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Addressing Intimate Partner Violence: Development of a Trauma Informed Workforce

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Addressing Intimate Partner Violence: Development of a Trauma Informed Workforce

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INTIMATE PARTNER VIOLENCE:
WHO IS AT RISK AND HOW CAN
WE HELP?

Intimate Partner Violence (IPV)

- Important public health concern
- Risk factor for other health conditions such as substance abuse, which is the topic of our first paper
- Predicted by lifestyle factors such as divorce, which is the topic of our second paper
- The focus of SBM is health improvement, and our third paper may offer some light at the end of the tunnel

Paper # 1

Henninger, McAdams, Clements, Rothman, and Bailey explore a suspected relationship between IPV and substance abuse in pregnant women in Southern Appalachia

Paper #2

Newton and Patton also explore the associations among IPV, marital dissolution, and physical health

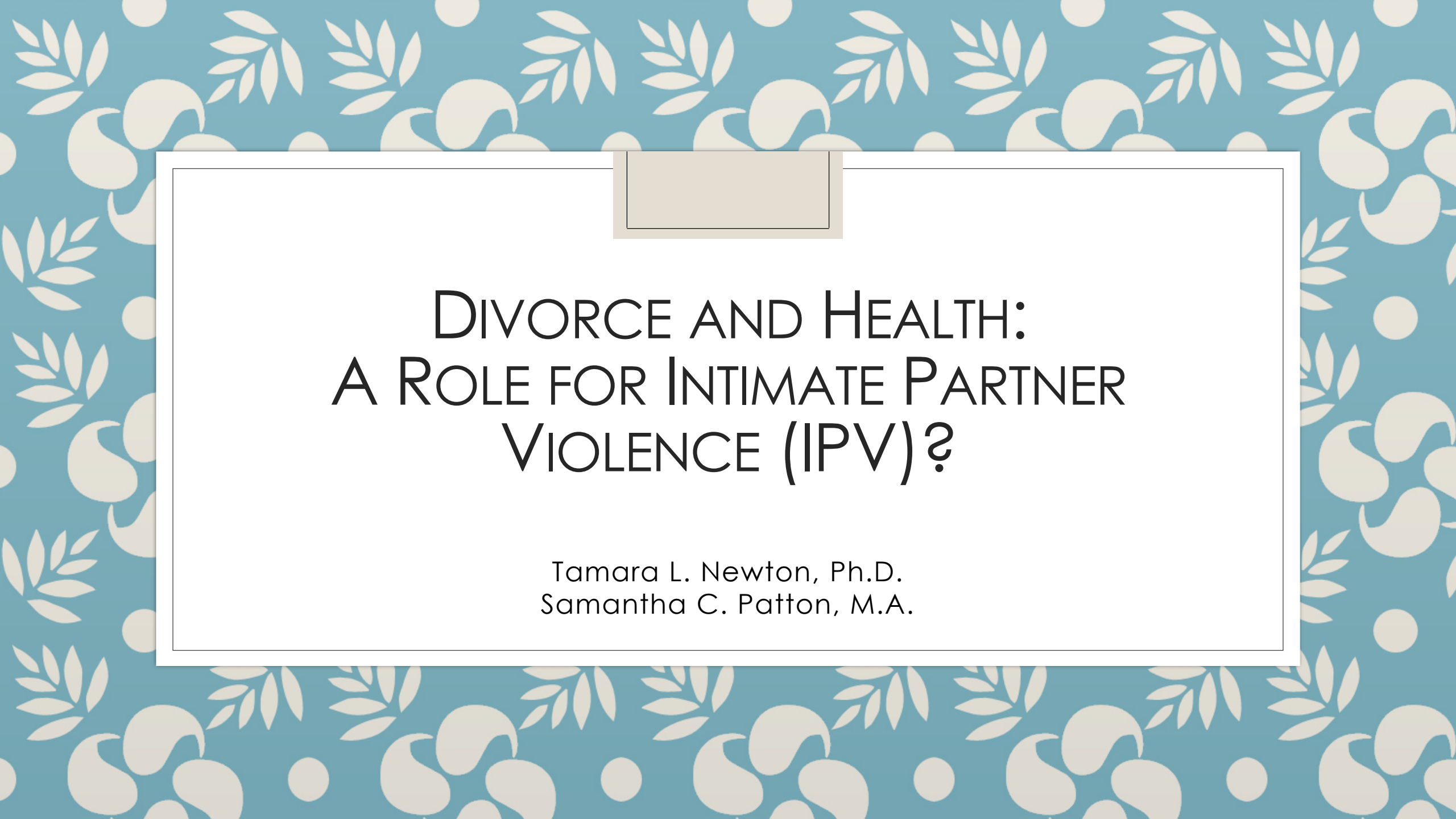
Paper #3

Clements, Haas, Bastian, and Cyphers offer hope for beginning to address IPV through the infusion trauma informed across agencies that address IPV



IPV VICTIMIZATION AND OPIOID USE BY PREGNANT WOMEN IN RURAL APPALACHIA: A CROSS-SECTIONAL ANALYSIS

Matthew W. Henninger, BA
Mikayla McAdams, BA
Andrea D. Clements, PhD
Emily F. Rothman, ScD
Beth A. Bailey, PhD



DIVORCE AND HEALTH: A ROLE FOR INTIMATE PARTNER VIOLENCE (IPV)?

Tamara L. Newton, Ph.D.
Samantha C. Patton, M.A.



ADDRESSING INTIMATE PARTNER VIOLENCE: DEVELOPMENT OF A TRAUMA INFORMED WORKFORCE

Andrea D Clements¹, PhD, Becky Haas², Ginger Bastian, MPH¹,
Natalie Cyphers, PhD³

¹East Tennessee State University; ²Johnson City Police Department; ³DeSales University

Trauma Informed Care

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

Trauma-Informed Workforce?

- Benefits of trauma-informed practices are proposed widely and many have been realized
- IPV by definition is traumatic
- It is ideal to have a workforce trained to address trauma, but is it possible?

History

Trauma informed system of care has been under development in Johnson City, Tennessee since fall 2015

Timeline

**August 2015
Conference Call with
NCTIC to strategize**

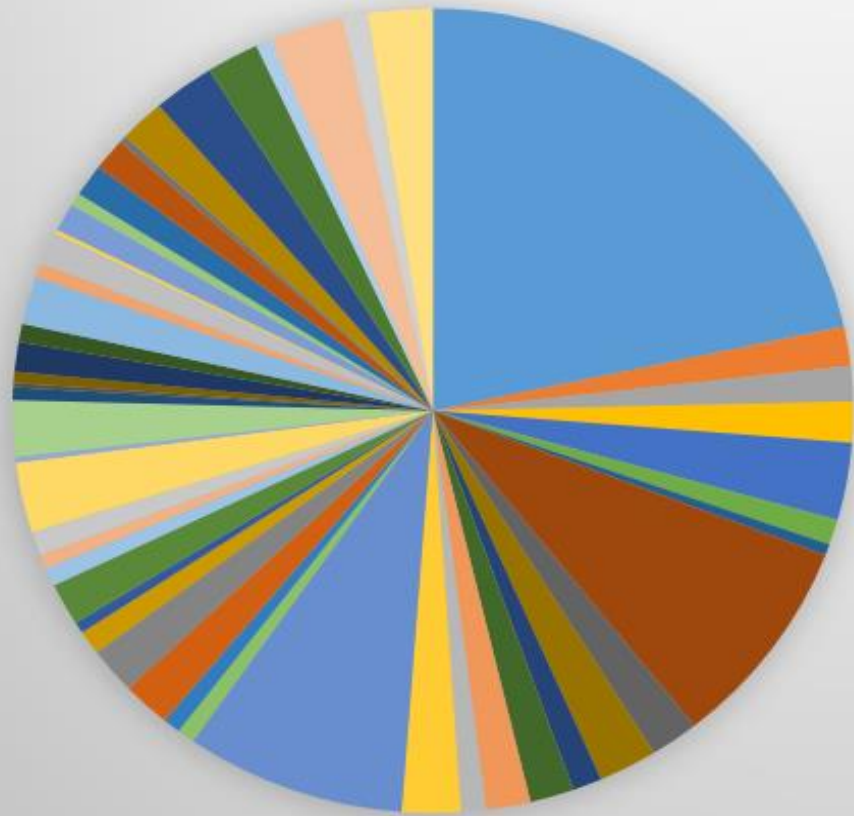


**October 2015 Drs. Joan
Gillece and Brian
Simms provide training
to 383 professionals at
DP Culp Center**



**January 2016 NCTIC
provides “Key
Assumptions” draft
course**

Trauma-Informed Care Training Events (~2000 trained)



- NCTIC Training
- TAMAR I
- TAMAR II
- Boys & Girls Club
- Knoxville Multi-org
- Elizabethton Boys & Girls Club
- Red Legacy
- Appalachia Service Project
- Homeless Care Agencies
- Knoxville KARM
- Region I Planning
- Niswonger Nursing Managers
- DRC/FTHRA
- Quillen Tough Pill I
- Statewide Boys & Girls Club I
- Psychiatry Grand Rounds
- Tennessee Tech LPN
- Department of Child Services
- United Way Drug Task force
- Train the Trainer 1
- CASA
- Coalition Coaching 1
- Avon Grant Team
- Bristol Promise
- Coalition Coaching 2
- School Resource Officers
- The River
- Paper Tigers - ETSU
- Juvenile Court
- Train the Trainer 2
- Coalition Coaching 3
- Bethany Christian Services
- BSB Caregiver class
- Elizabethton Boys & Girls Club
- Boys & Girls Club BSB Staff Training
- Coalition Coaching 4
- General Training-Multiple Orgs
- Paper Tigers - JCPL
- Topper Academy (4 hour)
- Boys & Girls Club
- Quillen Tough Pill II
- Statewide Boys & Girls Club II
- Topper Academy (1 hour)
- Topper Academy (1 hour)
- The Summit
- General Training-Multiple Orgs
- TRACES Foster Parent Training
- Train the Trainer 3
- Caregiver Film
- ETSU Pediatrics Grand Rounds
- Christ-Reconciled Church
- TCAT LPN

Community Buy-in

In just over two years...

- Over 50 training events
- ~ 2000 individuals trained

Research Questions

- Has regional familiarity with trauma-informed care increased over time since training was initiated?
- Has the degree to which aspects of trauma-informed care been used changed since training was initiated?

Method

Online survey

- Email solicitation
- Snowball method (*forward to others*)

Survey Dates

- October 2015 ($n = 105$)
- April 2016 ($n = 73$)
- October 2016 ($n = 64$)
- April 2017 ($n = 75$)

- Total $n = 389$

Data collection continues, but surveys from October 2017 have not been analyzed yet

Survey

Are you familiar with the term "Trauma-Informed Care?"

- Yes
- No
- Somewhat

Regardless of how familiar you are with Trauma-Informed Care, please rate the following to the best of your ability. The following items refer to the agency or institution where you work or volunteer. If the question does not apply or you do not know, please choose "Not Applicable or Don't Know."

	Very much describes my agency or institution	Somewhat describes my agency or institution	Neither describes my agency or institution	Does not describe my agency or institution
The people served are routinely screened for trauma exposure and related symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ACE Test is used to assess trauma exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The impacts of traumatic stress on mental and physical well-being of the people served are considered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culturally appropriate assessments and treatments for traumatic stress and associated mental health symptoms are used with the people served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attempts are made to strengthen resilience and protective factors in the people served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attempts are made to address the trauma that parents, caregivers, and family have experienced in addition to the trauma experienced by the people who are directly served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An environment of care for staff is maintained that addresses, minimizes, and treats secondary traumatic stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The agency's or institution's leadership communicates its support and guidance for implementing a trauma-informed approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The agency's or institution's staffing policies demonstrate a commitment to staff training on providing services and supports that are trauma-informed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The agency's or institution's physical environment promotes a sense of safety, calming, and de-escalation for clients and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The agency or institution offers the opportunity for people with lived trauma experiences to provide feedback to the organization on quality improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following best describes you (check all that apply)?

- Judge (not Juvenile Court)
- Judge (Juvenile Court)
- Other court employee
- Probation/Parole (Adult)
- Probation/Parole (Juvenile)
- Police/Sheriff/State Trooper
- Jail/Prison Employee
- Social Worker
- Psychologist
- Counselor
- University Faculty
- Clergy (chaplain, pastor, other)
- Other mental health worker
- Teacher/Educator
- Graduate student
- Undergraduate
- Volunteer
- Other

If you checked other mental health worker, teacher, student, or volunteer, would you please give more detail such as what grade level you teach, your field of study, what type of organization you volunteer with, or other details that would clarify your position.

In which state are you employed?

In which county are you employed?

What is your age?

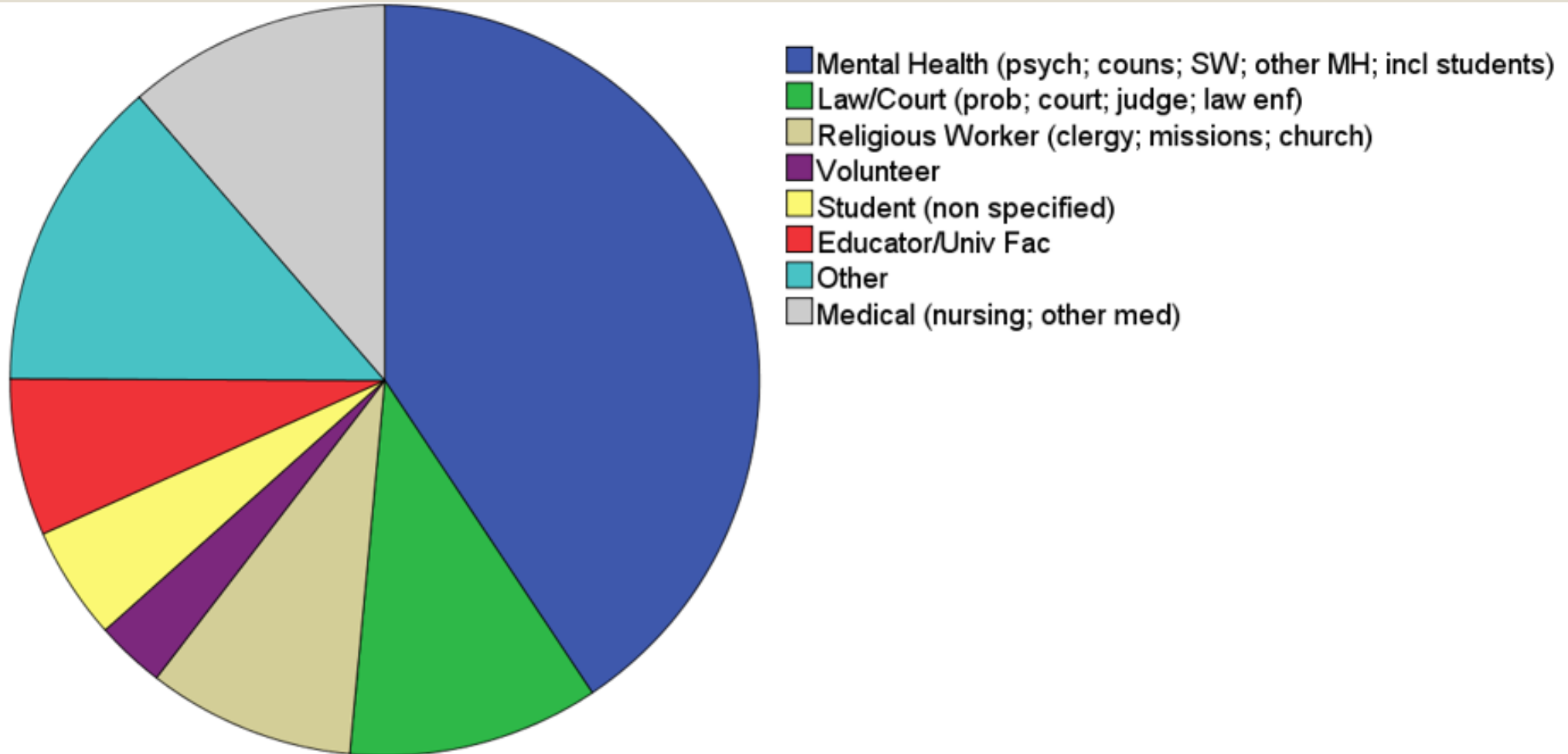
What is your race?

What is your gender?

Results

Demographic Variable	n	Percent
State		
Tennessee	329	84.6
North Carolina	6	1.5
Virginia	2	0.5
Federal	2	0.5
Missing	50	12.9
Race		
White	307	78.9
Black	13	3.3
Hispanic	5	1.3
Asian	1	0.3
Multiracial	5	1.3
Other	7	1.8
Missing	51	13.1
Gender		
Female	269	69.2
Male	77	19.8
Missing	43	11.1

Occupations Represented

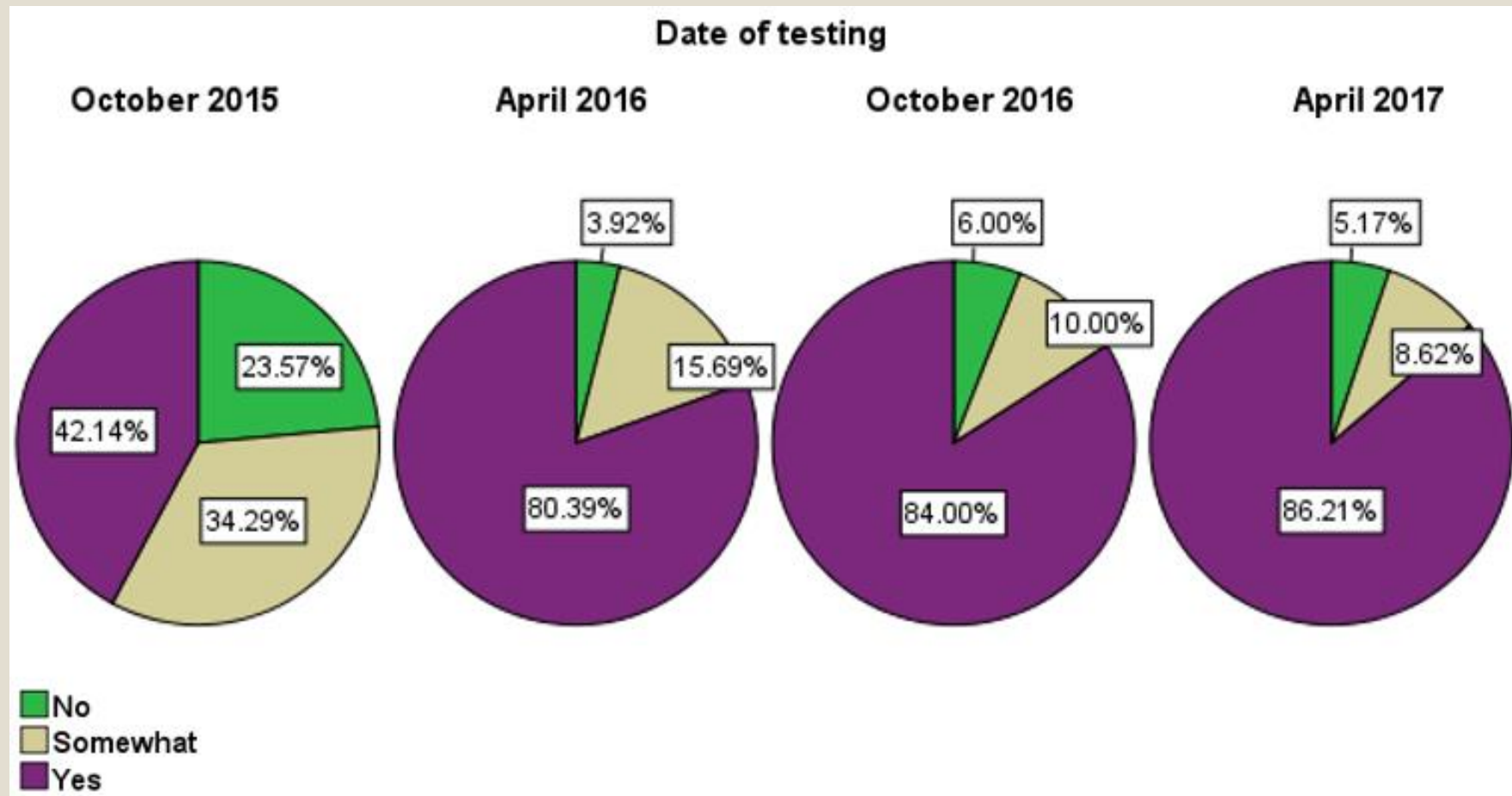


Research Questions

- Has regional familiarity with trauma-informed care increased over time since training was initiated?

YES

TIC Familiarity Across Time

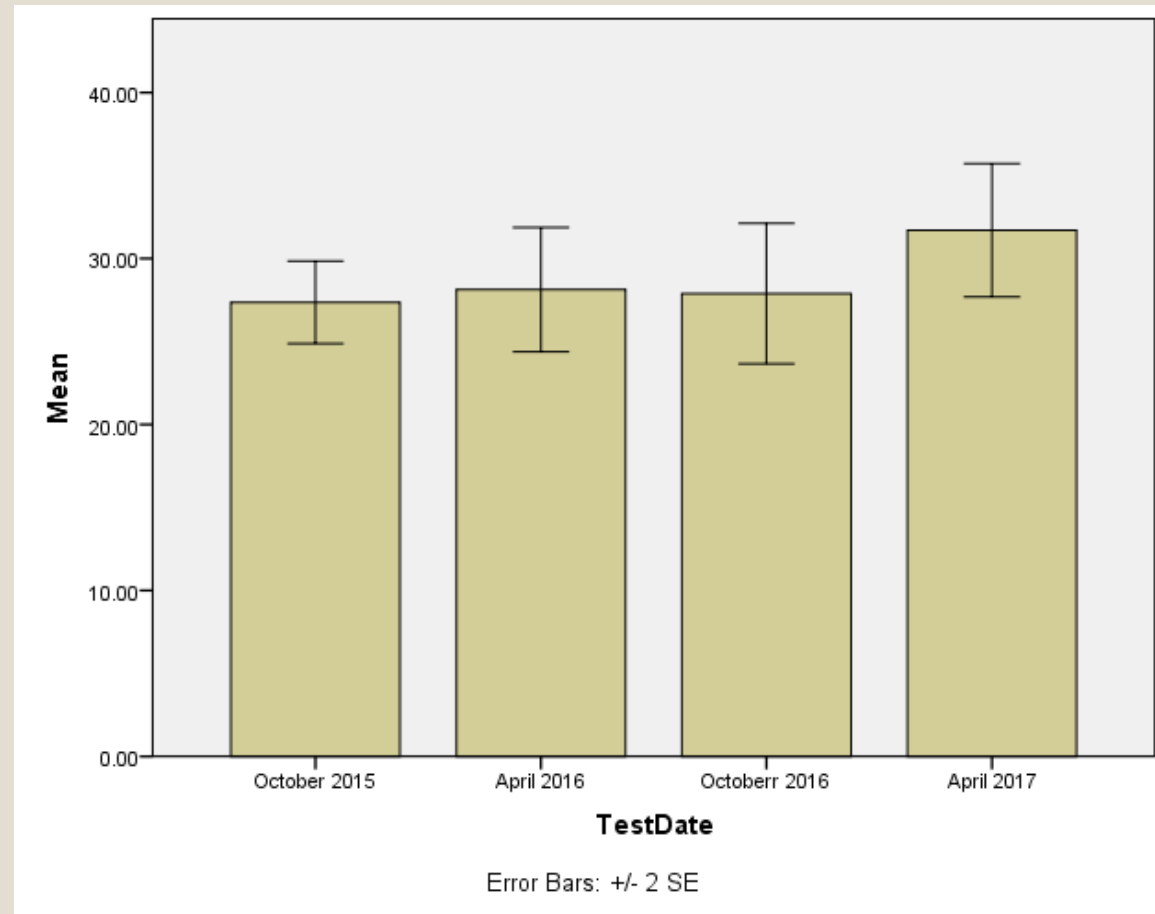


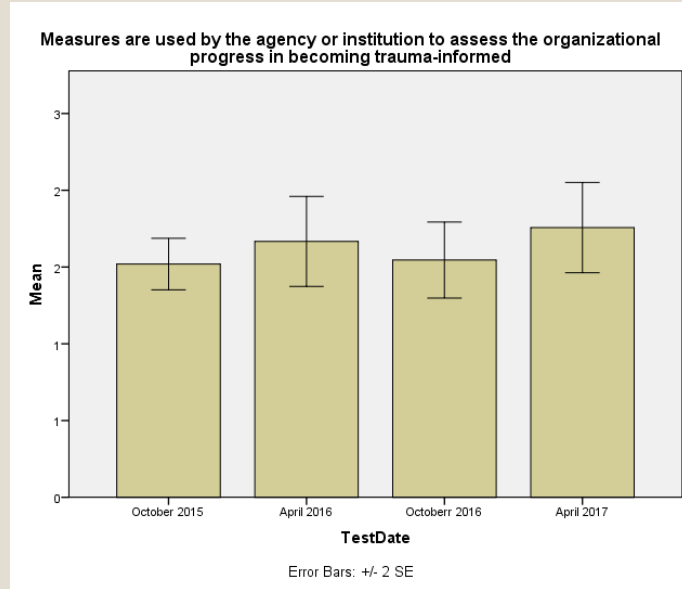
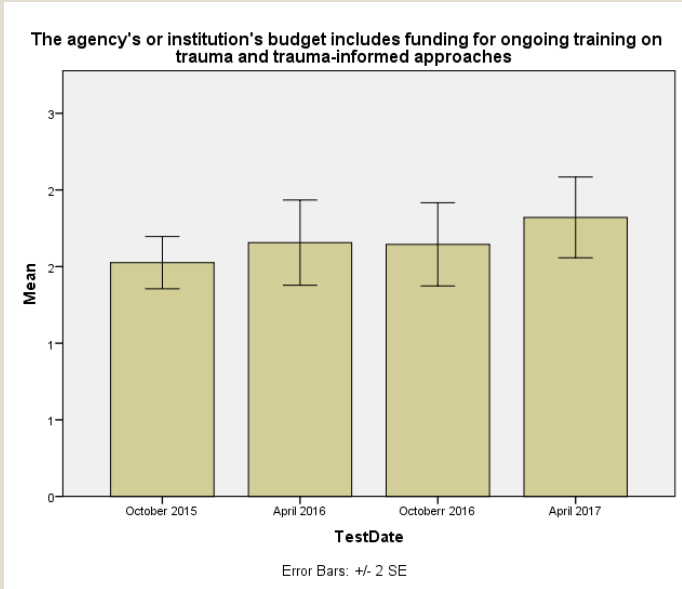
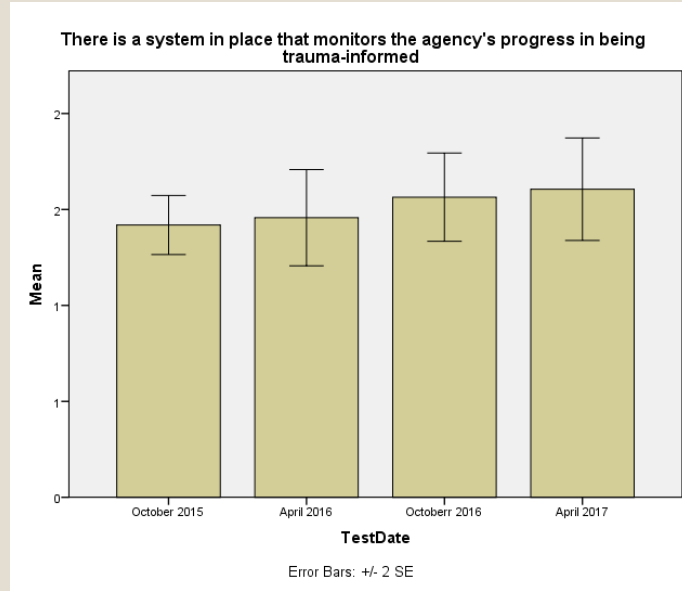
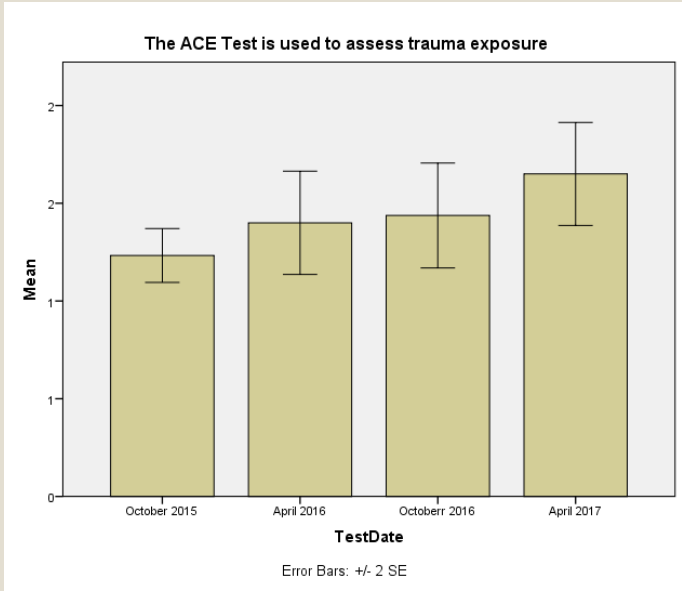
Research Questions

- Has the degree to which aspects of trauma-informed care been used changed since training was initiated?

SOMEWHAT

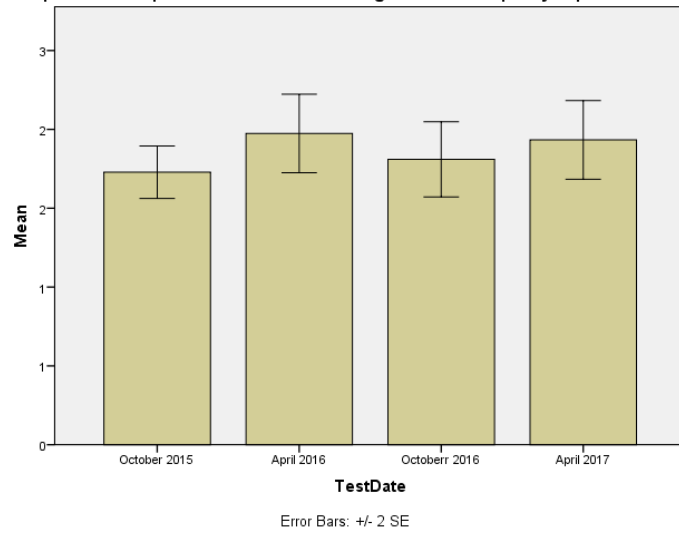
Mean of all Total on Organizational Implementation of TIC by Test Date



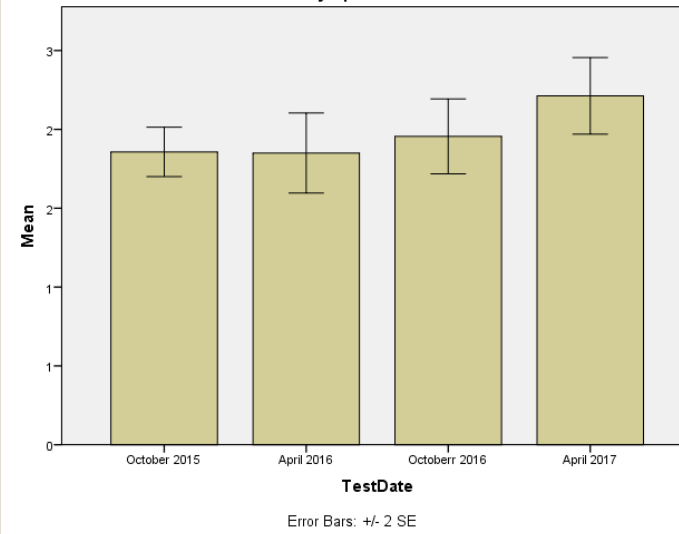


Implementation of Trauma-Informed Care (least used to most used aspects)

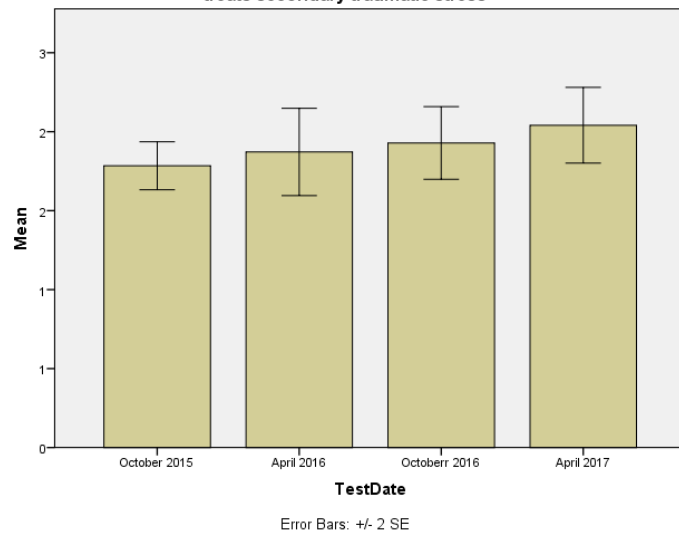
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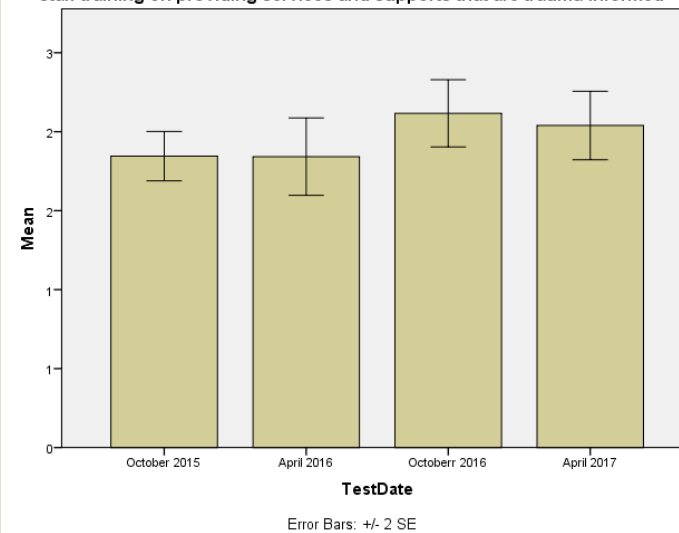
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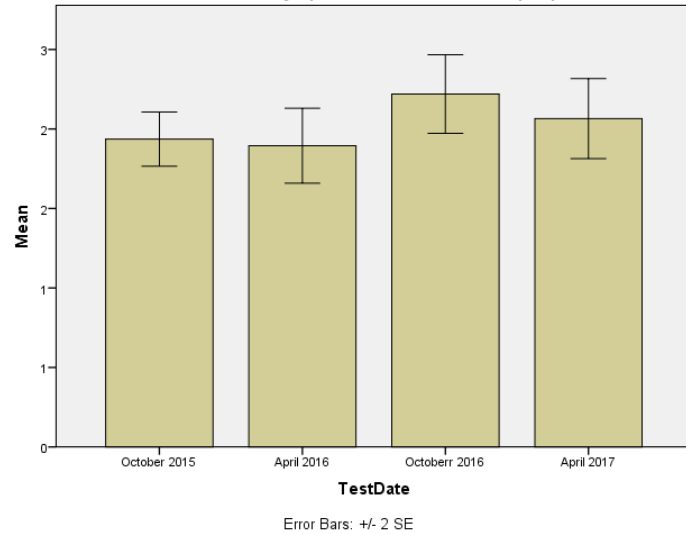
An environment of care for staff is maintained that addresses, minimizes, and treats secondary traumatic stress



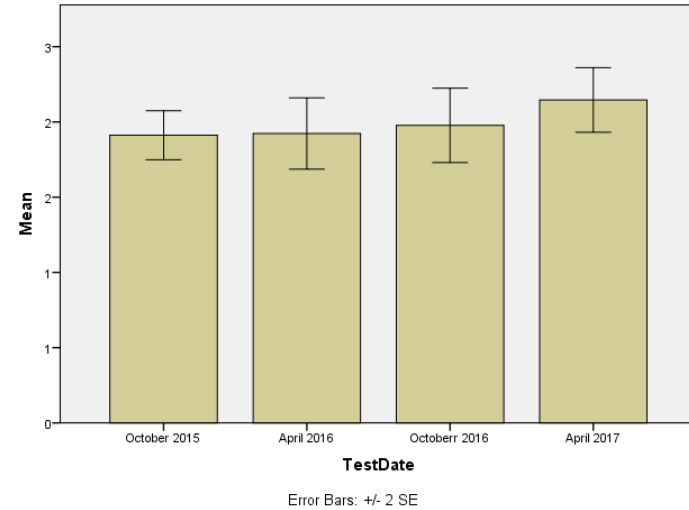
The agency's or institution's staffing policies demonstrate a commitment to staff training on providing services and supports that are trauma-informed



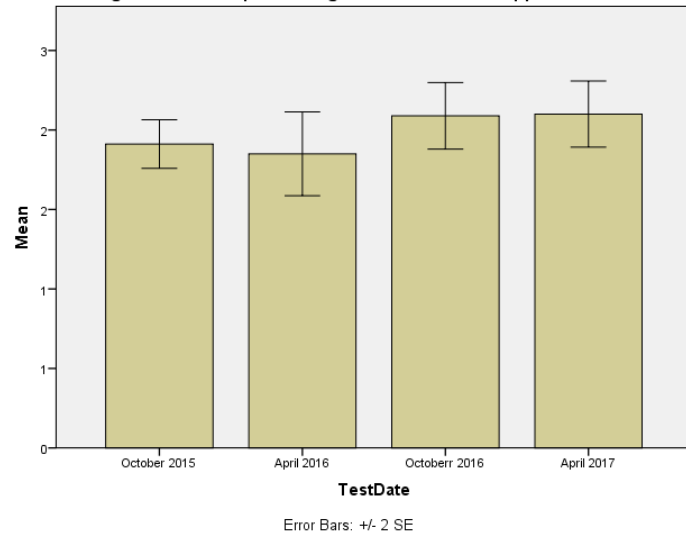
Culturally appropriate assessments and treatments for traumatic stress and associated mental health symptoms are used with the people served



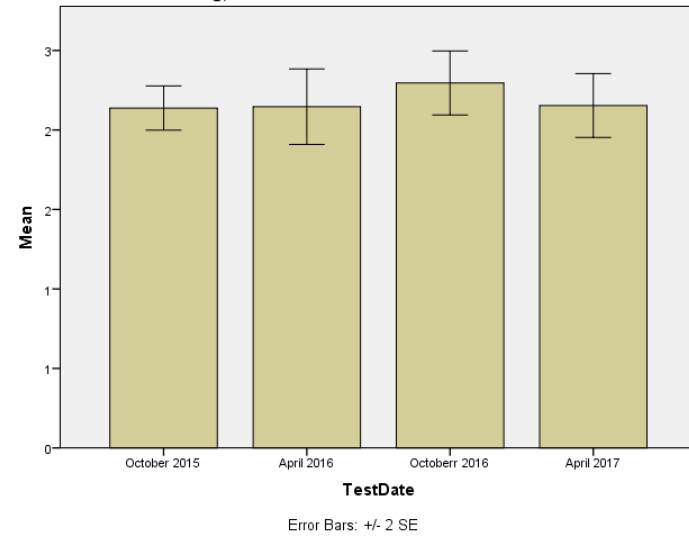
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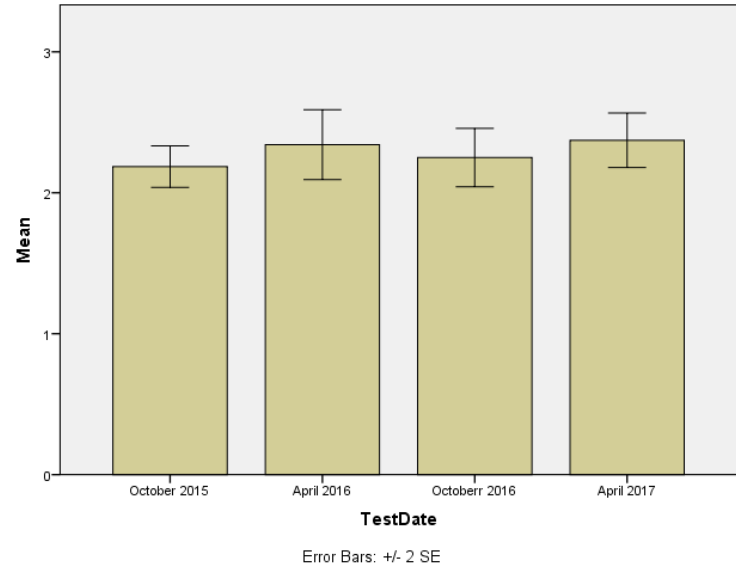
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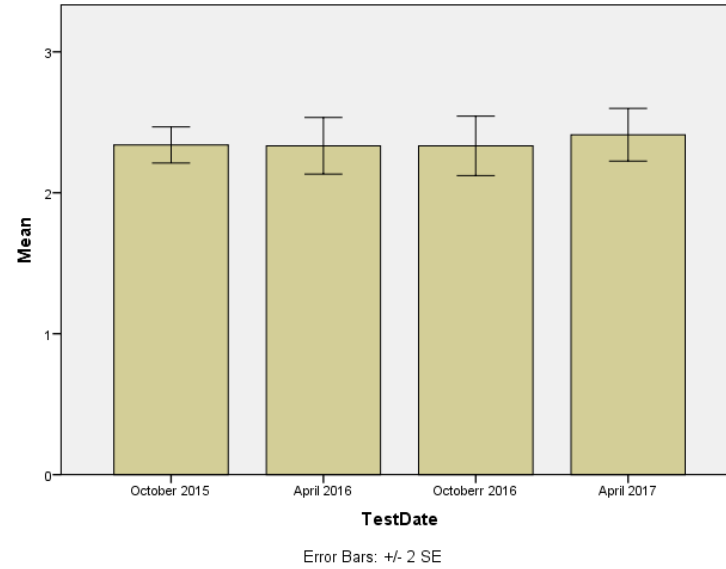
The agency's or institution's physical environment promotes a sense of safety, calming, and de-escalation for clients and staff



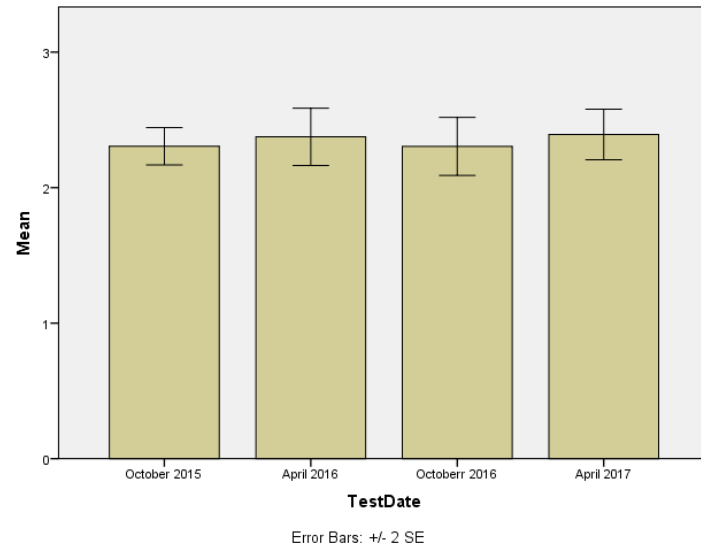
The agency or institution identifies community providers and referral agencies that have experience delivering evidence-based trauma services



The impacts of traumatic stress on mental and physical well-being of the people served are considered



Attempts are made to strengthen resilience and protective factors in the people served



Conclusions

- Region-wide familiarity with trauma-informed care can be increased through training
- Implementation, logically, lags behind

Next Steps

- Continue evaluating use of trauma-informed responses in human service organizations
 - Employee assessment (currently underway)
 - Client perception (beginning this semester in limited agencies)
 - Change in tangible outcomes
 - Those served report feeling “heard”
 - PTSD symptoms
 - IPV incidence and severity (Eventually)
 - Other



DISCUSSANT COMMENTS

Comments

Disclaimer – I was involved in two out of three presentations

Paper 1

- Great overview of issues surrounding IPV and opioid use
 - opioid use is a hot topic
- Rates of opioid use were fairly low (probably because the sample was pregnant) – possibly underreporting
- Follow up with non-pregnant?

Paper 2

- Great overview of issues surrounding IPV and opioid use
 - opioid use is a hot topic
- Rates of opioid use were fairly low (probably because the sample was pregnant) – possibly underreporting
- Follow up with non-pregnant?

Paper 3

- Having something to offset some of the negative effects of trauma is refreshing
- Hopefully future presentations will show the proposed outcomes

Summary

- This symposium is a good example of how we can pool our research to give a better overview of a topic
 - Co-occurring problems
 - Predictors
 - Possible ways to address those
- I recommend we have discussions as we plan research to fill one another's gaps