

Adapting Integrated Care Concepts: The HEAL Collaborative for Patients Experiencing Interpersonal Violence and Abuse

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What is Interpersonal Violence (IPV)?

Any behavior within a relationship that causes physical, psychological or sexual harm to those in the relationship

- **Acts of physical violence**, such as slapping, hitting, kicking and beating.
- **Sexual violence**, including forced sexual intercourse and other forms of sexual coercion.
- **Emotional abuse**, such as insults, belittling, constant humiliation, intimidation (e.g. destroying things), threats of harm, threats to take away children.
- **Controlling behaviors**, including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care.

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(WHO; http://apps.who.int/iris/bitstream/10665/77432/1/WHO_RHR_12.36_eng.pdf)



IPV and Health

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Physical

- Asthma
- Bladder/Kidney Infections
- Cardiovascular Disease
- IBS
- CNS Disorders
- GI Problems
- Migraines
- Fibromyalgia
- Chronic Pain
- STI's/HIV
- GYN Disorders
- Sleep

Psychological

- Anxiety
- Depression
- PTSD (flashbacks, numbing, hypervigilance)
- Suicidal thoughts/behaviors
- Low Self-esteem
- Substance Use/Abuse
- Fear of Intimacy

Social

- Restricted Access to Services
- Isolation
- Homelessness
- Engaging in High Risk Sexual Activity
- Over/Under Use of Health Care
- Unplanned Pregnancy

CDC; NIPSVs: Campbell et al., (2002); Carlson, McNutt & Choi, 2003; Coker et al., (2000); Coker et al., (2000); Danielson et al., (1998); Danielson, Moffitt, Caspi, and Silva, 1998; Hathoway et al., 2000; Winwood, DiClemente and Raj, 2000; McFarlane et al., 1996; McFarlane et al., 2002; McFarlane, Campbell, and Sharps, 2002

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Traditional Primary Care Response to IPV: Fragmentation

Provide referral information to one or several of the following:

- Social worker
- Domestic violence shelter
- Police
- Attorney
- Therapist
- Child Protective Services

The Medical-Legal Partnership (MLP) Model

- Interdisciplinary model of patient care
- Incorporates attorneys, clinicians, and community partners for coordinated care
- First developed in 1993 in Boston
 - Since then, 294 MLP's have been developed in hospitals, health centers, health schools, law schools, legal aid agencies, and pro bono partners
- For more information, please see the National Center for Medical Legal Partnerships website (<http://medical-legalpartnership.org/>)

HEAL Team

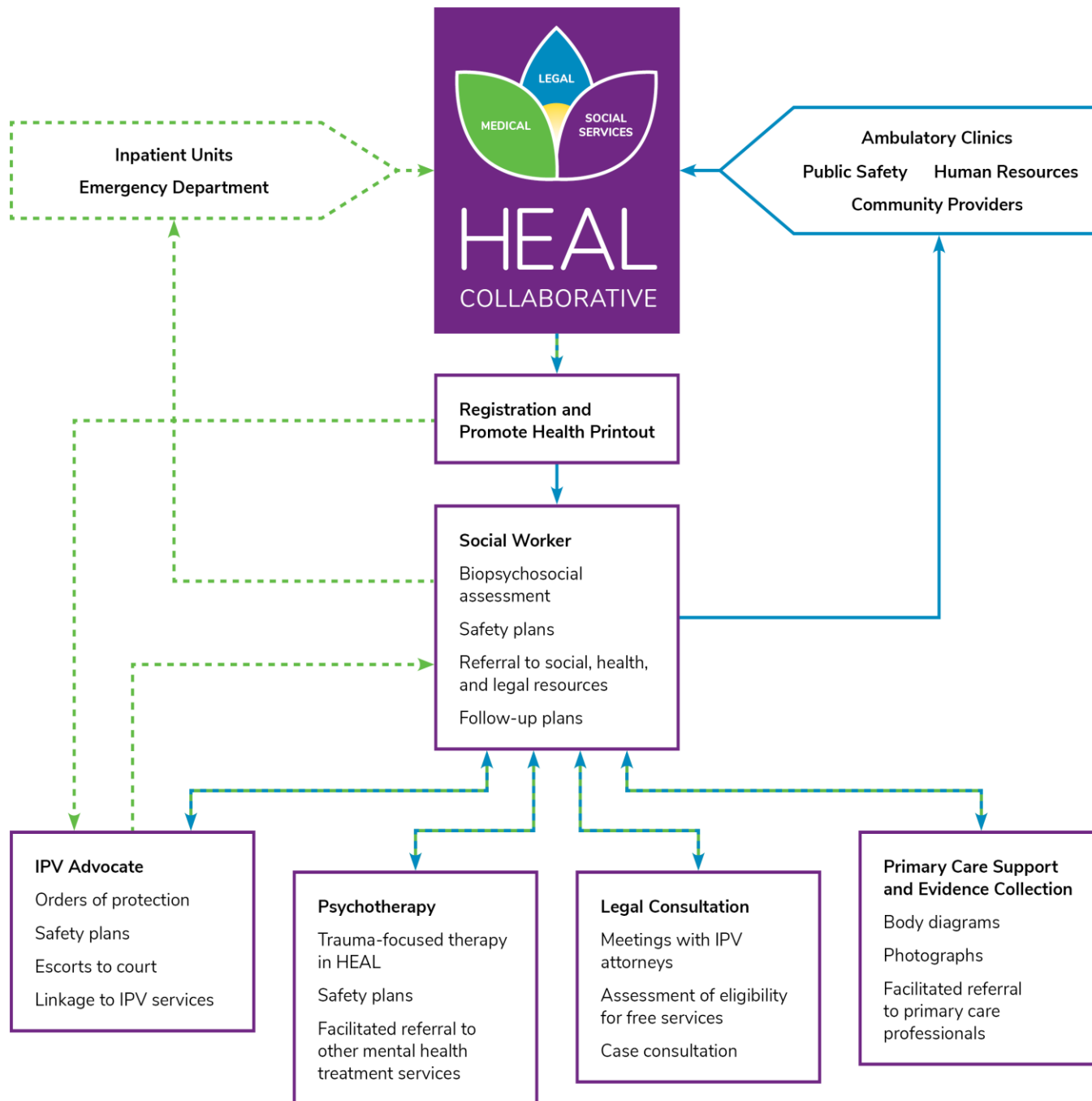
Staff

- Social worker
- Willow Advocate
- Therapist
- Receptionist

Supervisors/Consultants

- Attorney
- Primary Care Physician
- Psychologist
- Senior Social Worker





HEAL Mission Statement

At HEAL, we partner with individuals who have experienced trauma and interpersonal violence and those who care for them. Our goal is to help individuals become empowered to take steps toward greater safety, stability and health by offering acceptance, hope, support, and skills. We accomplish this by providing accessible and inclusive services, encompassing education, connection to resources, advocacy, and health care.

HEAL Services

- Anyone coping with issues related to interpersonal abuse or trauma is welcome
 - Need help with immediate safety
 - Planning to leave relationship
 - Not ready to leave
 - History of abusive relationship
- Most services are free of charge
- Scheduled within 3 days (or same day if needed)

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Services Offered

- Provider Consultation
- Patient consultation and planning
- Patient follow-up
- Documentation and Collaboration
- Education

Role of the Health Care Professional:

- Universal screening
- Open the door
- Conduct assessment of goals and needs
- Non-judgmental, accepting stance
- Education
- Consider safety
- Referral
- Follow-up



Evidence for IPV Screening

2013: The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services.

Grade: [B Recommendation.](#)

Annals of Internal Medicine

Screening Women for Intimate Partner Violence: A Systematic Review to Update the U.S. Preventive Services Task Force Recommendation

Heidi D. Nelson, MD, MPH; Christina Bougatsos, MPH; and Ian Blazina, MPH

Conclusion: Screening instruments accurately identify women experiencing IPV. Screening women for IPV can provide benefits that vary by population, while potential adverse effects have minimal effect on most women.

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What NOT to do

- Talk with the patient in front of others
- Advise the patient to leave
- Make your support contingent on patient leaving her situation
- Ideally safety planning is best done by an expert by phone or in person. Only do it yourself if the patient declines

Role of the Social Worker

- Comprehensive biopsychosocial assessment
- Crisis and supportive counseling
- Trauma-informed psychoeducation around interpersonal violence, communication, conflict resolution, financial resources
- Safety planning
- Health care collaboration
- Linkage with resources to help with safety, stability, and security
- Consultation to health care and community professionals
- Work collaboratively with Willow Advocate and therapist

Role of the Willow Advocate

- Support, crisis counseling and domestic violence education
- Provide advocacy and explore options for services, referrals and safety
- Assists survivors in navigating any of the challenges they may be experiencing due to domestic violence
- Can provide services anywhere in the hospital*
- Collaborate with health care professionals and HEAL team

Role of the Willow Advocate Cont.

- Complete extensive safety planning
 - Physical and emotional
 - Short and long term
 - Each plan is tailored to each individual's unique situation
- Provide direct linkages to all domestic violence services and supports including:
 - Emergency shelter
 - 24/7 hotline
 - Domestic Violence counseling
 - Support groups
 - Mobile Advocate se

Role of the Willow Advocate Cont.

- Review legal options and complete referrals for attorneys who specialize in domestic violence cases
- Complete remote petitions for Orders of Protection
- Facilitate skype court appearances for Orders of Protection
 - “Undue hardship” must be ruled by Judge/Referee

March 13, 2017: First Skype Order of Protection Petition



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Family Court Orders of Protection (OOP)

- Family Court OOPs are civil orders filed by survivors of abuse against perpetrators of abuse
- The perpetrator must have committed a family offense
- The survivor has the control over of the OOP
 - They can request specific protections
 - They can request their Order of Protection be modified or withdrawn at any time
 - They can choose to violate their OOP in family or criminal court

Family Court Orders of Protection

Two types of OOPs

- **Refrain/No offensive conduct:** Perpetrator can be around the survivor (and remain in the home) but is ordered not to commit any family offenses against them
- **Stay Away/No contact order:** Perpetrator must not communicate with the survivor by any means and remain 500-1,000 feet away from the survivor at all times

Criminal Orders of Protection

- Orders of Protection obtained through Criminal Court
 - The survivor would press criminal charges and the perpetrator would be arrested
 - An OOP would then be issued by a judge at arraignment or potentially in advance when the warrant is served
- Criminal Court OOPs vs. Family Court OOPs
 - It is the State of NY versus the perpetrator NOT the victim of abuse versus the perpetrator
 - The survivor does not have control over the OOP
 - The OOP can change throughout the court proceeding

Role of Mental Health Therapist

- Brief episodes of trauma-informed care to patients experiencing issues related to interpersonal violence or trauma
- Individual, family and group therapy
- Treatment includes Cognitive Processing Therapy and Interpersonal Therapy
- Assist with risk assessment
- Consultation on new referrals
- Collaborative with previous and current providers
- Work collaboratively with MSW and Willow Advocate to assess and address current needs

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Case

Maria is a 44-year-old female, living with her husband and 3 children. They have been married for 18 years. The children's ages are: 16-year-old daughter, 11-year-old son, and 9-year-old son.

Maria presented to PCP for a follow-up visit for hypertension. PCP has been prescribing patient Buspar and Norvasc. She presented to follow-up with increased fatigue, high blood pressure and symptoms of anxiety.

Is This Integrated Care?

- Interdisciplinary and team based
- Biopsychosocial
- Patient-centered
- Focus on population health
- Standardized assessment of outcomes
- Close collaboration with primary care, other medical providers, and community providers
- Located in Psychiatry
 - -Benefits and costs if it were delivered in primary care contexts?

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Next Steps

- Sustainability
 - Outcomes measurement
 - What are the right outcomes to evaluate?
 - Additional staff to provide education
 - Incorporate trauma-sensitive yoga

Conclusions

- IPV is important to consider and address within health care settings
- A patient-centered approach to the conversation is needed
- Interprofessional approaches are optimal for IPV
- HEAL provides one approach to addressing IPV using an integrated, team-based model

QA

