

Seeing eye-to-eye: Creating an effective alliance with mothers with borderline personality disorder

Ninat Friedland & Lise Laporte

What is Borderline Personality Disorder?

Borderline personality disorder (BPD) is a mental disorder exemplified by instability of thoughts, emotions, self-image, and relationships. According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, BPD is characterized by efforts to avoid abandonment; intense interpersonal relationships that may fluctuate between idealization and devaluation; self-damaging impulsive behaviour such as substance abuse or self-harm; suicidal behaviour; mood swings including anger, feelings of despair, emptiness and loneliness; and sometimes paranoia or dissociation during periods of stress (APA, 2013). The emotions and behaviors characterizing BPD can lead to substantial functional impairment in a multitude of domains (Skodol et al., 2007). As social service-providers, our challenge is to help individuals with BPD find stability.

The Catalyst Project on Maternal BPD

In 2011, we undertook a research project to examine the magnitude of this devastating disorder in the families of children followed by youth protection services (YPS) in the two major centres in Montréal: Batshaw Youth and Family Centres (Batshaw Centres), and Centre jeunesse de Montréal-Institut universitaire (CJM-IU). BPD is a serious mental illness estimated to affect 1-2% of the general adult population (Lenzenweger et al., 2007) and 10% to 15% of all adults seen in psychiatric emergency and outpatient settings (Zimmerman et al., 2008). While there is very little research on the prevalence and impact of BPD in youth protection clientele, previous pilot studies indicate that this problem is even greater in the YPS community (Laporte, 2007; Perepletchikova, 2012). Our current study finds that approximately 21% of mothers whose children are followed by YPS have symptoms or a diagnosis of BPD – roughly equivalent to that of psychiatric inpatients (Laporte, et al., 2014).

The goals of this project were three-fold: 1) to determine the nature and extent of mental health problems, particularly BPD, in mothers of children followed by YPS; 2) to understand how YPS caseworkers identify mental illness; and 3) to understand the problems and service needs of mothers with BPD.

The first stage of the research process involved a survey of 291 caseworkers in YPS (69 at Batshaw Centres) to collect mental health information on 2270 mothers in YPS (548 at Batshaw Centres). Caseworkers also had the opportunity to leave comments, wherein most caseworkers deplored how little is known about the mental health of mothers with whom they work. Several caseworkers specifically mentioned the lack of information in dossiers on parental mental health, noting that an understanding of the family dynamic helps to better understand the behaviours of the child. Over half of the caseworkers requested more information on mental health and/or special training for working with this population. This paper aims to open up the dialogue on this crucial question, raised by several caseworkers: “how do we work with mothers who have borderline personality disorder?”

Participant Feedback

The second stage of the research process involved a review of a sample of dossiers. We reviewed the charts of 375 children, related to 245 mothers (140 children of 90 mothers at Batshaw Centres); from which we interviewed a sub-sample of 72 mothers (32 from Batshaw Centres) to obtain specific information on their mental health as well as to ask them more generally about their needs and their experience of services at Batshaw Centres. The interviewed mothers were forthcoming with their responses, and interestingly, in some cases dovetailed with some of the caseworkers' comments. Mothers' comments were transcribed, coded, and analysed using NVivo software for qualitative research. A selection of these results is presented here.

The interviewed mothers spent a great deal of time sharing their individual emotional experience with YPS, from which they more often recalled negative events. Their biggest complaints included frustration with the Youth Protection system and its uncompromising rigidity and seemingly arbitrary rules, as well as feeling unsupported and unfairly represented or misunderstood by their caseworker. Given the features of their disorder, it is perhaps not surprising to note that the 18 mothers with BPD interviewed at Batshaw Centres tended to focus more on their negative emotional experience, feeling angrier and more unfairly treated overall.

The mothers with BPD were the only ones to discuss stigma and feelings of shame. When asked for constructive feedback regarding services at Batshaw Centres, over half of the maternal discourse related to the relationship with their caseworker. The mothers with BPD requested more support, collaboration, consistency, empathy, communication and information.

The Relationship

The DSM notes that, above all, individuals with BPD crave a “meaningful relationship, nurturing and support” (p. 664, APA, 2013). As a mother with BPD confirmed, “it is very important to have a caseworker that you can see eye-to-eye and get along with and have a connection.” The mothers consistently mentioned that one of the most important factors in their engagement with YPS services was the quality of their relationship with their caseworker. Indeed, it has been noted time and again in the literature (see Laporte, 2007; Paris, 2008; Yeomans et al., 1994) that the primary treatment factor affecting outcome and preventing drop-out is the quality of the relationship, and not any particular therapeutic modality or technique. While it is not for the YPS caseworker’s role to “treat” parents with whom they work, they can still benefit from creating a working alliance in order to mobilize parents to effective change.

Creating a positive working relationship with mothers with BPD is no small task, as the defining feature of the disorder is chaotic and intense interpersonal relations. The relationship with the caseworker is no exception. Unlike other care-providers however, Youth Protection caseworkers face the additional challenge of balancing the dual roles of both law enforcer and counsellor, and as one caseworker noted, the system can end up being punitive rather than supportive. As this mother with BPD echoed, “sometimes they just want to go against you... that’s their job...it’s to win [against] you. You go to court and they fight you.” While some of the mothers in our study were able to understand their caseworkers’ legal obligations, mothers with BPD may perceive any kind of reproach as a lack of caring, rejection, or outright abandonment, triggering angry outbursts or manipulative attempts to win back the caseworker’s affection (Neuman, 2012).

Further compounding this problem is the dramatic shift of viewpoint known as *splitting*, wherein care-givers are either idealized as all-good or devalued as all-bad, depending on the most recent interaction (APA, 2013). One caseworker with 38-years of experience explained that it is “very easy for clients with BPD to lose trust and to reject [their] caseworker – especially in our DYP role.” This same caseworker suggested working in teams of two in order to prevent splitting; one mother echoed this suggestion, although for reasons relating to continuity of care. Consistency was also cited as the reason for having one caseworker follow a single family, rather than having different caseworkers for each sibling.

Maintaining the same caseworker over time and across siblings may also be effective in establishing trust, as many women with BPD have particular difficulty trusting and attaching to others, often having had poor attachment figures when they were children (Neuman, 2012, Newman & Stevenson, 2008). Trust, empathy, support, collaboration, communication and problem resolution are the common factors that make up a good working alliance (Laporte, 2007). Of all these common relationship-building factors, support and empathy were most often discussed by the interviewed mothers. As a mother with adjustment disorder said, “now I have a really nice social caseworker: we talk, she listens, she took the time [for us] to get to know each other.”

Support

Laporte (2007) describes that women with BPD want to be “heard, understood, accepted and supported” (p. 107). The mothers described support as being “on my side,” or “there for me.” To them, support was comprised of two factors: active listening and empathy. As one mother with BPD put it, “[I] want caseworkers who work with their heart, not just their head.” Empathy can be fostered by asking about a mother’s history; as women with BPD seem to have experienced more trauma than others (Perepletchikova et al., 2012; Friedland & Laporte, 2013), and will have very compelling personal stories. By asking about their histories, these women emerge as individuals with unique experiences. Several of the interviewed mothers were particularly sensitive to the stigma associated with diagnosis, and indeed many mothers may refuse psychiatric evaluation for this reason. Another mother with BPD explained that, to her, support was “to be asked what I want to talk about. I don’t just want to talk – I want to be listened to.” Mothers related that not being heard, misunderstood, or even shamed, quickly broke down the relationship, resulting in more negative discourse. One caseworker agreed, suggesting that, “in my experience, the lack of support is a trigger...or stressor that worsens the mental health of mothers, especially with borderline personality disorder.”

In addition to emotional support, the mothers requested more support in their maternal role. The interviewed mothers described a multitude of parenting challenges, most often disclosing difficulty with discipline, particularly acting-out behaviours; feeling overwhelmed by their maternal responsibilities; and trouble maintaining their relationship with their child after placement. Indeed, it has been noted in the literature (Neuman, 2012; Stepp et al., 2012) that BPD can have a significant impact on parenting, particularly with respect to discipline and maternal sensitivity. Parents with BPD may have trouble setting limits for their children; they may use frightening behaviours or punishing disciplinary tactics (Stepp et al. 2012).

They may oscillate between critical, hostile, or intrusive control and passive aloofness or outright rejection, which effectively creates an invalidating emotional environment, potentially giving rise to emotional dysregulation in children, among other problems (Neuman; Newman, 2008). Linehan suggests that it is this very same invalidating environment that may in fact lead to the development of BPD, as it has been found that many women with BPD have themselves experienced difficult childhoods with poor maternal role models (as cited in Neuman). This, in combination with genetics, is an important piece in the concept of the intergenerational transmission of mental health disorders, particularly BPD (Paris, 2003). Nevertheless, it is important to remember, as one mother said, that “even though we’re not healthy...doesn’t mean we don’t love our children.” By supporting mothers with BPD in their maternal role, we can better support their children. As another stated:

You know me being happy, me taking care of myself – me stable – helps my children. Whatever I can do to better my life, will better their lives. That’s been my focus. That’s been my focus to get me better so I can be the best mom for them...

Strategies for Intervening with Mothers with BPD

Individuals with BPD have a reputation for being difficult to work with, as they tend to have trouble tolerating an intense helping relationship, by either rejecting or sabotaging help, and blaming others (Laporte, 2007). Despite this popular conception of BPD, those with the disorder are willing to engage, and when we ask them to, they do participate. Indeed, for our study, 82% of mothers (two-thirds of whom had BPD) who were asked to complete an interview agreed to meet and share their experiences for several hours. By incorporating both the mothers’ and caseworkers’ suggestions, along with practical advice from the literature, it is possible to create an effective alliance to work successfully with a mother with BPD.

1) Firstly, it is important to try to **understand her point of view, and validate her emotions**. This involves being actively interested in what she is saying, without judgement (Laporte, 2007). Look for the good intention behind her actions, and validate that emotion, even when she displays negative behaviours. Validating an emotion like anger, for example, can quickly de-escalate negative behaviours. Validation may also produce a trickle-down effect to the children. By helping a mother with BPD to better understand her emotions, she may be able to transpose that emotional knowledge to her home life. Just as a therapist-client relationship can provide a corrective parenting experience (Byng-Hall, 2001), caseworkers in YPS may be able to model the kind of validating environment necessary for child rearing. As Fraser (2012) notes, the magic recipe for working with individuals with BPD is to use three-quarters of validation, with one-quarter of challenging or questioning.

2) **Do not try to solve her problems for her**. It is better to first validate her emotions, diffusing the situation and helping her to calm down. When emotions are aroused, thought processes shut down, thus it is important not to give a mother instructions when she is angry as she may not be able to hear and process effectively. Only when she is calm and receptive will she be able to listen. It is also important to ask for a summary of what she has heard and understood – this helps to clear up any future miscommunications. As one mother with BPD exclaimed, “they expect you to be calm when they tell you things... but you are pushing me [my buttons].”

3) **Set clear rules and establish attainable goals**. Laporte (2007) highlights the importance of setting clear limits with immediate consequences, for example explaining the kind of behaviour that is acceptable at meetings. Having consequences for inappropriate behaviour helps prevent splitting by putting the onus of responsibility on the mother, who will likely try to blame somebody else, such as the caseworker (Laporte, 2007). Clear limits and goals will also provide stability and predictability for both parent and child, skills typically missing from interactions among individuals with BPD (Neuman, 2012). Finally, it is important to remember that individuals with BPD may make slow progress; however they typically do improve over time (Paris, 2003). Patience and setting small attainable goals are crucial. As one caseworker, with 20 years of experience stated, “you have to be patient, and have a thick skin.”

4) **Establish some distance and maintain appropriate boundaries**. Individuals with BPD tend to reproduce their problematic relationships with everyone in their entourage, including their caseworker, whose frustration may mirror what the mother is herself experiencing (Laporte, 2007). In such situations caseworkers typically feel helpless, as a mother with BPD may incite feelings of self-doubt and incompetence, which tends to make caseworkers distance themselves for self-protection or over-invest their energy and attention (Laporte). Avoid wanting to “save” her by maintaining healthy boundaries, and taking the time for self-care to prevent burn-out.

5) Finally, it is important to **understand where the mother’s behaviours are coming from**. Individuals with BPD act in ways that are seemingly manipulative or impulsive in order to cope with painful feelings. These behaviours may have worked at one time or in the short-term but have since become maladaptive, and indeed can lead to a vicious circle of impulsive behaviour leaving the individual feeling worse than before. A mother with BPD is simply trying to survive, in the best way she can; if she knew how to do better, she would (Fraser et al., 2012). Problematic parenting behaviours, for example, are often modelled on her own parents’ insensitive or even abusive behaviour (Perepletchikova et al., 2012).

Our study confirms this as 73% of the mothers in our study were abused or neglected in their youth. One caseworker with ten years of experience suggested that Youth Protection work “toward understanding the underpinnings of behaviour related to trauma and mental health...client’s anger, often an expression of legitimate loss or pain is all too often used against clients...”

The Youth Protection mandate is to protect children from harm, whether it is physical, emotional or developmental danger. This involves guiding a mother to better help her children, both from the ongoing effects of the emotional rollercoaster she lives with as a mother with BPD, as well as from the risk of intergenerational transmission. We cannot change a child’s genes, but we may be able to disrupt the pattern of insensitive parenting, typical of BPD, thereby fostering nurturing and communication. The most effective tool in a YPS caseworker’s toolbox is the ability to foster a relationship with their clients, and Batshaw Centres caseworkers have already achieved this with some mothers with BPD. In the words of one mother with BPD:

I had the same social worker for 5 years. He knows my family... knows me inside out. He is really a good person. He’s there to help the kids, he doesn’t want to just put your kids away and say forget it you’re a pathetic mother. I’m getting a lot of help and my kids are getting 100% good services.

Did you know ?

Batshaw Centres receives the CWLC Award

The Child Welfare League of Canada (CWLC) presented its 2013 Achievement Awards in Ottawa in March 2014. Batshaw Centres received two prizes, The Youth Achievement Award and the Research and Program Excellence Award. Jasmine Ramcharitar-Brown, a former client of Batshaw Centres, was presented the Youth Achievement Award. Jasmine serves as a strong role model for youth, nominated by her peers to be their representative on the Batshaw Centres Youth Empowerment Group. She is currently studying Special Care Counselling and is an active volunteer and member of her community. The Research and Program Excellence award recognizes significant efforts made to integrate evidence-based knowledge into daily practice across various points of service. Batshaw Centres’ driven research project in collaboration with McGill University’s CRCF was recognized for the development and tracking of client and service outcome indicators. This research project has now expanded to include all 16 youth centres in Québec.

Commentary

Floriana Recine, Application des Mesures

The above article provides invaluable insights to those of us, particularly in AM and Family Preservation, whose daily interventions often involve, as the statistics cited above support, individuals manifesting the cluster of characteristics and behaviours associated with BPD. One of the most detrimental misconceptions about BPD is that it is a “life sentence”, a leftover from an era where conventional wisdom held that treating personality disorders was a futile quest.

While some personality disorders remain more resistant to treatment, the prognosis for BPD is much more hopeful. Rates of recovery are much higher than many clinicians might think; a combination of treatment, medication and emotional support is needed. I strongly encourage child protection agencies to consider this in their view of BPD, as doing otherwise can have detrimental impacts.

What I found particularly noteworthy was that the literature overwhelmingly indicates that relationship building is a key component of effective intervention. The paradox and challenge for frontline caseworkers however is that this is also one of the biggest challenges that individuals with BPD grapple with. The intense internal turmoil of BPD impacts the client-caseworker interaction, even when the relationship is strong

Let’s not forget, caseworkers have their needs too: wanting to be respected, appreciated, and perceived as competent. As such, supervision and being mindful of the counter-transference process is essential. Self-care is also vital, given the emotionally strenuous nature of working with individuals with BPD.

The article has focused on women/mothers with BPD. I would find it interesting to further explore the role of men/fathers with BPD to better understand the increasingly significant role men play in parenting. I urge Batshaw Centres’ staff to feel comfortable discussing issues concerning BPD, to keep an open mind and put aside any biases or assumptions, and to stay informed about developments in the literature.

**Batshaw Youth and Family Centres and the Writers in the Community Program:
Challenges for an exploratory evaluation**

Jill Hanley, Irene Beeman, Madeline Hannan, Annick McKale,
Sandy Sjollema

Given its central importance to modern life, literacy has long been seen as both a challenge and an opportunity for members of marginalized populations (Movement for Canadian Literacy, 2001; Neuman, 2008), including youth at risk (Walker, Greenwood, Hart, & Carta, 1994; Willms, 1997). Such youth face many barriers to success at school, often completing school with weak literacy skills, facing further challenges to employment and interaction with public institutions. As such, helping youth at risk to develop stronger literacy skills – and, in the best case scenario a love of reading and writing – may not only address practical challenges to future employment and public engagement (StatsCan, 2006) but can also make a significant contribution to positive self-esteem and positive relationships with peers, teachers, and parents (Chandler, 1999). The study presented in this article aimed to evaluate a community-based literacy project in Montreal, the Writers in the Community (WIC) program, as it is offered to youth involved with Batshaw Youth and Family Centres (Batshaw Centres). The study offers an example of a positive community-university partnership. The Centre for Literacy initiated the project by inviting McGill researchers to work on the evaluation and provided invaluable support by supplying background information, facilitating access to key informants, and editing and publishing the final report.

Writers in the Community Program

The WIC program, run in partnership by the Quebec Writers' Federation (QWF) and The Centre for Literacy (TCL), is designed to expose socially marginalized teenagers to writers who present them with opportunities to engage in creative writing. WIC activities motivate and engage the participants in writing, extend participants' appreciation of literary expression, result in the creation of tangible products, assist in the development of new skills, foster pride in participants' accomplishments, and connect participants in the literary community. Evolving from a pilot project in the late 1990s (Curran, 2009), WIC has worked since 2007 in partnership with a variety of hosts, including schools and community organizations in the Montreal area. Between one and two-thirds of all WIC youth participants become part of the program through their involvement with Batshaw Centres, which have been engaged with the WIC program (or its predecessors) since the initial pilot projects.

In its current format, WIC pays a writer-facilitator to facilitate writing groups in alternative schools and youth-based community organizations. Groups run for ten weekly sessions¹ at various locations in both the fall and spring.

Each group normally consists of 5-15 participants whose ages generally range from 12 –17 years, although these numbers can vary depending on the group.

The Research Project: Unexpected Hurdles for What Seemed a Straightforward Study

The main objective of this study was to evaluate the impact of WIC on youth who have participated in the program through one of the Batshaw Centres, *six to eight months after* they completed the program by answering the following research question:

What is the impact of the Writers in the Community (WIC) Program on its youth participants after they have finished the program (over a period of six to eight months) in terms of how they perceive their situation (i.e. academic, personal and social situations)?

Through qualitative interviews the evaluation sought to uncover the attitudes of the youth towards themselves, their friends and families, their school, and the community. First, it sought to identify their perceptions about school attendance and performance, community participation, and of their overall future. It also sought to identify their perceptions of their writing and literacy skills, as well as specific skills learned in the WIC, such as editing, layout, meeting deadlines, literary critiquing, and working collaboratively. Finally, the study aimed to evaluate the longer-term impact of the connection between the writer-facilitator and the students.

The researchers intended to recruit study participants from among the youth who participated in the WIC program in the fall of 2011 at two Batshaw Centres-affiliated high schools. The age of the sample population ranged from 12 to 17. It was hoped that of the 16 youth who participated in these schools, all would be able to act as research participants. As explained in the recruitment section below, the reality was markedly different.

Key informants were also interviewed: two writer-facilitators, the WIC program coordinator and the executive directors of the QWF and TCL.

Recruitment Challenges

Following ethics approval, the team was able to begin collaboration with Batshaw Centres youth caseworkers in September 2012, already several months later than planned. We were then able to begin the 3-step process of recruiting the youth study participants, involving the youths' caseworkers, their parents and finally the youth themselves.

During the 8-12 months following the completion of the fall 2011 WIC program, the 16 youth participants had experienced many changes. By January 2013,

- 5 youth could not be contacted as their caseworkers reported they were either in crisis or were away without permission
- 3 youths' parents refused to have their son/daughter participate in the study
- 1 youth over age 18 did not respond to our communication
- 1 parent did not respond to our communication
- 5 parents agreed verbally but never submitted the signed consent form necessary before the team can contact the youth; they eventually stopped responding to communications

In the end, only one parent signed the consent form and the youth agreed to the interview, the only youth to ultimately participate in the study.

The high degree of instability and changes in circumstances among the youth and the evaluation process steps that did not prepare for such obstacles were serious impediments to the study, yet at the same time a clear indication of some of the challenges in delivering the WIC program within the Batshaw Centres context.

Reflections on the Study

As described in our full report, the study encountered many hurdles. Nevertheless, we decided to use the report to present the story of the evolution of the study and to share the method developed to conduct the evaluation, as we believe it can contribute to future work in this area. We also present some findings based on the limited number of interviews conducted. The input from the program sponsors and the writer-facilitators is rich. Regarding participants, while it is impossible to generalize from the perceptions of one informant, his feelings about the impact of the program were positive and thoughtful. As we see below, he has integrated writing into his life, even nearly one year after the program:

I'd actually enjoy that, showing people what I've been through, what I've seen, how I feel... Whenever I get angry or something or I don't feel like, you know, just trying, I just write and it makes me feel better. It makes me think about old days, about sad times, good times I had, it just pushes me to go, to never stop, never give up. And then, when I write, it actually sounds pretty good when I write... I was just writing off the top of my head, about what I felt inside, and after when I looked at it, I said 'Whoa! This is what I wrote!' And I felt good about it.

What we gain through this pilot however, is a good indication of themes worth exploring in further evaluations and a much better idea of how to go about such a study in the future. The most important suggestion for improving results of future evaluations is to alter the process at the start of each session and include a consent to be contacted after the end of the program for longer-term follow-up in the initial consent to participate in WIC. This would eliminate the need to go through a lengthy secondary consent process and allow the researchers to contact the youth directly for the follow-up interview.

The current interview design seems to give a fair indication of the youths' perception of the program, of its impact on their literacy skills and practices, and of any changes they have experienced in their relationships with others (including school). These are however still perceptions and it would be interesting to add other more objective indicators of WIC's impact such as participants' grades or their results on more standardized literacy measures over time. What is clear from the people who shared their thoughts in this study is that those involved are very committed to a program they believe is worthwhile. Nothing in the results suggests otherwise. Having the opportunity to study the impacts of WIC in more depth therefore, would contribute to the evidence base for the advancement of community-based literacy programs for this target group.

Footnote: The program ran for 8 weeks at the time of the study.² Available at <http://www.centreforliteracy.qc.ca/>

Announcements

CRCF Research Seminars

The McGill CRCF research seminars provide an opportunity for faculty, visiting scholars, graduate students and clinicians to share and discuss their research and experience. *Batshaw staff are always welcome!* Bring your lunch; coffee and cookies will be served. For more information or to download past presentations please go to www.mcgill.ca/crcf/events/seminar

Wednesday October 29, 2014 from 12:00 to 13:30 – Wilson Hall, Room TBA
Using qualitative methods to promote social change: social work research as social work practice. Deborah Padgett, New York University

Wednesday November 26, 2014 from 12:00 to 13:30 – Wilson Hall, Room TBA
Assessment of Mentalizing and Affect Regulation in Clinical Research
Heather MacIntosh

The Canadian and Quebec Incidence Studies Malak Kamel & Nico Trocmé

The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) is a national initiative to collect data on children who come to the attention of child welfare authorities across Canada due to alleged abuse and/or neglect. The incidence study collects and analyzes data on a five-year cycle; the first national cycle was completed in 1998, followed by 2003 and 2008. Examining prevalence rates as well as child or family characteristics, the datasets provide an opportunity to compare changes in child maltreatment within provinces and across Canada.

Based on the CIS-2008 results, there were an estimated 85,440 (substantiated) child maltreatment investigations in Canada in 2008 – a rate of about 14 investigations per 1,000 children. 82% of these were identified under one type or category of maltreatment, while 18% were identified under multiple. In order from most to least frequent, the single categories were ranked as follows: exposure to intimate partner violence (34%), neglect (34%), physical abuse (20%), emotional maltreatment (9%), and sexual abuse (3%). The most frequent combination of these categories was: exposure to intimate partner violence and neglect, and, exposure to intimate partner violence and emotional maltreatment. The full CIS-2008 Major Findings Report is accessible to all and can be downloaded from the website of the Canadian Child Welfare Research Portal (CWRP).

Provincial and territorial incidence studies are also conducted as part of the CIS cycles. The Étude d'incidence québécoise sur l'incidence des signalements de cas de violence et de négligence envers les enfants (ÉIQ) focuses on incidence in Québec. The ÉIQ-2014 is quickly underway and ready to begin the data collection phase. From October 1, 2014 to December 31, 2014, within each of the 16 youth centres of Québec, signalements received and retained for evaluation will be randomly selected from PIJ. Of those randomly selected, data will be gathered from the Evaluation/Orientation caseworkers between October 2014 and April 2015 to allow for adequate time to complete the Evaluation, and if appropriate the Orientation, before responding to an electronic survey. The following year will be dedicated to data analysis, preparing the ÉIQ-2014 report, and disseminating the results.

For more information, be it CIS study reports (national, provincial, and First Nations studies) or CIS information sheets (containing short statistical summaries on an array of topics such as dating violence, false allegations and shaken baby syndrome), check out the CWRP website at <http://cwrp.ca>.

Did you know ?

Clinical Integration Group on Conjugal Violence

The Clinical Integration Group on Conjugal Violence (CIG-CV) is a clinically diverse group composed of members from across Batshaw Centres' clinical services, community partners such as Alison Henderson at the Auberge Shalom, knowledge broker Sophie Boucher at Université du Québec à Montréal, and research assistant Megan Simpson at McGill University. The CIG-CV has been co-chaired by Sophie Alevizos, RTS Intake Worker and Supervisor of Verification Terrain, and Lucy Dematos, Program Manager of Application of Measures, meeting once per month to focus on integrating knowledge from the current literature into clinical practice. Having a clinically diverse group creates ample opportunity for discussion on current issues in the literature, including understanding conjugal violence within a multicultural context and working with multiple risk factors (i.e. conjugal violence and substance abuse, mental health, or neglect).

During the 2014-2015 year, the CIG-CV will be co-chaired by Sophie Alevizos and Brian Voelk, Program Manager of Evaluation/Orientation. Both in the literature and at Batshaw Centres, caseworkers have expressed a need for assessment and intervention guidelines when working with families exposed to conjugal violence. During the coming year, the CIG-CV will be working towards developing practice guidelines to address this need, aiming to provide caseworkers with evidence-based assessment methods and best-practice intervention techniques.

Did you know ?

Kees Maas, publication of journal article: Suicide prevention in child welfare

In a given year at Batshaw Centres, an average of 42 situations require high levels of supervision of youth due to severe suicidal behavior, and approximately three times as many require the involvement of mental health specialists (Maas, 2014). Since the implementation of the Provincial Suicide Prevention Protocol, statistics show that there has been a decrease in suicidal gestures and attempts, suggesting there is a sense of safety and security for children and their families, as well as for caseworkers and staff. The use of the protocol also increases support to front line caseworkers, better protecting them against vicarious traumatization. For a more in-depth look, please refer to Kees Maas' recently published article: Maas, K. (2014). Suicide Prevention in Child Welfare: The Quebec Experience Protecting Children and Staff. *International Journal of Child, Youth and Family Studies*, 1, 144-157.

Marie-Josée Mercier, publication of a youth novel: De quoi j'ai l'air?

Marie-Josée Mercier, psychologist at Batshaw Centres, alongside journalist and writer Aline Apostolska, co-authored a youth novel entitled *De quoi j'ai l'air?* The novel is about how adolescents deal with their self-image and is the second novel in a series entitled *C'est quoi le rapport?* In April 2014, Marie-Josée and Aline received the Coup de coeur award from the youth jury of the IMAGE/in 2014 Prize. The IMAGE/in Prize recognizes Quebec companies that put forward initiatives for a healthy and diverse representation of the body in fashion, media and advertising. For a more in-depth look, *De quoi j'ai l'air?* is available in the Batshaw library.

Stephen Ellenbogen, publication of an academic book chapter: Treating Youth Aggression and Related Problems in a Social Services Agency

We are proud to announce that a report on the evaluation of the Family TIES program at Batshaw Centres has recently been published as a book chapter in *Adolescence: Places and Spaces* (Eds. M. F. Taylor, J. A. Pooley, & J. Merrick). Stephen Ellenbogen is the lead investigator of Family TIES, a multilevel treatment program for maltreated youth with anger, aggression, and interconnected problems. Based on the premise that youth problems emerge largely from family discord, the program involves (a) teaching prosocial and anger management skills to youth, (b) training parents to become supportive coaches for their children, and (c) enacting effective family problem solving within the context of multi-family group sessions. Youth-report and parent-report measures were administered before and after the program, showing reduced youth aggression and rule breaking, improved parental monitoring, and fewer family functioning problems overall. The evaluation applied to Youth Protection and to Young Offender services.

For a more in-depth look, please visit:

https://www.novapublishers.com/catalog/product_info.php?products_id=51136. The costs to make this chapter an open access document were covered by Batshaw Centres, the Centre for Research on Children and Families, and Stephen Ellenbogen's research fund. You can also search by chapter title: Ellenbogen, S., Calame, R., Parker, K., Finne, J., & Trocmé, N. (2014). Treating Youth Aggression and Related Problems in a Social Services Agency. In M.F. Taylor, J.A. Pooley, & J. Merrick (Eds.), *Adolescence: Places and Spaces* (pp. 161-173). New York: Nova Publishers.

References for *Seeing eye-to-eye: Creating an effective alliance with mothers with borderline personality disorder*

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