

*Creating Connections**

Domestic Violence and Mental Health Policy Initiative

Special points of interest:

- Full calendar of upcoming workgroup meetings
- New training opportunities
- Resource Center and website coming soon
- Conference feedback

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From the Director

Dear Friends,

It is with great enthusiasm that we launch *Creating Connections*, the quarterly newsletter of the Domestic Violence and Mental Health Policy Initiative. Intended for a broad audience of advocates, clinicians, administrators, and policymakers, *Creating Connections* will facilitate communication and collaboration between domestic violence, mental health, substance abuse, and social service providers united around a common goal: improving the scope and quality of services that address the mental health impact of domestic violence on survivors and their children.

Several features of *Creating Connections* are noteworthy. First, it will keep you apprised of new developments within and related to DVMHPI, including information about upcoming training events and workgroup meetings, as well as progress reports from those workgroups. Second, the newsletter will provide a forum for highlighting and celebrating successful collaboration between participating agencies. Third, future issues will foster a shared understanding of the issues central to the Initiative by featuring updates on relevant research and service innovation.

This issue includes several items of interest to new and seasoned participants alike. On page 2 you will find an article describing the need for the project and outlining our broad objectives. On page 5, local agencies and providers who participate in one or more of the workgroups at the core of our collaborative efforts - as well as those who wish to join - will find an article describing the purpose of the various groups and a calendar of upcoming meetings. Those of you who attended our training conference last November may wish to see page 6 for results of the conference evaluation as well as many thoughtful comments offered by participants. Finally, page 3 provides important and **time sensitive** information about an intensive training opportunity for agencies that wish to implement trauma-informed services.

Since the inception of DVMHPI over two years ago, it has become clear that developing an integrated response to the mental health impact of domestic violence on survivors and their children requires extensive interagency collaboration and support. We at DVMHPI are privileged to play a role in this important process. Through *Creating Connections* and our many other endeavors, we will do our best to promote and sustain fruitful collaboration between all of you who are committed to the safety, healing, and health of domestic violence survivors and their children.

Sincerely,

Carole Warshaw, MD

The Initiative: Reason and Purpose

Victimization by an intimate partner can have serious psychological consequences, yet collaborative models for addressing these issues have been slow in developing. This is due in part to the differing perspectives that advocates and mental health providers have had on domestic violence and the lack of a cohesive framework for addressing both the social and psychological concerns of battered women. Many mental health professionals and advocates *do* share a common set of overall health and safety goals, although the focus of interventions and the principles that guide them are often quite different.

Without specific training to address the social factors that entrap victims in abusive relationships, clinicians are at risk for interpreting survival strategies as psychiatric in origin, and overlooking the advocacy needs (shelter, legal assistance, safety planning) of victims of domestic violence. In addition, mental health providers may not be cognizant of the dangers psychiatric diagnoses can pose for women in legal disputes with an abusive spouse or of strategies to reduce the likelihood that seeking treatment will be used against a woman in court.

Likewise, domestic violence advocates are not always trained to assess mental health problems and many programs do not possess the resources to address the clinical needs of those women and children who do experience mental health difficulties. Optimally responding to the mental health needs of battered women requires not only specialized knowledge and training but also collaboration between systems.

The Domestic Violence and Mental Health Policy Initiative (DVMHPI) is a collaborative effort designed to mobilize a comprehensive response to the mental health needs of domestic violence survivors and their children. The Initiative provides an opportunity for domestic violence programs and mental health agencies in the Chicago area to establish common goals and principles for collaborative intervention; to assess current needs and resources; to address institutional and system barriers that impede both practice and access to care; to create ongoing cross-agency partnerships; and to develop integrated service delivery models to address the traumatic sequelae of domestic violence.

Since its inception in 1999, DVMHPI has engaged over 75 domestic violence, mental health, substance abuse and social service agencies in the Chicago area, as well as city and state policymakers, in a collaborative network that is committed to improving the scope, quality, and availability of services that address the mental health sequelae of domestic violence. Ultimately, these efforts are intended to increase safety and reduce the long-term health, mental health and social consequences of domestic violence by addressing significant gaps in services and perspectives. The overall goals of the Initiative are to:

- Facilitate collaboration between domestic violence and mental health agencies to ensure that domestic violence and mental health needs are addressed in safe, appropriate and culturally sensitive ways
- Develop, implement and evaluate new culturally relevant practice models that combine empowerment-based trauma treatment with advocacy-based concerns
- Produce practice guidelines and curricula that can be widely distributed to domestic violence and mental health agencies, incorporated into mental health professional training programs, and utilized by other systems in which domestic violence survivors and their children receive services,
- Ensure that Chicago-area providers are trained to address the mental health sequelae of domestic violence
- Develop public policy strategies to increase the capacity of the public mental health system and advocacy programs to provide or access high quality treatment for survivors of domestic violence and other lifetime trauma
- Create a public mental health agenda to link early intervention for the traumatic sequelae of domestic abuse to the prevention of violence and its sequelae in future generations

DVMHPI is directed by Carole Warshaw, MD, and is supported by Gabriela Moroney, MA, Project Manager and Holly Barnes, MA, Research Associate. It is made possible by grants from the John D. and Catherine T. MacArthur Foundation and The Chicago Community Trust, contracts from the

Center for Mental Health Services, and in kind support from the Cook County Bureau of Health Services and the Chicago Department of Public Health.

Regional and Critical Issue Workgroups—Mark Your Calendars!

DVMHPI is a collaborative endeavor. We facilitate a growing network of over 75 domestic violence, mental health, substance abuse and social service agencies that are committed to improving the scope, quality, and availability of services that address the mental health impact of domestic violence. Quarterly workgroup meetings create opportunities for the interagency discussion, planning, information sharing, and feedback that are crucial to successful collaboration, and they represent our primary means of advancing the work of the Initiative. Four regional workgroups (North, South, Southwest, and West) focus on service-delivery and training needs. Representatives from participating agencies develop plans for improving and/or initiating referral, screening and assessment, cross training, and consultation; additionally, future meetings will feature clinical/advocacy presentations and discussions. Four critical issue workgroups meet regularly to explore and respond to issues of central concern to the Initiative. Three of these groups (Women and Trauma, Domestic Violence in the Context of Serious Mental Illness, and Children Who Witness Domestic Violence) will develop integrated practice models in their areas of focus; the fourth group (Culture, Community, and Spirituality) will plan and host a symposium and/or training in 2002 and will identify and share information on culturally-specific practices for addressing domestic violence, trauma and mental health.

We hope that you and your agency will take advantage of these quarterly meetings to ensure the availability of high-quality services for survivors of domestic violence and their children. We encourage each agency to assign at least one representative to the regional group that corresponds to the agency's service area. Additionally, we welcome ongoing participation in the critical issue group that holds the greatest interest and relevance for the agency and/or the representative. If you have any questions about which group(s) is best suited to your agency, please contact Gabriela Moroney at 312/633-3223.

Regional Meeting Calendar

North	April 8, 10 AM – Noon, Uptown Center Hull House, 4520 N. Beacon, Chicago
South	April 12, 10 AM – Noon, Community Mental Health Council, 8704 S. Constance, Chicago
Southwest	April 11, 9:30 – 11:30 AM, Rainbow House (Little Village site), 4149 W. 26 th St., Chicago
West	April 10, 10 AM – Noon, DVMHPI, 1900 W. Polk, Board Room, Chicago

Critical Issue Meeting Calendar

Women and Trauma

May 29, 10 AM – Noon, Metropolitan Family Services, 14 E. Jackson, Murdock Conference Room, 16th Fl., Chicago

Domestic Violence in the Context of Serious Mental Illness

May 31, 9:30 – 11:30 AM, Mercy Hospital Mental Health Center, 2525 S. Michigan, Lower Level, Chicago

Children Who Witness Domestic Violence

May 7, 9:30 – 11:30 AM, Metropolitan Family Services, 14 E. Jackson, 14th Fl. Conference Room, Chicago

Culture, Community and Spirituality

May 16, 10 AM – Noon, DVMHPI, 1900 W. Polk, Frances Powell Room, Chicago

RSVP! If you plan to attend any regional or critical issue working group meetings, it's important that you call or email our office (312/633-3223, gmoroney@hektoen.org) so that we can plan for the appropriate number of participants. *Only participants who have responded will be notified in the event of location change or meeting cancellation.*

Intensive Trauma Training and Implementation Program

DVMHPI is pleased to announce an intensive training and support opportunity for agencies that wish to develop and sustain trauma-informed services that address the mental health needs of domestic violence survivors and their children. Over the course of the next six months, DVMHPI will offer the Intensive Trauma Training and Implementation Program, a series of three intensive trainings (eight full days) with follow-up support. The trainings will be conducted by some of the same specialists who spoke at our conference in November 2001 and will provide a starting point for agencies to expand

their capacity to provide trauma-focused services and develop new practice models. Agency personnel who receive intensive training will also participate in bi-monthly peer supervision groups and benefit from ongoing consultation with the training specialists. Agencies that share in this intensive training will play an important role in informing the work of the critical issue groups as they develop integrated practice models (see article on page 5). All training events will be held at the DePaul University Egan Urban Center in downtown Chicago, and they will be offered free of charge.

Because these smaller trainings can only accommodate 30-50 individuals, registration will be limited to staff from approximately twelve agencies committed to expanding their capacity and working collaboratively with DVMHPI and partner agencies to pilot new models for service delivery. Domestic violence and mental health agencies are especially encouraged to apply. If you think your agency would like to partake of this opportunity, please review our “wish list” for participants, the schedule of multi-day training events, and instructions for submitting a letter of inquiry. Then consult with others in your agency, particularly clinical supervisors and administrators, to determine your agency’s level of interest in this program.

DVMHPI recognizes that participating in the intensive training and implementation plan described above requires a time commitment that exceeds the capacity of many of the agencies with which we work. We emphasize that we will continue to rely on the participation of *all* partner agencies via the regional and critical issue workgroups to forward the work of the Initiative and will continue to work with you to plan and provide a range of other training opportunities.

DVMHPI Wish List

Is your agency a candidate for participating in the Intensive Trauma Training and Implementation Program? We are looking for agencies that are committed to developing and providing innovative, trauma-informed services for domestic violence survivors and their children and who have the capacity and institutional support to do so. Ideally, agencies will:

- Send a subset of staff members to each intensive training (minimum two, maximum five). At least one trainee should be a clinical or direct service supervisor who will ensure that tenets of the training are reinforced within the agency. Different clinicians may attend different trainings if there is a rationale for doing so (e.g., a children’s advocate might attend the children’s training in place of an advocate who works with adults).
- Form an internal group – including direct service providers, supervisors, and administrators - to plan for implementation and service modification based on the training.
- Send trainees to bi-monthly peer supervision groups.
- Send an agency representative (preferably the clinical or direct service supervisor) to quarterly critical issue groups to inform the development of integrated practice models.
- Communicate regularly with DVMHPI staff regarding progress toward implementation of service improvements.
- Receive additional technical assistance from DVMHPI and consultants as needed.
- Participate in DVMHPI’s evaluation of the intensive training program.

In return, agencies will receive innovative, valuable training and ongoing consultation from leading experts in the fields of trauma, domestic violence, and mental health. They will have access to tools and support for developing innovative trauma programming and will inform the development of integrated practice models that have the potential to transform the many systems that serve survivors of domestic violence and their children.

Schedule of Intensive Trauma Trainings

Trauma in the Context of Serious Mental Illness—Tools for Domestic Violence and Mental Health Providers

Presented by training specialists from Community Connections in Washington, DC (Maxine Harris’ program)

May 13, 14, and 15, 9 AM – 5 PM

Responding to the Developmental and Emotional Needs of Children Who Witness Domestic Violence
Presented by Betsy McAlister Groves of the Child Witness to Violence Project in Boston, MA

June 19 and 20, 9 AM – 5 PM

Risking Connection: Helping Women Heal from Trauma

Presented by training specialists from the Sidran Traumatic Stress Institute in Baltimore, MD
September 11, 12, and 13, 9 AM – 5 PM

Letters of Inquiry

If your agency is interested in this groundbreaking program and meets many of the criteria outlined in the wish list on page 3, we encourage you to submit a letter of inquiry signed by the executive or program director. The letter should respond to the following questions (please reply in narrative or reiterate each question before answering):

1. Is your agency committed to developing and implementing trauma-informed services for survivors of domestic violence and their children, and doing so collaboratively with other agencies?
2. What aspects of the Intensive Trauma Training and Implementation Program are most appealing to your agency, and why?
3. How many individual clinicians or advocates will your agency be able to send to the training series and subsequent bi-monthly peer supervision groups (minimum two, maximum five)? Will at least one participant be a supervisor?
4. Will your agency form an internal planning group? If so, which direct service and administrative staff members will be included? Can the group meet at least one hour per month?
5. Will it be possible and expected for trainees from your agency to attend peer supervision groups for two hours every other month? (Groups will meet in the Loop.)
6. Will at least one trainee from your agency be able to attend one critical issue workgroup meeting every three months? (Workgroups will meet throughout the city.)
7. To the extent that it is feasible, will your agency implement trauma-informed services and work with DVMHPI to refine, improve, assess, and safely evaluate those services?

Letters of inquiry should be received by DVMHPI no later than April 12, 2002; we will notify applicant agencies of our decision by April 20. Please submit your letter to Gabriela Moroney, DVMHPI, 1900 West Polk Street, Room 924, Chicago, Illinois 60612. Alternately, you may send the letter as a Word file attached to an email to gmoroney@hektoen.org. *A very small number of spaces will be reserved for individual registrants.*

Please do not hesitate to contact Gabriela Moroney at (312) 633-3223 if you have any questions, need additional information, or wish to inquire about individual (non-agency) registration.

Miscellaneous But Newsworthy

We're growing

Two additions to our staff, a project coordinator and an information specialist, will greatly enhance our ability to support and sustain collaboration among our participants. We have begun interviewing candidates for these positions and expect to have them filled by mid-April.

Training for CDPH mental health providers

As part of DVMHPI's ongoing partnership with the Chicago Department of Public Health, Dr. Carole Warshaw will provide training on May 8, 2002 to clinicians who work in CDPH mental health centers. Offered as part of the Department's Universal Wednesday program, the training will address the dynamics of domestic violence, its potential impact on the mental health of survivors and their children, domestic violence assessment and intervention for mental health providers, and collaborating effectively with advocacy programs.

You asked for it

Based on substantial demand from participating advocacy programs, DVMHPI is exploring the

possibility of partnering with the Center for Excellence in Service Organizations, a program of Heartland Alliance, to develop and provide specialized, advocacy-informed mental health training. Watch for more information in the summer issue of *Creating Connections*.

Resource center and website coming in 2002

With the imminent addition of an information specialist, DVMHPI will launch a Technical Assistance and Resource Center. As a resource to both staff and participants, it will enable DVMHPI to keep abreast of the clinical, research, and policy work that is critical to achieving and sustaining change within the mental health and advocacy systems, and it will channel that information to participants to inform their collaboration. The Center will feature an up-to-date library of relevant research and writing on domestic violence, trauma, and mental health, as well as project-related work on legal issues, cultural competency, child welfare, and healthcare policy. The Center will also host a DVMHPI website which will feature downloadable information and documents, including DVMHPI reports, materials, and newsletters.

Response to November Training Conference by Holly Barnes

Most participants judged DVMHPI's November training conference, *Addressing the Mental Health and Advocacy Needs of Domestic Violence Survivors and their Children*, a smashing success. Attended by approximately 300 people from over 75 domestic violence, mental health, social service, and substance abuse agencies across the city and near suburbs, the conference provided training in eight areas crucial to addressing the practical and philosophical concerns that arise in responding to the mental health and advocacy needs of domestic violence survivors and their children. 97% of conference attendees rated the overall conference as either good or excellent, and 95% rated the overall usefulness of information as either good or excellent. Here are some of the many comments we received about the conference:

- I've been to several mental health/domestic violence trainings and this was by far the best. I appreciated that not all our time was spent on basics, but mostly on specific ways domestic violence and mental health workers can coordinate services and understand each other's work.
- I would like to see further training on the effects of trauma (particularly from the first two speakers). I would also like to see training on how trauma affects children - another one that could go more in depth.
- I will use the information I learned at this conference to change policy and procedures that will help my agency become more effective in our service and treatment delivery.

We're delighted that the conference was well received and are pleased to be offer the follow-up training opportunity described on page 3.

Important note: Those of you who attended the training conference received a list of the agencies represented at the conference. As domestic violence agency addresses are often confidential, we ask you not to disclose to anyone outside your agency the address of any domestic violence program listed in the conference packet.

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