

Trauma-Informed Screening Methods: Lessons from Behavioral Health Settings

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Mental Health**

NIH IPV Research Symposium

December 9th, 2013

Key Questions

- **Why is a trauma-informed approach critical for IPV screening and assessment?**
- **Why is a culturally attuned, trauma- *and* IPV-informed approach essential to screening and assessment for all health, mental health and substance abuse conditions?**
- **How does this translate into practice?**
- **What does it take to implement?**
- **What are the implications for IPV counseling and for trauma, mental health and substance abuse treatment in the context of IPV?**
- **What research exists to support this?**
- **Where are the research gaps and opportunities?**

IPV, Trauma, Substance Abuse and Mental Health: What Do We Know?

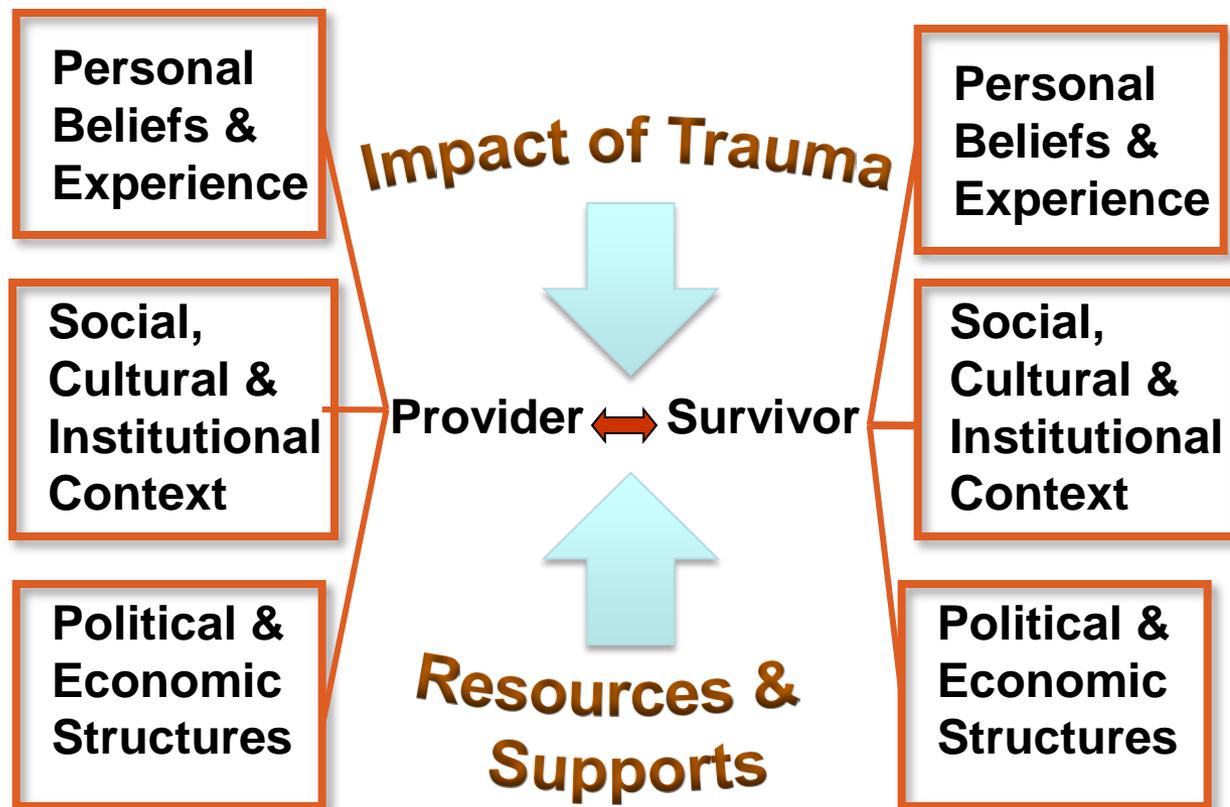
- IPV has significant trauma-related health, mental health & substance abuse effects
- IPV survivors often experience multiple types of trauma
- Abusers actively undermine their partners sanity, sobriety and parenting
- Abusers use these issues to control their partners
- Women dealing with MH and substance abuse conditions are at increased risk for coercive control
- Stigma associated with substance abuse and mental illness compounds these risks

Why an IPV- and Trauma-Informed Approach to Screening, Assessment & Counseling?

- **Trauma can affect survivors' experience of services**
 - Avoidance of trauma triggers
 - Reluctance to reach out when trust has been betrayed
 - Retraumatization in clinical settings; misperception of trauma responses and coping strategies
- **Abusers control survivors' access to treatment**
 - Control meds, sabotage recovery, manipulate perceptions
- **Trauma affects providers and institutions**
 - Without a trauma framework, services can be retraumatizing*
 - Without a DV framework, services can be unsafe

Harris and Fallot 2001; Warshaw et. al. 2013

In a Trauma-Informed Approach, HCPs Are Also Part of the Equation



Making Research More Complex

How Does an IPV- & Trauma-Informed Approach Improve Clinical Practice?

- **Understand people's responses in context**
- **Respond in more helpful & empathic ways**
- **Offer more effective treatment & intervention**
- **Understand our own responses and their potential impact & the need for organizational support**
- **Recognize role of social context & coercive control**

Trauma-Informed Practice: What is the Evidence? What are the Tools?

- **Trauma-Informed Practice**
 - Creating Trauma-Informed Services and Systems (Harris/Fallot 2001)
 - SAMHSA Women, Violence & Co-Occurring Disorders (2005)
 - Women's Integrated Treatment (Covington 2008)
 - Sanctuary™ (Bloom 1997, 2013)
- **Trauma-Informed Agency Self-Assessment Tools**
 - Trauma-Informed Organizational Toolkit for Homeless Services (Guarino et. al. 2009 Nat'l Center on Family Homelessness)
 - Accessible, Culture-, DV- & Trauma-Informed Agency Self-Assessment Tool (NCDVTMH 2011)
 - Developing Trauma-Informed Organizations (IHR 2012)
- **Trauma-Informed Outcome Measures**
 - Trauma-informed practice) and outcome measures for DV programs (Goodman et. al.; Lyon et. al., (NCDVTMH)

How Does this Translate? Trauma-Informed Services: Lessons from the Behavioral Health & DV Fields

- **Recognizing the pervasiveness & impact of trauma**
 - On survivors, on staff, on organizations
- **Minimizing retraumatization in clinical settings**
 - **Counteracting experience of abuse: Relational, environmental & clinical aspects:** Physical & emotional safety; respect, connection, transparency, consistency & trustworthiness; attention to environment; anticipation of trauma triggers
- **Facilitating healing, safety & well-being in person's life**
 - **Partnering to transform the effects of abuse:** Attention to quality of interactions; attention to safety and coercive control; culturally resonant, strength & empowerment-based approaches; support development of knowledge, resources, skills, connections & meaning
- **Attending to impact on providers & organizations**
- **Addressing social conditions that perpetuate abuse**

Creating IPV- and Trauma-Informed Practices & Institutions

Transforming the Conditions that Perpetuate Abuse

Recognize Pervasiveness & Impact of Trauma

Minimize Retraumatization

Create Physical & Emotional Safety

Attend to Organizational Culture & Environment

Ask About Trauma & IPV in Context of TI Relationship

Support Resilience & Healing; Refer for DV Services & IPV/Trauma Treatment

Attend to Impact on Providers & Organizations

Create Institutional Supports; Promote Social Change

Implications for Screening & Assessment

- **Screening & Assessment with an IPV/Trauma Lens:**
 - Understanding intersections; understanding responses; understanding culture, strengths, resources, options, & supports
- **TI Approach to Screening & Assessment**
 - Relationships and environments we create: How we connect, how we ask, how we respond, how we partner, what we expect
- **What does it take to do that?**
 - Understanding trauma, IPV & context; Awareness of own responses; and support to address them including a TI organizational culture & ongoing training & supervision
- **What gets in the way?**
 - Personal experiences, clinical training, institutional and financial barriers & culture of medicine
- **What is the state of the science?**
 - Effective IPV screening tools, computer screening + qualitative research (Gerbert 2002, Rhodes 2007, Rodriguez 99, Chang 2005; Nelson 2012, etc.)
 - Effective trauma screening tools + Qualitative research

Referrals for Trauma Treatment in the Context of IPV: What do we know?

- **Symptom-focused vs. Multi-dimensional approach**
 - PTSD treatment targets specific symptoms; Complex trauma treatment addresses multiple domains
- **Past abuse vs. Ongoing risk**
 - Most trauma treatment models focus on past abuse; Few are designed for survivors still under siege whether from IPV or oppressive social conditions
 - Some evidence-based treatments for PTSD may be harmful in context of complex trauma and/or ongoing abuse
 - Women experiencing IPV often excluded from clinical trials
- **Treatment should integrate both IPV and trauma concerns**

Trauma-Specific Treatment for Survivors of Domestic Violence

■ PTSD Treatment

- Robust evidence base: CBT, PE, EMDR
- Emerging evidence: Mindfulness-based interventions, Mind-Body therapies, Virtual therapies

■ IPV + PTSD Treatment

- 9 RCTs but evidence still limited: Modified CBT, yoga-based therapy; often after person is out of the relationship

■ Complex Trauma Treatment

- EBPs for less severe complex trauma (Hybrid approaches)
- Consensus phase-based for complex trauma: EB modalities embedded in relational, developmental matrix; Begin with safety, stability and relationship
- Combined trauma & substance abuse treatments

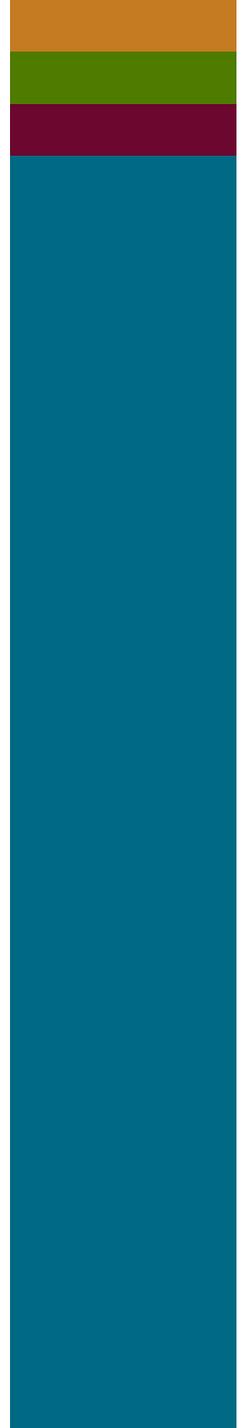
■ Culturally Specific Responses to Collective Trauma

Foa et. al. 2005, Warshaw et. al. 2009, 2013, Cloitre et. al. 2011, Courtois & Ford 2009, Dutton et. al. 2013, Johnson 2-11, Kaslow 2010, Kubany 2004, Serrata 2012, Cook 2013

Research Gaps, Challenges and Opportunities

- **What, when & how to ask about complex intersections of trauma, MH, substance abuse*** and about MH and substance abuse coercion**
- **Evaluating effectiveness of culturally relevant, IPV- and trauma-Informed services and organizations**
- **Culturally relevant trauma treatment in the context of IPV** and in the context of other lifetime trauma and ongoing risk
- **Methodologies that capture complex lives and conditions** (including factors outside of survivors' control), meaningful outcomes, individual tailoring and diverse contexts and trajectories
- **Implementation, replication, dissemination**

*Glover Reed, ** Warshaw, Lyon, Bland, Phillips, & Hooper 2013



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Funded by Administration on Children Youth and Families
Administration for Children and Families,
US Department of Health and Human Services