

**Services Research
Knowledge/Questions for
Trauma-Informed Attention
to IPV in Health Care**

Lessons from Behavioral
Health Care Settings

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Overview

- Implications for Screening/Assessment of IPV, given lessons learned from work on trauma in behavioral health settings [mental health (MH) and those focused on alcohol and other drugs (AOD)]—emphasizing larger system implications
- Emphasize complexity of patterns, Q' s and issues at various system levels & phases of interventions
- There is much experience, some evidence
- Many research questions

Patterns of Co-occurrence [IPV, AOD, MH, traumatic reactions]

- People likely at different levels of risk, problems, and phases of difficulties in different areas
- Low risk factors on one, higher on others.
- Active problems in one or more
- May have successfully changed on one or more, but need support to maintain & not recidivate

Q' s: How ID screening & intervention implications of complex patterns of co-occurrence?

Links Between Screening and Brief Interventions

- Might some universal brief interventions be useful for all women?
- How ID those who'd benefit from selective or indicated preventive interventions for one or more of these co-occurring conditions?
- What approaches helpful to facilitate referrals to IPV assistance or treatment (e.g., AOD, trauma)?
- What useful for whom to support maintenance of positive changes for those who've made some?

Screening & Brief Interventions

- These exist for IPV, MH, AOD separately with some evidence of effectiveness
- Know much less about how to integrate these, how to ensure that those targeting MH & AOD are sensitive to IPV and active coercion
- Not been vetted for trauma-informed issues

How inter-relate these, maintain effectiveness & include trauma-informed principles?

Where & how to locate screening, brief intervns

Trauma-Informed Organizations and Systems

- Harris and FalLOT coined the term trauma-informed services w organizational implications
- Women Co-Occurring Disorders & Violence Study (WCDVS) and other efforts to implement and study these documented that only trauma-informed services/clinicians are NOT sufficient
- The entire organization and aspects of larger environment must be trauma-informed, or will undermine other efforts, and interfere especially w initial contacts, retention, & minimizing harm

Trauma-informed Services/Organizations

- Do not trigger trauma reactions or retraumatize,
- Are welcoming, empowering,
- Assist trauma survivors to participate
- Provide a healing and non-dangerous climate
- Have trauma-specific services
- Are accountable and collaborative with regular feedback mechanisms so that people with lived experience can provide feedback about what they experience as traumatic & disempowering

Trauma-informed principles important in all organization elements

- Participant/services level—all phases
- HR practices. Staff, training, supervision
- Leadership - Mission, values
- Organizational culture, practices, policies
- External collaborators, funders, regulators

- Q' s: Need more tools to assess degree & effectiveness of “trauma-informedness”

Becoming trauma-informed is a process (e.g., innovation theory)

- At all levels, all components. Ensure one doesn't undermine others. Need champions, those with lived experience, data regularly disseminated .
- Early phases—assess, assess, assess; educate, educate, educate. Pilot work, collaborations
- Middle phases—disseminate learnings, expand approaches that work, address resistance/barriers,
- Later—consolidate, train new people, make sure don't undermine as other changes happen

Trauma-informed approaches challenge existing paradigms

- Is the case in all fields—not efficient, messy
- Requires change elements not always necessary
 - Trainings in multidisciplinary groups, including external collaborators
 - Cross disciplinary and functional teams
 - Provide data on successes, challenges.
 - Disseminate info, multiple forms & audiences
 - Develop and reward active champions, regular feedback and input from those most impacted
- Provide support/supervision related to trauma for everyone, even evaluators

Research Questions for Trauma-Informed Development Process and Phases

- How consider all aspects of the organization, and all personnel, not just direct services?
- Is there training and supervision of all staff focused on traumatic reactions?
- Adequate leadership for change? How working together?
- How are trauma-informed principles, policies, practices reflected in larger organizational environment/culture ?
- What about relationships w environment, ext resources?
- Are process, fidelity, and outcome research & evaluations using trauma-informed practice principles?

System Capabilities in Referral to Treatment components of SBIRT

- Most IPV, AOD, MH, even trauma-specific treatment settings may not be trauma-informed
- May retraumatize and make referrals difficult.
- Orgs have vastly different histories & paradigms, have difficulty addressing co-occurring issues
- New models are emerging, but still uncommon
- How assess and develop needed hybridity and trauma-informedness in referral partners?

Challenges in Measuring Costs Saved, Effectiveness, Critical Pathways

- For trauma-informed, coordinated, hybrid, or joint
- Are beginning to be examples and evidence, that these approaches improve access to health and other types of care, retention, and some outcomes
- Are examples of longer-term cost-savings, but research is difficult, more is needed.
- How measure cost-effectiveness & key elements w complex co-occurring issues, esp if randomized control designs may not be best or even possible?

References from WCDVS

- L. Markoff, B. G. Reed, R. D. Fallot, D. E. Elliott, & P. Bejelajac (2005). Implementing trauma-informed alcohol and other drug and mental health services for women: Lessons learned in a multi-site demonstration project. *American Journal of Orthopsychiatry*, Vol 75 no. 4, 525-539.
- D. Elliott, P. Bejelajac, R. D. Fallot, L. Markoff, & B. G. Reed (2005). Trauma-informed vs. trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*, Vol.33, No.4, 461-477.

Special issues of journals

- Vesey, B/ M. & Clark, C. (Eds) (2004) *Responding to Physical and Sexual Abuse in Women with Alcohol and Other Drug and Mental Disorders*. Haworth Press. Also volume 22 (3/4) of *Alcoholism Treatment Quarterly*. descriptions of what the 9 implementation projects were, how they approached services.
- The *Journal of Behavioral Health Services and Research*, April/June 2005. Volume 32(2). This is a mix of data-based papers and treatment issues papers.
- *Journal of Community Psychology*, 2005, Vol.33, No.4. This has another mix of data-based papers and papers that extract from the experience of conducting and integrating all the interventions.

More special issues, WCDVS

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- *Journal of Community Psychology*, 2007, Volume 35, Issue 7, Pages 819–923. Includes both overall and site outcome data, including issues of retention and general health and HIV outcomes, description of children's intervention.
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- *Journal of Substance Abuse Treatment* 2005, 28(2), March 05. introduction, 4 papers on study results, 2 commentaries on the 6-month outcomes from the Women, Co-Occurring Disorders and Violence Study, *ces*, 2005, 56 (10).
- *Psychiatric Services*, 2005, 56 (10). There are three papers in this issue reporting on overall design issues and 12 month outcome data..

Other single article data-based papers:

- Savage, A, Quiros, L, Dodd, S.J. & Bonavota, D. (2007) Building trauma informed practice: Appreciating the impact of trauma in the lives of women with substance abuse and mental health problems, *Journal of Social Work Practice in the Addictions* 7(1-2), 91-116..
- Cusack, K., Morriessey, J. P. Ellis, A. E. (2008) Targeting trauma-related interventions and improving outcomes for women with co-occurring disorders, *Administration and Policy in Mental Health*, 35, 147-158.

More WCDVS data-based papers

- Chung, S., Domino, M. E. & Morrissey, J. P. (2009) Changes in Treatment Content of Services During Trauma-informed Integrated Services for Women with Co-occurring Disorders, *Community Mental Health Journal*, Volume 45 (5), 375-384.
- Gilbert, A. R., Morrissey, J. P., & Domino, M. R. (2011) Service Utilization patterns as predictors of response to trauma-informed integrated treatment for women with co-occurring disorders, *Journal of Dual Diagnosis*, 7(3) 117-129/

Some other system-level resources.

- Hopper, Elizabeth K. Bassuk, Ellen L., and Olivet, Jeffrey (2010) Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings, *The Open Health Services and Policy Journal*, 3, 80-100
- Ko, Susan J.; Ford, Julian D.; Kassam-Adams, Nancy; Berkowitz, Steven J.; Wilson, Charles; Wong, Marleen; Brymer, Melissa J.; Layne, Christopher M. (Aug, 2008) Creating trauma-informed systems: Child welfare, education, first responders, health care, juvenile justice. *Professional Psychology: Research and Practice*, Vol 39(4), 396-404
- Torchalla, I, Nosen, L, Rostam, H., Allen, P. (2012) Integrated treatment programs for individuals with concurrent substance use disorders and trauma experiences: A systematic review and meta-analysis, *Journal of Substance Abuse Treatment*, 42(1), 65-77.