



DOMESTIC VIOLENCE &
SURVIVOR THERAPY
EMPOWERMENT PROGRAM- STEP

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STEP Workshop NJPA 11-11-2017

What are Trauma Informed Services?

- Trauma Informed services have a culture where all aspects of service delivery understand:
 - The prevalence of trauma
 - The impact of trauma
 - The complex paths to healing and recovery
- Trauma Informed services specifically avoid re-traumatizing both those who seek their services and those who are on their staff.
- Trauma Informed services put “Safety First” and commit to “do no harm”.

What are Trauma Specific Services

- Trauma Specific services have a focused primary task:
 - To address trauma directly
 - To focus on its impact
 - To facilitate trauma recovery
- Trauma Specific services address PTSD & other consequences of trauma
- Trauma Specific services understand complex vulnerabilities such as:
 - Substance abuse
 - Severe mental health problems
 - Social problems
 - Contact with the legal system

Intervention Strategies for Battered Women

Trauma Informed Treatment

- Identify & Control Trauma Triggers

Re-Empowerment of Woman

- Feminist Approach & Analysis of Power

Support with Positive not Deficit Model

Validation of Narrative of Abuse

Cognitive Clarity

Emotional Re-regulation

Control Intrusive Memories

Reduce Anxiety & Hyperarousal

Reduce Depression & Avoidance Symptoms

Promote Positive Growth

TRAUMA SPECIFIC TECHNIQUES INCLUDE

- Psychotherapy for trauma
 - Attachment Disorders
 - Biological/Sensorimotor
 - Affect Regulation
 - Dissociation
 - Behavior Control
 - Cognition
 - Self Concept
- Substance Abuse Treatment
- TF-CBT
- Foa's Deep Breathing
- Briere's Trauma Focused Treatment
- EMDR
- STEP

Services Must Provide

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

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IMPORTANT ETHICAL ISSUES TRAUMA SPECIFIC SERVICES

- Develop formal policies to implement trauma specific services.
- Confidentiality & Informed Consent
- Record Keeping
- Mandatory Treatment Issues
 - Non-coercive
 - Negotiated goals
 - Choices where possible
- Consumer Preferences & Bill of Rights
- Staff Issues
 - Safety in office/building
 - Home visits
 - Aggressive clients
 - Incident reviews

BATTERED WOMAN SYNDROME

- 1.1. Re-experiencing the trauma events intrusively
2. High levels of avoidance and numbing of emotions
3. Cognitive difficulties and alterations in mood
4. High levels of arousal and anxiety
5. Disruption in interpersonal relationships
6. Physical health and body image problems
7. Sexual and intimacy issues
8. Dissociation

COMPLEX PTSD

- COMPLEX PTSD - DESNOS

- (Disorders of Extreme Stress Not Otherwise Specified)
- Inability to Regulate Feelings
- Suicidal & other Self Destructive Behaviors
- Impulsive & Dangerous Risk-taking Behaviors
- Anger Management Problems
- Amnesia & Dissociation
- Somatic Complaints
- Immunological Deficiency Responses
- Poor physical health

COMPLX PTSD DX - 2

- Characterological Changes
 - Consuming guilt
 - Ineffectiveness in coping with life
 - Distorted & idealized views of perpetrator
 - Inability to trust others
 - Tendency to victimize or be victimized (gender-specific except at teen years)
 - Despair & hopelessness & loss of just & fair world views

COMPLEX PTSD DX - 3

- Confusion in Diagnosis
 - Major confusion Personality Disorders especially BPD
 - Substance Abuse - primary or secondary to symptom relief
- Comorbid & Preexisting Diagnoses
 - Adjustment disorders
 - Paranoid Disorders
 - Depression & Affective Disorders
 - Dependency & Fear Based Lifestyle



**SURVIVOR
THERAPY
EMPOWERMENT
PROGRAM**

EVIDENCE BASED TREATMENT

Survivor Therapy

- Trauma Theory

- Exposure to trauma/danger can cause psychological problems in healthy or clinical populations.
- Verbal psychotherapy can reduce or ameliorate symptoms & restore health.
- Some resiliency may be compromised.

- Feminist Theory

- Being a woman increases risk for victimization
- Oppression can cause psychological distress
- Validation, support & empowerment can protect & reverse distress

Principles of Feminist Therapy

- Oppression creates psychological problems
- Analyze situational as well as individual variables
- Women are not equal to men, yet. Without equality, gender issues impact women differently.
- Goal is to make own choices & not sex role socialized roles
- Power Issues between client & therapist can help understand power issues in other relationships
- Authentic Relationships heal and promote growth
- Validation, Support & Empowerment protect & reverse distress
- The Personal is Political

Theories Underlying PTSD Intervention

- Traumas are often relived... both the reexperiencing the emotions, as well as details of the event, and the thoughts associated with the event. IVP is chronic, recurrent, & cyclical.
- Over time the frequency & intensity of the emotional reexperiencing decrease over time but **trauma triggers** keep the memories primary.
- Exposure corrects erroneous stimulus-stimulus and stimulus-response associations, as well as mistaken evaluations.
- Foa suggests that correction requires the activation of the fear structure via the introduction of feared stimuli, and the presentation of corrective information that is incompatible with the pathological elements of the fear structure.
- Briere uses cognitive desensitization techniques paired with relaxation training for different type of exposure
- Resick uses cognitive reprocessing therapy model
- Francine Shapiro's EMDR is also a way to reduce trauma re-experiencing & eliminate trauma triggers
- Walker uses Survivor Therapy Empowerment Program (STEP)

THERAPEUTIC ACTIVATION & DESENSITIZATION OF TRAUMA TRIGGERS

- Conditioned Emotional Responses
 - (fear, sadness, disgust, horror)
- Triggered by trauma memories
- Trauma Specific Cognitive Reactions
 - Intrusive negative self perceptions
 - Sudden feelings of helplessness
- Stimulate Further Trauma Memories
 - Similar or Associated Trauma Triggers
- Increase Activation by Questioning Affect, Encouraging Staying with Feeling, & Discouraging Avoidance
- Decrease Activation by Redirecting to Less Emotionally Upsetting Material, Relaxation, & Slowly Increase Capacity for Tolerating Distress through Support
- Goal is to Desensitize Emotion to Trauma Triggers

GOALS OF THERAPY

- Safety
- Validation & Support
- Cognitive Clarity
- Emotional Stability
- Healing from PTSD
 - Reduce Trauma Triggers
 - Process Trauma Memories
 - Recovery & Growth

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SAFETY ISSUES

- Must be safe space so Trauma Triggers are NOT Reinforced
 - No physical injury & sexual exploitation
 - No boundary violations
 - No harsh criticism or punitiveness
 - No under-appreciation of client's experiences
- Safety from Overwhelming Internal Experience
 - Check for level of pain
 - Build client's affect regulation abilities

SUICIDE & SELF INJURIOUS BEHAVIOR

- Severe Depression
 - 20% attempt suicide
 - 4% complete suicide
- Borderline Personality Disorder or Complex PTSD
 - 75% attempt suicide
 - 5-10 % complete suicide
- Dissociative Disorders
 - 66%-80% attempt suicide
 - 24%-77% engage self injurious behavior (SIB)
 - 61% SIB in last month in Webermann study

SELF INJURIOUS BEHAVIOR (SIB)

- Relieves negative emotions that increase prior to SIB
- Changes affective and physical state by:
 - Calming
 - Provides distraction from emotions
 - Provides rush or thrill seeking
 - End deadened state of depersonalization
 - Way of client relieving sense of shame by providing punishment
 - Antidote to helplessness
 - Anti-suicide
- Therapist must determine what client accomplishes with SIB and try substitution for calming and feeling real.
 - Empathize with overwhelming & dangerous feelings
 - Listening, witnessing feelings in session helps client to tolerate
 - Teach adaptive ways of dealing with feelings
 - Develop self-motivation & hope

TREATMENT FOR DISSOCIATION

Bethany Brand, Ph.D.

- Develop collaboratively with client but may have contradictions for complex PTSD
 - Traumatic material & affect are contained rather than “opened up”
 - Use techniques manage strong feelings & impulses
 - Use techniques to manage PTSD symptoms
 - Develop safety plan
 - Keep building therapeutic alliance
 - Try psychopharmacology where possible
- Foa’s Prolonged Exposure Therapy
- Cognitive Processing Therapy
- Eye Movement Desensitization & Reprocessing

GROUP DYNAMICS

8 to 12 participants

May be in individual therapy simultaneously

Two co-therapists

1 ½ to 2 hour groups

Confidentiality issues

Safety issues

Contact outside of group

Homework/Exercises & Other Materials

Special Issues for Women in Jail

JAIL GROUPS

- All who wish to participate (10-45)
- May be in other programs
- 2 to 4 facilitators
- Confidentiality difficult
- Safety Issues
- Participants In & Out of Group Each Week
- Homework Difficult – renamed ‘exercises’

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GROUP FORMAT

- Open & Go Over Rules of Group
- Begin with a pre-planned topic
 - Jail Groups no prearranged order as new women join each session
 - Can spend more than one session on a topic but not in general population jail groups
- Discuss how this issue has affected the women
- Teach a skill
- Go over exercises for practice during week

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THE 12 STEP UNITS

1 Labeling, Validation of Trauma or Abuse, & Safety Planning

2 Relaxation Training & Reducing Stress

3 Cognitive Restructuring: Thinking, Feeling, & Behavior

4 Boundaries, Assertiveness, & Communication

5 The Cycle of Violence & Battered Woman Syndrome

6 Trauma Triggers & PTSD

7 Numbing Behaviors & Substance Abuse

8 Empathy & Emotional Regulation

9 Impact of DV & Trauma on Children

10 Legal Issues

11 Grieving & Letting Go of Old Relationships

12 Wellness, Resilience, & Termination

STEP SESSIONS VS. UNITS

- STEP is made up of 12 Units
- May not be able to complete the entire Unit in 1 session
 - Could span 2-3 sessions
 - Divide each part into sections
- STEP allows facilitators to use clinical judgment in what to include or omit depending on resources
 - Group size
 - Time
 - Participant interest and comprehension ability

STEP #1: Labeling Abuse & Trauma, Safety Planning, & Validation

- A. Education
 - Definitions of Types of Domestic Violence & Gender Violence
- B. Discussion
 - Identification of Violence
- C. Skill-Building
 - Safety Planning



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STEP #1: LABELING, VALIDATION OF TRAUMA OR ABUSE, & SAFETY PLANNING

Definitions of the Types of Domestic Violence & Gender Violence:
•The Violence Checklist

Identification of your own Experiences with Violence:
•What do physical, sexual, psychological, & property violence have in common?
•What is the net result of all forms of violence?

Safety Planning:
•Personalized Safety Plan
•Includes lethality assessment, internal/external cues, & detailed escape route

Practice Exercise:
•Ask each member to complete a Personalized Safety Plan as an exercise to complete at home, and bring back to next group.

STEP #1: Labeling Abuse & Trauma, Safety Planning, & Validation

- A. Education: Definitions of Types of Domestic Violence & Gender Violence:
 - Types of intimate partner violence
 - Physical, Sexual, Financial, Emotional, Psychological
 - Stalking & Cyberstalking
 - Sexual exploitation
 - Sex trafficking
 - Rape
 - Child sexual abuse
 - Sexual harassment
- Self-Assessment of Violence Exposure

STEP #1: Labeling Abuse & Trauma, Safety Planning, & Validation

◦ B. Discussion: Identification of Violence

- What do physical, sexual, psychological, & property violence have in common?
- What is the net result of all forms of violence?

STEP #1: Labeling Abuse & Trauma, Safety Planning, & Validation

- C. Skill-Building: Safety Planning
 - Lethality Assessment
 - Internal
 - Attention to Internal Cues of Self-harm
 - Recognize Danger Signs
 - External
 - Devise an Escape Route & Rehearse It
 - Attend to Details
 - Time Out
- Home Exercise:
 - Develop a Personalized Safety Plan
 - Remind members to safeguard written STEP materials if still with abuser!

Unit 2 - Reducing Stress & Relaxation Training

- Stress Management
 - Identify Stressors with Women
- Learn to Reduce Stress
 - Relaxation Techniques
 - Systematic Desensitization
 - Guided Imagery & Flooding
 - Auto induction and Hypnosis
- Coping with Anger and Rage Responses
 - Separate Angry Feelings from Acting Out Behavior
- Skill – Relaxation Training Exercise

STEP #2: RELAXATION TRAINING & REDUCING STRESS

<p><u>Definitions of Stress & Reducing Stress:</u></p> <ul style="list-style-type: none">•Identify low, medium, & high levels of stress•Identify common stressors in women's lives	<p><u>Learning to Identify & Reduce Stress:</u></p> <ul style="list-style-type: none">•What sources of stress are present in your lives?•What do you do to relax during times of stress?	<p><u>Relaxation Techniques:</u></p> <ul style="list-style-type: none">•Guided Imagery & Visualization•Deep Breathing•Progressive Muscle Relaxation•Systematic Desensitization	<p><u>Practice Exercise:</u></p> <ul style="list-style-type: none">•Ask each member to practice at least 3 techniques at home for 15 minutes each day.
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STEP #3: COGNITIVE RESTRUCTURING: THINKING, FEELING, & BEHAVIOR

- A. Education

- Changing How We Think

- B. Discussion

- Identification of Negative Thinking Patterns

- C. Skill-Building

- Neutralizing Automatic & Dysfunctional Thoughts

STEP #3: COGNITIVE RESTRUCTURING: THINKING, FEELING, & BEHAVIOR

- A. Education

- Changing How We Think

- B. Discussion

- Identification of Negative Thinking Patterns

- C. Skill-Building

- Neutralizing Automatic & Dysfunctional Thoughts

STEP #3: COGNITIVE RESTRUCTURING: THINKING, FEELING, & BEHAVIOR

- A. Education: Changing How We Think
 - Learn the differences between Thoughts, Feelings, and Behaviors
 - Identify Faulty Thinking, Cognitive Distortions, & Unhelpful Thinking Styles

STEP #3: COGNITIVE RESTRUCTURING: THINKING, FEELING, & BEHAVIOR

- B. Discussion: Learning to Identify Negative Thinking Patterns

- What negative thinking patterns do you use when thinking about yourself & your relationship with your partner?
- How do negative & distorted thoughts affect your mood?

STEP #3: COGNITIVE RESTRUCTURING: THINKING, FEELING, & BEHAVIOR

- C. Skill-Building: Breaking Dysfunctional Thought Patterns
 - Identify own dysfunctional thought patterns via the Thought Journal
- Home Exercise:
 - Ask each member to complete the “Thought Journal” and identify negative & positive thinking patterns during the upcoming week.

THOUGHT JOURNAL QUESTIONS?

- What were your thoughts about *your relationship* today?
- Were these dysfunctional thoughts that reflected negative beliefs about yourself or *your partner*?
- Were these dysfunctional thoughts that escalated uncomfortable feelings?
- Were these irrational thoughts that escalated uncomfortable feelings?
- How did these thoughts affect your feelings and behaviors?
- How did you challenge these dysfunctional thoughts?

STEP #3: COGNITIVE RESTRUCTURING: THINKING, FEELING, & BEHAVIOR

<ul style="list-style-type: none">• <u>Learning to Identify Negative Thinking Patterns:</u>• Identify the Differences between Thoughts, Feelings, & Behaviors• Identify Faulty Thinking, Cognitive Distortions, & Unhelpful Thinking Styles• Attribution Theory	<p><u>Changing How We Think:</u></p> <ul style="list-style-type: none">• What negative thinking patterns do you use when thinking about yourself & your relationship with your partner?• How do negative & distorted thoughts affect your mood?	<p><u>Breaking Dysfunctional Thought Patterns:</u></p> <ul style="list-style-type: none">• Thought Stopping Exercise• Dysfunctional Thought Changing Tool• Identify own dysfunctional thought patterns via the Thought Journal	<p><u>Practice Exercise:</u></p> <ul style="list-style-type: none">• Ask each member to complete the “Thought Journal” and identify negative & positive thinking patterns during the upcoming week.• Prompt members to use this tool weekly for the remainder of the STEPs
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UNIT #4: ASSERTIVENESS TRAINING

- What is the difference between aggressive and assertive behavior?
- Describe different areas in which you wish to be more assertive?
- Remember, assertiveness is asking for what you want but understanding you may not get it.
- Skill - Role playing assertive situations
- Skill - Role playing assertiveness with abusers

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STEP #4: BOUNDARIES, ASSERTIVENESS, & COMMUNICATION

Definitions of Boundaries, Assertiveness, Anger, & Respectful Communication:

- Boundaries
- Identify differences between Assertive Communication & Anger
- Sex role socialization
- Understanding Trust, Rejection, & Ambivalence: The Psychology of Battering & Stalking
- Moving from victim to survivor
- Assertiveness Inventory

Asking for What you Want in a Healthy Relationship:

- What makes you angry?
- Are there situations in which you find it easier or more difficult to express your anger assertively?
- What does being a woman mean to you?
- What does your culture say about being a woman?
- Are there things that you wish were different?

Assertive Communication & Time-Outs:

- Taking a Time-Out
- Respecting Others' Time-Outs
- Assertiveness Role-Plays
- Assertiveness Log

Practice Exercise:

- Ask each member to complete the Assertiveness Log during the upcoming week, documenting her attempts at assertive behavior.
- Ask each member to utilize Time-Outs when angry, & to respect others' requests for Time-Outs.
- Prompt members to use this tool weekly for the remainder of the STEPs

UNIT #5:

CYCLE OF VIOLENCE & BWS

- Define Cycle of Violence
 - Tension Building
 - Acute Battering Incident
 - Loving contrition and absence of tension
- Obtain Data from Women (at least four) to Graph Cycle of Violence
 - 1st remembered, worst, one of worst, & typical
- Learn Relationship of Cycle and Reinforcers in Third Phase
- How To Break Cycle
- Administer DAPS & TSI if not done earlier
- Assessment of Self Injury Patterns in Sexual Abuse Victims

BATTERED WOMAN SYNDROME

- PTSD Criteria
 - **Intrusive Memories & Reexperienced** Fragments of Prior Battering Events
 - **High Arousal/Anxiety** (Fight Response)
 - Hypervigilance, nervousness
 - **High Avoidance & Numbing** (Flight Response)
 - Depression, Repression, Denial, Minimization
 - **Cognitive Confusion**
- Disrupted Interpersonal Relationships
- Difficulties with Body Image & Somatic Problems
- Sexual and Intimacy Problems
- Dissociation

SOMATIC SYMPTOMS

Childhood Somatic complaints:

- **Indirect and direct violence is associated with somatic complaints of childhood.**

Adult Somatic complaints:

- **A clear link between marital rape & somatic complaints.**
 - Pain clinic data suggests relationship
 - Back problems
 - Headaches
 - Skin rashes
- **OB-GYN problems**
- **Gastrointestinal Tract problems**
- **Endocrinology**

BODY IMAGE

- Body image refers to our beliefs and feelings about how our bodies look and function.
 - Many women who have been sexually assaulted or raped by their partners suffer chronic pain, leaving them to feel like their bodies no longer function well.
 - Weight gain
 - Poor hygiene
 - Lack of exercise
 - Dissociation
 - Difficulty with touch
 - Sexual difficulties

UNIT #6: PTSD & COMPLEX TRAUMA

- Definition of Post Traumatic Stress Disorder and Battered Women Syndrome & Rape Trauma
- Mind/Body Connections
 - Physical Symptoms & Health Problems
 - Emotions
 - Alcohol and Other Drugs
 - Sexuality and Body Image
 - Using sex to get needs met
 - Avoiding Sex
- Trust and Betrayal Issues
- Discuss DAPS & TSI scores

STEP #6: TRAUMA TRIGGERS & PTSD

Definitions Of Trauma Triggers & The Psychological Effects Of Violence & Trauma On Women:

- The Psychological Effects of Violence & Trauma
- Common Trauma Reactions & PTSD
- Internal & External Triggers
- Learned Helplessness
- Accentuate the Positive
- Thought Stopping

Identifying Trauma Triggers:

- What are your trauma triggers?
- How do people around you know that you are feeling anxious?

Identifying & Reducing Your Own Trauma Triggers & Symptoms:

- SUDS Levels
- RID Tool
- PLAN Tool
- Grounding Tools
- Reducing Your Own Trauma Triggers Tool

Practice Exercise:

- Ask each member to practice at least 3 Grounding Tools as she processes her trauma triggers, using Thought Stopping if distressing thoughts intrude.
- Prompt members to continue their Thought Journal (from STEP #3) as they reflect on these triggers, & to identify any dysfunctional thoughts.

PTSD & COMPLEX PTSD

- DSM-5 added a 4th Criterion to PTSD
 - Avoidance
 - Re-experiencing (Intrusion)
 - Hyperarousal
 - Cognitive Distortions
- Complex PTSD



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TRAUMA TRIGGERS

- Trauma Triggers
- When to Use Desensitization to Triggers (Briere)
- When to Use Prolonged Exposure to Triggers (Foa)
- Identifying Trauma Triggers through In Vivo Exposure & Cognitive Narratives
- Desensitization of Trauma Triggers
- Relaxation Training or Breathing Exercises
- Skill – SUDS levels
- Practice & keep track of discomfort levels (SUDS)

THERAPEUTIC ACTIVATION OF TRAUMA TRIGGERS

- Conditioned Emotional Responses
 - (fear, sadness, disgust, horror)
- Triggered by trauma memories
- Trauma Specific Cognitive Reactions
 - Intrusive negative self perceptions
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- Stimulate Further Trauma Memories
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- Decrease Activation by Redirecting to Less Emotionally Upsetting Material, Relaxation, & Slowly Increase Capacity for Tolerating Distress through Support
- Goal is to Desensitize Emotion to Trauma Triggers

DESENSITIZATION

- The process of remembering painful (but not overwhelming) events in the context of safety, positive relationships, emotional expression, & minimal avoidance can break connection between traumatic memories & associated negative, painful emotional responses.
- Later trauma memories desensitize more quickly than in the beginning of therapy.
- “Hot Spots” may include memories that are associated to more than one trauma event or other highly emotional memories and need more intervention.

STEP #7: NUMBING BEHAVIORS & SUBSTANCE ABUSE

Definitions Of Numbing Behaviors and Substance Use:

Use:

- What are Numbing Behaviors?
- Levels of Substance Use & Abuse
- The Relationship Between Battering and Substance Use

The Effects of Numbing:

- Why do you (or does your partner) use drugs and alcohol (or other numbing behaviors)?
- What are the effects of drugs and alcohol on your relationships and/or feelings?
- How are numbing behaviors ineffective ways to manage feelings?

Identifying & Reducing Your Own Numbing Behaviors:

- Self-Assessment of Numbing & Balancing Behaviors
- Review how each member regulates her feelings, and identify substitutions to use.

Practice Exercise:

- Ask each member to log or list the Numbing Behaviors used this week, which balanced behaviors were used as substitutions to the numbing.
- Prompt members to continue their Thought Journal (from STEP #3) as they reflect on these triggers, & to identify any dysfunctional thoughts related to the use of numbing behaviors.

DISSOCIATION ASSOCIATED WITH TRAUMA

- A disruption and/or discontinuity in the normal subjective integration of one or more aspects of psychological functioning in:
 - Memory
 - Identity
 - Consciousness
 - Perception
 - Motor control
- (DSM-V)

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TREATMENT FOR DISSOCIATION

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- Develop collaboratively with client but may have contradictions for complex PTSD
 - Traumatic material & affect are contained rather than “opened up”
 - Use techniques manage strong feelings & impulses
 - Use techniques to manage PTSD symptoms
 - Develop safety plan
 - Keep building therapeutic alliance
 - Try psychopharmacology where possible
- Foa’s Prolonged Exposure Therapy
- Cognitive Processing Therapy
- Eye Movement Desensitization & Reprocessing

Self Injurious Behavior (SIB)

- Relieves negative emotions that increase prior to SIB
- Changes affective and physical state by:
 - Calming
 - Provides distraction from emotions
 - Provides rush or thrill seeking
 - End deadened state of depersonalization
 - Way of client relieving sense of shame by providing punishment
 - Antidote to helplessness
 - Anti-suicide
- Therapist must determine what client accomplishes with SIB and try substitution for calming and feeling real.
 - Empathize with overwhelming & dangerous feelings
 - Listening, witnessing feelings in session helps client to tolerate
 - Teach adaptive ways of dealing with feelings
 - Develop self-motivation & hope

STEP #8: EMPATHY & EMOTIONAL RE-REGULATION

Definitions of Empathy & Emotional Re-Regulation:

- Empathy for Self & Others
- Self-Esteem
- Emotional Re-Regulation
- Reasonable Mind, Emotional Mind, & Wise Mind

Learning to Regulate Emotions & Build Empathy:

- When have you been shown empathy and when do you show it to others?
- When you cannot control an event, how can you control your reaction to the event?

Mindfulness Training:

- Observe, Describe, & Participate
- Achieving Core Mindfulness

Practice Exercise:

- Ask each member to practice mindfulness as a way to regulate feelings each day, and to report back to the group next week.

UNIT #8: EMOTIONAL RE-REGULATION

- Self Esteem
- Controlling & Regulating Emotions
- Using Thinking Strategies to Regulate Emotions
- Empathy Building
- Relationship Feedback – Reading Emotional Cues in Social Situations
- Skill - Mindfulness Examples (Linehan)

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UNIT# 9: IMPACT ON CHILDREN

- Discuss Psychological Impact of Domestic Violence or Other Abuse on Children
- Discuss How to Protect Children From Abuse
- Discuss Deciding When and Where to Get Children Professional Help
- Prison Groups Deal with Loss of Children
- Reliving any Child Abuse in Own History
 - Establishing new patterns with own family-of-origin
- Skill - Learning Empathy & Self Nurturing

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STEP #9: IMPACT OF DV & TRAUMA ON CHILDREN

Definitions of The Impact of Violence & Trauma on Children:

- Parental Fitness
- Effect of DV on Children
- When to Seek Professional Help
- Reconnecting with Children After Abuse & Separation
- Parenting after Violence

Rebuilding Relationships with Children:

- What is your current relationship with your own parents like, & can it be improved?
- What parenting issues do you have in common?
- What do your children need from you as a parent?
- How does your cultural background impact your parenting?

Parenting After Violence & Trauma:

- Examining Personal History of Childhood & Parenting
- The Connection between Family of Origin and Parenting
- Parenting After Violence

Practice Exercise:

- Ask each member to review the “Parenting After Violence & Trauma” handouts at home, including practicing skills from the ‘Building or Re-Building Relationships with Your Children’ list.
- Continue Thought Journal to track any dysfunctional thoughts about parenting.

IMPACT ON PARENTAL FITNESS

- Protection of children
 - Physical & sexual abuse allegations against batterer
 - Parental Alienation Syndrome
 - Psychological maltreatment by father
 - Abuse of mother in front of child
 - Abuse of child by neglect or power & control issues
- Ability to bond with children
 - PTSD & numbing of feelings
 - Fear he will kidnap or get custody
 - Compliance with what abuser says or does
 - Interference by his family
 - Difficult children
 - Impacted by abuse
 - Other vulnerabilities
 - Financial issues especially with teenagers

HOW DO WE HEAL FROM TRAUMA?

◦ CHILDREN'S HEALING?

- Child needs input
- Child needs legal rights
- Told feelings not important
- Need recognition of anxiety nor ways to reduce it
- Need acknowledgement of sad or depressed feelings
- Not forced to be with abusive or feared parent
- May obtain in school but mom told not to talk
- No acceptance of feelings
- Not permitted to move on...

◦ TRAUMA HEALING

- Safety Planning
- Taking back power – empowerment
- Validation of Experiences
- Reducing anxiety in positive ways
- Overcoming depression to optimism
- Removing trauma triggers from life
- Developing cognitive clarity
- Emotional re-regulation
- Moving on...

STEP #10: LEGAL ISSUES

Definitions of Legal Terminology:

- Common Legal Terms in Domestic Violence & Family Court

Locating and Using Legal Resources:

- What legal information do survivors of domestic violence need to be aware of?
- How and where can you access legal resources?

Protecting Yourself within the Court System:

- Logging significant events

Practice Exercise:

- Ask each member to maintain the 'Protecting Yourself' log of any incidents related to her court case or custody situation.

UNIT #10: CONTINUED-LEGAL ISSUES

- Dealing with Legal Issues
 - Criminal Cases, Restraining Orders and Contempt Charges
 - Family Law Cases
 - Divorce
 - Duress
 - Personal Injury
 - Access to Children
 - Juvenile Court Cases

UNIT #12: CONTINUED LEGAL DEFINITIONS

- Legal types of domestic violence: assault, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any other offense resulting in physical injury or death of one family member by another family or household member.
- Aggravated assault is threat by word/act with fear of imminent danger with deadly weapon or intent to commit a felony;
- Felony battery is repeated simple battery resulting in great bodily harm or strangulation or any impediment of circulation or breathing;
- Aggravated battery is intentionally/knowingly causes great bodily harm permanent damage, or disfigurement using a deadly weapon and/or knew or should have known woman was pregnant;
- Aggravated Stalking requires a credible threat made with intent to place a person or immediate family members in reasonable fear of death or great bodily harm or violation of an injunction against stalking or threats against someone under 16 years old.

UNIT #11: GRIEVING RELATIONSHIP ENDINGS

- Building Healthy Relationships
 - Deciding if Current Relationship can Become Healthy
- Learning To Grieve End of Relationship
 - Denial
 - Anger
 - Bargaining
 - Letting Go – reducing phone & text contact
 - Acceptance (Kubler –Ross)
- Grieving and Mourning the Loss of the Fantasy
 - Do You Really Have to Make Him Understand
- Guilt and Feelings of Rejection
- Skill - Dealing with Loneliness

STEP #11: GRIEVING & LETTING GO OF OLD RELATIONSHIPS

Grieving & Letting Go:

- Definitions of Fisher's Empowerment Model
- The 5 Stages of Grief

Grieving Relationship Endings:

- What relationships are you grieving?
- What stages of grief do you relate to the most?

Creating an Ideal Relationship:

- Relationship Assessment: Pro's & Con's
- Describing the ideal relationship

Practice Exercise:

- Ask each member to review the question prompts about creating an ideal relationship, and explore the personal thoughts over the next week.
- Continue your Thought Journal related to your next relationship.

UNIT # 11: RECOGNIZING DATING VIOLENCE

- Laws against dating violence state: Violence between individuals who have or have had continuing and significant relationship of a romantic or intimate nature.
 - A dating relationship must have existed within past 6 months
 - The nature of the relationship must have been characterized by the expectation of affection or sexual involvement
 - The frequency or type of interaction must have included being involved over time and on a continuous basis
- Dating violence as a criminal offense does not include violence in a casual acquaintanceship of ordinary friendship or interaction in a business or social context

UNIT #11: CONTINUED PLEASING BEHAVIORS

What Types of Behaviors Do You Do to Please Others?

- Smile and say 'yes' all the time
- Take on Too Many Tasks just to be Liked
- Other Pleasing Behaviors

Confrontation and Compliance

- Learning to Stand up in Positive Ways
- Avoiding Duress Situations
- Avoiding Using Anger to Get What you Want
- Assertiveness
- Taking Steps so you are NOT a Victim again

STEP #12: WELLNESS, RESILIENCE, & TERMINATION

Incorporating Growth, Building Blocks of Wellness, & Future Steps:

- Termination of the Group
- Reviewing Progress
- Principles of Resilience & Recovery
- Pursuing Individual Trauma Therapy

Next Steps:

- What does resilience look like in your life?
- What has the STEP group meant to you?
- What new possibilities await you?

Redesigning Your Life:

- Significant Life Events
- Significant Life Achievements
- Future Goals

Practice Exercise:

- Ask each member to review what she wants to keep & what she wants to develop, based on all the STEP exercises she has completed.

UNIT # 12: PROMOTING RESILIENCE

- Positive attachment & emotional connections
- Development of cognitive & self-regulating abilities
- Positive beliefs about oneself
- Motivation to act effectively in one's environment
- Develop effective organizing strategies
- Degree of mastery & autonomy
- Creativity
- Spirituality
- Easy going disposition
- Positive temperament

WHAT IS RESILIENCE?

- Multi-determined & evolving domains of competency
- Interactive forces from individual, family, environment
- Can be competent in one domain & not in others
- Competencies shift over time
- Can build protective factors from individual, family & environment

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UNIT# 12: INTERPERSONAL RELATIONSHIPS

- Dating Again
- Friendships
- Assertiveness Training
- Humor and Ability to Laugh at Yourself
- Emotional Intimacy and Boundaries
- Trust and Betrayal Issues
- Skill - Steps To Rebuild Relationships

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TERMINATION & MOVING ON WITH LIFE

- Terminating Therapy Relationship
 - How Does it Relate to Other Relationships
- Disentanglement
- Feelings of Anger, Love, Letting go, Aliveness, singleness
- Learning About New Possibilities

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OUTCOME MEASURES

- Self Efficacy
- SUDS levels each week
- BAI each week
- TSI & PTSD symptoms (PAI)

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SELF-CARE

- Keep balance in your life
 - Work, family, friendships, leisure activities
- Develop & maintain a support system
 - Professional colleagues
 - Friendships outside of work
- Utilize consultation & supervision with difficult cases