STRENGTH AT HOME

Trauma and Intimate Partner Violence

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ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

Overview

- Intimate partner violence etiology
- Intimate partner violence intervention
- Strength at Home

Intimate Partner Violence Etiology

Survival Mode Model

- Vigilance to threats in warzone leads combat veteran to enter into survival mode inappropriately when stateside
- Perceive unrealistic threats
- Exhibit hostile appraisal of events
- Overvalue aggressive responses to threats
- Exhibit lower threshold for responding to the threat

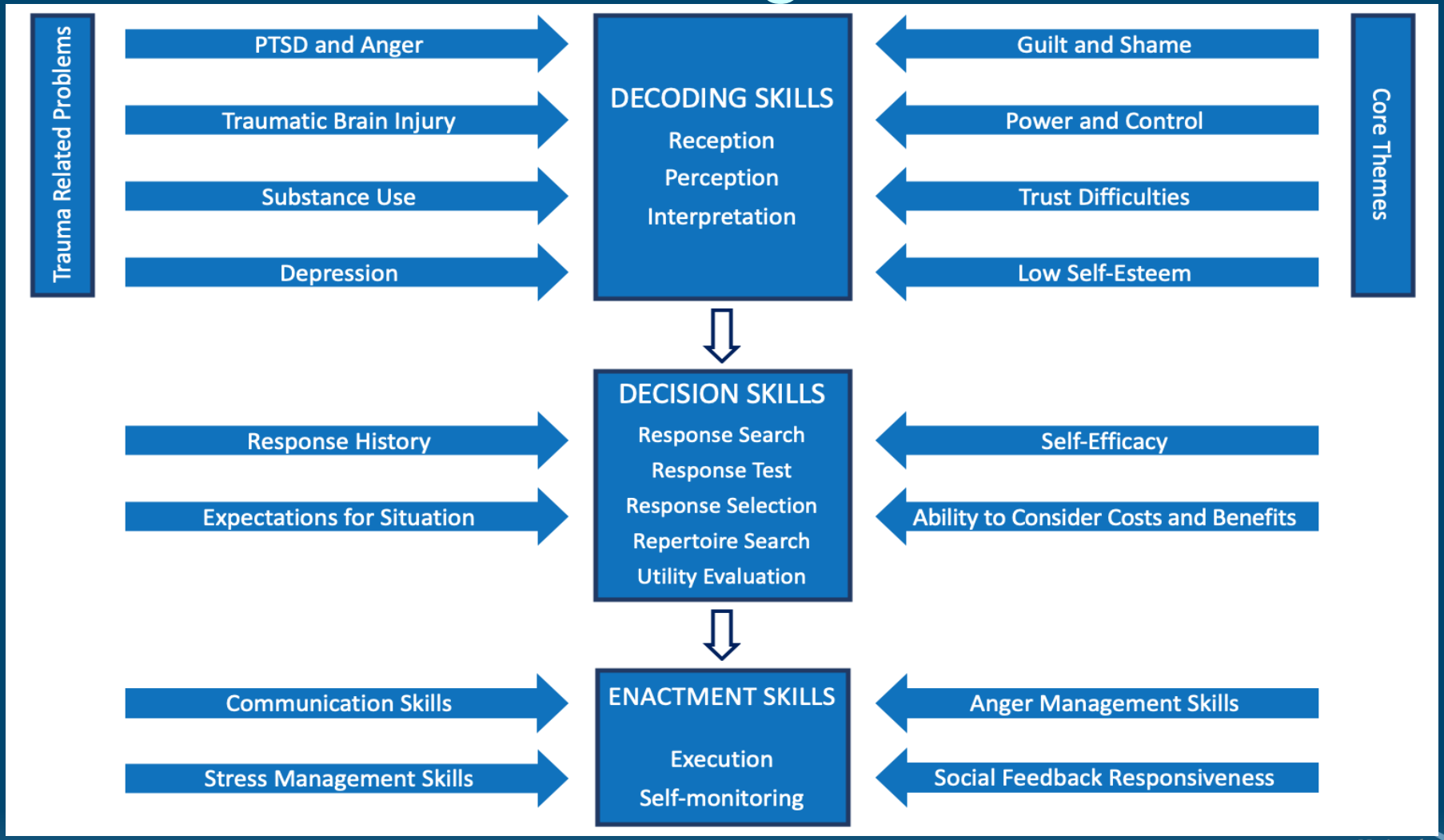
Chemtob et al., 1997

Social Information Processing Model

- Individuals using partner aggression exhibit cognitive deficits (e.g., faulty attributions) that impact interpretation (decoding stage)
- Individuals using partner aggression have deficits generating variety of nonviolent responses (decision skills stage)
- Individuals using partner aggression lack skills to enact competent response (enactment stage)
- Influenced by factors that impact executive functioning (e.g., alcohol use and traumatic brain injury), psychiatric factors (e.g., PTSD and depression), and core themes

Holtzworth-Munroe, 1992

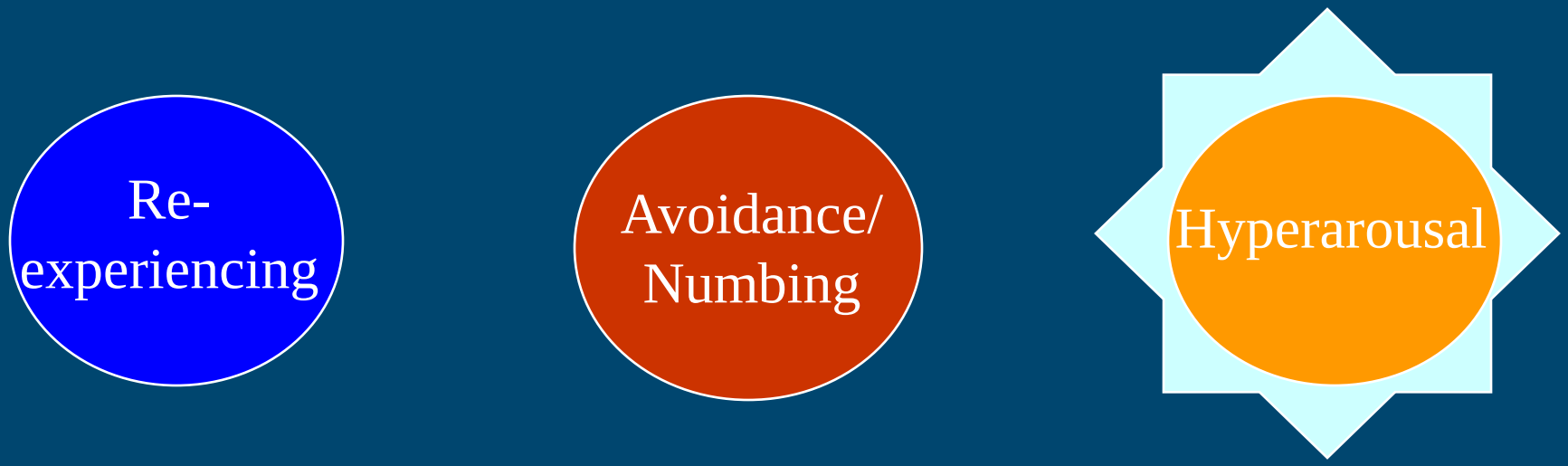
Trauma-Informed Social Information Processing Model



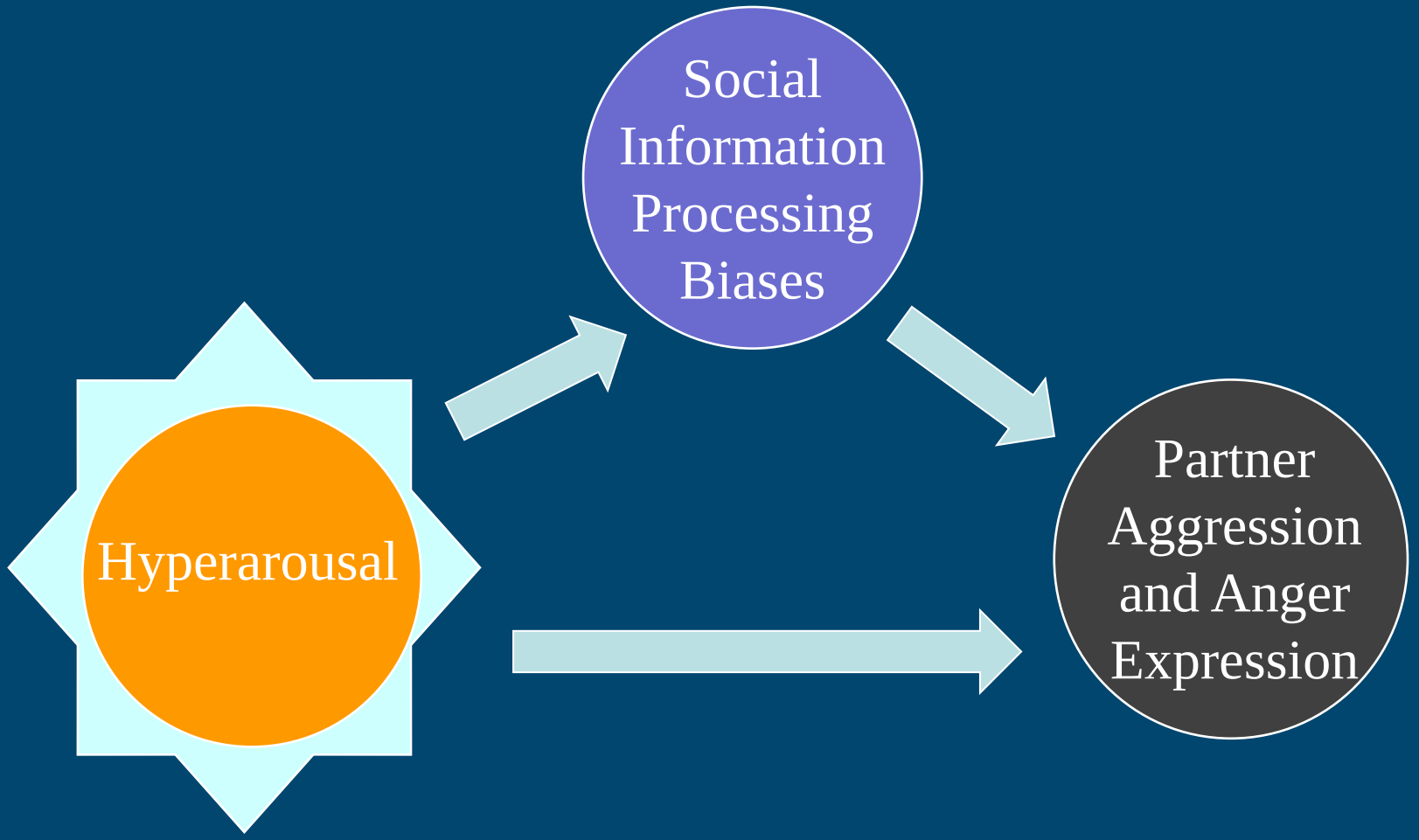
PTSD and Intimate Partner Violence

- Service members without PTSD not more aggressive than civilians (Bradley, 2007)
- Physical aggression in National Vietnam Veterans Readjustment Study (Kulka et al., 1990)
  - Veterans with PTSD = 33%
  - Veterans without PTSD = 13.5%
- Meta-analytic results (Taft et al., 2011)
  - PTSD and physical aggression: *r* = .42
  - PTSD and psychological aggression: *r* = .36

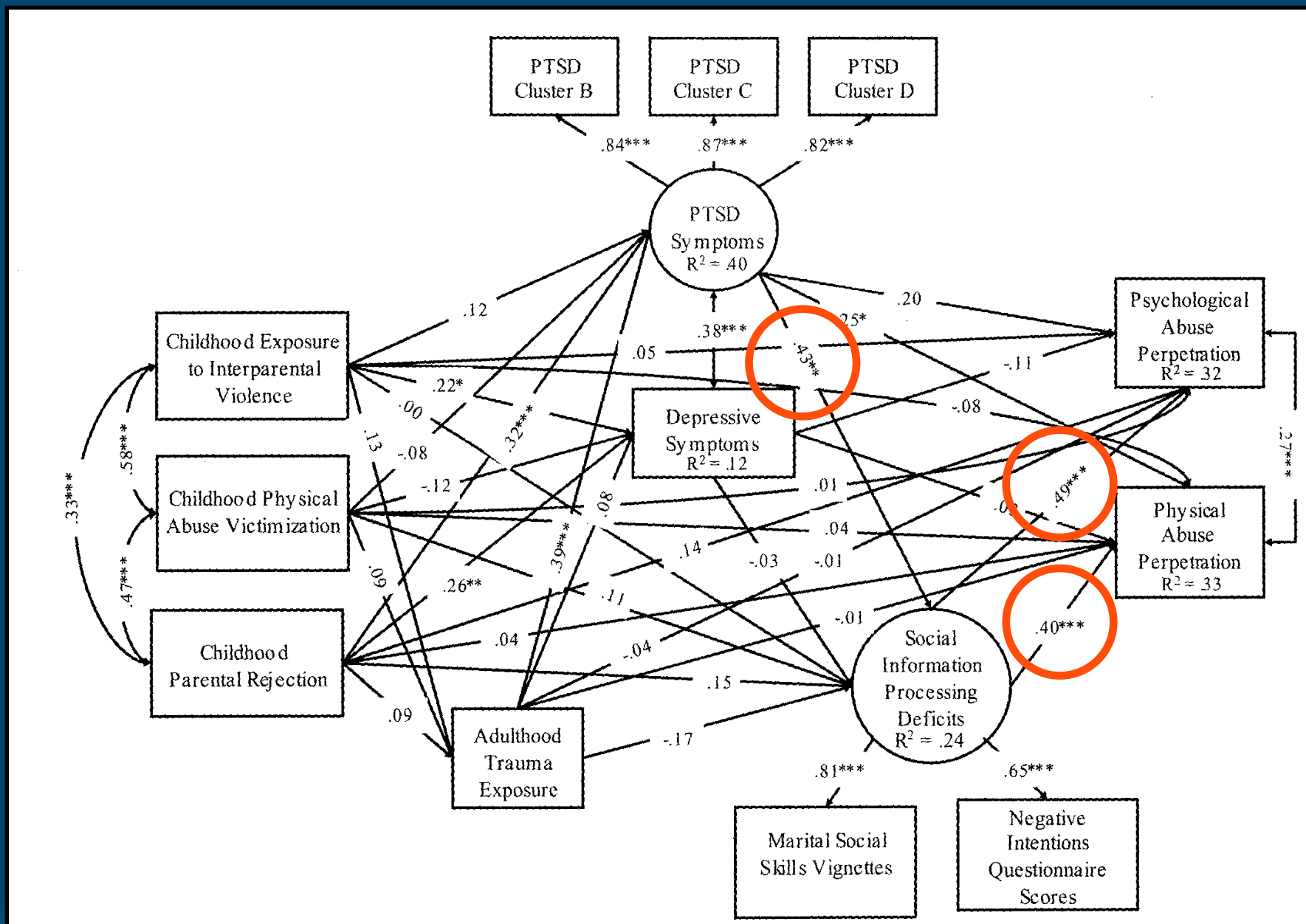
PTSD and Partner Aggression



e.g., Taft et al., 2007



Taft et al., 2015



Taft et al., 2008

Core Themes

1) Trust
2) Self-Esteem
3) Power Conflicts
4) Guilt and Shame

Trust

- Trauma may have been caused by someone who was supposed to be trustworthy
- Others may have made poor decisions or mistakes
- May feel they can't trust anyone or others are out to hurt or betray them
- Mistrust can carry over into relationships
- Controlling behavior may result

Self-Esteem

- May unfairly blame self for trauma
- Low self-esteem leads to relationship insecurity, controlling behavior, and partner aggression

Power Conflicts

- Partner aggression theories highlight power and control beliefs (Pence & Paymar, 1993)
- Exposure to trauma may contribute to a sense of powerlessness
- Feelings of powerlessness contribute to power conflicts in relationships
- Military communication regarding power and control may impact relationship communication

Shame

- Client may experience trauma-related shame
- Aggression may represent maladaptive effort to avoid shame and associated feelings of weakness, inferiority, and worthlessness (Gilligan, 2003)
- Shame hinders responsibility-taking

Intimate Partner Violence Intervention

Lack of Empirically Supported Interventions

- No prior randomized clinical trial has shown treatment effects in military population (e.g., Dunford, 2000)
- Those receiving interventions in other settings average 5% reduction in recidivism relative to untreated groups (Babcock et al., 2004)
- Barriers for randomized controlled trials
  - Randomizing violent individuals to no-treatment controls
  - Arrest and monitoring reduces partner aggression
  - Lack of partner contact

Limitations of Existing Interventions

- Often not trauma informed
- Often deemphasize psychiatric factors
- Many are not considered “therapy”
- Often large, impersonal groups

Strength at Home

National Center for PTSD
Posttraumatic Stress Disorder

Program Objectives

- Department of Defense
- Department of Veterans Affairs
- Model program for treating partner aggression in service members/veterans and civilians

Structure and Format

- Clients who have engaged in physical or psychological partner aggression
- Closed groups
- 12 weekly 2-hour sessions
- 3-8 clients per group
- Male and female co-therapist (preferred)
- Additional monitoring, treatment, and support

Intimate Partner Involvement

- Contacted before group begins and after group completion
- Safety planning, hotline numbers, mental health services, other support
- Perceptions of partner aggression
- Program feedback

Interventions Informing Strength at Home

- Intervention for partner aggression (Murphy & Scott, 1996)
- Cognitive Processing Therapy for PTSD (CPT; Resick & Schnicke, 1992)

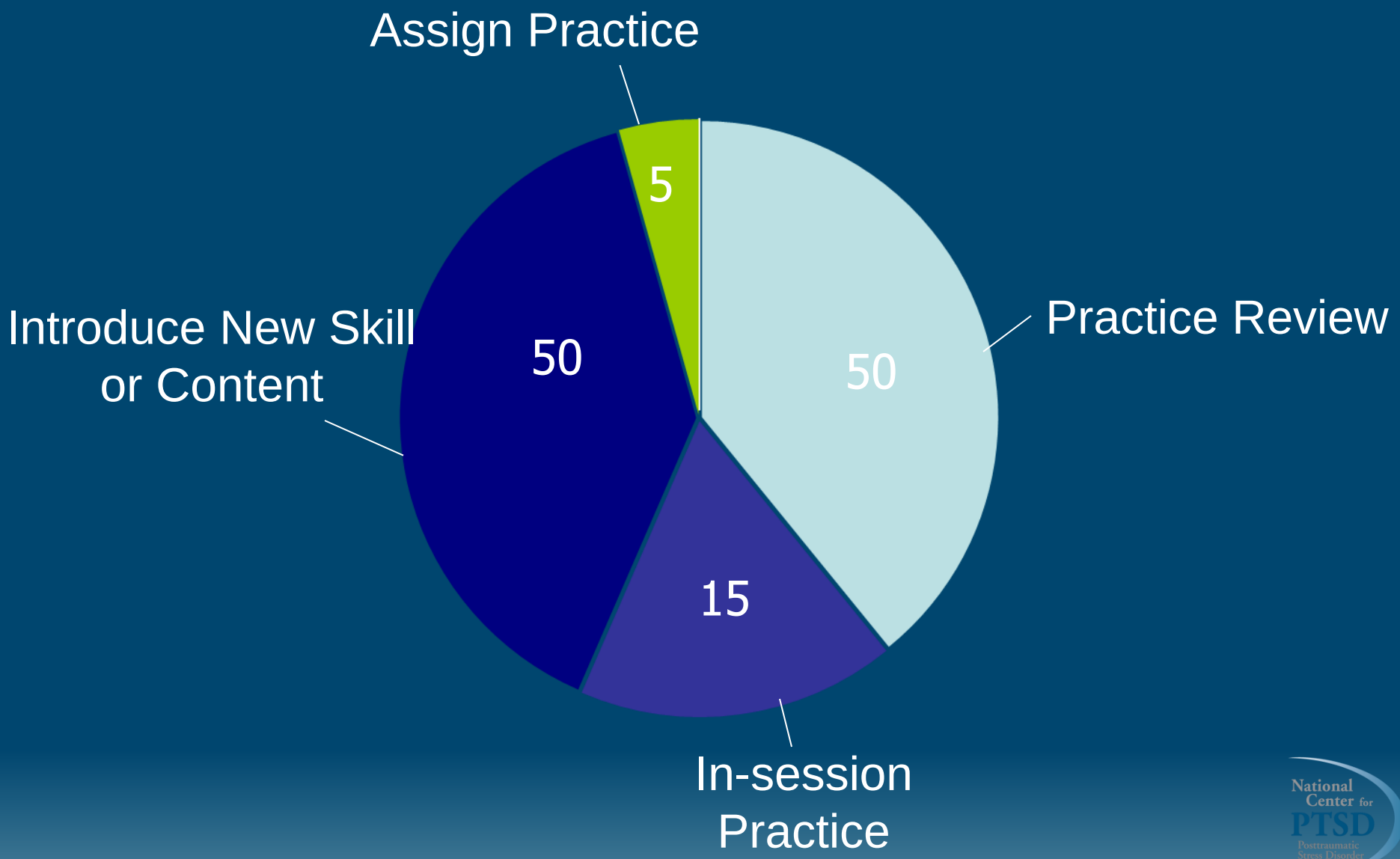
Program Stages

National Center for PTSD
Posttraumatic Stress Disorder

Strength at Home Stages

Stage 1 **Psychoeducation** **(Sessions 1-2)**	• Pros/cons of abuse • Forms of IPV and impacts of trauma • Core themes • Goals for group
Stage 2 **Conflict Management** **(Sessions 3-4)**	• The anger response • Self-monitor thoughts, feelings, physiological responses • Assertiveness • Time Outs to de-escalate difficult situations
Stage 3 **Coping Strategies** **(Sessions 5-6)**	• Anger-related thinking • Realistic appraisals of threat and others' intentions • Coping with stress • Problem-focused versus emotion-focused coping • Relaxation training for anger
Stage 4 **Communication Skills** **(Session 7-12)**	• Roots of communication style • Active listening • Assertive messages • Expressing feelings • Communication "traps"

Overall Session Structure



Studies in Service Members and Veterans

A Randomized Controlled Clinical Trial of the Strength at Home Men's Program for Partner Violence in Military Veterans

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ABSTRACT

Objective: We evaluated the efficacy of the Strength at Home Men's Program (SAH-M), a trauma-informed group intervention based on a social information processing model to end intimate partner violence (IPV) use in a sample of veterans/service members and their partners. To date, no randomized controlled trial has supported the efficacy of an IPV intervention in this population.

Method: Participants included 135 male veterans/service members and 111 female partners. Recruitment was conducted from February 2010 through August 2013, and participation occurred within 2 Department of Veterans Affairs hospitals. Male participants completed an initial assessment that included diagnostic interviews and measures of physical and psychological IPV using the Revised Conflict Tactics Scales and were randomly assigned to an enhanced treatment as usual (ETAU) condition or SAH-M. Those randomized to SAH-M were enrolled in this 12-week group immediately after baseline. Those randomized to ETAU received clinical referrals and resources for mental health treatment and IPV services. All male participants were reassessed 3 and 6 months after baseline. Female partners completed phone assessments at the same intervals that were focused both on IPV and on the provision of safety information and clinical referrals.

Results: Primary analyses using hierarchical linear modeling indicated significant time-by-condition effects such that SAH-M participants compared with ETAU participants evidenced greater reductions in physical and psychological IPV use ($\beta = -0.135$ [SE = 0.061], $P = .029$; $\beta = -0.304$ [SE = 0.135], $P = .026$; respectively). Additional analyses of a measure that disaggregated forms of psychological IPV showed that SAH-M, relative to ETAU, reduced controlling behaviors involving isolation and monitoring of the partner ($\beta = -0.072$ [SE = 0.027], $P = .010$).

Conclusions: Results provide support for the efficacy of SAH-M in reducing and ending IPV in male veterans and service members.

Trial Registration: ClinicalTrials.gov Identifier: NCT01435512

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Intimate partner violence (IPV) in veterans and service members is a serious public health problem, with notable elevations in IPV found among those who experience symptoms of posttraumatic stress disorder (PTSD).[1,2] The scope of this problem is underscored by the fact that 23 million veterans reside in the United States, and the total US military force currently includes over 1.4 million active duty personnel, of which 55% are married and 86% are male.[3]

There is a pressing need to deliver effective IPV intervention for veterans and military families. The Strength at Home Men's Program (SAH-M) was developed with this aim in mind. SAH-M is a cognitive-behavioral, trauma-informed group therapy program that is based on social information processing models of trauma and IPV.[4–6] Evidence from pilot studies suggests the effectiveness of SAH-M in reducing physical and psychological IPV,[7,8] but a more rigorous randomized controlled clinical trial is needed to demonstrate program efficacy.

To date, no randomized controlled trial in a military or veteran population has demonstrated the efficacy of an IPV intervention in reducing or preventing IPV use.[9] Although the research base is limited, negative findings mirror those from nonmilitary settings that have shown IPV intervention programs to have very modest effects, with those receiving IPV interventions averaging a reduction in recidivism of only 5% relative to untreated groups.[10]

We examined the efficacy of SAH-M relative to an enhanced treatment as usual (ETAU) condition in which the veteran/service member and their partner received referrals and monitoring. We hypothesized that men who were assigned to SAH-M would have greater reductions in physical and psychological IPV use than men assigned to ETAU, as assessed using reports from both the male participant and his collateral reporting female partner.

METHOD

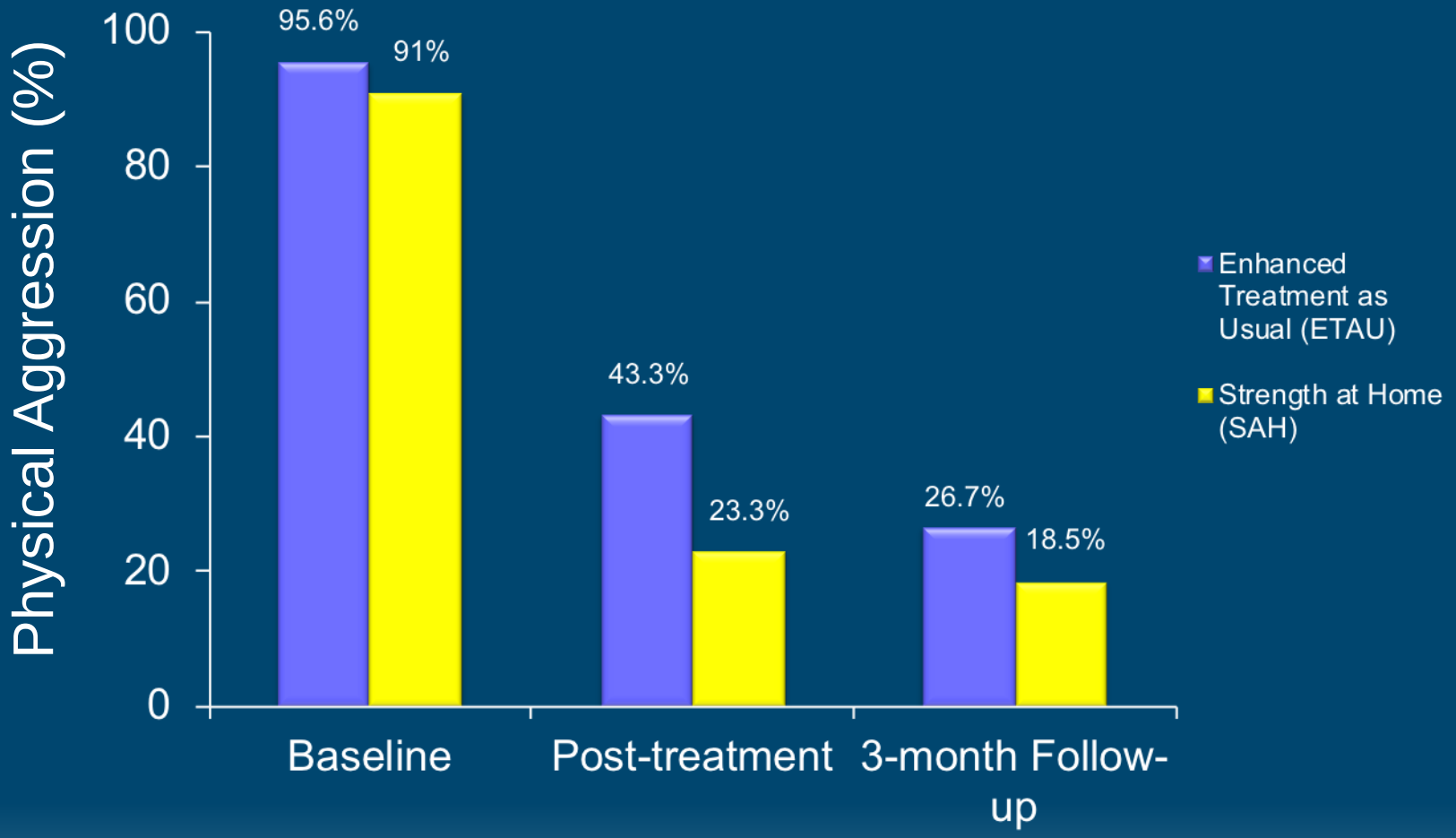
Participants & Procedure

This randomized controlled trial was registered at ClinicalTrials.gov (NCT01435512). Participants were recruited from February 2010 to August 2013 from 2 major metropolitan areas in the Northeast by clinician-referrals, self-referrals, and court-referrals. Inclusion criteria were (1) male participant and his partner were over 18 years of age, (2) male participant was a veteran or service member; (3) male participant provided partner contact consent; and (4) a self-, collateral- or court-report of at least 1 act of male-to-female physical IPV over the previous 6 months or of severe physical

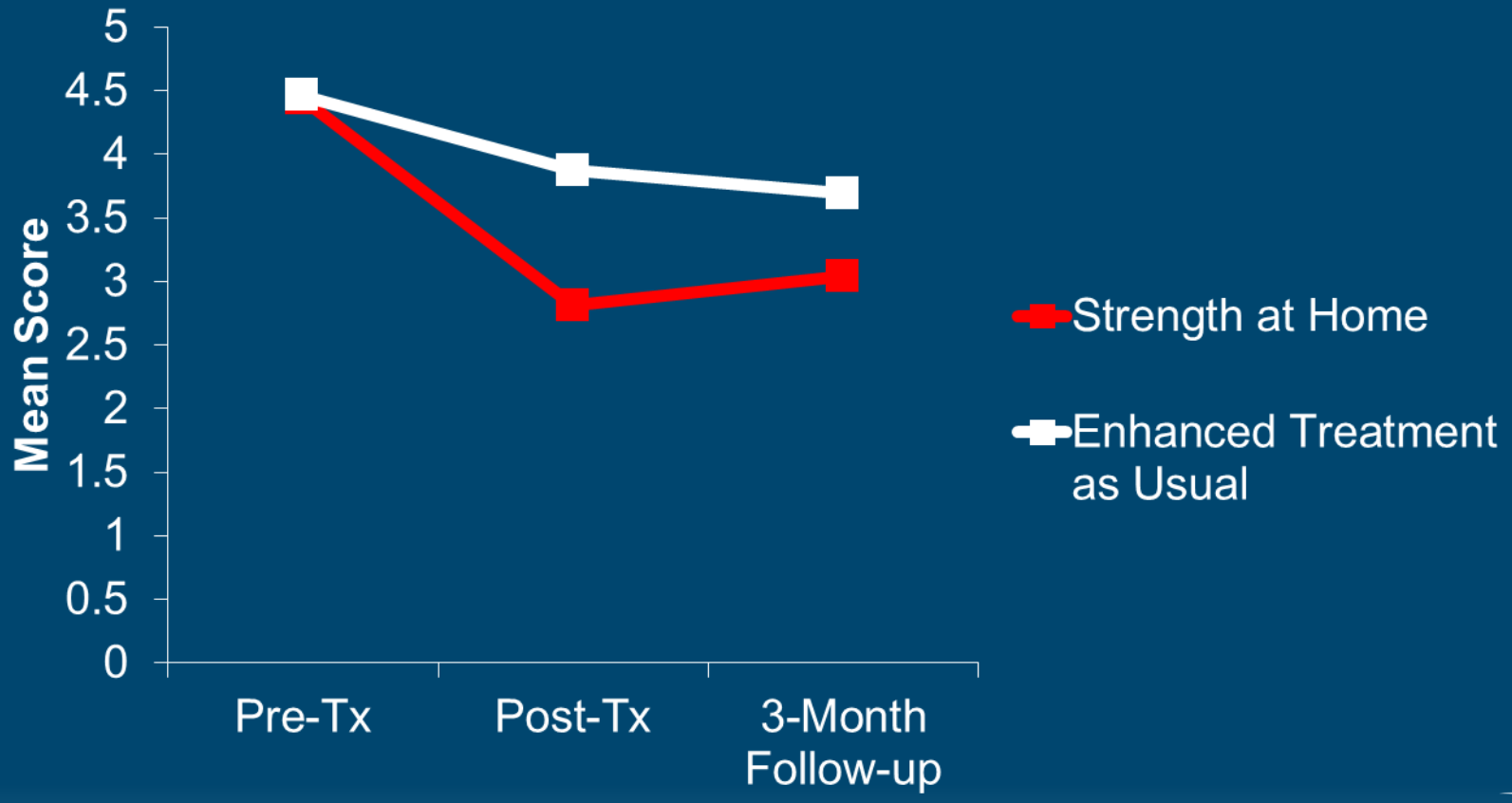
Sample Characteristics

- 135 enrolled in study
  - 67 randomized to Strength at Home
  - 68 randomized to Enhanced Treatment as Usual
- Average age = 38.10
- 77% White, 14% Black/African-American
- 34% married, 23% dating, 14% single
- 59% Court-involved
- 57% OEF/OIF/OND, 13% Vietnam, 8% Gulf War

Physical Partner Aggression

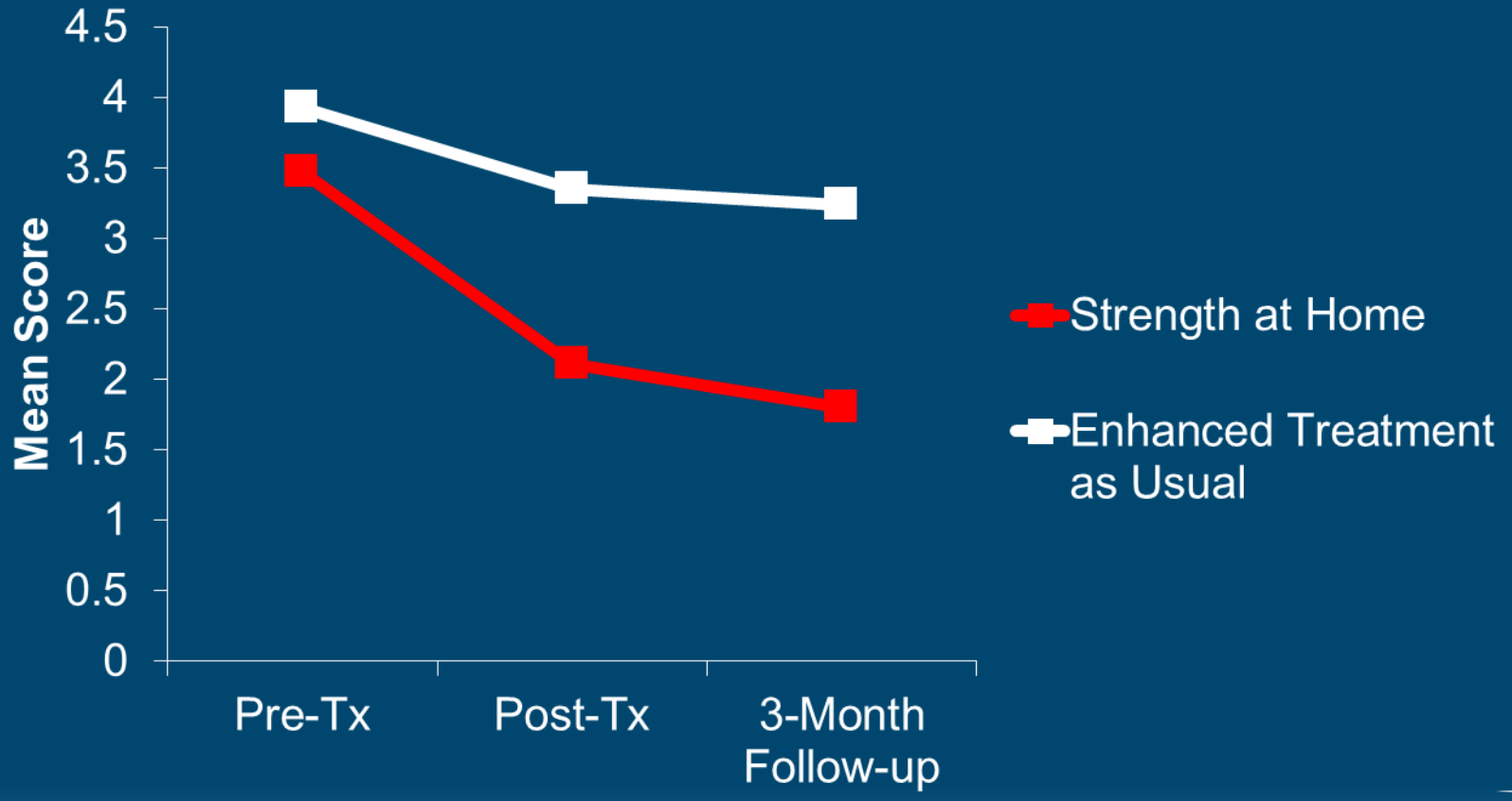


Psychological Partner Aggression



B = -0.304 (*SE* = .135)

Restrictive Engulfment



B = -0.072 (SE = .027)

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PTSD Symptoms Predict Outcome in Trauma-Informed Treatment of Intimate Partner Aggression

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Objective: This study sought to extend findings from a randomized controlled trial of the *Strength at Home Men's Program (SAH-M)* for intimate partner aggression (IPA) in military veterans by examining the impact of pretreatment posttraumatic stress disorder (PTSD) symptoms on treatment efficacy, and by examining new data on postintervention follow-up for individuals who received *SAH-M* after completing the *enhanced treatment as usual (ETAU)* wait-list control condition. ***Method:*** Using data from 125 male veterans who attended the *SAH-M* program immediately after an intake assessment or after waiting 6-month in the *ETAU* condition, this study used generalized linear modeling to examine predictors of physical and psychological IPA over a 9-month period of time. ***Results:*** PTSD symptoms at intake significantly predicted both physical and psychological IPA use, even after accounting for the effects of treatment condition, time, and number of sessions attended. PTSD had a strong association with both physical and psychological IPA. An interaction between PTSD and *SAH-M* was observed for psychological IPA but not physical IPA, and the magnitude of the effect was not clinically significant. There was a significant effect of *SAH-M* in reducing IPA in the full sample, including previously unanalyzed outcome data from the *ETAU* condition. ***Conclusion:*** The study results suggest that while *SAH-M* does not need to be modified to address the interaction between PTSD and treatment, outcomes could be enhanced through additional direct treatment of PTSD symptoms. Results extend prior analyses by demonstrating the effectiveness of *SAH-M* in reducing use of IPA in both the treatment and *ETAU* conditions.

Primary Findings

- Those in enhanced treatment as usual condition reduced aggression further after receiving Strength at Home
- Physical aggression 56% less likely for veterans receiving Strength at Home
- Participants with and without PTSD benefited from Strength at Home

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Optimizing trauma-informed intervention for intimate partner violence in veterans: The role of alexithymia

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ABSTRACT

Recent research supports the efficacy of *Strength at Home-Men's Program* (*SAH-M*), a trauma-informed group intervention designed to reduce use of intimate partner violence (IPV) in veterans (Taft, Macdonald, Creech, Monson, & Murphy, 2016). However, change-processes facilitating the effectiveness of *SAH-M* have yet to be specified. Alexithymia, a deficit in the cognitive processing of emotional experience characterized by difficulty identifying and distinguishing between feelings, difficulty describing feelings, and use of an externally oriented thinking style, has been shown to predict PTSD severity and impulsive aggression; however, no studies have investigated the relationship between alexithymia and IPV. As such, the current study examined the role of improvements in alexithymia as a potential facilitator of treatment efficacy among 135 male veterans/service members, in a randomized control trial *SAH-M*. After an initial assessment including measures of IPV and alexithymia, participants were randomized to an *Enhanced Treatment as Usual* (*ETAU*) condition or *SAH-M*. Participants were assessed three and six months after baseline. Results demonstrated a statistically significant association between alexithymia and use of psychological IPV at baseline. Moreover, participants in the *SAH-M* condition self-reported significantly greater reductions in alexithymia over time relative to *ETAU* participants. Findings suggest that a trauma-informed intervention may optimize outcomes, helping men who use IPV both limit their use of violence and improve deficits in emotion processing.

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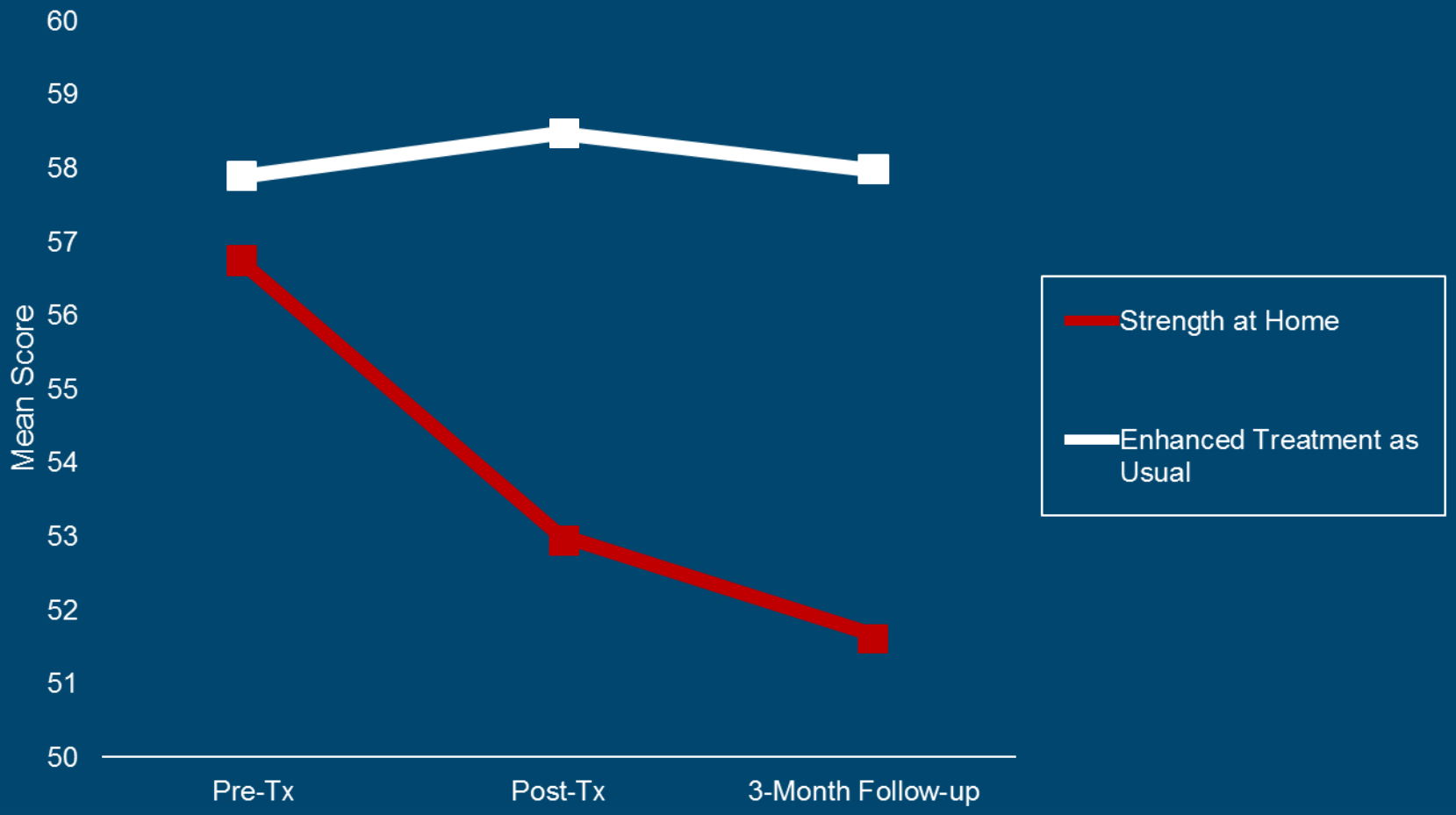
Alexithymia



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BMC Health Services Research

RESEARCH ARTICLE Open Access

National implementation of a trauma-informed intervention for intimate partner violence in the Department of Veterans Affairs: first year outcomes

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Abstract

Background: The U.S. Department of Veterans Affairs (VA) has recently implemented a comprehensive national program to help veterans who use or experience intimate partner violence (IPV). One important component of this plan is to implement *Strength at Home (SAH)*, a 12-week cognitive-behavioral and trauma-informed group treatment designed to reduce and end IPV use among military and veteran populations.

Method: The present study describes initial patient and clinician findings from the first year of a training program tasked with implementing *SAH* at 10 VA medical centers.

Results: Results from 51 veterans who completed both pre- and post-treatment assessments indicate *SAH* was associated with significant pre- to post-treatment reductions in the proportion of veterans who reported using physical and psychological IPV toward a partner, the types of IPV used, and posttraumatic stress disorder symptoms. Overall, veterans reported high satisfaction with the quality and nature of services received, and with the program materials. In addition, 70% of sites and 34% of the 79 clinicians trained were successful in launching the program in the first year. The mean number of days between site training and initiation of the first group session was 135.86 ($SD = 63.16$, range 72–252).

Conclusions: Results suggest that the training and implementation program was successful overall. However, average length of time between in-person training and initiation of group services was longer than desired and there were three sites that did not successfully implement the program within the first year, suggesting a need to reduce implementation barriers and enhance institutional support.

Keywords: Veterans, Intimate partner violence, Aggression, PTSD, Trauma, Implementation

Background

Over the past decade numerous research studies have indicated that high rates of intimate partner violence (IPV) among U.S. military veterans may convey risk for physical and mental health problems, as well as social, occupational, and legal difficulties [1, 2]. Women veterans are at high risk for experiencing IPV compared to their civilian counterparts [3], and male veterans with mental health disorders, particularly posttraumatic stress disorder (PTSD), evidence high rates of IPV use compared to both civilians and other veterans who do not have mental health disorders [4]. In response to this issue, in 2012 the Department of Veterans Affairs (VA) convened a Domestic Violence (DV)/IPV task force to develop recommendations for a national program. One year later, the task force finalized 14 recommendations to expand screening, prevention, and intervention for women and men veterans, as well as to introduce a VA employee assistance program for employees experiencing IPV [5]. The recommendations also included adopting non-stigmatizing language, specifically "IPV use" instead of IPV perpetration

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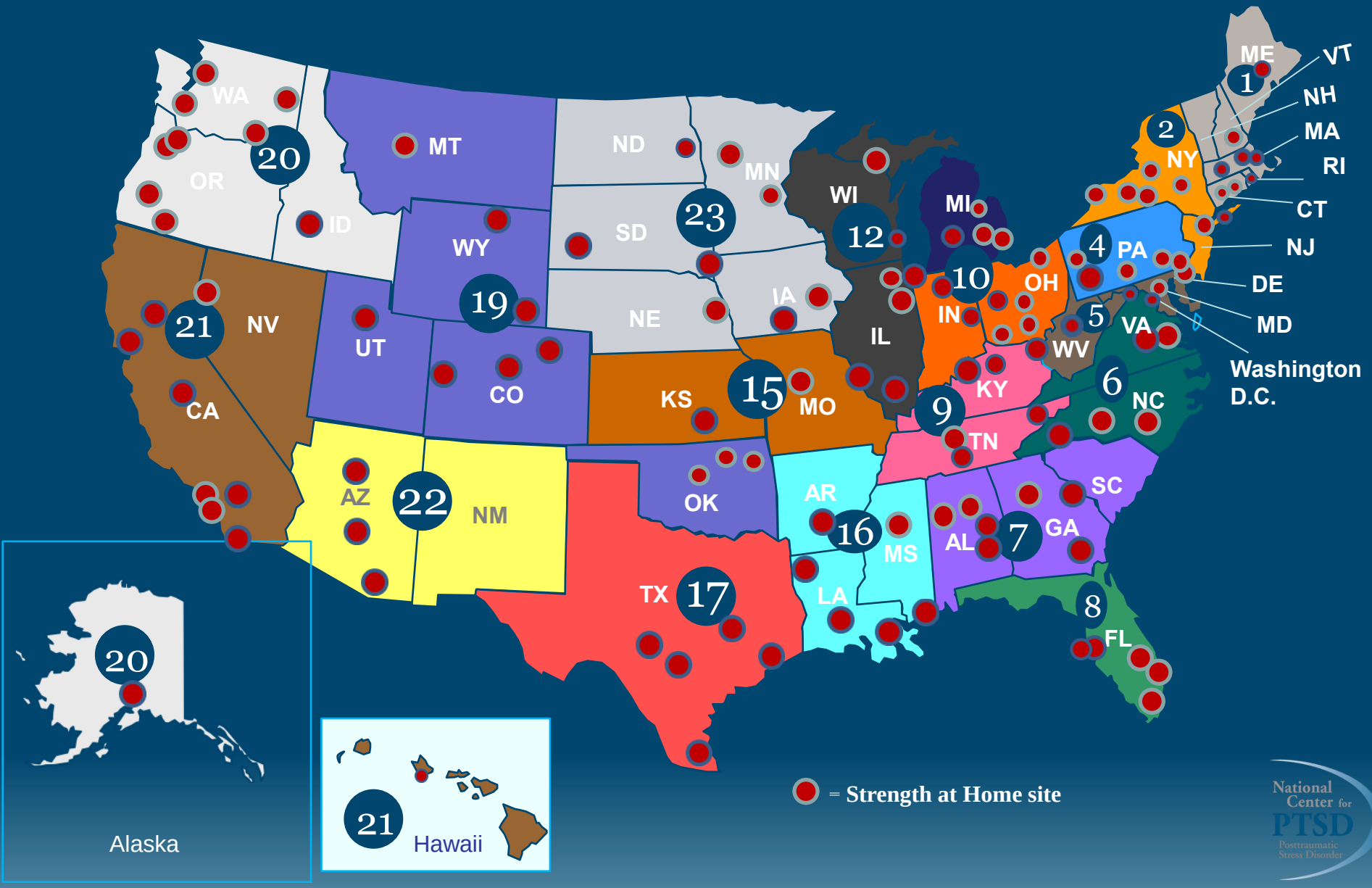
Strength at Home Implementation Rollout



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Strength at Home in California

- Loma Linda VA Medical Center
- Long Beach VA Healthcare System
- Northern California VA Healthcare System
- Central California VA Healthcare System
- San Francisco VA Healthcare System
- Greater Los Angeles VA Healthcare System
- San Diego VA Healthcare System

National Center for PTSD
Posttraumatic Stress Disorder

Strength at Home Rollout: Current Data

- Clinicians completed initial training: 1,224
- Veterans enrolled in group: 2,767
- Partners assessed: 475
- Groups started: 546
- Regional trainers trained: 52

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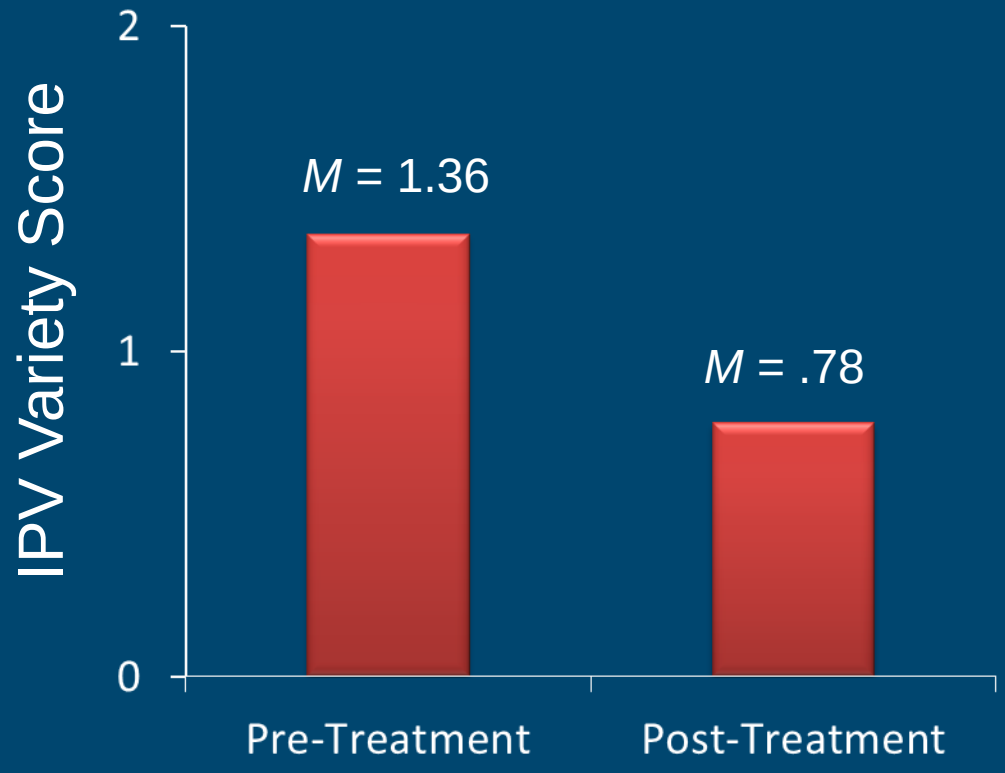
Change in Number of Types of IPV



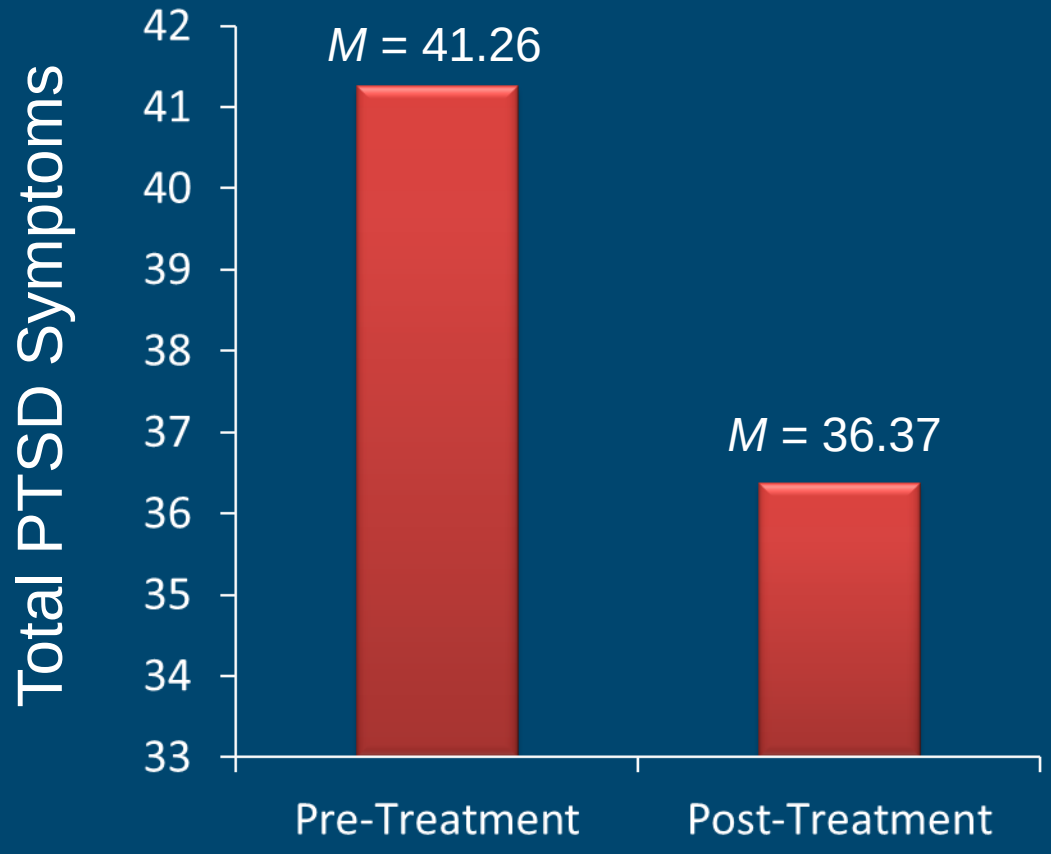
p <.01, Hedges g_{rm} = .48 (medium).

- *SAH* resulted in a significant decrease in types of IPV used (combining across all 4 types of IPV)

Change in Specific Types of IPV

- Significant changes in proportion of Veterans with self or partner reported:
  - Physical IPV ($p < .01$)
    - n=602 with physical IPV pre-treatment
    - 70% (n=424) no physical IPV at post-treatment
  - Psychological IPV ($p < .01$)
    - n=964 with psych IPV pre-treatment
    - 58% (n=565) no psych IPV at post-treatment
  - Coercive Control Behaviors ($p < .01$)
    - n=776 with coercive control at pre-treatment
    - 61% (n=479) no coercive control at post-treatment

Change in PTSD Symptoms



p <.01, Hedge's g_{rm} = .22 (small)

- Significant decrease in PTSD symptoms

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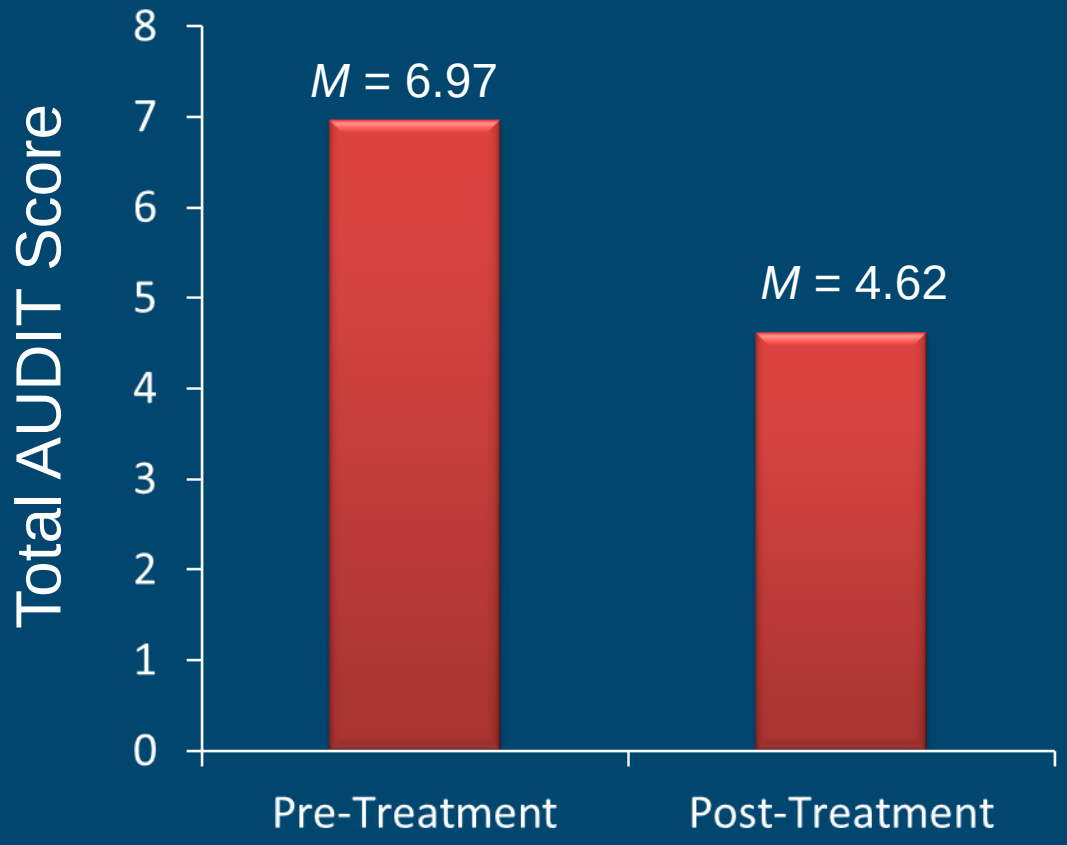
Change in Alcohol Misuse



p <.01, Hedge's g_{rm} = .30 (small)

- Significant decrease in alcohol misuse

Treatment Satisfaction

- Post-treatment satisfaction *M* = 24.38 (SD 3.35), possible range 6-27

- When asked if they would recommend program to a friend
  - 82% responded “Yes, definitely”
  - 17% responded “Yes, I think so”

- When asked how much the program helped them deal more effectively with their problems
  - 75% reported the program helped “a great deal”
  - 23% reported the program helped “somewhat”

Strength at Home in Civilians NIMH Study

National Center for PTSD
Posttraumatic Stress Disorder

American Psychological Association

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BRIEF REPORT

Examining Strength at Home for Preventing Intimate Partner Violence in Civilians

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The *Strength at Home* (*SAH*) intervention, a trauma-informed, cognitive-behavioral intervention for intimate partner violence (IPV), was examined in a sample of court-mandated men. Evidence from prior research indicates that *SAH* is effective in military veterans but the program has not been examined in civilians. It was expected that *SAH* participants would evidence reductions in physical and psychological IPV, as well as secondary outcomes of post-traumatic stress disorder (PTSD) symptoms and alcohol use problems. Participants included 23 men court mandated to IPV intervention. The sample was low income and 72.7% had a reported prior history of severe physical IPV perpetration. Data from these participants and collateral partners were examined across assessments reflecting baseline, post-treatment, and two 3-month follow-ups. The outcome variables were assessed at each time point to examine change over time and a post-treatment satisfaction measure was also administered immediately following the intervention. Participants showed a significant linear decrease between baseline and post-treatment in all of the primary and secondary IPV outcomes, which maintained at 3- and 6-month follow-up time points. Effect sizes across models were moderate to large. Participants reported high satisfaction with *SAH*. Study findings provide preliminary support that the *SAH* intervention is associated with reductions in IPV among civilians and addresses other trauma- and alcohol-related problems. Further research including larger randomized controlled trials are needed to determine the efficacy of this intervention.

Keywords: intimate partner violence, trauma, IPV intervention, Strength at Home, abuse

Intimate partner violence (IPV) is a prevalent national public health problem with high costs to society (Centers for Disease Control & Prevention (CDC), 2003). One approach to preventing continued IPV is through IPV intervention programs that are most commonly used for court-referred men who engage in IPV. Unfortunately, to date, randomized controlled trials have shown limited efficacy for IPV interventions in general, even while large numbers of individuals are court mandated to such programs each year (Eckhardt et al., 2013). Recent evidence suggests that trauma-informed approaches aimed at enhancing social information processing may amplify the effectiveness of IPV intervention (e.g., Romero-Martínez et al., 2018). Likewise, a growing body of research supports the effectiveness of the *Strength at Home* (*SAH*) program, a trauma-informed group IPV intervention based on a social information processing model (Taft, Murphy, et al., 2016). Multiple pilot studies (Love et al., 2014; Taft et al., 2013), a randomized controlled trial (Berke et al., 2017; Creech et al., 2017; Taft, Macdonald, et al., 2016), and implementation studies (Creech et al., 2018; Hayes et al., 2015) indicate the effectiveness of *SAH* among military veterans. The current study represents an initial examination of the *SAH* intervention for reducing IPV and other associated problems in a court-mandated civilian sample reporting high levels of physical and psychological IPV.

SAH derives from a fusion of prior interventions for trauma and IPV that were developed in the civilian community context, integrating elements of cognitive processing therapy for PTSD (CPT; Resick & Schnicke, 1992) and cognitive behavioral interventions for IPV (Murphy & Scott, 1996). The program addresses biases and deficits across stages of social information processing from decoding a situation to choosing and evaluating a response (McFall, 1982), recognizing that trauma-related problems (post-traumatic

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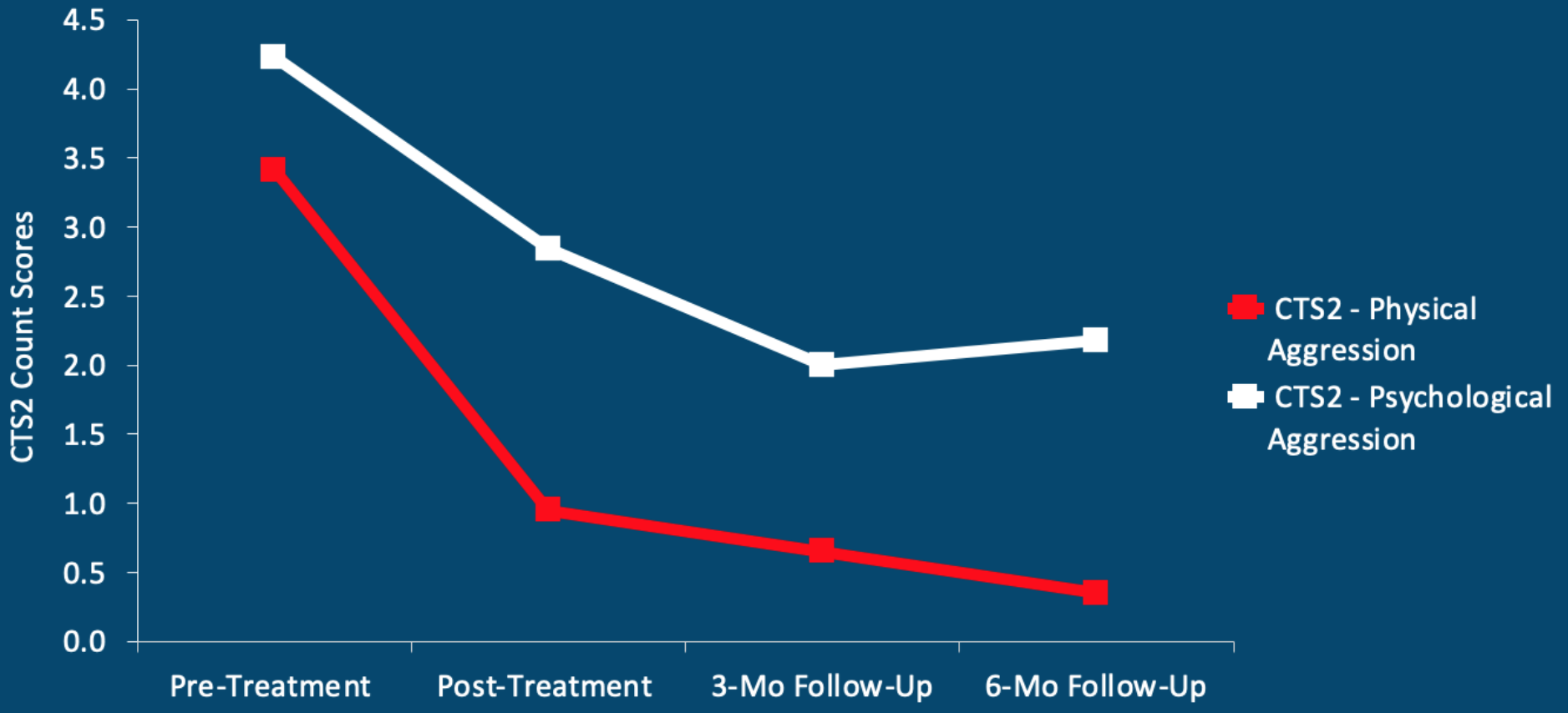
Sample Characteristics

- 23 men enrolled in study
- All court-mandated
- Average age = 38.3
- 87% identified as racial or ethnic minorities
- Entirely low-income
- 73% history of severe physical aggression
- 78% completed the program
- 61% of partners contacted at baseline
  - 71% reassessed at post-treatment and follow-up

CTS2 Physical and Psychological Aggression



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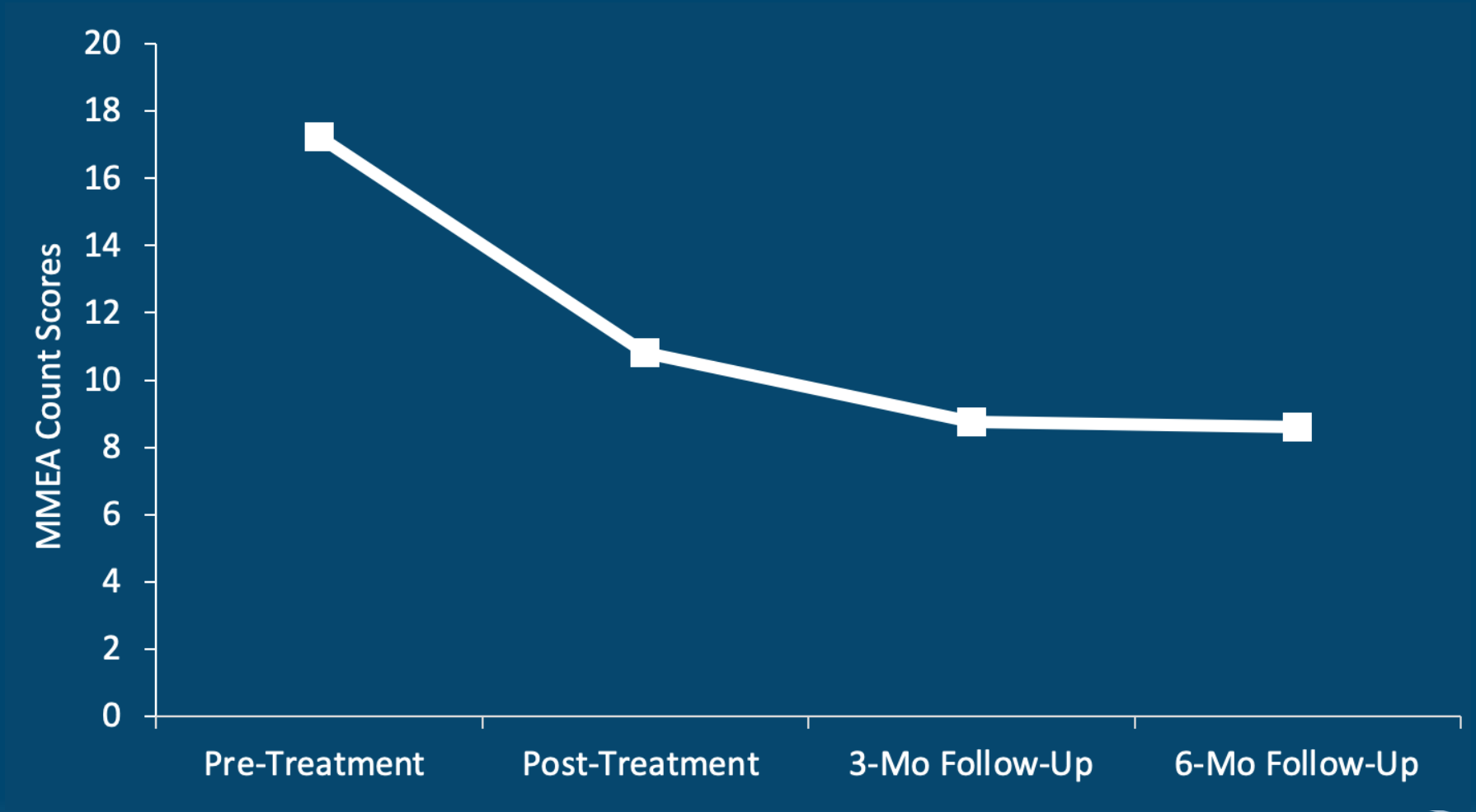
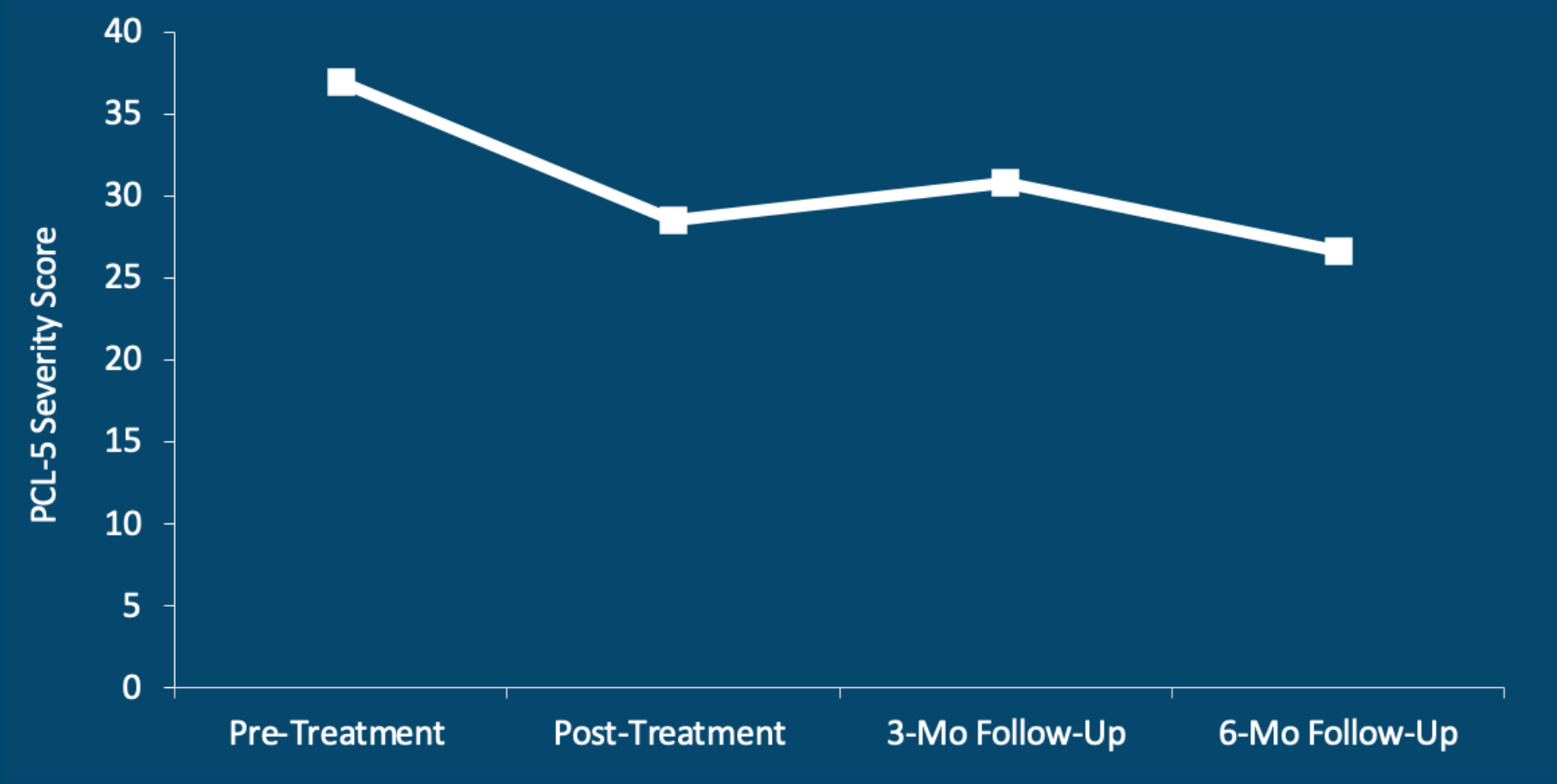
Multidimensional Measure of Emotional Abuse



PTSD Symptoms (PCL-5)



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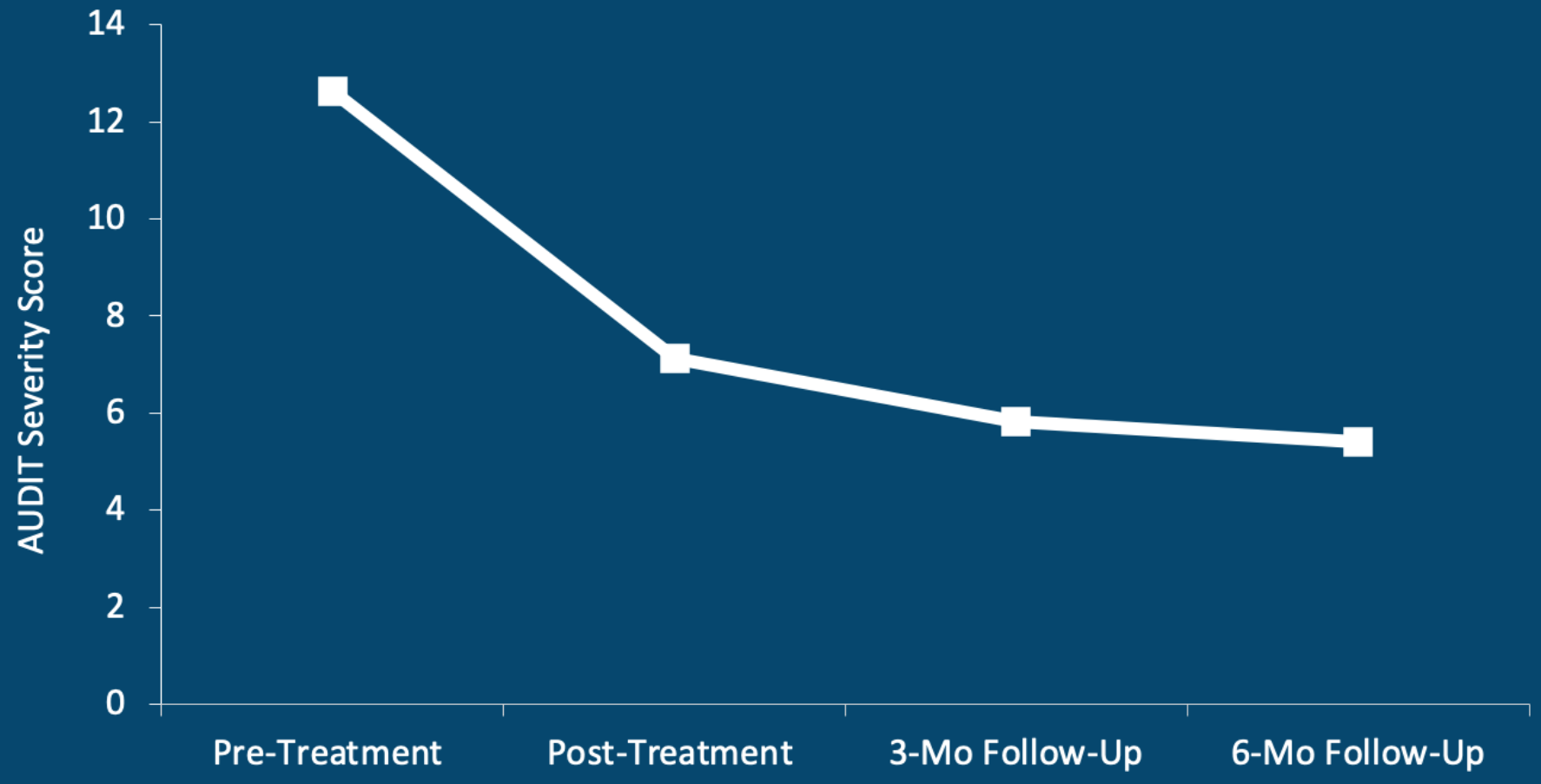
Alcohol Misuse (AUDIT)



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Treatment Satisfaction

	4	3	2	1
1. Quality of service	64.7% Excellent	35.3% Good	0% Fair	0% Poor
2. Kind of service desired	58.8% Yes definitely	35.3% Yes generally	0% No not at all	5.9% No definitely not
3. Met Needs	58.8% Almost all met	41.2% Most met	0% Only a few met	0% None met
4. Would recommend to a friend	88.2% Yes definitely	11.8% Yes I think so	0% No I do not think so	0% Definitely not
5. Satisfaction with help received	82.4% Very satisfied	11.8% Mostly satisfied	5.9% Indifferent or mildly dissatisfied	0% Quite dissatisfied
6. Helped with dealing more effectively with problems	100% Yes a great deal	0% Yes somewhat	0% No did not help	0% No made it worse
7. Overall satisfaction	88.2% Very satisfied	11.8% Mostly satisfied	0% Indifferent or mildly dissatisfied	0% Quite dissatisfied
8. Would use it again in the future	88.2% Yes definitely	11.8% Yes I think so	0% No I do not think so	0% No definitely not

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www.strengthathome.org

STRENGTH AT HOME

Trauma-Informed, Evidence-Based Programs for Relationship Enhancement and Domestic Violence Prevention and Cessation

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Welcome to Strength at Home

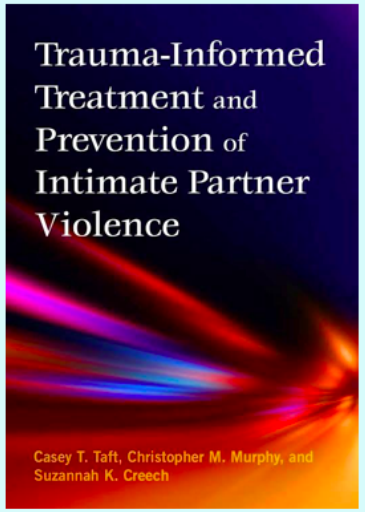
Welcome to the official website for the Strength at Home (SAH) programs, hosted by the primary program developer, Dr. Casey Taft.

About Strength at Home

Strength at Home consists of two separate cognitive-behavioral group intervention programs for intimate partner violence (IPV):

- **Strength at Home**: An "offender" or "abuser intervention" program for those self- or court-identified as having difficulties with IPV, delivered to individuals within groups; and
- **Strength at Home Couples**: A program focused on IPV prevention in couples prior to escalation to physical violence.

The Strength at Home program can be used for the civilian, military, or Veteran population, and often satisfies court requirements for IPV intervention. The Strength at Home Couples program is primarily for military



Written by Strength at Home program developers and published by the American Psychological Association.

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