



# Working at the Intersection of Intimate Partner Violence and Mental Health

## *Mental Health Treatment in the Context of Intimate Partner Violence*

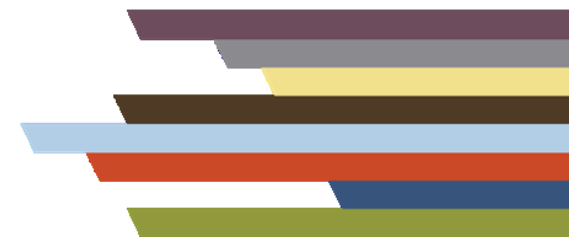
Wednesday, August 12, 2020

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Presented by:

**Carole Warshaw, MD**, Director, NCDVTMH

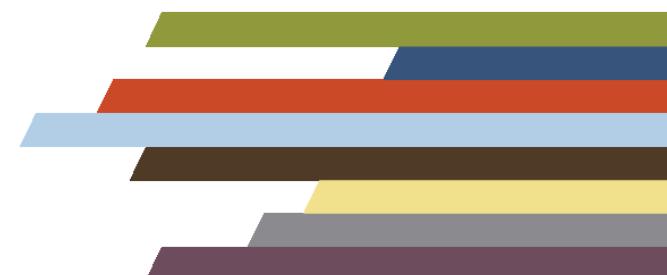
**Gabriela Zapata-Alma, LCSW, CADC**, Director of Policy and Practice on Domestic Violence and Substance Use, NCDVTMH



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# Presenters



**Carole Warshaw, MD**, is the Director of the National Center on Domestic Violence, Trauma & Mental Health and a faculty member in the Department of Psychiatry at the University of Illinois. Dr. Warshaw has been at the forefront of developing collaborative models and building system capacity to address the mental health, substance use and advocacy concerns of survivors of DV and other trauma, and to create accessible, culturally responsive, domestic violence- and trauma-informed services and organizations.



**Gabriela Zapata-Alma, LCSW, CADC**, is the Director of Policy and Practice on Domestic Violence and Substance Use at the National Center on Domestic Violence, Trauma & Mental Health. Gabriela brings over 15 years of experience supporting people impacted by violence, mental health conditions, substance use disorders, trauma, housing instability, and HIV/AIDS; providing counseling, training, advocacy, and policy consultation; and leading programs using trauma-informed approaches, Motivational Interviewing, harm reduction, gender-responsive care, Housing First, and third-wave behavioral interventions.



# Mental Health Treatment in the Context of Intimate Partner Violence

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August 12<sup>th</sup> 2020

Session 2 of 3

Working at the Intersections of Intimate Partner Violence and Mental Health

**U.S., DHHS, Administration on Children, Youth and Families, Family and Youth Services Bureau, Family Violence Prevention and Services Program:**

**Special Issue Resource Center Dedicated to Addressing the Intersection of Domestic Violence, Trauma, Substance Use, and Mental Health**

- Comprehensive Array of Training & Technical Assistance Services and Resources
- Research and Evaluation
- Policy Development & Analysis
- Public Awareness

NCDVTMH is supported by Grant #90EV0437-01-00 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, Family Violence Prevention and Services Program (FVPSA), U.S. Department of Health and Human Services. Points of view in this document are those of the presenters and do not necessarily reflect the official positions or policies of the U.S. Department of Health and Human Services.



# Our work is informed by...



# Learning Objectives

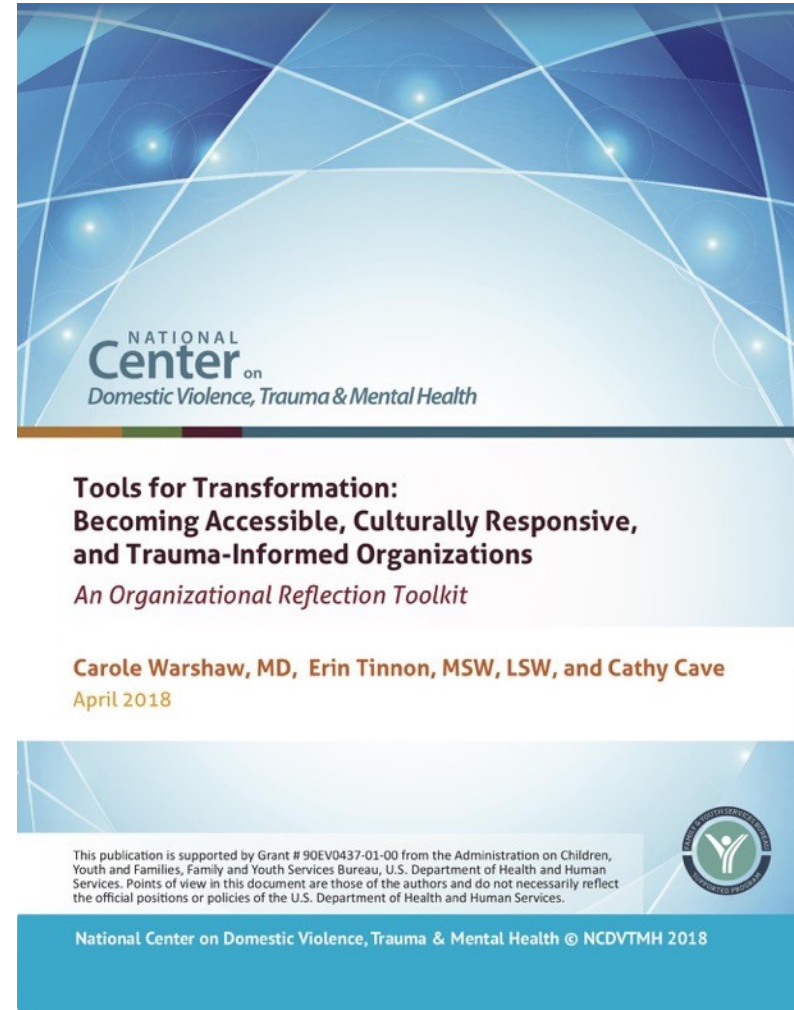
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- Identify at least three strategies for increasing responsiveness to survivors of IPV within existing mental health services.
- Become familiar with evidence-based, evidence-informed, and promising practices for the treatment of trauma in the context of IPV.
- Describe at least three components of adapting evidence-based practices to be more responsive to the needs of survivors of IPV.
- Actively collaborate with survivors of IPV to develop individualized, person-centered safety strategies in the context of mental health services.
- Navigate the tools, strategies, and resources in NCDVTMH's *Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence Toolkit*.



# Mental health treatment in the context of IPV builds upon on foundation of trauma-informed approaches

Tools for Transformation:  
Becoming Accessible,  
Culturally Responsive, and  
Trauma-Informed Organizations



# Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence



A Toolkit for  
Screening,  
Assessment, and  
Brief Counseling  
in Primary Care  
and Behavioral  
Health Settings

# Initial Steps

Determining Level of Responsiveness and Opportunities for Enhancement

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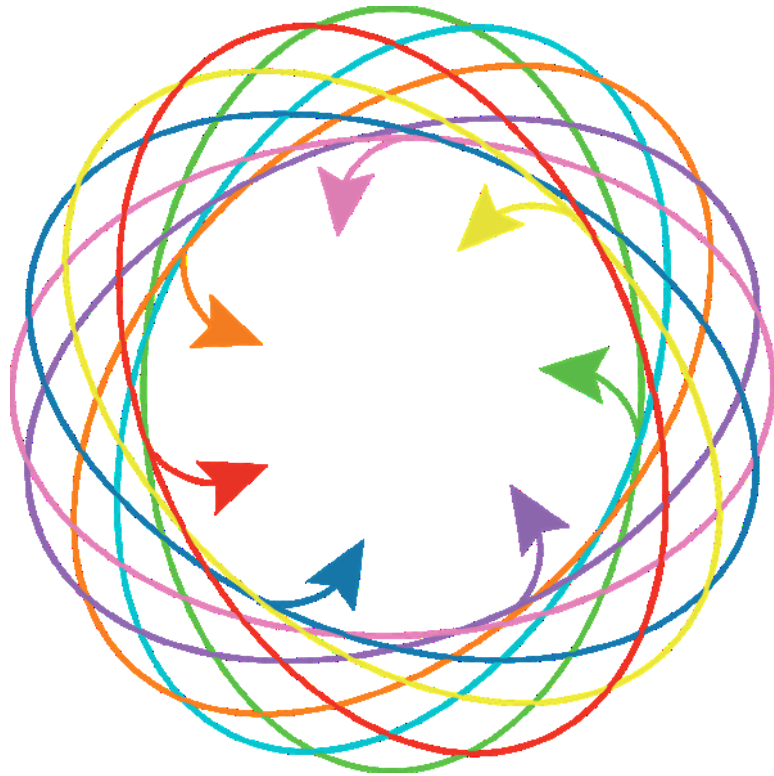
# Continuum of Responsiveness

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- **IPV-Informed:** Programs that are aware of the dynamics of IPV, mental health, and mental health coercion
  - Cross-training, interdisciplinary teams, referral partnerships, etc.
- **Collaborative:** Programs that have active collaborations across MH/DV fields
  - Co-facilitated groups in both settings, active linkages, co-location, etc.
- **Integrated:** Full integration of MH/DV services
  - Integrated assessment and service planning, menu of MH/DV services offered across programs and provided based on survivor's self-defined needs, 'no wrong door' approach, etc.

# Identify Opportunities for Enhancement

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- Workforce development
- IPV information and DV resources
- Collaboration with DV programs
- Privacy, confidentiality, and information sharing
- Onsite IPV counseling and/or groups

# Key Elements

Enhancing Responsiveness to IPV in  
Mental Health Services



# Key Elements: Programs and Staff

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- Trauma- and IPV-informed services
- All staff are trained on trauma and IPV
- Confidentiality as a safety need
- Accessible information on IPV and DV/SV resources
- Collaboration with DV/SV programs

# Key Elements:

## Clinical and Recovery Support Services

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- Safe and supportive conversations about IPV
- Validate and affirm survivors while recognizing the impact of abuse and trauma
- Address immediate and ongoing safety needs
- Partner with survivors on safe strategies for mitigating MH/SU coercion and IPV
- Link to community DV/SV services
- Integrated IPV counseling and safety planning



# Recognize the potential role and impact of IPV and MH Coercion in a person's situation

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- How have experiences of abuse and trauma contributed to...
  - ...the development of MH and SUD conditions?
  - ...the exacerbation of MH and SUD conditions?
  - ...sabotaged treatment and recovery efforts?
- How can symptoms and needs be understood as threat responses and survival strategies?



# What Next?

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Responding When Someone  
Discloses IPV and Mental  
Health Coercion

# Validate and Affirm

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- **“It is never your fault when someone harms you – regardless of what your partner or society tells you. You deserve to be treated with dignity and respect.”**
- **“Your partner may try to find other people to agree that your mental health needs give them a right to control or abuse you. This is a tactic to make you feel isolated and further their control over you. By undermining your credibility with other people, your partner makes it much more difficult for you to get support, be believed, and trust yourself. **I believe you - you are not alone.**”**

# Support Safety and Coping Strategies

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- How does your partner's behavior affect how you think or feel?
- What are some of the ways you get through this? What do you find works the best?
- What are some of the ways that you protect yourself? We can talk about some safety strategies if that would be helpful.

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Responding to the needs of IPV survivors in mental health or integrated treatment settings involves a **combination** of:

- **IPV-specific approaches** that can be incorporated into any treatment modality, and for some survivors,
- **Gender-responsive, trauma, and/or substance use disorder-specific treatment** that has been specifically adapted for survivors of IPV.

# Trauma-Specific Treatment

## Including Treatment for Survivors of IPV

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- **PTSD Treatment**
  - Robust evidence base: CBT, PE, EMDR
  - Emerging evidence: Mindfulness-based interventions, Mind-Body therapies, Virtual therapies
- **IPV + PTSD Treatment**
  - 24 RCTs but evidence still limited: Modified CBT, yoga-based therapy; often out of the relationship + HOPE, MBSR, CPT, [DBT and Seeking Safety]
- **Complex Trauma Treatment**
  - EBPs for less severe complex trauma (Hybrid)
  - Consensus Phase-Based for Complex trauma: EB modalities embedded in relational, developmental matrix; Begin with safety, stability, relationship
  - Combined trauma and substance use disorder treatments; DBT
- **Culturally Specific Resources for Healing Collective Trauma**

# What can we do when there is limited research data?

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Based on our systematic review, the following can enhance existing EBPs:

1. Psychoeducation about the causes and consequences of IPV, and their traumatic effects
2. Awareness of mental health and substance use coercion, and sabotaging of recovery efforts
3. Attention to ongoing safety
4. Cognitive and emotional coping skill development to address trauma-related symptoms and support goals
5. A focus on survivors' strengths as well as cultural strengths on which they can draw

NATIONAL  
**Center** on  
*Domestic Violence, Trauma & Mental Health*

**A Systematic Review of Trauma-Focused  
Interventions for Domestic Violence Survivors**

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Trauma & Mental Health

**Cris M. Sullivan, PhD**  
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# Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors



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# **Safety Planning:** Supporting Physical Safety, Emotional Safety, and Safe Treatment Access

# Collaboratively Strategize Ways to Safely Access Mental Health Services

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## Discuss:


- Safe times and places to make or receive calls, to send information, and to schedule appointments
- Safe strategies for attending appointments (in-person or via tele-health)
- Options for managing medication safely
- EHR privacy and protection of sensitive information
- Legal documents giving an abusive partner control
- Referrals to DV/SV advocacy programs

# Support Coping Strategies and Emotional Safety

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- Expand and strengthen safe support network
- Explore how responses to abuse contribute to their physical and emotional safety
- Explore whether and how any responses or coping strategies create additional barriers or hardship, and offer person-centered support
- Provide psychoeducation on trauma responses and help differentiate from necessary vigilance





**Never advise or try to persuade a survivor to leave a relationship**



# Key Elements: Administrative Practices and Staff Support

- Best practices for documentation
- Quality assurance and improvement
- Staff support

# Documentation in the Context of Mental Health Coercion and IPV

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- **Any information that becomes available to an abusive partner can increase that person's danger**
  - Including their location, the fact that they are seeking treatment, or that they disclosed the abuse
- **Records can be subpoenaed** to support an abuser's case against your client
- **Thoughtful documentation of IPV and its effects can benefit survivors** who want to use records to prove that the abuse occurred, bolster their credibility, or provide evidence of their ability to be a good parent

# Documentation, at a minimum, should reflect:

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- The connections between symptoms and abuse
- How abuse creates barriers to participation in services
- A survivor's efforts to protect and care for children



# Best Practices for Documentation with MH Coercion and IPV in Mind

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- Document relationship of symptoms to abuse
- Discuss potential for symptoms to subside when safe
- Document attempts by abusive partner to control your perceptions, medication or treatment
- Carefully frame diagnoses and medication
- Recognize appropriateness of anger
- Describe strengths, coping strategies, and observations of ability to care for and protect children
- Describe engagement in treatment (make sure treatment plan is person-centered and realistic)
- Describe observations about abusive (ex-)partner
- Be alert to abuser who seems “healthier” than victim



# Quality Assurance and Improvement

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Incorporate responses to IPV and other trauma into **continuous quality improvement** plans.

Include **input** from people experiencing IPV.

# Staff Support

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## Trauma Self-Awareness and Stewardship

- Our personal experiences of trauma or IPV
- How our work may impact us personally
- Healing centered workplaces



# Healing from interpersonal trauma involves restoring safety, connections, capacities, trust, dignity, respect, meaning and hope.

## Elements include:

- Physical and emotional safety
- Empowering information, collaboration and choice
- Building on strengths and resilience
- Supporting affect regulation and interpersonal skills
- Cultivating safe, supportive relationships
- Facilitating reintegration and rebuilding
- Developing or reconnecting with supportive aspects of culture, community, spirituality, and engagement in meaningful activities



# To be continued...

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## Please join us for session 3 -

- September 9th:
  - Intimate Partner Violence, Suicidality, and Disabling Psychiatric Conditions: Unique Risks, Needs, and Strategies

Find more info and register here: [bit.ly/IPV-series](https://bit.ly/IPV-series)

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## **Presenter Contact Information:**

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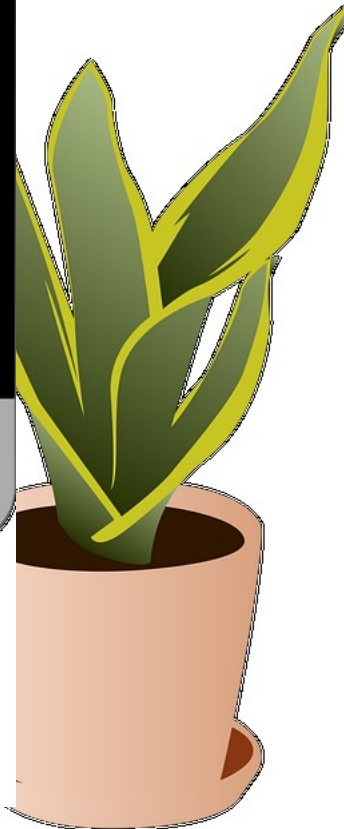
[www.nationalcenterdvtraumamh.org](http://www.nationalcenterdvtraumamh.org)

## Resources for Mental Health and Substance Use Treatment and Recovery Support Providers

At the National Center on Domestic Violence Trauma & Mental Health (NCDVTMH), one of our priorities is to support collaboration between the domestic violence (DV) field and the mental health and substance use disorder treatment and recovery fields. Our work is designed to enhance system responses to survivors of intimate partner violence (IPV) who are experiencing the mental health and substance use-related effects of IPV and other lifetime trauma. A 2012 study conducted by NCDVTMH in partnership with the National Association of State Mental Health Program Directors (NASMHPD) found that the majority of states who participated had a strong interest in further coordination and/or training on these issues.

The information that follows is intended to support mental health and substance use disorder treatment and recovery support providers in their work with survivors of IPV and their children. You will find toolkits, best practice guidelines, webinars, research reviews, and policy briefs to help inform your practice. These can be found below under:

[www.NationalCenterDVTraumaMH.org](http://www.NationalCenterDVTraumaMH.org)





Thank You!



# Q&A with Presenters

