

Tri-County Batterer Intervention Provider Network Meeting Minutes-11/12/2019

Present: Chris Huffine (Allies in Change), Andrew Goodwin (Portland VA), Linda Castaneda (Castaneda Counseling), Regina Holmes (ARMS), Olga Parker (Modus Vivendi), Jacquie Pancoast (Central City Concern), Kora Kresin (Cedar Counseling Center), Dawn Penberthy (Clackamas County Community Corrections), Krystal Duff (Bridges2Safety), Guadalupe Chavez (Portland VA),

Minutes written and edited by Chris Huffine

Discussion Topic: Addressing Trauma in Abusive Partners

It should be noted that everyone present agreed that trauma does **not** cause abusive behavior. However, it is fairly common in our population and can impact our effectiveness in working with them as well as contribute to their risk of recidivating. Today's discussion is intended to identify how we work differently with this sub-population and what we find helpful in working with them.

Amy Holtzworth-Munroe's work on typology was briefly reviewed. Based on that, approximately half of all abusive partners experienced childhood trauma of some sort. Those individuals tend to do higher levels of abusive behavior, are more extreme in the abusive behavior that they do, and are at greater risk of committing domestic homicides.

The ACES questionnaire was handed out and briefly discussed.

There was mention of how these individuals may be more easily emotionally aroused which can lead to higher levels of adrenaline in their bodies which can lead to more agitation and acting out of their distress. Trauma primarily affects the mid brain and amygdala and limbic system, which is quicker, more automatic and primitive than the prefrontal cortex. Trauma can also change the perception of the partner, leading to greater levels of anxiety and insecurity. It is important to distinguish between the partner *feeling* like a threat, due to that physiological arousal vs. actually being a threat. It is important that they remind themselves "they are not a threat, even though it might feel like they are a threat."

To make real changes and sustained learning in the group (or elsewhere), the prefrontal cortex needs to be engaged, which means helping the men stay calm and as unactivated as possible while in the group.

Reasoning and offering reasonable explanations and practical solutions being more effective do not go over as well with trauma survivors who are in "trauma brain".

More time might be spent in group talking about the idea of how there can be certain trauma triggers which increase their reactivity due to triggering the trauma brain. This can include certain situations, emotional states, sensory experiences, etc. Trauma triggers means that the person is going to have an overreaction to the apparent situation or circumstance due to having their trauma triggered. It might be helpful to explain this in the group and then help men to identify their individual triggers.

Another intervention when they are triggered is to have them ask themselves "what is the threat"? "What am I trying to escape?"

There was some discussion of making use of mindfulness and meditation to help quite the busy brains and trauma brains that can lead to greater agitation and aggressive acting out.

It was suggested that at least some of these individuals might be referred to separate individual therapy to specifically do trauma work.

Time-outs is one tool that can be used to help an individual appropriately calm in the moment, especially when they are becoming more escalated. There was some discussion about appropriate time-outs vs. when they are used as a control tactic (typically by either not returning to/following up on the situation) or to silence the partner. Another technique is step back/step down rather than step up or step forward as ways to de-escalate.

One provider suggested that aromatherapy might also be helpful in accessing younger/pre-verbal areas and to self-soothe and calm.

Another provider uses the acronym BEARS—

-Back off and breath

-Escape the high risk situation

-Avoid the situation until ready to deal with it

-Right mind in the situation

-Safe places/peoples/activities

A different provider talked about the acronym STOP-

-Stop

-Take a break

-Observe the situation

-Process and proceed

There was some discussion about the importance of using conscious breathing techniques to help settle/activate the parasympathetic nervous system. Several providers shared what techniques they use including conscious breathing (slower, deeper, more regular breaths) and square breathing (inhale to the count of 4, pause 4, exhale 4, pause 4). Another mentioned that they start each group by having the men take 3 belly breaths where they are breathing deeply, expanding the belly, while placing one hand on their chest and one hand on their belly.

It was suggested that trauma responses tend to encourage an external focus—to scan the environment for threats and to defend against any perceived threats. Work needs to be done to help the men develop an inward/internal focus. This shift from an external focus vs. an internal focus is core work for all of the men at, at least, one local agency.

The Body Keeps the Score by Bessel Van Der Kolk was recommended as an excellent book on trauma and how to heal/recover from it.

Heart math is a technique where an individual is on a heart rate monitor and if their heart rate goes above so many beats per minute an alarm sounds. That alarm is a prompt for them to then actively calm themselves and slow their heart rate down.

Along with helping men settle internally, it is also important to encourage them to be mindful of their behaviors. When agitated, it can be pretty automatic to get louder. They also need to be mindful of their tone and as they settle intentionally speaking more softly.

Time still needs to be spent changing the underlying belief system. This might include additional beliefs (besides the general pro-abuse ones) that are in place due to the trauma. One provider mentioned using the Franklin Reality model where time is spent differentiating short term benefit from long term benefit. Part of that is asking themselves “what belief is in my

...that comes from being with someone. Part of that is asking themselves: "What comes is in my belief window?"

It was observed that while most men fear conflict, it does not have to be a bad thing. In fact, healthy conflict leads to greater intimacy and connection and a better working relationship.

Another aspect of working with trauma survivors is to be mindful of their emotional intensity when being confronted in the group. If they are becoming too intense or overwhelmed, then it is important to back off of the confrontation. At that point they are probably not hearing much of what you are saying anyway. One way to address this is by talking with the group about feeling uncomfortable vs. overwhelmed. Feeling uncomfortable is like being "on the hot seat" where they may feel uneasy, but are still present and able to take in information. It should be okay to feel uncomfortable. Feeling overwhelmed, on the other hand, means they are getting emotionally flooded/dysregulated and struggling to stay present in the moment. If they are getting overwhelmed they should do some of the self-soothing/de-escalation techniques described above.

One person mentioned having a therapy dog in the room and how much the men appreciated having the dog there and how comforting it was to have it there.

What to do if the man gets triggered to the point of becoming verbally abusive in the group? One thing to do is to bridge other group members into the conversation. Another is to ask him more questions. Calmly set limits if need be. Having an open body posture can help. Make process comments (e.g., "what is your intensity right now?", "you seem quite escalated."). Be willing to acknowledge that you don't know or understand what is going on with them to help them deescalate and explain themselves further. Whatever you do, be careful not to get into a power struggle with them. Ask them where they are feeling the discomfort. What is triggering them? What is the difficult thing?

It is also important to monitor the trauma survivors in the group for reactivity even if they are not the direct focus in the moment. This is especially important when emotionally intense material is being discussed such as the impact of abusive behavior.

People with trauma may have additional or hardened defense mechanisms related to their trauma which also need to be addressed. Others may dissociate in groups when triggered. This can look like they are spacing out or getting distracted or not paying attention. When this happens you can intervene by helping them to ground and to bring their attention back into the room (via mindfulness).

It was suggested that multiple teaching modalities can also be of help—verbal, written, and experiential can complement each other.

Finally, Trauma Informed Care was briefly mentioned/discussed as an important approach. This includes being flexible and curious. It also means being careful to not mistake a trauma response as resistance. It was mentioned that Trauma Informed Care may be covered in more detail in a future meeting.
