Intimate Partner Violence (IPV) and the Veterans Health Administration (VHA)

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2:00-3:30pm CDT

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Thank you for joining us today!

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Veterans Health Administration’s Intimate Partner Violence Assistance Program

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Objectives

• Outline Veteran’s Health initiative for Intimate Partner Violence

• Current state of implementation

• Strength at Home nationally
IPV Task Force and Plan for Implementation

- In May 2012, VA chartered the DV/IPV Task Force to develop a national program.

- The VHA Plan for Implementation of the DV/IPV Assistance Program was finalized December 2013 and includes 14 recommendations.

- Implementation of the plan across the VHA will expand screening, prevention and intervention to Veterans and will strengthen partnerships with community providers/resources.

- Focus is on developing a culture of safety and adopting a holistic, trauma-informed, Veteran-centered psychosocial rehabilitation framework to inform all facets of the National IPV assistance program.
Key Actions for Implementation

- Assign Points of Contact (POCs) at Veteran Integrated Service Network (VISN) level.

- Assign local Domestic Violence Coordinators (DVCs) for each Veterans Affairs Medical Center (VAMC).

- Develop a National Awareness/Education Campaign and Communication Plan.

- Develop and deliver training on risk identification and intervention across the VA (including Employee Assistance Program/Employee Health Staff).

- Implement safety assessment/planning and referral process for Veterans who screen positive for experiencing IPV.
Key Actions for Implementation (continued)

- Establish network of national and local community partnerships.
- Partner with a hotline for crisis and prevention calls.
- Implement Veteran-centered services for Veterans who experience IPV.
- Integrate IPV Assistance Program into Workplace Violence Prevention Programs.
- Implement pilot screening and treatment programs for Veterans who use violence.
Current State of the IPV Assistance Program

• National IPV Program Manager appointed

• Established DV/IPV Steering Committee and Workgroups

• Identifying Facility Domestic Violence Coordinators and IPV Points of Contact in numerous facilities- new DVCs are appointed regularly

• Developing and implementing use of a screening tool in program pilot

• Establishing community partnerships with DV experts/agencies
SAFER – Screening Protocol

- **Screen** with E-HITS
- **Acknowledge** and validate
- **Focus** on safety using danger assessment items
- **Educate**
- **Referral** and documentation options

SAFER Protocol developed by VHA IPV Assistance Program Pilot Project Team
E-HITS Screening Tool

• The DV/IPV Assistance Program recommends use of the E-HITS Screening tool to assess for the presence of DV/IPV. The Tool consists of 5 questions:
  ▪ **H**: Has your partner ever physically hurt you in the past 12 months?
  ▪ **I**: Has your partner ever insulted you in the past 12 months?
  ▪ **T**: Has your partner ever threatened to harm you in the past 12 months?
  ▪ **S**: Has your partner ever screamed or cursed at you in the past 12 months?
  ▪ **Extended**: Has your partner ever forced you to have sexual activity in the past 12 months?

• The Veteran is asked to respond to each of the above questions with one of the following:
  ▪ 1. Never
  ▪ 2. Rarely
  ▪ 3. Sometimes
  ▪ 4. Often
  ▪ 5. Frequently

HITS copyrighted in 2003 by Kevin Sherin MD, MPH. VHA has obtained permission to use E-HITS internally for non-profit purposes. Please seek permission from Dr. Sherin (kevin_sherin@doh.state.fl.us) before use.
Danger Assessment

- Follow up safety assessment to positive E-HITS
  - Has the violence increased in frequency/severity in the past 6 months?
  - Has s/he ever choked you?
  - Do you believe s/he may kill you?

- Yes to any of the questions is a positive score for increased risk

Adapted from Campbell, J. (2004) Danger Assessment, Johns Hopkins University
DVC Roles & Responsibilities

- Coordinate IPV training for Medical Center staff
- Provide information and assistance to Veterans and their families
- Coordinate assessment, safety planning and intervention/treatment for Veterans who screen positive for experience/use of IPV and who accept referral to the DVC
- As appropriate, coordinate referrals for non-Veteran partners of Veterans
- Monitor screening, referral and treatment data
- Develop relationships with community providers
- Maintain and disseminate current list of community resources
- Meet National Program reporting requirements
IPV Assistance Program Implementation

Launched in January 2014 to address Task Force Key Recommendations

6 Pilot Sites
- Baltimore, MD
- Philadelphia, PA
- Cincinnati, OH
- Portland, OR
- Kansas City, MO
- Salem, VA

Phase 1-Concluded
- Hire Program Manager
- Identify DVCs
- Staff Training
- Community of Practice
- Screening and Services

Phase 2-In Process
- 60 sites with DVCs
- Staff Training
- Promising Practices
- Strength at Home 11 sites; 4 operational
- Point in Time Evaluation
- Awareness Campaigns

Phase 3-Future
- Contingent upon funding
- Dedicated DVCs enterprise wide
- Consistent screening and safety planning
- Repeat Point in Time Evaluation for comparison

Focus: Veterans who experience IPV & employees impacted by IPV.
Expansion: Include Veterans who use IPV.
Veterans Health Administration’s Strength at Home

Elizabeth Brett, LCSW
Veterans Justice Outreach Specialist & Intimate Partner Violence Coordinator
Cincinnati VAMC
Who is Strength at Home intended for?

- Male Veterans
- VA Health Care eligible
- Not substance dependent
- Being aggressive towards intimate partner (doesn’t include other family member or friends)
- Includes Veterans from any era
What are the benefits of SAH?

• Understanding abuse behavior
• Taking responsibility
• Understanding and exploring core themes
• Learning de-escalation
• Managing stress more effectively
• Assertive communication
• Emotional expression
Other Key Points of SAH

• Effective in ending physical and psychological abuse
• 24 group hours and a 2 hour intake session
• Closed cohort model with 5-8 Veterans
• Partner contact
• Court ordered participants
SAH Referrals within the VAMC

• Referrals from within VA Medical Centers
  – PTSD
  – Mental Health
  – Substance abuse programs (in/out patient)
  – Homeless programs
  – Veterans Justice Outreach
  – Emergency Room/Psychiatric Emergency Center
  – Vet Centers
SAH Referrals from Community & Justice Partners

• Jails
• Probation and Parole
• Veterans Treatment Court
• Pretrial Services
• Family Services
• Domestic Violence Programs
• Community Veterans groups
• Family Court
SAH Intake Process

- Veterans assessments
- Partner assessments
- Clinicians assessments
Veteran Assessment Overview

• Initial Assessment
  – Clinical/motivational interview
  – Consent partner contact/ROI
  – Self-report of symptoms:
    1. PTSD (PCL-5)
    2. Alcohol Misuse (AUDIT)
    3. Use and Experience DV (IPSVS)
       Motivational Interviewing + Feedback
Self-Report Measures: AUDIT

• 10 item self report of alcohol misuse

• To score: sum the item responses

• Score of 8 or more = hazardous drinking, need consult for substance treatment
Self-Report Measures: IPSVS

• 30 items measuring use and experience IPV – past 3 months and lifetime

• To score: add up number of items in each subscale that are “yes”

• Any yes is a positive screen

  – Sample Question:
    I acted very angry towards my partner in a way that seemed dangerous. (Y/N in the last 3 months or Y/N prior to last 3 months) Also, asks veteran’s experience of this behavior.
Self-Report Measures: PCL-5

- 20 items measuring past month PTSD symptoms
- Tied to “worst event” or event that bothers the most
- To score: add up sum of responses
- Score of 31 or more – need consult for PTSD
SAH Partner Calls

• Partner Assessment Overview:
  – As part of Veteran intake obtain signed ROI and consent for partner contact
  – Conduct partner call
  – Complete collateral contact note in CPRS documenting the call
  – Follow-up with partner at end of group
SAH Partner Calls

• Clinician tasks:
  – Obtain collateral information about recent IPV
  – Offer the partner IPV resources and support
  – Act as a resource for safety planning
  – Empathic and supportive tone
  – Following same procedures complete follow-up call at post-treatment
SAH Partner Calls

• Post Treatment
  
  – After last session re-administer PCL, AUDIT, IPSVS and end of treatment satisfaction measure to Veterans

  – Complete post-treatment partner call and include IPSVS
Weekly Clinician Measures

• SAH Fidelity Monitoring
  – One form completed after each session
  – Checklist of session specific elements
Program Stages

Stage 1
- Psychoeducation

Stage 2
- Conflict Management

Stage 3
- Coping Strategies

Stage 4
- Communication
SAH Stages

- Stage I (Sessions 1-2): Psychoeducation
  - Pros/cons of abuse
  - Forms of IPV and impacts of trauma
  - Core themes
  - Goals for group
SAH Stages

• Stage II (Sessions 3-4): Conflict Management
  – The anger response
  – self-monitor thoughts, feelings, physiological responses
  – Assertiveness
  – time outs to de-escalate
SAH Stages

• Stage III (Sessions 5-6): Coping Strategies
  – Anger-related thinking
  – realistic appraisals of threat & other’s intentions
  – coping with stress
  – problem focused versus emotion focused coping
  – relation training for anger
SAH Stages

- Stage IV (Sessions 7-12): Communication Skills
  - Roots of communication style
  - active listening
  - assertive messages
  - expressing feelings
  - communication traps
QUESTIONS?