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 section 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 Obtinario, 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:

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

“What 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

Questionnaires such as CAGE Questions, The 4 P’s, Emotional Well-Being: Sample Questions to Ensure Better Accommodation and Where Can I Get Help? (all available for download from the Web version of Real Tools: Responding to Multi-Abuse Trauma) can help advocates and the people you serve to assess what kinds of assistance and referrals are wanted or needed. 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.
References


