Title: Transforming the Way You Approach Your Intake

Presenters: Ashley Ponson and Walesa Kanarek

Course Description:

Transforming the Way You Approach Your Intake offers the perspective of the New Orleans Family Justice Center's own transformation process and practical questions for immediate use with the poly-victimization tool during your intake. This discussion invites organizations to assess their real barriers to change and examine how they can transform their own process to create long lasting client relationships and foster an environment of collaboration and consultation among staff. This discussion also provides tangible ways and conversation topics to immediately embolden staff in their intake assessments.

Materials:

Grounding Techinques

Firestone, L. (2013). How your attachment style impacts your relationship. *Compassion Matters*.

Shah, N. S. (2015). "Effects of Attachment Disorder on Psychosocial Development." *Inquiries Journal/Student Pulse*, *7*(02). Retrieved from http://www.inquiriesjournal.com/a?id=1667

Transforming the way you Approach your Intake

Polyvictimization Initiative:
Creating Pathways to Justice, Hope and Healing
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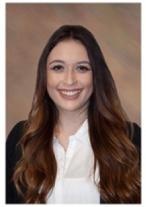
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Transforming the way you approach your intake

Who are we?

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Discussion Goals

- Reflection on your own intake and assessment process
- Increased comfort and knowledge gathering survivor history
  - Direct questions that aid in gathering survivor history

The Poly-victimization Tool & the shift in the culture

- The Poly-victimization Tool, when implemented with trauma informed care, ***will create a shift in your office culture around assessment.***
- **How** NOFJC provides intakes today vs the past.
- Perceived barriers for NOFJC: Time, numbers, need.
- We recognized our strengths and area to grow.

Before

A. Intake: 30 minute maximum
B. One staff assigned to intake
C. Clients responded to questions to gather data
D. Client deferred from telling greater story
E. All clients not required to complete requested information, HOWEVER some staff enforced as a requirement
F. Routine gathering of info without explaining why i.e. Asking for ID

After

A. Intake: 2+ hours, as needed
B. Team of 5 conduct intakes
C. Survivors Lead Intake
D. Clients allowed time they need to share their story
E. Explicit ongoing supervision with staff in which the aim of first contact is relationship building.
F. Trauma Informed Care is explaining every step of the process.

Deconstructing the belief we are supposed to “fix”

- Dismantling “I made the survivor cry”.
- When assessment may be stalled by provider - A client may not be answering a question if they sense you are uncomfortable asking.
- Silence – When someone becomes upset or needs a moment of silence to process, what comes up in ourselves? How do we feel when a client is sharing? Discomfort within ourselves can constrain intake and the gathering of information. **Highly traumatized clients are sensitive to and generally highly skilled in noticing when they are making others uncomfortable, or others are not able to hear them.**

Deconstructing the belief we are supposed to “fix”

- An example of building rapport and comfort is if a client is comfortable enough with you to cry. This also models welcoming a client expressing and sharing their inner emotional world.
- Reminder for us all: our clients are strong.
- Asking a client something where they respond with crying is not staff making a client cry, but the abusive acts of another person.
- Societal minimizations of abuse and assault would have us believe that we are bringing up these issues in the client, where as we are actually honoring the client and giving them space to choose how to heal.

Referrals - One sheet with go-to referrals

Having resource lists, packets, or booklets readily available!

- Mental health counseling agencies and talk groups
- Psychiatry
- 24 hour Phone Counseling
- Physical and EMOTIONAL Safety Planning
- Suicide Hotline (Which is often the same as 24 hour Phone Counseling)
- Normalizing waitlists but encouraging survivor to advocate for themselves

Mental Health Symptoms are always a survival mechanism

- ***All behavior in context has meaning and provides information.***
- Nothing is “weird” - Bringing in rather than “othering” a client’s behavior.
- When we see "symptoms" displayed by a Survivor, it is always significant to ask ourselves: ***what purpose does this behavior serve?***
- Mental Health symptoms are a means of surviving and managing trauma.
- Useful to think of all trauma "symptoms" as adaptations. Symptoms represent the client's attempt to cope the best way they can with overwhelming feelings.
- ***What once helped, now hurts:*** A trauma-related symptom, is an adaptive trauma response or survival resource that’s a coping strategy that may have been effective at some point, but later interferes with the person's ability to live the life they wants.

Building the relationship
& alleviating pressure to gather all information in one setting

- There is a balance between asking directly so that a client is clearly informed you are capable and open of hearing about what has happened to them AND once something has been expressed, trusting that it will and can come up again in the course of knowing one another.
- Checking in around various topics informs a client “we can discuss this”.
- If staff feel uncomfortable asking asking a question - **how so? Unpacking the why** that may not have to do with the client themselves. How clients influence our own emotional worlds is information about the clients, ourselves, and the collaborative relationship.

Example of questions and direct, client centered approaches regarding:

- Sexual assault
- Substance abuse
- Strangulation
- Reproductive coercion
- Self-Harm
- Suicide
- All of the symptoms from the Poly-victimization Tool

Sexual assault

“Has anyone ever made you do something sexually that you didn’t want to?”

“Have you ever been sexually assaulted?”

Helpful responses:

“Thank you for letting me know”

“It’s not okay that happened”

When DV: “It’s not okay that someone who is supposed to protect you hurts you”

Sexual assault - Child Sex Abuse

“Child sex abuse unfortunately is common, were you ever sexually abused as a child?”

“Were you ever touched in a way as a child that felt not okay?”

“As a young person or child were you ever asked to keep secrets?”

….When a person responds yes you can respond by saying:

“Thank you for telling me”…can add “What was that like for you to tell me” or “Have you ever shared this with another person”, “Why or why not?”

Person may express relief or shrug - May be a cue for numbing

Strangulation

“Has anyone ever choked you?”

After you use the term choked, you can then begin to use the word strangulation. Choked is not clinically accurate, but this does not need to be be-labored to the client, as long as you inform them once and you use the term strangle/strangulation.

“Has anyone put their hands or other body part around your neck?”

“Has anyone used an object to keep you from breathing?”

Reproductive Coercion

“I’m asking you this question to see about what range of choices that are/were possible in your relationship. We can deeply love our children today, not regret having them, but felt like the pregnancy wasn’t a choice. This is why I’m asking-- **have you ever felt like it wasn’t a choice to get pregnant?”**

“Has anyone ever forced you to have an abortion?”

“Have you ever felt like you didn’t get to choose to have an abortion or use birth control?”

Symptoms portion of Polyvictimization Tool

Currently experiencing pain

Is there any part of your body that regularly experiences pain?

Do you have ongoing headaches or migraines?

Do you have pain in your gut/stomach? Can be a cue to anxiety

Physical pain that you may or may not have gone to the doctor for?

Maybe a pain that the doctors couldn't diagnose?

How often? Helpful to give a time frame? 1x a day or 5x a day? They can respond, "oh, yeah - everyday"

Suicide Attempt

Has there ever been a time in which you wanted to die?

Has there ever been a time where you attempted to die?

Have you ever needed to be hospitalized because it wasn't safe for you to be alone?

Sometimes medication management can affect our moods, ***are you on any medications? How are they prescribed? Do you find yourself taking them in a different way? How come?***

Self-Harm

“Have you ever physically harmed your own body to feel better?”

… “That can look like cutting, scratching or burning yourself?”

“Do you ever feel like you over eat or under eat to soothe yourself?”

When did this happen? When was the last time you thought about doing this? What was going on at that time? *Their response will provide further information around a client’s trauma history.*

You can respond by saying:“This is so helpful to know, to make sure you have the support you need so that you can find another way to support yourself that doesn’t harm your body”

Health Risk Behaviors / Substance Abuse

Some questions it's helpful to ask the information directly, Substance Abuse we find it helpful not to use the term substance abuse or addiction. Let's discuss when it's helpful to be nuanced vs direct.

It can be helpful to speaker generally around alcohol and prescriptions

VS ask directly about marijuana, heroin, meth, etc...

"Many people can find themselves soothing their pain intentionally or unintentionally. Because substances are stigmatized people don't share they're using them. It's just really helpful for us to understand your experience and how to support you"

If you assess a client as being intoxicated, and they deny it, note this but don't belabor. No need to argue this point after a single attempt. It's not supportive. Document when working with the client further they presented as intoxicated/high. Clients have very good reasons for not sharing they're high include: denial as a coping mechanism, fear of arrest, denial of services, losing their children. Even if you say "you can trust me" it's just words for now.

Health Risk Behaviors / Substance Abuse

“Sometimes we intentionally or UNintentionally self soothe with drinking or something else, have you ever done that?”

“Have you ever found yourself drinking or something else more than you expected?” ***You can assess if there is potentially substance abuse by asking the following: “What do you drink ---- how much of (that drink) does it take for you to get drunk?” Do you find yourself using any substances to self medicate?***

Asking about medications: Ask a client about a history of medications, if a client responds yes to opiate or benzodiazepines - follow up with **“Did you find using these medications led you to do other things?”** This can lead to shooting heroin, breaking into a home for money, trading labor or sex for drugs...This question can open up a lot.

Indicate acceptance of a stigmatized substance such as heroin by asking THIS directly: “Have you ever used heroin or pills in order to feel differently?” Some clients may feel more comfortable sharing they have use opiate pills than heroin.

Avoidance vs Distant

Avoidance:

“Do you ever find yourself avoiding certain places or people?”

Distant:

“Do you find yourself feeling far away from other people? Feeling emotionally cut off from other people?”

Irritable or Angry

“How’s your mood - are you irritable or angry?“ “Is there a difference in your overall mood?

“Do things that didn’t bother you before bother you now?”

“Angry with others and don’t know why?”

Do you find yourself snapping at others/your kids when you don’t want to?

For a person less aware of themselves, that you sense is irritable/angry and they can’t identify that:

“Do you feel you need to yell to get the attention of others?”

If person does not endorse being irritable, and you experience them as irritable, please note this. We use our clinical judgement to best assess clients.

Attention Concentration Difficulties

“Do you feel like you’re easily distracted?”

“What do you think about your time management?”

“Racing thoughts?”

“Difficulty completing tasks…at work/home/with your children?”

“How do you feel about your concentration skills?”

“Do you find yourself drifting away during conversations?”

Physical symptoms that have not been diagnosed

“Do you have physical things that cause discomfort up in your body that haven’t been diagnosed by a doctor --- or can’t be diagnosed by a doctor?”

For example, someone may frequently pass out but can not be medically explained. A client may be informed by a doctor this is due to stress, but client denies the psychosomatic illness.

Sleep Disturbances

What is your sleep routine like?

Does your sleep feel like quality sleep?

Do you wake up in the middle of the night? What do you do when you wake up? (I.e. May walk around house holding a gun checking the house)

Do you often feel tired during the day? Do you go days without sleeping?

Do you sometimes find you are sleeping “too much”? What is “too much” for you?

Do you ever have unpleasant dreams or ongoing nightmares?

Sometimes people feel like they’re frozen and can’t wake up from a nightmare.

Anxiety

Is there a feeling that the next shoe is going to drop?

Does your worry or anxiety keep you from doing things you want to in your life?

Do you feel a sense of dread or terror?

Do you live with a sense of questioning yourself and what you've done?

Have you ever experienced panic attacks? How do you define your panic attacks, what does that look like for you? When was your first panic attack?

This can be a helpful time to share grounding exercises.

Jumpy, Startles Easily

Sometimes the title is the question!

"Do you identify with feeling jump, easily startled?"

Assess paranoia here. "Do you feel paranoid or do others call you paranoid?" Keep your ears out for a client mentioning paranoia or if you sense they are highly on guard. This is where this information should be documented. **Clients have a valid reason for displaying paranoia but there may or may not be a present threat.**

"Do you feel constantly on guard?"

"Do you see danger in places that you would agrees is not really there?"

"Do you have a sense that someone is watching you?"

Aggressive or violent behaviors

For client: “A lot of times people tell survivors of violence they are being aggressive when they are advocating for themselves or defending themselves. I’m not interested if other people think you are aggressive or violent, but if YOU think that you may have an issue with being overly aggressive or violent to solve problems?”

For example:

Do YOU feel you go from zero to 100? Do you find yourself throwing things?

Have you ever been unexpectedly violent? Planning a physical fight?

Have you ever planned to address something non-violently that ended in a fight? *We’ve addressed this isn’t about self-defense in the context of DV

Impulsivity

Do you make decisions quicker than you'd like upon reflection?

Do you find that you jump into things really easily?

Do you feel like you've taken/stolen things for the thrill of it?

For Staff - how would you recognize impulsivity?

Example:

Moving in with someone after knowing them a week

General: Leaving or going somewhere without consideration beforehand consequences or obligations of employment

Sadness vs Low self-esteem

Cues are statements such as:

"I'm not capable"

"I deserve it"

"I have a sign on my back"

"God is punishing me…"

"I wonder if I have value"

"I always wind up in the same place"

Where do you find strength?

Opportunity for affirming sadness BUT also can be a spot to REFRAME.

"You are choosing to create a different life here for you/your children" if appropriate.

Self-blame for experience

Blaming one's self for a negative experience…

When you think back to (painful event) do you find you blame yourself?

Do you hold yourself responsible for what happened?

How do you find yourself talking to yourself? What's your tone of voice?

A cue of self-esteem level can be how someone talks to themselves, is it with a mean, unkind, insulting voice -- this is a sign of low self-esteem.

Use your judgement to pick up on this person treatment of self.

Numbing vs Dissociation

When traumatic experiences are not resolved, stress hormones that the body secrets to protect itself keep circulingating and emotional defenses loop on repeat ~ Paraphrased from Body Keeps the Score, Van Der Kolk

Numbing ~ Shutting down , Fully here but can't feel

Dissociation ~ Not mentally present, "far away" or "person has left the room but sitting right in front of you"

Do you ever feel you can't take in what's happening around you? Are there times you feel disconnected from your body? When?

What's it like to talk about this now?

Attachment Problems - Reframe This Term!

How someone attaches or doesn't attach to other individuals is an indicator of how connection was maintained growing up. The sensitive nature of assessment for challenging attachment patterns is making sure we are not shaming or blaming a client. Comfort with asking this question and tone of voice can affirm for a client we are simply trying to learn about their relationship patterns.

Because of the sensitive nature of this question, we want to make sure we don't imply clients "have attachment problems" as if something is wrong with them, but rather asking...

Are there individuals you trust? ***If client says no...indicates challenges around attachment.***

Ever notice a pattern or way you connect to others?

We ask questions to learn about our lives, not to assign blame. The more we protect and raise up our own voices and experiences, the more comfortable we are in deciding for ourselves who we want in our lives.

Other

Spot for open, direct asking of:

"Is there anything you have experienced that'd be helpful for me to know for our working together …. Or for any person that would be working with you?"

In Closing...

Collaboration

Consultation

Supportive Supervision

& Repeat! ...Collaboration

Consultation

Supportive Supervision

Thank you!
Please connect with
feedback, ideas,
questions!

Thank You!

Alliance for HOPE International

www.allianceforhope.com

www.familyjusticecenter.com

(888) 511-3522

Ashley Ponson
Director of Client Services at the New Orleans Family Justice Center

Ashley Ponson is the Director of Client Services at the New Orleans Family Justice Center. Ashley studied Sociology with a concentration in Women and Gender Studies at Loyola University New Orleans and The University of New Orleans. Ashley works on a daily basis with survivors of sexual assault and domestic violence, specializing in issues surrounding strangulation. Ashley is passionate about case management and creating a trauma informed intake process at the New Orleans Family Justice Center.

Walesa Kanarek
Trauma Recovery Mental Health Therapist

Walesa Kanarek, LPC is a Trauma Recovery Mental Health Therapist with the New Orleans Family Justice Center. Walesa attended San Francisco State University with an emphasis on Political Science, she practices her work with a lens of international and community cultural competence. Walesa received her MS in Counseling at Loyola University New Orleans. Walesa specializes in training and facilitating discussions around the intersection of mental health, community violence, domestic violence, sexual assault, and trauma.

Grounding Techniques

Grounding is a technique that helps keep someone in the present. They help reorient a person to the here-and-now and in reality. Grounding skills can be helpful in managing overhelming feelings or intense anxiety. They help someone to regain their mental focus from an often intensely emotional state.

Grounding skills occur within two specific approaches: Sensory Awareness and Cognitive Awareness

1. **Sensory Awareness**

Grounding Exercise #1:

Begin by tracing your hand on a piece of paper and label each finger as one of the five senses. Then take each finger and identify something special and safe representing each of those five senses. For example: Thumb represents sight and a label for sight might be butterflies or my middle finger represents the smell sense and it could be represented by lilacs.

After writing and drawing all this on paper, post it on your refrigerator or other safe places in the home where it could be easily seen and memorize it.

Whenever you get triggered, breathe deeply and slowly, and put your hand in front of your face where you can really see it – stare at your hand and then look at each finger and try to do the five senses exercise from memory.

Source: www.stardrift.net/survivor/senses.html

Grounding Exercise #2:

- Keep your eyes open, look around the room, notice your surroundings, notice details.
- Hold a pillow, stuffed animal or a ball.
- Place a cool cloth on your face, or hold something cool such as a can of soda.
- Listen to soothing music
- Put your feet firmly on the ground
- FOCUS on someone's voice or a neutral conversation.

Sensory Awareness Grounding Exercise #3:

Here's the 54321 "game".

- Name 5 things you can see in the room with you.
- Name 4 things you can feel ("chair on my back" or "feet on floor")
- Name 3 things you can hear right now ("fingers tapping on keyboard" or "tv")
- Name 2 things you can smell right now (or, 2 things you like the smell of)
- Name 1 good thing about yourself

(Source: www.ibiblio.org/rcip//copingskills.html)

2. Cognitive Awareness Grounding Exercise:

Re-orient yourself in place and time by asking yourself some or all of these questions:

1. Where am I?
2. What is today?
3. What is the date?
4. What is the month?
5. What is the year?
6. How old am I?
7. What season is it?

Lisa Firestone Ph.D.
Compassion Matters

How Your Attachment Style Impacts Your Relationship

What is your attachment style?

Posted Jul 30, 2013

Our style of attachment affects everything from our partner selection to how well our relationships progress to, sadly, how they end. That is why recognizing our attachment pattern can help us understand our strengths and vulnerabilities in a relationship. An attachment pattern is established in early childhood attachments and continues to function as a working model for relationships in adulthood.

This model of attachment influences how each of us reacts to our needs and how we go about getting them met. When there is a secure attachment pattern, a person is confident and self-possessed and is able to easily interact with others, meeting both their own and another's needs. However, when there is an anxious or avoidant attachment pattern, and a person picks a partner who fits with that maladaptive pattern, he or she will most likely be choosing someone who isn't the ideal choice to make him or her happy.

For example, the person with a working model of anxious/preoccupied attachment feels that, in order to get close to someone and have your needs met, you need to be with your partner all the time and get reassurance. To support this perception of reality, they choose someone who is isolated and hard to connect with. The person with a working model of dismissive/avoidant attachment has the tendency to be distant, because their model is that the way to get your needs met is to act like you don't have any. He or she then chooses someone who is more possessive or overly demanding of attention.

In a sense, we set ourselves up by finding partners that confirm our models. If we grew up with an insecure attachment pattern, we may project or seek to duplicate similar patterns of relating as adults, even when these patterns hurt us and are not in our own self-interest.

In their research, Dr. Phillip Shaver and Dr. Cindy Hazan found that about 60 percent of people have a secure attachment, while 20 percent have an avoidant attachment, and 20 percent have an anxious attachment. So what does this mean? There are questions you can ask yourself to help you determine your style of attachment and how it is affecting your relationships. On August 13, I will be hosting a CE Webinar with Dr. Phillip Shaver on "Secure and Insecure Love: An Attachment Perspective."You can start to identify your own attachment style by getting to know the four patterns of attachment in adults and learning how they commonly affect couples in their relating.

1) Secure Attachment – Securely attached adults tend to be more satisfied in their relationships. Children with a secure attachment see their parent as a secure base from which they can venture out and independently explore the world. A secure adult has a similar relationship with their romantic partner, feeling secure and connected, while allowing themselves and their partner to move freely.

Secure adults offer support when their partner feels distressed. They also go to their partner for comfort when they themselves feel troubled. Their relationship tends to be honest, open and equal, with both people feeling independent, yet loving toward each other. Securely attached couples don't tend to engage in what

my father, psychologist Robert Firestone, describes as a "Fantasy Bond," an illusion of connection that provides a false sense of safety. In a fantasy bond, a couple foregoes real acts of love for a more routine, emotionally cut-off form of relating.

2) Anxious Preoccupied Attachment – Unlike securely attached couples, people with an anxious attachment tend to be desperate to form a fantasy bond. Instead of feeling real love or trust toward their partner, they often feel emotional hunger. They're frequently looking to their partner to rescue or complete them. Although they're seeking a sense of safety and security by clinging to their partner, they take actions that push their partner away.

Even though anxiously attached individuals act desperate or insecure, more often than not, their behavior exacerbates their own fears. When they feel unsure of their partner's feelings and unsafe in their relationship, they often become clingy, demanding or possessive toward their partner. They may also interpret independent actions by their partner as affirmation of their fears. For example, if their partner starts socializing more with friends, they may think, "See? He doesn't really love me. This means he is going to leave me. I was right not to trust him."

3) Dismissive Avoidant Attachment – People with a dismissive avoidant attachment have the tendency to emotionally distance themselves from their partner. They may seek isolation and feel "pseudo-independent," taking on the role of parenting themselves. They often come off as focused on themselves and may be overly attending to their creature comforts.

Pseudo-independence is an illusion, as every human being needs connection. Nevertheless, people with a dismissive avoidant attachment tend to lead more inward lives, both denying the importance of loved ones and detaching easily from them. They are often psychologically defended and have the ability to shut down emotionally. Even in heated or emotional situations, they are able to turn off their feelings and not react. For example, if their partner is distressed and threatens to leave them, they would respond by saying, "I don't care."

4) Fearful Avoidant Attachment – A person with a fearful avoidant attachment lives in an ambivalent state, in which they are afraid of being both too close to or too distant from others. They attempt to keep their feelings at bay but are unable to. They can't just avoid their anxiety or run away from their feelings. Instead, they are overwhelmed by their reactions and often experience emotional storms. They tend to be mixed up or unpredictable in their moods. They see their relationships from the working model that you need to go toward others to get your needs met, but if you get close to others, they will hurt you. In other words, the person they want to go to for safety is the same person they are frightened to be close to. As a result, they have no organized strategy for getting their needs met by others.

As adults, these individuals tend to find themselves in rocky or dramatic relationships, with many highs and lows. They often have fears of being abandoned but also struggle with being intimate. They may cling to their partner when they feel rejected, then feel trapped when they are close. Oftentimes, the timing seems to be off between them and their partner. A person with fearful avoidant attachment may even wind up in an abusive relationship.

The attachment style you developed as a child based on your relationship with a parent or early caretaker doesn't have to define your ways of relating to those you love in your adult life. If you come to know your attachment style, you can uncover ways you are defending yourself from getting close and being emotionally connected and work toward forming an "earned secure attachment."

You can challenge your defenses by choosing a partner with a secure attachment style, and work on developing yourself in that relationship. Therapy can also be helpful for changing maladaptive attachment patterns. By becoming aware of your attachment style, both you and your partner can challenge the insecurities and fears supported by your age-old working models and develop new styles of attachment for sustaining a satisfying, loving relationship.

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