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Introduction

- There is a wealth of research that supports a relationship between opioid use disorder (OUD) and intimate partner violence (IPV), however there is little research on addiction counselor's readiness to address instances of IPV among their patients.
- The purpose of this research project is to assess actual and perceived knowledge about IPV among addictions counselors in an opioid treatment setting, and to raise awareness of the benefits of using survivors with lived experience in educational roles during trainings about IPV. Through a survivor-led panel, this project seeks to educate addictions counselors on best practices for addressing IPV among patients

Aims

- Assess the knowledge, perceived knowledge, and perceived preparedness about intimate partner violence among addictions counselors using the PREMIS (Short et al, 2006).
- Co-lead a training with survivors that addresses the gaps in knowledge assessed in PREMIS and discuss the importance of lived experience in IPV education.
- Administer a post assessment using PREMIS (Short et al, 2006) to see how their perceived knowledge, actual knowledge, and perceived preparedness have changed. Also, administer a satisfaction survey about the training.

Methods

- The study sample for this project was 11 addictions counselors employed at an urban Opioid Treatment clinic in Baltimore, Maryland.
- Pre-Assessment:** Counselors were asked to complete the PREMIS: Physician Readiness to Manage Intimate Partner Violence.
 - PREMIS consists of 5 sections: Profile, Background, Actual Knowledge, Opinions, and Practice Issues
- Survivor-Led IPV Training**
 - 40 Minute Panel Featuring IPV Survivors from the House of Ruth Storytellers Program
 - 20 Minute IPV Presentation by Research Coordinator
- Post-Assessment:** Counselors were asked to again complete PREMIS. All 11 counselors filled out the post assessment PREMIS, and the counselors who attended the training had the option to complete an anonymous evaluation of the training rating their satisfaction with the speaker panel, the information, and the training overall.

Results

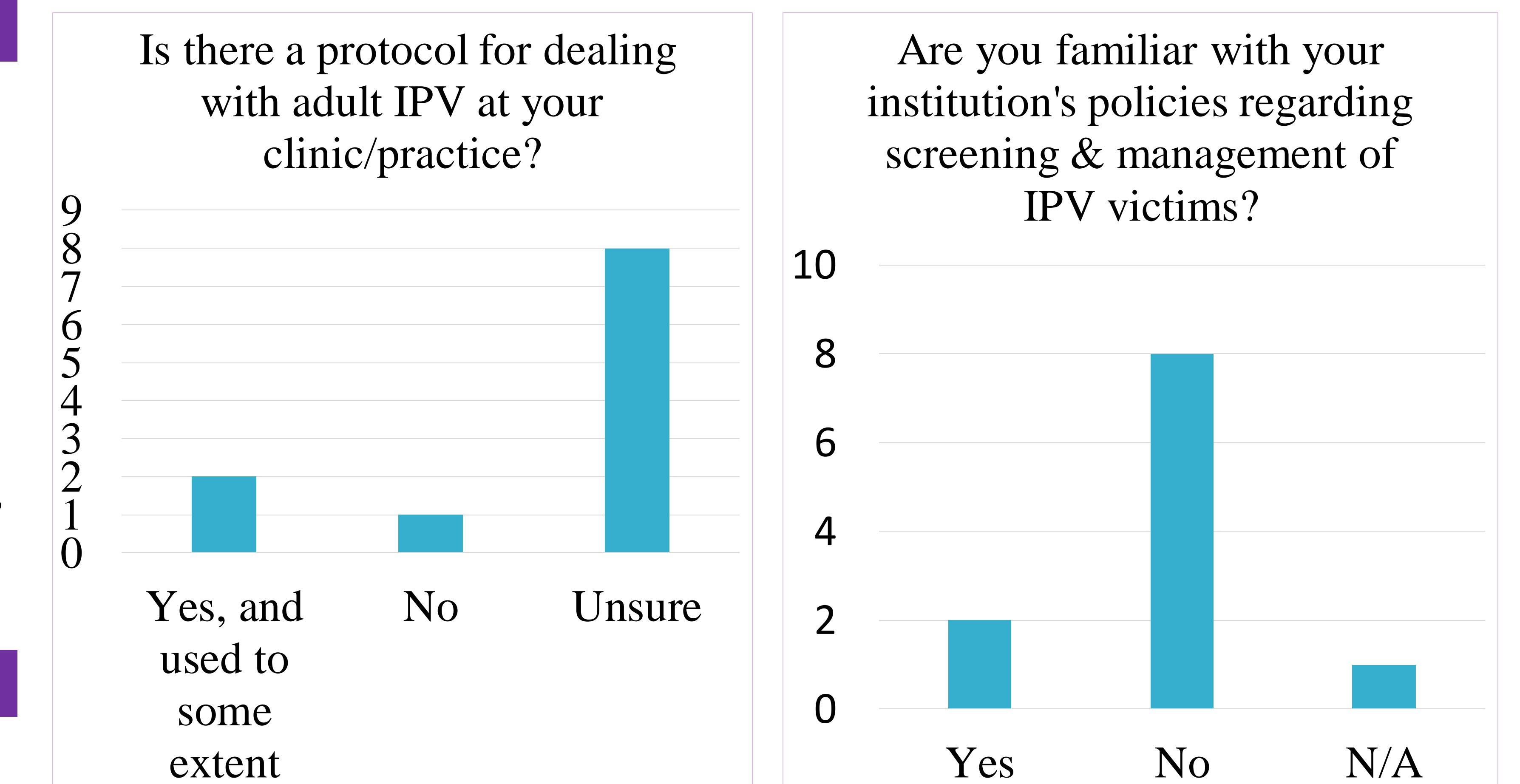
Pre-Assessment Phase

Perceived Knowledge/Preparedness: The mean score for perceived preparedness among all 11 counselors was 3.9 (SD: 1.4), the mean for those who ended up attending the training was slightly higher at 4.2 (SD: 1.5). The mean score for perceived knowledge among all 11 counselors was 3.7 (SD: 1.2), and slightly higher for the 8 counselors who attended the training at 3.8 (SD:1.4).

Actual Knowledge:

This assessment is scored out of 37 points for 8 questions. The questions include multiple choice, true/false, and “select all that apply” questions. The average (mean) score for this section was a 21.8 out of 37 (59%), and the median score was a 21. The lowest score received on this section was 13 out of 37 (35%) and the highest score was 31 (83%).

Practice Issues:



Post-Assessment Phase

There were 8 counselors who attended the survivor-led training, and the average score of the pre-assessment knowledge section for these 8 participants was 22.6 out of 37 (61.1%).

Perceived Knowledge/Preparedness: Analysis showed close to statistically significant differences in reported scores for perceived preparedness ($p=0.052$) and for scores of perceived knowledge ($p=0.052$) between those who attended the training, and those who did not. The mean for perceived preparedness among those who attended the training was 5.3 (SD:1.2) compared to the previous 4.2 mean in the pre-assessment. The mean score for perceived knowledge was 5.0 (SD:1.0), compared to the previous 3.8 in the pre-assessment.

Actual Knowledge:

The average (mean) score of the post assessment PREMIS actual knowledge section was 27 out of 37 (72.9%), compared to the previous 22.6 (61.1%) averaged in the pre-assessment.. The average change in score was +4.4 points, with a range of 0–14- point individual improvement in score.

Features of Survivor-Led IPV Training

- 40 Minute panel from speakers working with an IPV community resource partner:
 - Introductions and telling personal stories
 - What are some ways that healthcare professionals can best support someone experiencing IPV?
 - How can we best support survivors that are feeling shame and distrust of others?
 - How can counselors support clients who disclose IPV, but are not willing to leave their partner?
- 20 Minute presentation from research coordinator featuring information on:
 - Maryland specific IPV Statistics
 - Facility IPV Protocol
 - Trauma-Informed Care Review
 - Relationship between OUD and IPV

Conclusions

- Currently, the facility IPV policy predominately serves inpatient hospital services, therefore policy needs to be further explored and solidified for outpatient facilities to better assist counselors and other medical professionals with the complicated dynamics of IPV and OUD treatment
- Counselors need access to IPV training materials
- Clarity needs to be made about what role the counselors play in assisting clients with IPV concerns
- Staff need support to combat burnout and secondary traumatic stress

Possible Future Directions for this project:

- If this project were to continue, it would be recommended that counselors complete the PREMIS post assessment again after a longer period to assess longevity of gained knowledge

References

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