Trauma-Informed Screening Methods: Lessons from Behavioral Health Settings

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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

Packard-Historical Trauma; Fabri -Triple Trauma Paradigm; Dabby- State-sponsored GBV, Warshaw et. al. 2014
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

Impact of Trauma

Personal Beliefs & Experience
Social, Cultural & Institutional Context
Political & Economic Structures

Provider    Survivor

Resources & Supports

Making Research More Complex

Warshaw 2014
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
- Support Resilience & Healing; Refer for DV Services & IPV/Trauma Treatment
- Ask About Trauma & IPV in Context of TI Relationship
- Create Institutional Supports; Promote Social Change
- Attend to Impact on Providers & Organizations

Harris & Fallot 2001, Warshaw 2013
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**

Warshaw, Sullivan, Rivera 2013
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**
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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