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

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Veterans Health Administration’s Intimate Partner Violence Assistance Program

Kimberly Coleman Prier, LCSW
Acting IPV Assistance Manager
Care Management and Social Work Services
Objectives

• Outline Veteran’s Health initiative for Intimate Partner Violence
• Current state of implementation
• Strength at Home nationally

VETERANS HEALTH ADMINISTRATION

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.

VETERANS HEALTH ADMINISTRATION

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.

VETERANS HEALTH ADMINISTRATION
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
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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 (IPVS)
  - 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
  - Pros/cons of abuse
  - Forms of IPV and impacts of trauma
  - Core themes
  - Goals for group

SAH Stages
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?

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