

# **Supporting survivors of trauma while delivering evidence-based parenting programs: Focus group findings**

**Meredith Stocking, MPP, CDC Foundation**

**Leah Perkinson, MPH, CDC Foundation**

**Natalie Bishop, MPH, CDC**

**Pari Chowdhary, MPH, CDC**

**Kimberley Freire, PhD, CDC**

**Stephanie Romney, PhD, Parent Training Institute**

# Bay Area Trauma-Informed Parenting Project

## Project Goals

1. Understand and identify strategies used by practitioners during the delivery of evidence-based parenting programs to support and/or avoid triggering parents with a history of trauma.
2. Develop and share guidance (e.g. tip sheets) about how practitioners can best support the needs of trauma survivors while delivering evidence-based parenting programs.

## Partners

- Bay Area Trauma Transformed Initiative
- CDC Foundation Adaptation Project
- Parent Training Institute

# Focus Group Methods

## Data Collection

- 7 focus groups with practitioners delivering evidence-based parenting programs (e.g. Triple P, Incredible Years, Strengthening Families)
- 4-10 participants per group, 47 total participants
- Focus group locations: San Francisco, Alameda, Santa Cruz, Contra Costa

## Data Analysis

- Topline summaries
- Transcriptions of audio recordings double coded
- Thematic analysis

# Audience Poll

*What best describes your role in relationship to parenting programs?*

- a. Practitioner or program facilitator
- b. Supervisor
- c. Administrator
- d. Other (if other please type your role in the chat box)

# Audience Poll

*Did you participate in the focus groups we conducted?*

Answer Yes or No using the polling function.

# Types of Trauma Experienced by Parents

Racism  
Foster Care Substance abuse  
Underinsured Verbal Abuse Loss of Children  
Deportation Housing Insecurity Divorce  
Neighborhood Violence Immigration Trauma  
In-uterine Drug Exposure Separation of Family  
Domestic Violence Children Challenging Cultural Norms  
Poverty Gang Violence Underemployed  
Emotional Abuse Fear Abandonment  
Isolation Sexual Assault  
Culture Shock War  
Child Abuse

# Impacts of Trauma

Flashbacks Anxiety  
Pain Indecision Depression Continuing  
Helplessness Secrecy Suffering Wounding Addiction  
Discomfort Inability To Manage Emotions Unhappiness  
Not Being Understood By Parents/Family Denial Lack Of Impulse Control  
Distrust Of System Hate Of System Hypervigilance  
Anger Shame Ripple Effect Fear Of System  
Haunting Fear Resentment  
Guilt Frustration  
Guarded PTSD

# The Cyclical Nature of Trauma

*“The trauma keeps continuing, there’s one trauma here and then after you deal with that there’s another trauma, it’s ongoing trauma.”*

*“They are fleeing their country of origin because of extreme poverty or war and then being abused or raped while crossing the border, and then the trauma of not speaking the language, dealing with family separation, fear of deportation, fear of interacting with the system, stigma of seeking help.”*

# Prominence of Intergenerational Trauma

*“...the term that comes to mind is transgenerational trauma...with these parenting classes this window opens up for them, like I know my father really loved me, but there was violence involved. My mother really loved me but she ignored me for years.”*

# How to Deliver Parenting Programs Using a Trauma-Informed Approach

# 1. Make an effort to understand how trauma is experienced from the perspective of parents without imposing assumptions or judgement

- Engage in reflective listening
- Ask parents questions about their trauma experiences instead of making assumptions

*“If I have a parent who shares with me that they’ve experienced a certain type of trauma, then I’m gonna kind of immediately have my own assumptions about how she feels about that trauma, but I have to be careful because it might be different, so I would ask for more information about what that specific trauma was like for her and not make a generalization.”*

## 1. Make an effort to understand how trauma is experienced from the perspective of parents (continued)

- Get to know parents outside of program sessions through intake assessments, check-in calls, and communication with other providers (e.g. case managers)
- Use parents' first language during delivery to make it easier for them to share
- Share common experiences and feelings to “normalize trauma without minimizing it”

*“When I share a little of my personal experience without sharing too much, they feel more comfortable with sharing- oh this happened to you too, oh you went through this too- I don't want to go overboard but I feel comfortable because I think it welcomes them.”*

## 2. Assess and accept parents' readiness to work on trauma and parenting skills (“meet parents where they're at”)

- Suspend expectations about how and at what point parents should address trauma
- Allow parents to go at their own pace

*“If they're at a level where they're not at the learning stage and their anxiety is up high, it's not the right space to have those teaching moments. So assessing and continuing to assess, where is the group at?”*

### 3. Anticipate, observe, and address triggers

- **Avoid words and phrases that may trigger trauma**

*“If we are talking about hitting or corporal punishment I try not to go too in-depth, like you can’t use this, you can’t hit your kid with an extension cord. We just talk about physical punishment and what that means and not go straight into something that can be very triggering to go back to that feeling or that moment.”*

- **Make adaptations to aspects of programs that may trigger or re-traumatize parents**

### 3. Anticipate, observe, and address triggers (continued)

- Observe signs that trauma has surfaced (e.g. eye movement, speech patterns, and body language)
- Stop program delivery to diffuse trauma and check in with parents

*“It was one of our foster parent only groups and two of our parents got into a fight. So they triggered each other and then they were triggering other parents in the group. So we separated them into different rooms and calmed them both down...and then we checked in with everybody and all of the parents wanted to carry on.”*

## 4. Allow parents to process trauma within boundaries

- Give parents space and time to process trauma without interference

*“Sometimes when people break down you want to say, ‘It’s gonna be alright’ and for them it might not be alright, but let them experience that piece, and of course if it gets too overwhelming then you might say maybe we need to go outside.”*

- Link current situations or behaviors to past experiences of trauma

# 5. Empower parents by reinforcing their expertise

- Praise parents for what they are doing right
- Encourage parents to answer their own questions, adopt skills that they find useful, and advocate for services they want

*“Well I always tell our parents that...you’re gonna learn a whole bunch of strategies, but you pick the ones that you are comfortable with, that fit your family, that fit your family’s values, that fit your comfort level...”*

# 5. Empower parents by reinforcing their expertise

- Encourage parents to teach and build social networks with each other

*“We validate that other parents are going to provide interventions for each other. There’s the interventions I do, but then there’s the interventions that a parent who has experienced what the other parent is experiencing can offer that I can’t necessarily offer. So those interventions are often more powerful.”*

## 6. Teach and model self-regulation

- **Teach and model skills that can help parents manage disruptive stress responses, emotions and behaviors that come about as a result of experiencing trauma (i.e. self-regulation skills)**

*“As people start to talk about their trauma they can rapidly start spinning, and you have to kind of stop them and have them come into the present moment and get in touch with what they’re feeling as a way to help them regulate rather go on that spinning repetitious pattern where they are re-living the event.”*

# 7. Ensure safe and stable environments and relationships with practitioners

- Implement parenting programs in a structured and consistent way

*“I think the dependability is something that’s kind of written into our curriculum, we start at a certain time, we end at a certain time and it’s very predictable. We also set a clear agenda of what we’re gonna cover in the class. We kind of do what we say we’re going to do.”*

- Set clear expectations about what parents can expect of practitioners

# 8. Provide Services Beyond Standard Facilitation

- **Wear multiple hats during program delivery**

*“...I think there’s opportunities, small opportunities for us to put on the therapist’s hat and be therapeutic and maybe put on our case manager and our social worker hat...”*

- **Refer to appropriate inter-agency or external services**

# 9. Practice Self-Care

- Practitioners work on their own trauma, cultivate awareness of their own triggers, and reflect on how parents' trauma affects them
- Practitioners identify and use practices to process the trauma they take on while working with parents

*“We rarely ask ourselves what can we do to help ourselves. There is only so much you can give. We value what we do, but a lot of time we don't value ourselves. And that takes a toll. Trauma is heavy.”*

# Considerations and Challenges

- Trauma surfaces that evidence-based parenting programs aren't designed to address
- Striking a balance between responding to trauma and maintaining program fidelity can be challenging
- There is a shortage of needed services for trauma survivors

*“For our guys there are a lot of physiological issues, but there are not enough mental health services out there, we surface trauma up and then there’s no place, there no resources, so we try to address in a group setting which is not therapy, but it ends up coming up in different ways and you just constantly have to create a container.”*

# Conclusions

- **We identified nine overarching trauma-informed strategies that practitioners use while delivering evidence-based parenting programs**
- **Some of the identified strategies are trauma specific, while other strategies are more general in nature**
- **Findings may generalize to programs that are not evidence-based**

# Discussion question

*Do the strategies identified by focus group participants resonate with you? Why or why not?*

**Type your answer in the chat box.**

# How to Support Survivors of Trauma

1. Make an effort to understand how trauma is experienced from the parents' perspective without imposing assumptions or judgement
2. Assess and accept parents' readiness to work on trauma and skill building ("meet parents where they're at")
3. Anticipate, observe, and address triggers
4. Allow parents to process trauma within boundaries
5. Empower parents by reinforcing their expertise
6. Teach and model self-regulation
7. Ensure safe and stable environments and relationships with practitioners
8. Provide services beyond standard facilitation
9. Practice self-care

# Discussion question

*In addition to the strategies discussed during this webinar, are there other important strategies that you use to support survivors of trauma while delivering parenting programs?*

Type your answer in the chat box.

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# Next steps

- Assess whether the strategies identified by practitioners acceptable to families
- Develop tip sheets for practitioners on how to best support survivors of trauma while delivering evidence-based parenting programs
- Trauma Transformed Initiative Website: <http://www.t2bayarea.org/>
- For more information contact Stephanie Romney: [Stephanie.romney@sfdph.org](mailto:Stephanie.romney@sfdph.org) or 415-255-3412

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