Screening IN not OUT of Our Programs:

Accommodating Survivors Affected by Substance Use

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Screen IN not OUT of Our Programs

This webinar:

- Describes how to screen IN rather than out of our programs
- Explores how providing program accommodations reduces program barriers, ends isolation, enhances safety, and ultimately makes advocacy easier.

Introduction

Screening to discover program accommodations needed to better support and advocate for program participants **AFTER** admittance is an important tool to reduce service barriers, identify options, increase safety, and explore batterers' use of substances as a mechanism of control.

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Substance Abuse and DV

- The Women's Action Alliance found **60-75%** of women seeking shelter services over a 15-month period developed problems with their original coping mechanisms: alcohol and drugs (Roth, 1991).
- A recent study of IL DV shelters reveals **42%** of service recipients abuse alcohol or other drugs (Bennett & Lawson, 1994).
- **1 in 4** women in an IA shelter/safe home sample had a lifetime diagnosis of alcohol dependence and another **1 in 4** had alcohol or other drug problems (Downs, 2002).

How Can We Help?

We Need to Change Attitudes

If we are to create change with integrity, we must be willing to acknowledge our own attitudinal barriers.
We must recognize and consciously resist acting on fear, speculation, assumptions, or stereotypes.

Slide and quote from: Kelly Miller, Idaho Coalition
kelly@engagingvoices.org

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Why Do Advocates Need to Understand Addiction?

Advocates don't need to be substance abuse counselors – advocates need to understand how substances impact the people we serve

Substance Abuse

- Affects thinking, memory, and behavior
- Impacts safety, reduces access to services and options
- Not just a coping mechanism
- May be a mechanism of control

Recognizing Risk

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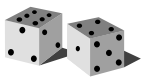
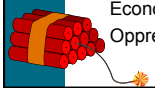
Active and Coping Forms of Abuse



- Domestic Violence/ IPV
- Child Abuse and Neglect
- Sexual Assault
- Childhood Sexual Abuse
- Emotional, Physical and Economic Abuse
- Oppression
- Substance Abuse
- Gambling
- Eating Disorders
- Compulsive Spending
- Excessive Working
- Sexually Acting Out
- Compulsive Shopping/Shop-Lifting



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Defining Multiple Problems: Substance Use and Power and Control

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DV/SA and Addiction:

Are very different problems requiring different safety interventions:

- DV/SA survivors fear for their safety, are often blamed, and may be coerced into denying the truth
- Batterers avoid accountability and may *falsely* blame their behavior on their partner, substance abuse, or anger
- People experiencing a substance use disorder are often blamed, fear they won't survive without using, and deny to avoid pain

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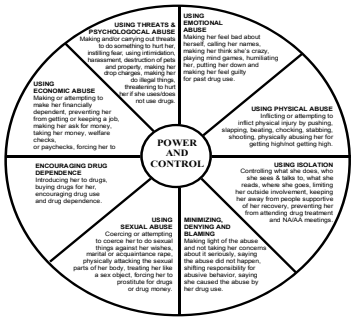
A Power and Control Model for Women's Substance Abuse



Copyright 1996 - Marie T. O'Neil Domestic Abuse Intervention Project, Duluth, MN

Abusers Pose Risk to Partners

- Introducing partner to drugs
- Forcing or coercing partner to use (e.g., dirty needles, cottons, noxious substances)
- Isolating partner from recovery and other helping resources
- Coercing partner to engage in illegal acts (e.g., dealing, stealing, prostitution)
- Sabotaging recovery efforts
- Using drug history as threat *(deportation, arrest, CPS, custody, job, etc.)*
- Blaming abuse on partner use and benefiting from:
  - Lack of services for chemically dependent battered women
  - Societal beliefs re: women & addiction

Identification and Intervention

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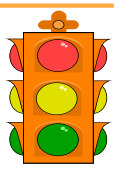
Working with People Impacted by DV and Substance Abuse

A successful culturally competent intervention incorporates:

- Awareness of one's own biases, prejudices and knowledge about the people we serve and their culture
- Recognition of professional power (power differential between you and the client) in order to avoid imposing one's own values on others

Communicating with People



- Know yourself
- Know your own limits
- Have a plan
- Be clear
- Establish rapport
- Normalize the conversation: "I talk to everyone about this to ensure our ability to accommodate people we serve. This conversation will not be used to deny services."

What to Say? What to Do? DV Advocacy and Substance Abuse

"I talk to everybody about this to see how we can best accommodate your needs"

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Screening Overview

- Screen **ONLY** after Admittance
- Screen **EVERYONE** *(not to deny services, but to determine how to best accommodate survivors…)*
- Get Familiar with ADA and Fair Housing Laws
- **NEVER** put information pertaining to substance use, misuse, or dependence in a program participant's file.

Discussing DV or Substance Abuse

- Conversations must be respectful, private, and confidential
- Children should not be present
- Communication should be age and developmentally appropriate as well as culturally relevant
- Use an interpreter when necessary

Discussing DV/SA or Substance Abuse

- Discussion about *either* DV/SA or substance abuse may lead to concerns about co-occurrence
- Women may find it easier to talk about stress in their relationships or their partner's substance use *before* talking about DV/SA or their own use
- They may also be willing to discuss concerns about their children

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Sample Framing Questions about Coping in Context of Substance Abuse

- Women I see often tell me they feel stress. There are several ways to deal with stress. What works best for you?
- Many women tell me they try to sleep more, eat better, or shop for baby things. Have you tried any of those ways of coping?
- Many women also tell me the best way to cope is to smoke a cigarette, have a drink, or take something else. How often has that worked for you? Do you find it is still working?

Sample Screening Question if Partner is User or Abuser

- Many women tell me their partners don't want to *drink/drug/smoke* alone. How often do you find yourself using when you don't really want to?
- When a partner spends family money on drug use, that is a form of economic abuse. Has your partner ever used food or rent money to drink or score drugs?

Substance Abuse Screening in Context of Safety

- Discussing partner's use may be easier initially
- People may be afraid to tell you the truth
- Assume use occurs until you determine differently
- Don't ask, "Do you.…?"
- **Do ask**, "When you…?"
  - Inflate amounts
  - Listen for screening responses indicating an assessment is needed
  - Offer options and resources

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Sample Framing Questions: Exploring Risk from Batterers

- Being involved in a custody dispute can be stressful. Your partner may attempt to undermine your parenting skills. Can you identify any reasons why drinking or using drugs right now could be harmful to your case? Can you share with me what your partner might say about your drinking or drug use?

Talking about Safety and Sobriety

- "Can you think of any reasons why drinking or using substances might not be the safest option right now?"
- "How might your partner use your substance use against you?"
- "If there is one thing I can do for you today, what would that be?

What do I do if she says "Yes" about Substance Abuse or Domestic Violence?

- Safety plan
- Include options:
  - Support groups
  - Programs addressing both DV/CD
  - When appropriate offer option of referral to gender-specific treatment
- But before you do any of this….

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Validate

- No one has the right to hurt you. You did not deserve this.
- It is never your fault when someone harms you, even if you were drinking or using. You did not cause this, an abuser chose to be violent.
- I'm so glad you found a way to survive. Drinking or drugging can kill pain for a while but there are safer ways of coping that can cause you less grief.
- You deserve a lot of credit for finding the strength to talk about this. Your safety can improve your children's safety and well-being, too.

ABC's of Advocacy Based Counseling

- Acknowledge harm has been done. Avoid revictimizing.
  - *"Abuse is never your fault. Your safety is important."*
  - Active abuse is traumatic and painful. People do their best to survive. *"You deserve credit for surviving."*
- Offer options to make coping and surviving safer.

ACKNOWLEDGE - You Hear Her

- Assure confidentiality of records when applicable
- Affirm autonomy and right to control decision-making, validate concerns, and use supportive statements:

  "I'm sorry this happened; it's not your fault"

  "Your safety is important; there may be some safer coping tools you might like to consider"

  "Give yourself credit. You've been doing your best in these circumstances."

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Trauma-Informed Service Providers

- Support physical and emotional safety
- Listen to story and validate experience
- Bear witness and understand context
- Help people identify options and choices
- Offer opportunities for connection
- Are worthy of trust

Trauma-Informed and Culturally Responsive Services

(Photo provided by Naomi Michalsen, WISH, Ketchikan, AK)

- Provide context and cultural relevance
  - Include elders as teachers and role models; find roles for community members
- Respect oral traditions and traditional activities
  - Dance
  - Music
  - Arts

Trauma-Informed Service Providers

Bear witness, listen, and believe

They don't say: "What is wrong with you?"

They do explore: "What has happened to you?

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An Advocate Shares

- It's critical as professionals, based on my experience, to be considerate, to be respectful, to be understanding, to be supportive. Supportive can be just being there by the person's side. You definitely don't always have to say anything or speak. You don't have to always rely on talk, talk, talk.

Services are NOT PUNITIVE

- When someone has been harmed we look for a way for healing and connection.
- The whole person suffers, body, mind, spirit, and emotionally
- The community suffers, too.

Adapted from slide provided by Tia Holley, Culturally Appropriate Treatment for Alaska PPT

"The Advocates were right there for me"

"Somebody wanted to show me support, listen to me, not yell at me, not scream at me, just look at some options instead of that. Through them showing love to me, I began to love myself. I didn't deserve the punishment for all that had happened in my life.

The continuous bad relationships, continuous abusing the drugs, and shame and the guilt I felt from all that. I deserved better. It was also OK to heal from all that."

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Self-Reflection Tools

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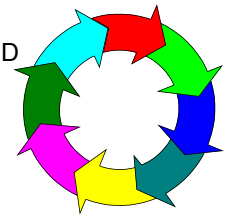
Validated Screening Tools

A good start but not enough…

- CAGE
- CAGE-AID
- 4 P's
- T-ACE
- TWEAK
- TQDH



(NOTE: See Taylor, P. (Ed.) (1999). Guidelines for Screening for Substance Abuse During Pregnancy. Washington Department of Health. Publication No. 950-135. This manual can be ordered by calling 360-236-3505 or by contacting the Washington State Alcohol Drug Clearinghouse 206-725-9696).

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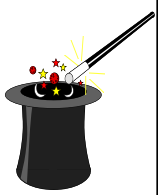
CAGE (Ewing, 1984)

- **C** - Attempts to **C**ut down
- **A** - **A**ngry when someone **A**sks about use
- **G** - **G**uilt about use
- **E** - **E**ye-opener



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CAGE-D

- Have you ever felt you ought to cut down or stop using drugs?
- Has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or using drugs?
- Have you felt guilty or bad about how much you drink or use?
- Have you been waking up wanting to have an alcoholic drink or use drugs?

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CAGE-DV

- Have you ever felt **Controlled** or threatened by your partner?
- Has anyone **Annoyed** you or gotten on your nerves by expressing concern about your partner's behavior towards you?
- Have you felt **Guilty** or bad about how your partner treats you?
- How often do you wake up anxious, afraid or wanting to **Escape** your partner?

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4 P's

- Have you ever used drugs or alcohol during **P**regnancy?
- Have you had a problem with drugs or alcohol in the **P**ast?
- Does your **P**artner have a problem with drugs or alcohol?
- Do you consider one of your **P**arents to be an addict or alcoholic?

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Ewing H. Medical Director, Born Free Project. Contra Casta County, 111 Allen Street, Martinez, CA 94553. Phone: (510) 646-1165. 42

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4 P's DV

- Have you ever been hit or hurt by your partner during **P**regnancy?
- Has your *(current or former)* partner been violent or abusive in the **P**ast?
- Does your *(current or former)* **P**artner have a problem with anger, violence, or abuse now?
- Do you consider one of your **P**arents to be violent or abusive?

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Cues

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Phone Cues – Substance Abuse

- **Listen for:**
  - Slurred speech, long pauses, rambling
  - Rapid speech, hostile tone, hang-ups
  - Sounds of sipping or gulping, click of bottle or can opening, pills rattling
  - Kids or pets in the background, raised voices, loud TV or radio, sounds of an altercation, discharge of weapon etc. Who is present?

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On-Site Cues - Substance Abuse

- Odor of alcohol, chemicals, etc.
- Loud, overly friendly/hostile/argumentative
- Sudden mood shifts, bad language, sullen
- Difficulty w/fine motor tasks, signing name, lighting cigarette etc.
- Cigarette burns (may be indicative of DV)
- Loss of train of thought, slurred speech or speaking very deliberately (rapid speech also)

More On-Site Cues

- Head bobbing, eyelids drooping, looks sleepy, could be hoarse, sniffling etc.
- Staggering, swaying while standing still
- Red eyes, dilated or pinpoint pupils
- Track marks, burn marks on clothes
- Tremors, agitation, disorientation, rapid pulse/respiration
- Scratching or picking at arms or face

More On-Site Cues

- Inflamed, eroded nasal septum
- People under the influence may be uncooperative, unwilling or unable to provide useful information. Sometimes very little can be gained by trying to get an in-depth interview at this time.
- Be prepared to re-schedule if necessary.

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Safety Concerns – Screening in Context

Mini-Safety/Sobriety Plan

- Strategize Steps to reduce risk/use
- Develop Options to keep safe/sober
- Identify Trusted allies/safe sponsors
- Plan Means to escape abuser/drugs
- Discuss Referral resources
- Avoid Danger/persons, places, things
- Tools HALT/One day at a time

Caution: Written materials, referrals can place DV victims in danger

How can we help women dealing with DV and Substance Abuse?

- Listen
- Advocacy and treatment may look different
  - Treatment: Provides structure, consistency
  - Shelter: Provides flexibility, options
- Ensure unconditional positive regard is provided by someone – recommend options
  - Shelter: 12 step programs, treatment options, other support systems, sobriety planning for safety
  - Treatment: DV support groups, shelter options, legal advocacy, safety planning for sobriety
- Provide positive messages
- Know and partner with local treatment and victim service resources

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Person-Centered Advocacy and Treatment Options

- DV/SA, Alcohol and other drug education
- Safer coping skills
- Self-help groups
- Safety planning, treatment and medication options
- Addressing internalized oppression and gender stereotypes
- More research is needed for special populations

Overview: A Multi-Step Approach

- Basic elements necessary to provide appropriate services for women and children impacted by substance use, abuse and addiction issues include the following recommended steps:
  - Screening for needed accommodations
  - Validation and follow-up
  - Information and referral
  - Alternatives to substance use/Relapse prevention options
  - Safety planning
  - Emotional support

Screening and Identification for Better Accommodation

- Because women experiencing substance use coercion and/or substance abuse may be at greater risk for injury and lethality, screening for both DV/SA and substance abuse is an important tool for identifying barriers to safety and offering options for recovery
- The best way to protect children is to ensure safety and recovery are possible for their non-offending parents
- We can support women seeking safety and sobriety by reducing program service barriers and ending isolation

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DV - Initial Intervention & Follow-Up

Advocacy and safety planning will look different depending on whether the following is identified:

1.) No significant problem with substance abuse coercion or substance abuse

2.) Significant problem with substance abuse coercion or substance abuse

3.) Accommodation Requested due to Substance Use Coercion and/or:

- A.) Recovering
- B.) Active in Addiction

(For Substance Abuse Counselors)

CD - Initial Intervention & Follow-Up

Treatment and recovery planning will look different depending on whether the following is identified:

1.) No significant problem with domestic violence or sexual abuse/assault

2.) Significant problem with DV and or sexual abuse/assault in the past

3.) On-going DV or sexual abuse/assault

A.) Abuser has access to partner and/or victim assessment of risk is high

B.) Risk for Child Abuse and Neglect or harm to Vulnerable Adult is established (past or present)

Information and Referral

- Providing advocacy-based counseling for battered women and their children impacted by DV/SA and substance abuse is enhanced when advocates/ counselors are non-judgmental and:

1.) Informed about options and community resources

2.) Participating in cross-training to increase awareness of safety and sobriety issues

3.) Willing to provide APPROPRIATE service options

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Safety and Sobriety Plan

- Identifying who to call for help (e.g., sponsor, counselor, Alcohol/Drug Help Line advocate); forming support systems, knowing about safe meetings
- Knowing information and education about addiction and DVSA
- Removing substances and paraphernalia from the home
- Recognizing unsafe persons, places, things
- Understanding how to deal with legal and other problems stemming from addiction and DV (e.g., health, CPS involvement, poor nutrition)
- Assembling paperwork to determine eligibility for assistance or to begin seeking employment, school, housing or other options
- Knowing how domestic violence and sexual assault can be a relapse issue
- Understanding physical, emotional, cognitive, environmental and other cues indicative of risk and having a plan to deal with it; recognizing role of stress and craving, having a plan to deal with it
- Learning how to parent, engaging in relationships, developing sober friendships
- Knowing when and where to run in a life-threatening situation that puts sobriety and safety at risk

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Safety Options to Support Sobriety and Prevent Relapse

- One-to-one advocacy and support group sessions should provide information that offers an alternative to substance use as part of a safety plan for both adults and children
- Since addiction is marked by relapse, and relapse is often triggered by stress, women and children in recovery experiencing domestic violence may need additional support.

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Recovery and Empowerment

- Relapse Prevention and Safety Planning
- Anger vs. Violence
- HALT
- Safety and Sobriety: Gifts to Ourselves
- What is working for you now? What has worked in the past? Explore additional options

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AS WE DRUM, WE ARE ONE

BARBARA LAVALLE

Escaping Violence; Escaping Substance Abuse

- Survivors can thrive
- People can develop safer coping tools
- People escape abuse and addiction when it is safe to do so
- Offer supportive options for those seeking safety and sobriety

Resources

- ***Real Tools: Responding to Multi-Abuse* AND **Getting Safe and Sober, Real Tools You Can Use* by Debi Edmund and Patti Bland for the Alaska Network on DV/ SA
  - *Note: *Spanish language version of above available now ; ** Spanish language version of newer edition available Spring 2012.*
  - *Free to download manuals at: andvsa.org*
- *Safety and Sobriety, Best Practices in Domestic Violence and Substance Abuse*, DV/SA Interdisciplinary Task Force, IL DHS
- *Beyond Labels: Working with Abuse Survivors with Mental Illness Symptoms or Substance Abuse Issues*, Safe Place, Austin, TX

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NCDVTMH Literature Review Page Link

- http://www.nationalcenterdvtraumamh.org/publications-products/ncdvtmh-review-of-trauma-specific-treatment-in-the-context-of-domestic-violence/

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