CASE REVIEWS SUMMARY
Domestic Violence & Mental Health Collaboration Project

King County, WA
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TABLE OF CONTENTS

Introduction.........................................................................................................................3
Issues Raised.........................................................................................................................5
Recommendations and Resources.......................................................................................7
Participant Survey Findings...............................................................................................11
Success Story......................................................................................................................16

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Introduction

In October of 2007 the Office on Violence Against Women (OVW), U.S. Department of Justice awarded a three-year grant to the City of Seattle Human Services Department’s Domestic Violence and Sexual Assault Prevention Division for the Domestic Violence and Mental Health Collaboration Project. The purpose of the grant was to create sustainable systems change to improve services for survivors of domestic violence who have mental health concerns.

In October of 2010 the Office on Violence Against Women (OVW), U.S. Department of Justice awarded a two-year continuation grant to the Domestic Violence and Mental Health Collaboration Project to continue and build upon the project’s work. The City of Seattle turned over the leadership for the project to the King County Coalition Against Domestic at that time. The partners for the continuation grant period are:

- **A social service organization that provides behavioral health and domestic violence services to Latinos, many of whom speak Spanish as their primary language.**

- **A county-wide coalition of domestic violence agencies and allied organizations that works to end domestic violence by facilitating collective action for social change.**

- **A community-based domestic violence agency that provides a 24-hour help line, advocacy-based counseling services, support groups, emergency shelter, and transitional housing.**

- **A community mental health agency for lesbians, gay men, bisexuals, and transgender (LGBT) persons that provides mental health care, addictions treatment, domestic violence/sexual assault advocacy, and HIV/AIDS services.**

- **A large, community mental health agency that provides a full continuum of recovery-oriented mental health and drug/alcohol treatment services including crisis intervention, rehabilitation, support, education, outpatient therapy, and residential programs.**
As part of a comprehensive planning process, the DV/MH Collaboration Project conducted a needs and strengths assessment of our partner agencies. The assessment revealed that each agency and each discipline has valuable expertise and strengths that could benefit the others. The assessment informed our strategic planning process and we collectively agreed on initiatives to create change. Our Collaboration Initiative included a plan to hold case reviews. Since the case reviews are cross-disciplinary, they are not a standard mental health or domestic violence consultation format. Instead we created a process to meet the needs of both disciplines.

Our goals for the case reviews were to increase:

- Knowledge of the intersection of domestic violence and mental illness
- Comfort with serving survivors with mental health concerns
- Understanding of how to link people to services
- Sensitivity to ethical and cultural issues
- Ability to give and receive constructive feedback
- Awareness of one’s own thoughts, feelings, beliefs, and triggers and how they influence one’s work

We also wanted to:

- Decrease tension and clear up misconceptions between the domestic violence and mental health fields
- Broaden thinking to a cross-system perspective
- Identify training needs

We anticipated that the cross-disciplinary case review process would result in:

1. Increased communication and better understanding between providers
2. Increased understanding of and better services for survivors with mental health concerns
3. Stronger connections between partner organizations

We have successfully achieved our goals and brought about the anticipated results.
Issues Raised

During our case reviews we have discussed many complex issues involving domestic violence survivors with mental health concerns. Since our partner agencies include organizations that specialize in serving people who are immigrants and refugees and people who are lesbian, gay, bisexual, or transgender, it is not surprising that many cases involved survivors who are marginalized in multiple ways and are facing extraordinary challenges.

Issues raised by case review participants included how to:

- Safety plan with a survivor who has an intellectual disability
- Provide advocacy services to a survivor who has been diagnosed with schizophrenia and may have been misdiagnosed
- Help a survivor who is feeling triggered by her young son’s behavior
- Assist a lesbian couple who disclosed violence in their relationship during couples counseling
- Address safety, cultural gender norms, and internalized transphobia with a transgender Latina client who is being abused
- Ease the transition of a survivor and her children into independent housing after years in supportive housing
- Prevent a survivor from committing suicide
- Talk to a therapy client about her choice to remain in an abusive relationship and the impact of the abuse on her children
- Support a survivor who has been re-traumatized by a recent hospitalization and by the actions of her faith community
- Advocate for a mother whose children are being forced to spend time with their abusive father and who return traumatized
- Reduce vulnerability to violence, strengthen a survivor’s support network, and address somatic complaints
- Strengthen coping skills so an extremely anxious survivor can talk about the domestic violence she is experiencing
- Serve a heterosexual male survivor
- Differentiate between mental health symptoms, traumatic brain injury, intellectual disability, and the effects of long term alcohol abuse to ensure that a survivor is getting the right services
- Connect to helpful resources a survivor who is chronically mentally ill and has been coerced into substance abuse by her abusive partner and is newly pregnant
- Mitigate the risks a survivor who is undocumented faces as a result of both the abuse and her immigration status
- Counsel a woman who is in her first lesbian relationship and is being abused
- Prepare a survivor for reuniting with a child who the abuser has turned against her and who may be a danger to her
- Encourage a survivor with complex legal issues to utilize services more consistently
- Collaborate more effectively with an advocate who is also providing services to a survivor with a traumatic brain injury
- Keep residents in a supportive housing community safe from another resident’s batterer
- Promote safer choices for a survivor who is now perpetrating violence against her abuser
- Clarify for a survivor what financial resources are available to her from the government and help her strategize for future self sufficiency
- Motivate a survivor to begin mental health services and to confide in her advocate about the risks posed to her safety by engaging in sex work
- Effectively communicate with a survivor who has difficulty maintaining focus
- Engage a survivor in working toward her goals when her depression regularly gets in the way
Recommendations and Resources

Case review participants consistently do an impressive job of clarifying what is at the heart of the challenge the service provider has presented and offering helpful suggestions for approaches the service provider can try and resources that could be beneficial.

Here are some of the recommendations offered during case reviews:

- Help service recipients to identify abusive behaviors and the absence of healthy characteristics in their relationships by utilizing both the Power and Control Wheel and the Equality Wheel.

- Help service recipients recognize their strengths. Service providers should keep these strengths in mind as well and recognize that the service recipient has managed to survive thus far and likely has the internal resources to continue surviving.

- Strategize with survivors about ways to develop or strengthen their support systems. This might involve going to a support group, participating in a social group, joining a congregation, working on rebuilding ties to friends and family that have been damaged as a result of the abuse, or even just seeking social services.

- Connect survivors to services they do not already have. This could mean linking a survivor who is already receiving advocacy services to mental health care or vice versa.

- Safety plan with survivors and make sure they have a hotline or a connection to an advocate for ongoing and in depth safety planning.

- Coordinate services if the survivor wants that and is using services elsewhere.

- It is important to screen for domestic violence prior to couples counseling and to stop couples counseling if domestic violence is disclosed.

- Support self-determination and autonomy by clarifying the survivor’s goals and making sure that services are aligned with what the survivor wants. When a survivor is dealing with multiple issues try to find out their top priority and start there.
 Talk to survivors about their **use of violence** or about their attempts to control violence by provoking it. Discuss risks, potential consequences, and other options.

 Use the **Act Like a Man/Gender Box Exercise** to explore with survivors their beliefs about **gender norms**. Discuss this in the context of their **cultural identity**.

 **Assess for suicidality** since suicidal ideation is common among survivors.

 **Assess for traumatic brain injuries.** The **Washington State Traumatic Brain Injury Council**, **The Brain Injury Association of Washington**, and **The Washington Division of Vocational Rehabilitation** are all helpful resources.

 Work with survivors on **strengthening coping skills**. The **Seeking Safety** manual is a good tool for this in groups or in one-on-one work. Some survivors may need to develop stronger coping skills before they can delve into their trauma experiences.

 When addressing anxiety related to domestic violence acknowledge the role fear plays in our survival. **The Gift of Fear** by Gavin de Becker was recommended.

 Being arrested or detained can put survivors and their children at risk, so it is important for immigrant survivors and those with limited English proficiency to **know their rights**. They may want to carry something that says in English that they **need an interpreter** and the language that they need.

 It is important to talk to survivors who have been sexually assaulted or abused, who are engaged in sex work, or whose partners are unfaithful about being tested for **sexually transmitted infections**.

 Explore survivors’ visions for what they want in their life, not just what they hope to avoid. What gives their lives **meaning**?

 Discuss how to recognize **warning signs / red flags** of abusive behavior.

 Educate survivors about “gaslighting” – attempts by abusers to make survivors think they are losing their minds.

 Help survivors identify patterns and triggers that signal that their mental health is deteriorating or that they are more likely to engage in high risk behaviors.
A variety of therapies and therapeutic techniques have been recommended during our case reviews. These include:

- **Dialectical Behavior Therapy** can benefit survivors who are suicidal or who are engaging in intentional self-harm.

- Progressive muscle relaxation, deep breathing and other relaxation tools available on the website of the Anxiety & Stress Reduction Center of Seattle.

- Use paint swatches to help survivors identify the strength of their feelings and to assist with modulating them.

- The *harm reduction* approach to substance use may be a good place to start for some survivors.

- Cognitive Behavioral Therapy techniques such as managing automatic negative thoughts (ANTs) and using Cognitive Triangle Worksheets can be beneficial.

- Discuss the impact of trauma on the brain and how to use grounding exercises to interrupt trauma response patterns.

- Mindfulness techniques, the book *Mindsight*, and other resources offered by Dr. Dan Siegel.

- **Confidence and Importance Rulers** can be used to facilitate conversation about the survivor’s readiness to make changes. This works well in combination with Motivational Interviewing and the Stages of Change model.

- It can be helpful to work on the 5 core elements of resilience: self-knowledge and insight, sense of hope, healthy coping, strong relationships, and personal perspective and meaning.

Parenting concerns and concerns about the impact of the domestic violence on children were frequently raised during case reviews. Here are some of the recommendations given regarding those issues:

- **Parent-Child Interaction Therapy** can help survivors improve their parenting and their relationships with young children with behavior problems.

- **Trauma-Focused Cognitive Behavioral Therapy** can help children and youth recover from Post-Traumatic Stress Disorder.
Since children who have lived in homes with domestic violence may experience a great deal of instability and chaos, it can help to communicate clearly with them about what to expect next during the day and to work with them on dealing with transitions.

The Step Up Program can help survivors whose teenage children are using violence against them.

The Children’s Domestic Violence Response Team (a partnership between Sound Mental Health, New Beginnings, LifeWire, DAWN, and the YWCA) and Kids’ Club (offered at many King County agencies) were both recommended as helpful resources for children who have been exposed to domestic violence. Encouraging mothers to involve their children in these programs may also motivate survivors to obtain domestic violence services for themselves.

Children’s Crisis Outreach Response System (CCORS) can benefit children who are experiencing a mental health crisis.

If you need to make a report to Child Protective Services (CPS), invite the survivor to make the report with you and alert CPS to any safety risks to the survivor and/or children related to their potential response.

Lundy Bancroft’s books were recommended including When Dad Hurts Mom: Helping Your Children Heal the Wounds of Witnessing Abuse (for survivors) and The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics (for advocates).

Resources were frequently shared for specific populations. These included:

For expertise on survivors with disabilities - SafePlace in Austin, Texas.

For expertise on survivors who are lesbian, gay, bisexual, or transgender - The Northwest Network.

For expertise on immigration rights and immigration-related legal matters - Northwest Immigrant Rights Project.

For tools for survivors who have substance use concerns – Real Tools You Can Use from the Alaska Network on Domestic Violence & Sexual Assault.
Participant Survey Findings

After holding case reviews for more than two years we surveyed participants about their experiences. We asked them to describe any benefits they or their service recipients experienced as a result of case reviews. Their responses included:

Increased Knowledge

“I learned of some coping skills to share with my participant as well as ways to discuss her concerns/situation without escalating her anxiety (checking in with her throughout the meeting, validating, acknowledging the difficulty of her reality, etc.)”

“I have learned a lot about community resources, domestic violence legal processes, domestic violence survivors’ rights, client safety indicated or contra-indicated interventions, vocabulary, assessing safety, understanding how domestic violence trauma affects women and their families, common goals, how to collaborate together, and how to bring concerns about working between agencies into a safe space.”

“I was able to educate staff and the client about how a perpetrator uses drugs and alcohol to keep the survivor under his control.”

Increased Understanding

“I felt like I had a better understanding of the families’ specific mental health needs and how to encourage each of the families to seek help and support. I was then able to support the process of children in each family engaging in counseling support. The counseling helped the children to process what they were experiencing and helped their mothers to better understand how to parent them.”

“As a result of better understanding her mental health situation, I was able as an advocate to set expectations and goals according with the client’s real capabilities. The client felt supported and relieved of any pressure.”

“I learned more about how to work with survivors who stay. In addition, I learned about being open to hearing about the abusive partner and finding out what they are getting out of relationship instead of just being judgmental and telling them to leave and not giving space for their feelings or ability to help them if they stay.”
Improved Referrals / Resource Awareness

“I am able to better identify symptoms that may be more than domestic violence issues and make a proper referral to the mental health department."

“Many of my clients have experienced domestic violence and I have been able to give them resources learned from the case reviews."

“Getting resources from the Liaisons has been very helpful. I have been able to give that info to my participants and they have gotten the things they needed."

“I was able to get instant resources without spending hours researching, and support around tough cases."

“It is invaluable the amount of information that is shared during these sessions. It always amazes me how many resources there are.”

Improved Collaboration

“I gained face to face connections and contacts with those from other agencies."

“I have been able to develop a stronger relationship with the mental health department which helps me be able to not be an expert in mental health and have answers to my questions."

“The team offers a lot of knowledge, support and resources. Plus, it makes our lives easier because we have people from other agencies we can go to for information and support which improves our services to our participants."

“It is also a way to connect with other advocates within the domestic violence community."

“Since it has been going on for quite some time, professional relationships have been made which helps when we have questions or need to follow up on matters pertaining to our participants."

“It is a very enriching experience that shows in practical way how to work together.”

Diversity, Different Perspectives Valued

“The most valuable part of the process for me was getting insight into how mental health specialists looked at the case I was presenting. Sometimes in any field you get very entrenched in your field’s perspective and your field’s “typical” solutions and it becomes hard to think outside the box. Having folks from other perspectives helps to look at a situation with a new eye.”
“It has been very helpful and welcoming to have a diverse group of individuals brainstorming on how to help a family/person that is in great need.”

“It is very consistent, reliable and offers a lot of knowledge from a variety of perspectives. It includes a diverse group of professionals who work with diverse communities.”

“It has been very beneficial to hear diverse feedback and learn about community resources from several professionals from other disciplines and agencies.”

“It is more comprehensive than other case reviews in that it gives the domestic violence, trauma informed, Latino and sexual minority perspectives.”

“It is a valuable experience in helping one see things from a domestic violence, trauma-informed perspective.”

“The culturally-oriented information/discussion has been helpful. As much as 35% of the clients I work with are from various ethnic backgrounds (including immigrants/refugees) – and it’s a particular interest of mine, so I really appreciated this aspect.”

**Survivor Centered**

“I find that in this meeting, the rights of the client are the priority and the power of her/his decision making is recognized, rather than making a decision for the individual.”

“It is not a place to come up with a treatment plan for the client, but is respectful of the client.”

**Improved Service Delivery**

“I have been able to apply and follow the suggestions and feedback given during these case review sessions.”

“When I did not know how to approach a situation, I was given encouragement and pointers on how to better communicate and better aid my participant.”

“It is a great way to further one’s knowledge on domestic violence, resources and add to one’s effectiveness with clients.”

“The collective experience of the group is priceless. I have been able to obtain focused information on a client that can carry on in my work to many other clients.”
Energizing

“Presenting the cases enabled me to feel refreshed about approaching the work that I was doing with those individuals. I believe that the greatest benefit to the family was my ability to focus on what was the really important work with them and feel re-energized to keep going and try new strategies.”

“Overall it felt like a more uplifting and thoughtful process than other case reviews I have been a part of.”

“The most valuable process is when all members are genuinely interested in coming up with possible solutions for a difficult situation. The room feels filled with positive and compassionate energy. One is able to see the eagerness to make positive changes in someone’s life.”

All survey respondents would recommend that their co-workers participate in a DV/MH Collaboration Project Case Review.

“I would and have recommended my co-workers to experience the case review process. I got what I needed to help my client move forward, developed better relationships with mental health providers, and feel better equipped to ask the questions I need answers to when I am not sure about a client’s possible mental health status.”

“I would recommend to my co-workers that they participate because I think they can get lots of great input from professionals outside of our field.”

“Absolutely, making an amazing project like this as accessible as possible will be best for any advocate in their career.”

“Yes, absolutely! I feel the research about domestic violence and the best practices for this need to be circulated to all clinicians in social services due to misinformation out there in treating victims and their children.”

We also asked for their feedback about the process we use for the case reviews. Their responses included:

Welcoming / Respectful / Safe / Positive / Organized / Good Follow Through

“It is a welcoming environment with respectful boundaries set to enable individuals to share freely and learn without being embarrassed or feeling defensive.”

“It is a very safe environment to explore new ways of working.”
“The DV/MH case review process was very positive. Folks in the room were great at listening and providing workable possible strategies. It was obvious that folks had a base level of education about mental health and domestic violence which helped to have a better conversation.”

“A case review always brings a positive interaction of information. This particular dynamic has been incredibly informative because the group of experts who are in charge of the discussion bring a lot of options to support any particular case. Also being able to hear another case and outcomes adds enormous understanding.”

“It is the most organized, well set, and professional setting in which I have been. It is clear, precise, assuring that all participants feel comfortable and respected.”

“I like the introductions each session. The case reviews are well organized with attention to time so each presenter benefits from discussion and feedback. The coffee and treats were appreciated!”

“The members are well informed and if they do not know or are not sure about something, they make sure to let you know and search for the right answer. What I really appreciate is the quickness of how a question is answered if not had at the moment when it is being asked.”

Survey respondents shared these challenges related to participating:
- Competing work schedule commitments and obligations
- “It can be challenging finding people to present cases. Everyone is busy and it takes time to prepare and present. Each time someone came to present they commented on receiving great feedback and the group learns a lot, but I don’t think those who are not on the team have the best understanding of the benefits of such a collaboration.”

A few survey respondents offered suggestions for improving the case reviews:
- Meet around a table to make it easier to take notes.
- Allow more time for each case.
- Agencies should notify their staff of the case review dates further in advance.
- Rotate who brings treats.
Success Story

Here is an example of how a case review benefited a service recipient:

At a case review an advocate asked for input about how to best assist a survivor named “Elena” who was receiving services from her domestic violence program and also from a housing program at one of our mental health partner agencies. Elena had concerns about how she had been treated by her case manager. Case review participants provided suggestions for addressing the situation and helping Elena get her needs met. It was decided that the advocate would offer to arrange for Elena to give feedback to the mental health agency, if she wished to do so, or would offer to advocate for her with the agency, if Elena preferred.

Elena chose to provide feedback herself to the case manager’s supervisor. The Project Coordinator for the Collaboration Project facilitated a meeting with Elena, her advocate, the mental health agency’s liaison, and the supervisor from the agency’s housing program. An interpreter was also present since Elena’s primary language is not English.

The supervisor had been prepped for the meeting by her agency’s liaison and understood we were meeting to improve communication and coordination between the agencies, to better understand what had happened in this situation with Elena, and to work towards getting Elena’s needs met. She was very open to hearing Elena and was able to clarify for all of us what had happened on their end and why. Fortunately, there did not appear to be any intentional mistreatment of Elena, but the lack of clear communication had created that impression. It also became clear that communicating only in English most likely contributed to this misunderstanding.

The two partner agencies were able to discuss with each other and Elena how to better coordinate her services moving forward and what she could do if she had any additional concerns. Elena exhibited courage in giving feedback to the agency responsible for providing her with housing and case management. The service providers involved exhibited concern and consideration not just for Elena, but also for each other. They were willing to give each other the benefit of the doubt until they could learn more about what happened and they embraced the opportunity to work more effectively together in the future. Everyone left the meeting feeling better about the situation and about each other. The advocate later shared, “My client felt validated and more confident in herself and in her housing program. She has been reassured that she has rights and a voice.”