and neglect. The key goal of a CAC is to reduce the trauma to victims that may result from agency intervention. As such, CACs are child-friendly facilities in which all of the key professionals are located. Research has shown that CACs enhance positive outcomes by bringing professionals together in one location, assigning a child advocate who monitors the child's case through various systems, and facilitating case reviews that promote both formal and informal discussion of progress.

**Sites using this approach:** Bronx, NY; Erie, PA

### Child Development-Community Policing Program (CD-CP)

This is a collaborative model between law enforcement and child mental health professionals designed to respond to children and families in the aftermath of crime and violence. Key components of the model include training of police officers and clinicians, weekly case meetings, a trauma treatment clinic, and consultation services in which clinicians are available 24 hours a day to work with police.

**Site using this approach:** Providence, RI

### Child Parent Psychotherapy (CPP)

CPP is a psychotherapy model for infants, toddlers, and preschoolers who have witnessed domestic violence or display symptoms related to violence exposure such as post-traumatic stress disorder, defiance, aggression, multiple fears, or difficulty sleeping. In this model, the parent and child attend therapy sessions together. The therapist targets both the child-parent relationship and the individual child's functioning, with the

## 36 Evidence-Based and Promising Interventions

intent of helping the child to gain a sense of security and self-esteem and strengthening the ability of parent and child to function as a healthy family unit. This therapeutic approach also has a case management component to help the mother get the services and supports she and her child need, such as housing, employment, education, or transportation.

**Sites using this approach:** Bronx, NY; Dayton, OH; New York, NY; Portland, OR; Providence, RI; San Mateo, CA; Toledo, OH

### **Child Welfare/Domestic Violence Collaboration**

To address the need for a more integrated approach to family violence, an interdisciplinary group of professionals from the courts, child welfare, domestic violence services, Federal agencies, and the academic community developed recommendations for interventions and ways to measure progress in communities seeking to improve their responses to families experiencing both domestic violence and child maltreatment. These recommendations were published in *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*, which is referred to as the “Greenbook.” The Greenbook features recommended policy and practice guidelines that are currently being used around the country to promote more effective services. These guidelines include fostering and enhancing collaborations among domestic violence service providers, child protective services, and juvenile, family, and criminal courts. The Greenbook also encourages effective practices that require cross-system collaboration in identification, safety planning, case management, advocacy, and service provision.

**Site using this approach:** Portland, OR

### **Head Start School Intervention Project (HSSIP)**

This curriculum is developed to equip children with personal strategies to manage stress and respond to potentially traumatizing events. It is implemented in Head Start classrooms by a multidisciplinary team of professionals from education, occupational therapy, and speech and language pathology. The curriculum is based on several core elements of trauma intervention, including feeling safe, making and keeping friends, calming my mind and body, feeling good about learning, and making meaning of my experiences. It includes three 30-minute sessions offered over 26 weeks. The implementation of HSSIP is supported by a transdisciplinary teacher professional development model that seeks to change teacher attitudes and behaviors toward the most challenging students, who are most likely to have a history of traumatization. This professional development model offers an initial 2-day training on the impact of exposure to violence, followed by 45 minutes of critical incident meetings offered every other week for 26 weeks.

**Site using this approach:** Kalamazoo, MI

### **Heroes Program**

The Heroes program offers counseling and group support services that help families cope with memories of violence. This intervention helps children develop coping skills and find the inner strengths they need to survive the impact of a violent home. Children in the 9-week program are divided into two groups by age (5 to 7 and 8 to 11) with separate groups running simultaneously for mothers. Groups are conducted in both English and Spanish and are centered on a weekly theme: (1) Getting to Know Each Other, (2) What is Abuse, (3) Anger, (4) When Parents Fight, (5) It is Not Always Happy in my House, (6) Sharing Personal Experiences with Violence, (7) Sexual Abuse,

(8) Assertiveness, and (9) Review and Goodbye. The group facilitators choose activities that are developmentally appropriate for the children in their group yet creative enough to accomplish the delivery of the thematic message set forth in the curriculum.

**Site using this approach:** Miami, FL

## Home Visitation

This home visitation model is designed to help low-income, first-time parents start their lives with their children on a sound course and prevent the health and parenting problems that can contribute to the early development of antisocial behavior. One of the program's several key components, and a major factor in its success, is its use of trained, experienced nurses. These nurses begin visiting low-income, first-time mothers during pregnancy, helping the women improve their health and making it more likely that their children will be born free of neurological problems. The nurses continue these visits until the child is 2 years old. Through these visits, mothers learn how to effectively care for their children and provide a positive home environment.

**Site using this approach:** Dayton, OH

## Infant Mental Health

This relationship-based therapeutic intervention engages children ages birth to 6 years and their primary caregiver. It is based on the premise that the child's relationship with the mother or primary attachment figure represents the best port of entry to alleviate the child's psychological difficulties, promote age-appropriate regulation of emotional expression, and restore developmental progress. During the therapeutic sessions, parents—many of whom have not had positive, nurturing experiences in their own childhoods—are taught to play reciprocally with their children, to understand their nonverbal cues, and to follow their lead in support of healthy development. The infant mental health approach adds “speak-

ing for the baby” and play therapy to the work with parent-child dyads. Parents also receive parental psychoeducation, for example, teaching and modeling appropriate expectations and interactions appropriate to the child's developmental needs. Case management may include home visits, visits to the childcare setting, helping to arrange transportation, and referral for other services.

**Site using this approach:** Miami, FL

## Integrated Case Management/Mental Health

An integrated case management/mental health approach can address concerns related to providing mental health services to families from different ethnic and cultural backgrounds. Under this approach, clients receive an average of 2 hours per week of individual or child-parent psychotherapy and case management services, which include locating and accessing linguistically and culturally appropriate resources and support systems such as cultural activities, financial counseling, housing, transportation, and medical care. The specific goals of this service integration are to create a seamless approach that improves client engagement and retention, addresses the needs of ethnic and racially diverse populations, and focuses on the unique needs of children. One of the most significant advantages of this integrated approach is a greater flexibility in service delivery.

**Site using this approach:** Oakland, CA

## Intensive Family-Centered Treatment

Based on an intensive family preservation model, the Institute for Family-Centered Services' approach works with families where the crisis and problems occur. This is most often in the home but can also be in the community. The goal is to provide services to strengthen families by changing systemic, dysfunctional behavior patterns among family members. A team of family-centered specialists is available 24 hours

## 38 Evidence-Based and Promising Interventions

a day, 7 days a week to conduct ongoing assessment, crisis intervention, stabilization, individual and group counseling, education, and life skills management and to provide assistance to the family in accessing and navigating community resources.

**Site using this approach:** Pompano, FL

### **Kids' Club**

Kids' Club is an intervention program designed to create a supportive environment for children ages 6 to 13 where they can share their experiences with violence. They learn from this sharing that they are not alone in their exposure to violence and also learn to identify sources of worry and concern. The program seeks to foster discussions of conflict and conflict resolution, the responsibility for violence, and strategies for problem solving and coping with violence exposure. Kids' Club uses displacement activities that address family violence through stories, films, drawings, puppet plays, and so on. These methods are often comfortable for children because they allow children to react openly to the issues without feeling pressure to discuss their own particular family. Mothers meet in a separate group to share their parenting experiences and concerns and provide support for one another.

**Site using this approach:** New York, NY

### **Kinship Caregiver Services**

Kinship caregivers are relatives (other than parents) who provide full-time care, nurturing, and protection of children because of several reasons including functional absence of parents, homelessness, substance abuse, child abuse and neglect, incarceration, death, abandonment, family violence, or mental health problems. Kinship care helps maintain healthy connections to the family and its tradition, enables sibling groups to remain intact, provides more stability in living situation, allows the child to stay within the same community and school system, and

helps maintain his or her connection to the cultural norms and practices that inform his or her identity. Promising practices that respond to the needs of kinship care families include special housing facilities, information and referral services, case management, respite care, and support groups.

**Site using this approach:** San Mateo, CA

### **Medical Home**

A medical home is an ongoing source of primary care for young children and their families that is accessible, comprehensive, coordinated, and culturally effective. In a medical home model, the pediatrician develops a relationship with his or her clients that is based on mutual trust and shared responsibility. Different professionals working in the medical home allow for the integration of care (medical, dental, behavioral), with services offered either on site or through referrals to offsite specialists. This integration creates the opportunity for continued health and wellness by allowing for frequent observation as well as for the provision of guidance, education, and early intervention for both parents and children.

**Site using this approach:** Bronx, NY

### **Motivational Interviewing**

Motivational interviewing is an evidence-based approach to overcoming the ambivalence that keeps many people from making desired changes in their lives, even after seeking or being referred to services. This intervention originated in the substance abuse treatment field but is now being extended into other social and health settings. The goal is to prepare people for making the changes needed and to support the journey toward making these changes. Strategies of motivational interviewing include assessment, brief interventions, reflective and empathic listening, and resolving ambivalence.

**Site using this approach:** Dallas, TX

## **Parent Child Interactive Psychotherapy (PCIT)**

Originally developed for children with behavior problems, PCIT is a highly structured treatment model involving both parent and child. It is designed for children ages 2 to 6 who exhibit “externalizing behaviors” or disruptive behavior patterns characteristic of oppositional-defiant or conduct disorder. PCIT is intended as a short-term intervention and uses from 10 to 16 weekly sessions. The emphasis is placed on improving the parent-child relationship. Once specific therapeutic goals have been reached, the emphasis shifts to implementing consistent discipline with the child.

**Site using this approach:** Kalamazoo, MI

## **Project SUPPORT**

Project SUPPORT is a home-based intervention that targets victims of domestic violence and their children who are living in domestic violence shelters. The intervention includes two primary components: (1) providing instrumental and emotional support to the mother during her transition from the women’s shelter and (2) teaching the mother to implement child management and nurturing skills that research has shown to be effective in the treatment of behavioral problems. Therapists accompanied by a child mentor visit families weekly to teach mothers these skills and to interact with the children and model prosocial behavior. During their transition from the shelter, mothers receive emotional and social support, help with building support networks and links to community agencies and organizations, and obtain physical resources such as financial help, furniture, and household appliances.

**Site using this approach:** Dallas, TX

## **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**

This clinic-based model addresses behavioral and emotional symptoms as well as the negative thought patterns associated with childhood trauma. Treatment takes place over 12 to 16 weeks and is targeted at both the parent and the child. The sessions focus on reducing the child’s symptoms by creating a sense of safety. This sense of safety is developed through the use of cognitive training that helps the child restructure his or her thoughts and feelings. Children are also taught relaxation techniques and are carefully guided in telling about the traumatic events they have experienced. Parents are taught how to encourage these behaviors in their children, and in joint sessions the parents and their children practice these behaviors with live feedback from the therapist. TF-CBT is appropriate for any child who exhibits behavioral or emotional problems related to past trauma, such as nightmares, clinging to caregivers, or an increased startle response to loud or unusual noises.

**Site using this approach:** San Diego, CA

## **Working with the Dependency Court**

This program works with the Miami-Dade County Court system offering direct evaluations of children between the ages of 1 and 5 who are under the court’s jurisdiction for child maltreatment and/or family violence. All children are screened for developmental, emotional, and cognitive functioning. Written reports are made to the judges to assist them in determining the legal goals of the case (family reunification or placement in care outside the family) and to order appropriate treatment. Training is provided to judges and child welfare staff on early development and mental health issues for infants and toddlers.

**Site using this approach:** Miami, FL



## Safe Start Center

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North Bethesda, MD 20852-5007  
1-800-865-0965  
[www.safestartcenter.org](http://www.safestartcenter.org)

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

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

The Safe Start Center works with national partners and a multidisciplinary group of experts to provide training and technical assistance to the 15 Safe Start Promising Approaches communities; to develop multimedia information, education and training resources concerning innovations in the field of children's exposure to violence; and to convene national and regional Safe Start meetings to foster a learning community and ensure the efficient sharing of knowledge and skills. The Center maintains an up-to-date Web site with general information, new resources, and notifications about national events.

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



