

ASSESSING NEEDS

While it is not necessary for advocates to become substance abuse counselors or mental health professionals, it *is* important to ask about co-occurring issues people we serve may be experiencing to ensure we are able to accommodate their needs.

However, timing is important. The intake and screening process for admitting people into your program should come first. Assess for co-occurring issues only *after* an individual has been admitted. Questions about co-occurring issues should *never* be part of the screening process. This article contains some helpful tips to make the intake and assessment process less painful, for both staff and the people you serve.

Reducing intake trauma

Most of our programs require that people receiving services complete an intake process. All intakes have a common thread, say Sonia D. Ferencik & Rachel Ramirez-Hammond in *Trauma Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs*:

“Intakes inquire about extensive, detailed, personal information on a subject that is very sensitive for most individuals. Some survivors find this process extremely painful, and there are many opportunities to trigger an individual or retraumatize someone seeking services.”

In their manual, Ferencik & Ramirez-Hammon (2011) offer several suggestions for making the intake process less stressful and intimidating for the people you serve:

- Before you begin, describe what will occur during the intake process and why you need the information. Reassure individuals that they have the right to “put on the brakes” by asking to stop the process if any of the questions cause them to become triggered, exhausted or in need of a physical or emotional break.
- Inform individuals what you are writing down and why you are documenting what is shared with you. Also fully explain the release of information form and any other documents you are asking them to sign, and offer them plenty of time to read documents if they desire to do so before signing.
- Explain the limits of your confidentiality before you begin, since this may impact which issues an individual feels safe sharing with you. Clarify to survivors what information you cannot keep confidential due to ethical, professional, or legal obligations. This often includes information about imminent harm to a child or credible threats to hurt another individual or oneself.

- Intake questions are often shaped around grant reporting requirements and require lots of information that may seem unnecessary and even insensitive to a survivor in crisis. Remember this and have empathy for the feelings survivors have about the process.
- Include survivors in deciding when to complete their intake. Individuals may feel much better about answering needed questions once they have had a chance to get themselves and/or children settled.
- Pay attention to the environment. Is the space where you are doing the intake interview quiet and private, or are you constantly interrupted by others or have people passing by in the background? Do you have tissues and water available? Allow the individual to modify the lighting and perhaps even offer quiet music as an option. Offering water, tea or coffee and a choice of snacks during the intake can also help put the individual at ease.
- When concluding the intake process, ask how the individual is feeling. Make sure you are not letting the person leave feeling vulnerable. Questions to check out include: How are they feeling both physically and emotionally? Do they have any questions they wanted to ask?

(See our Appendix: Additional Resources, for information about the manual *Trauma Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs*, and how to get a copy.)

Performing a needs assessment

A needs assessment can be a nonthreatening way to glean information about co-occurring issues that may need intervention or referrals. The goal of a needs assessment is to ascertain ways your program can better serve and accommodate **an** individual rather than to screen a person in or out of the program. When conducting the assessment:

- The needs assessment should be done *after* individuals have been admitted to your program. Emphasize that the assessment will have no impact on shelter status or ability to stay in the program.
- “Normalize” questions and find a way to discuss co-occurring issues that is comfortable for both of you. “Normalize” responses to traumatic situations, rather than pathologize the individual (Ferencik & Ramirez-Hammon, 2011).
- Allow people who seek our services to tell us what they need and when, rather than assuming the “expert” role and telling them what they need. “When you’re working with people, allow them to take the lead,” says Olga Trujillo, Director of Programs at Casa de Esperanza in St. Paul, MN. “So when they come to you, they might be in a place to be able to deal with a certain issue, or they may not be in a place to be able to deal with it. They might just need crisis management. Or they might need something more than that. And they’re going to let you know” (Trujillo, 2009).
- Ensure that people impacted by both interpersonal violence and co-occurring issues know

about available resources. Explore options such as transitional housing, counseling, gender specific substance abuse treatment, support groups addressing multiple problems, children's services, safety planning and linkage to other providers.

- If lack of appropriate training or credentials prevents you from answering a question or providing a certain kind of assistance, explain this to the individual seeking your help. Make it clear you will help them figure out who can provide the needed help and are happy to explore options with them.
- Use an interpreter when necessary. However, avoid using children, relatives of the abuser or people who do not understand confidentiality and domestic violence, sexual abuse and stalking issues.
- An individual's decision to decline treatment, advocacy, shelter or other services should not be viewed as failure. Supporting people through their process of change requires an understanding that motivation comes from within. Making changes is both an option and a process that can take time.
- Understand the courage required to seek services. Convey to the people you serve that you appreciate their courage: "With all the stuff that's going on for you, you still managed to do this. That's fantastic" (Obtinario, 2010).

How do we ask those "sticky" questions?

Advocates and other providers are sometimes reluctant to ask about certain issues, lest they offend the people who come to them for help. Substance abuse may feel like a particularly touchy topic – especially if activities such as sex trafficking or illegal drug use are involved. Asking about mental health concerns or suicide risk may also feel tricky, and providers may fear risking legal problems if they ask about disability issues.

However, advocates may miss countless intervention opportunities if they are afraid to ask the important questions (Bland, 2001). And asking the right questions can even be life-saving. For example, advocates should always assess for suicide risk or potential for other self-harm (Pease, 2010).

The intervention is in the asking (Bland, 2001). Fortunately, there are respectful ways to raise sticky issues. *Please note: These questions should NEVER be part of the initial screening process. Only ask these questions AFTER the decision has been made to admit a person into your program.*

Regarding substance abuse, Cindy Obtinorio, a chemical dependency/domestic violence specialist with New Beginnings in Seattle, WA, says: "The way we frame this questioning process is, 'We are asking for this information not to screen you out, but to help support you in seeking safety, and to be able to give you the best referrals possible'" (Obtinario, 2010). Individuals may find it easier to talk about stress in their relationships or their partner's

substance use or mental health *before* talking about domestic violence, sexual assault, their own substance use, mental health concerns or other personal issues. Asking open-ended questions can be helpful:

“What has worked well for you and what has given you problems?”

“Many people tell me a little alcohol helps take the edge off stress. How often has this worked for you?”

As another example, Farley (2003) stresses the need for questions regarding a history of exploitation by the sex industry. Unless screening questions such as these are asked, she says, this type of victimization will remain invisible. Questions she suggests include:

“Have you ever exchanged sex for money or clothes, food, housing, or drugs?”

“Have you ever worked in the commercial sex industry: for example, dancing, escort, massage, prostitution, pornography, phone sex?”

While asking people with disabilities a question such as “Do you have special needs we should be aware of?” may feel disempowering, a more general question would be appropriate to ask *anyone* seeking services, whether they have a disability or not (Leal-Covey, 2011). Examples of general questions would include:

“Would you let me know if you need anything?”

“Please feel comfortable asking if you need anything.”

If the individual has been a target for oppression due to misconceptions about race, culture, sexual orientation, disability or other status, consider how these other oppressions impact the experience of trauma and access to services. Also consider how the individual’s cultural background may have been a source of support. Questions suggested by Ferencik & Ramirez-Hammond (2011) include:

“What has worked for you in the past?”

“What has helped you within your culture and family of origin?”

Here are some additional examples of questions you can ask to better accommodate individuals participating in your program.

Sample framing questions about abuse:

“Women often report feeling stress in their relationship. How does your partner show disapproval?”

“Please describe any threats made by your partner. (How often? When was the last time? Were you afraid? Were you hurt? Can you tell me what happened?)”

Sample framing statements:

“Domestic violence and sexual assault are major problems for women. Because abuse is such a common experience for women, I ask everyone I see whether they feel safe.”

“Women in treatment often tell me their partners complain about their using. How does your partner show disapproval?”

Sample indirect questions:

“You mentioned your partner loses his temper with the kids. Can you tell me more about that? Have you ever felt afraid for yourself or your children? Can you tell me more about that?”

“All couples argue sometimes. Does your partner’s physical or sexual behavior ever frighten you?”

Sample questions 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, it is a form of economic abuse. Has your partner ever used food or rent money to drink or score drugs?”

Sample framing questions for 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?”

“Being involved in a *court case/custody dispute* can be stressful. Your partner may attempt to undermine *you/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?”

Remember to ask direct questions tactfully and respectfully! These questions may help advocates and other providers identify accommodation needs for individuals using services. Answers to these questions are **NOT** used to screen people out. They are provided to help survivors address safety or health risks stemming from multiple abuse issues.

While advocates and other providers may hesitate to ask “taboo” questions because they fear

giving offense, for many people seeking help, these same questions can send a positive message:

“It’s safe to talk about this issue here.”

When people are respectfully asked about substance use, mental health concerns and other issues that may impact their safety, they hear your message, even if they are not ready to enact change immediately. Often individuals will later share comments such as, “You know, when you said ____, it really made sense to me” (Bland, 2001).

Follow-up questions to enhance service provision for all

Following in this section is *Where Can I Get Help?* – a comprehensive needs assessment form that can help advocates and the people you serve to assess what kinds of assistance and referrals are wanted or needed. Also included are some questionnaires designed to provide further assistance in assessing needs – *Emotional Well-Being: Sample Questions to Ensure Better Accommodation*, *CAGE Questions*, and *The 4 P’s*. Use these questionnaires to assess needs ONLY, not to screen people in or out of your program.

When using these forms and questionnaires, keep in mind:

- Information derived using these tools should **not** be placed in an individual’s file due to the sensitive nature of the information to be discussed and confidentiality concerns.
- Do not make assumptions about the people you serve. These questions should be addressed with *everyone*, to determine how we can best accommodate them.
- These tools should *never* be used as screening tools at intake. Using these tools to withhold services – that is, to screen people out – would be a violation of both the Americans with Disabilities Act and Fair Housing regulations.
- Once needs have been determined, give the *Where Can I Get Help?* form to the individual with the appropriate referrals and contact information filled in.
- If your agency offers support groups, you may wish to use the *Where Can I Get Help?* form as the basis for a general group discussion of resources available in the community. The group facilitator might ask, “Where would a person go who needs rental assistance?” “Where would someone go who needs a bus pass?” And so on. Then have the group fill out the form as a group activity.

Where Can I Get Help?

Please let us know what advocacy or assistance we can provide for you or your children to better accommodate your needs while you are receiving services from us.

Social Security card, birth certificate, other I.D.

Agency _____ Phone: _____

Address: _____

Advocacy/counseling for domestic violence

Agency _____ Phone: _____

Address: _____

Advocacy/counseling for sexual assault

Agency _____ Phone: _____

Address: _____

Advocacy/counseling for past sexual abuse issues

Agency _____ Phone: _____

Address: _____

Housing/rental assistance

Agency _____ Phone: _____

Address: _____

Utilities

Agency _____ Phone: _____

Address: _____

Furnishings for home

Agency _____ Phone: _____

Address: _____

Phone/phone card

Agency _____ Phone: _____

Address: _____

Food/food stamps

Agency _____ Phone: _____

Address: _____

Grooming supplies

Agency _____ Phone: _____

Address: _____

Clothing

Agency _____ Phone: _____

Address: _____

Transportation/bus pass

Agency _____ Phone: _____

Address: _____

Medical/dental care

Agency _____ Phone: _____

Address: _____

Prescriptions/medication

Agency _____ Phone: _____

Address: _____

Mental health care

Agency _____ Phone: _____

Address: _____

Substance abuse treatment

Agency _____ Phone: _____

Address: _____

Community support group referral

Agency _____ Phone: _____

Address: _____

Counseling for children/significant others

Agency _____ Phone: _____

Address: _____

Support for disability issues

Agency _____ Phone: _____

Address: _____

Pregnancy/Sexually Transmitted Infections Testing/Screening/Services

Agency _____ Phone: _____

Address: _____

Employment assistance

Agency _____ Phone: _____

Address: _____

Child care

Agency _____ Phone: _____

Address: _____

Education/training

Agency _____ Phone: _____

Address: _____

Legal assistance

Agency _____ Phone: _____

Address: _____

Spiritual needs (including rides to church, etc.)

Agency _____ Phone: _____

Address: _____

Other: _____

Agency _____ Phone: _____

Address: _____

Other: _____

Agency _____ Phone: _____

Address: _____

**Emotional Well-Being:
Sample Questions to Ensure Better Accommodation**

To better accommodate an individual's needs the following questions can be asked following intake to provide information about how staff can best respond when a survivor is having an emotional crisis:

- What are situations that are particularly difficult for you or make you feel unsafe or upset (*i.e., noise, not being listened to, loneliness, being teased, contact with family, being alone, laughter, yelling, crying, being touched, time of year, time of day, particular dates/holidays, certain words, crowds, malls, bus stops, doors open/closed, smells, sounds, contact with certain people, etc.*)?
- What signs do you notice when you are beginning to feel stressed and out of control (*sweating, breathing hard, sleeping a lot, restlessness, crying, avoiding people, feeling hyperactive, eating more, eating less, etc.*)?
- If you are anxious or angry and those feelings are getting so intense they may be impacting your safety or another person's safety, how would you prefer that staff members assist you?
- What has been particularly helpful to you in the past when you had a difficult time with your thoughts and/or feelings (*such as more time in a quiet area, physical exercise, talking to a friend or family member, taking a bath or shower, meditation, reading, leaving the room, listening to music, journaling, reading, medication, etc.*)?
- What has not been particularly helpful to you in the past when you had a difficult time (*such as being asked to stay in a room, not being taken seriously, noisy environment, etc.*)?
- Is there a person who has been helpful to you when you were overwhelmed or distressed? Would you like to call that person if you get distressed here? Do you have that telephone number? Would you give us written consent to call this person if you are in great distress and we cannot seem to help?
- Have you noticed any triggers that you associate with being anxious or angry? If so, what are these triggers?
- Do you have coping strategies to deal with difficult memories? Group living can trigger difficult memories especially if you were ever hospitalized for mental illness or have been in treatment for substance addiction. Are there any situations that might trigger difficult memories for you here? Let us know if there are ways we can offer emotional support to you during your stay.*
- *If room checks are part of the routine at the shelter:* Is there anything we can do to make the room checks comfortable for you?
- If you are taking medications and have concerns about them during your stay please let us know. Sometimes an abusive partner controls medication. An abusive partner may tamper with meds, steal meds or withhold meds. If you take any medications, need them and were not able to bring them with you to shelter, let us know. We can provide you with information and referrals or advocacy to better accommodate you during your stay. Please

also advise us if you think your medication(s) is not working effectively for you or if there are any side effects from the medication(s) that we should know about to better support you during your stay. If you need or have reminders to keep your medication schedule let us know how we can help you.*

Reprinted by permission from *Beyond Labels: Working with Abuse Survivors with Mental Illness Symptoms or Substance Abuse Issues* by Dianne King Akers, M.Ed., Michelle Schwartz, M.A., and Wendie H. Abramson, LMSW. Adapted from Carmen, E., et. al. (1996, January 25). *Task force on the restraint and seclusion of persons who have been physically or sexually abused: Report and recommendations*. Massachusetts Department of Mental Health. (Note: materials noted with an *adapted by P. Bland, 2008).

CAGE QUESTIONS

CAGE-AID QUESTIONS

1. Have you ever felt you ought to cut down or stop using alcohol or other drugs? (Cut down.)
2. Has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or using drugs? (Annoyed.)
3. Have you felt guilty or bad about how much you drink or use? (Guilty.)
4. Have you been waking up wanting to have an alcoholic drink or use drugs? (Eye-Opener)

CAGE-DV

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

Remember to ask direct questions tactfully and respectfully!

*These questions may help advocates and other providers identify accommodation needs for people using services. Answers to these questions are **NOT** used to screen people out. They are provided to help advocates assist individuals addressing safety or health risks stemming from multiple abuse issues. To ensure confidentiality, do not include answers to these or other assessment questions in an individual's file.*

Adapted by P. Bland from J.A. Ewing (1984). "Detecting Alcoholism: The CAGE Questionnaire," *Journal of the American Medical Association* 252: 1905-1907.

THE 4 P'S

4 P's for Substance Abuse

1. Have you ever used drugs or alcohol during **Pregnancy**?
2. Have you had a problem with drugs or alcohol in the **Past**?
3. Does your **Partner** have a problem with drugs or alcohol?
4. Do you consider one of your **Parents** to be an addict or alcoholic?

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

4 P's for Domestic Violence

1. Have you ever been hit or hurt by your partner during **Pregnancy**?
2. Has your (*current or former*) partner been violent or abusive in the **Past**?
3. Does your (*current or former*) **Partner** have a problem with violence or abuse now?
4. Do you consider one of your **Parents** to be violent or abusive?

Adapted by P. Bland from the 4 P's alcohol and other drug screening tool developed by H. Ewing, Medical Director, Born Free Project.

Remember to ask direct questions tactfully and respectfully!

*These questions may help advocates and other providers identify accommodation needs for people using services. Answers to these questions are **NOT** used to screen people out. They are provided to help advocates assist individuals addressing safety or health risks stemming from multiple abuse issues. To ensure confidentiality, do not include answers to these or other assessment questions in an individual's file.*

References

- Akers, D., Schwartz, M. and Abramson, W. (2007). *Beyond Labels: Working with Abuse Survivors with Mental Illness Symptoms or Substance Abuse Issues*. Austin, TX: Safe Place.
- Bland, P.J. (2001). Screening Chemically Dependent Battered Women In NOT Out of Our Programs. *The A Files Washington State Coalition Against Domestic Violence Newsletter*, Vol. 3., No. 3, pp. 127-138, October 2001.
- Ewing, J.A. (1984). "Detecting Alcoholism: The CAGE Questionnaire," *Journal of the American Medical Association* 252: 1905-1907.
- Ewing H. (n.d.) "4 P's alcohol and other drug screening tool." Born Free Project, Contra Costa County Health Services Martinez, CA. Cited on National Organization on Fetal Alcohol Syndrome Web site, accessed 3/18/11 at www.nofas.org/healthcare/4Ps.aspx.
- Farley, M. (2003) Prostitution and the Invisibility of Harm. *Women & Therapy* 26(3/4): 247-280. Accessed 7/14/09 at <http://www.prostitutionresearch.com/c-prostitution-research.html>.
- Ferencik, S.D. & Ramirez-Hammond, R. (2011). *Trauma Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs*. Available from Ohio Domestic Violence Network at www.odvn.org.
- Leal-Covey, C. (2011). Personal correspondence with Debi Edmund, January 2011.
- Obtinario, C., New Beginnings, Seattle, WA. Personal interview with Debi Edmund, July 2010.
- Pease, T. (2010). Access to advocacy: Practical strategies for responding to survivors experiencing the traumatic effects of abuse and/or psychiatric disabilities. Chicago, IL: DVMHPI. Prepared for "Access to Advocacy: Direct Service Conference" a conference presented by Alaska Network on Domestic Violence and Sexual Assault, Oct. 27-29, 2010 in Anchorage, AK.
- Trujillo, O. (2009). Presentations at "Weaving the Safety Net: Coordinating Alaska's Response to Violence Against Women," a conference presented by Alaska Network on Domestic Violence and Sexual Assault, Nov. 16-18, 2009 in Fairbanks, AK.