

ACWS

Alberta Council of
Women's Shelters



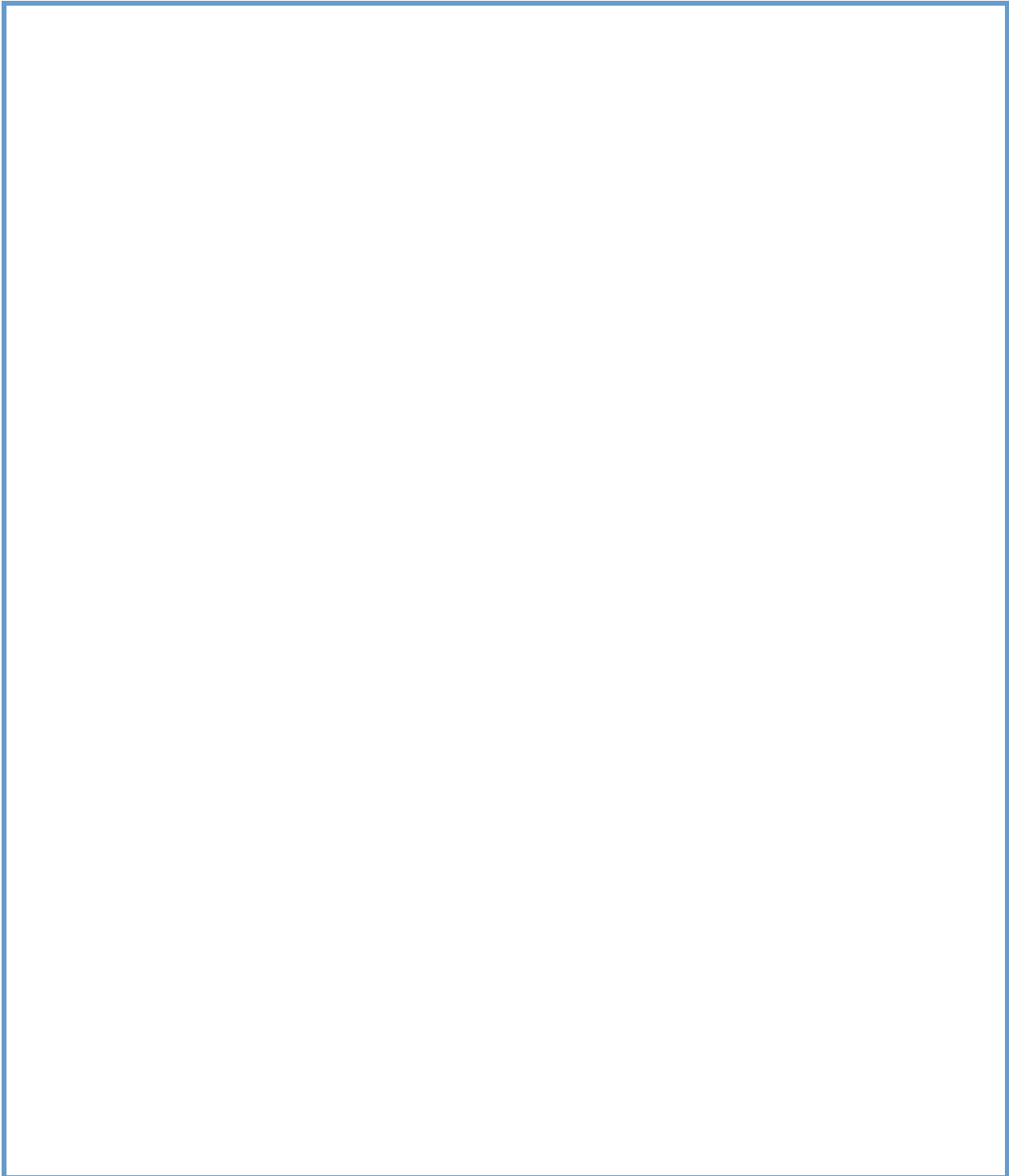
**Level 1:
Foundations**

**Case Management
Foundations Workbook
Module 7**

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Introduction

Welcome to Case Management Foundations Module 7.

Use this Workbook to capture your thoughts, reflections, ideas, or insights as you go through the eLearning module.

Acknowledgements

The Alberta Council of Women's Shelters (ACWS) wishes to acknowledge the traditional territories on which we live, work and play. We recognize that all Albertans are Treaty people and have a responsibility to understand our history so that we can honour the past, be aware of the present, and create a just and caring future.

We honour the courage and strength of Indigenous women. We honour them as life givers and caregivers as we honour and learn from their continuing achievements, their consistent strength, and their remarkable endurance.

We acknowledge that this course, Case Management Foundations, was created on Treaty 6, 7, and 8 lands, as well as the six Métis regions of Alberta. We dedicate this education to all the women and families who inspire us with their courage, strength, resilience, and kindness. We thank the many individuals whose work, input, and expertise have contributed to its development.

ACWS benefits from the wisdom, expertise, and innovation of our members across Alberta, who provide front-line support to individuals and families experiencing domestic abuse. This project could not be completed without their generous support and knowledge-sharing. Case Management is an evolving practice and the ongoing input and feedback from ACWS members, both individually and collectively, has made and will continue to make this course relevant for, reflective of, and responsive to the Alberta context of domestic abuse shelter practice. Special thanks to Stepping Stones Crisis Society for providing specific exercise content for this course.

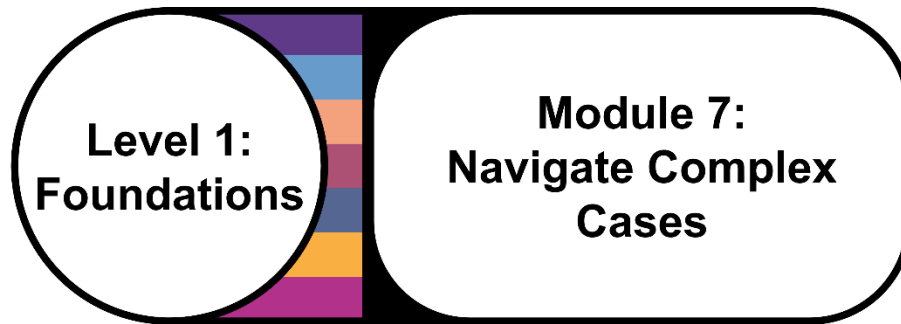
We would also like to acknowledge that this educational offering is made possible with funding and partnership from the Government of Canada under the Community Services Recovery Fund, and from the Ministry of Children and Family Services.



Questions, ideas or suggestions? Contact learning@acws.ca

Notes





Module 7: Navigate Complex Cases

Lesson 1: Frame your learning

Provide RICH support

McEvoy & Ziegler (2006) recommend using the acronym RICH to remember the four most important things that front-line workers can offer survivors.

R	Respect for survivors' autonomy, experiences, and choices: <ul style="list-style-type: none">• Actively listen to survivors without judgment.• Validate their feelings and experiences.• Acknowledge their courage in seeking help.
I	Provide the survivors with accurate and relevant information to empower them to make informed decisions about their safety and well-being.
C	Establish a strong connection and trusting relationship with survivors by creating a safe and supportive environment where they feel safe and comfortable expressing themselves and seeking assistance.
H	Instill hope, optimism, and belief in survivors' ability to overcome challenges and build a positive future: <ul style="list-style-type: none">• Help survivors envision a life free from violence.• Support survivors to take steps to achieve this with encouragement that fosters resilience.• Help survivors to recognize their own strengths and skills by continuously looking for opportunities to affirm.

We must **consider the entirety of who a survivor is**, her past experiences, and any complex challenges she may be facing right now.

Failure to identify substance use and mental wellness concerns as impacts of abuse may result in survivors not receiving the proper care they need.

[W]hen women's substance use and mental health are not identified as rooted in gender-based violence, their experiences are often compartmentalized, **their safety may be compromised** through inappropriate treatment, and the impacts of abuse may be misdiagnosed as mental health or addiction problems in isolation from [their] unsafe life context.

— Godard, Cory, & Abi-Jaoude (2008)

Connection plays a crucial role in supporting survivors affected by violence, mental wellness concerns, and/or substance use issues. We must prioritize connections and build trusting relationships with survivors before discussing these sensitive topics (Parkes, 2007). We can:

- **Reframe the narrative:** Help survivors reduce any self-blame for violence, trauma, mental wellness concerns and/or substance use.
- **Adopt a neutral stance:** Do not make assumptions about how issues or challenges are interconnected to individual survivors. Be self-aware of your personal biases and judgments. Engage in critical self-reflection and seek supervision as needed.
- **Educate on the effects of trauma:** Provide information about the impact of trauma on substance use and mental wellness concerns.
- **Show acceptance:** Avoid labelling and validate the survivors' description of what they have or are experiencing – all survivors need acceptance.
- **Foster resilience:** Support self-efficacy.
- **Build community:** Provide information and referrals to support groups or resources in the community and look to the survivor to define what is relevant and helpful.

Lesson 2: Substance use



Stop & think

What are your beliefs and values around substance use? How does the type of substance influence your perception of what is problematic?

Critical self-reflection is essential for inclusive support, rooted in harm-reduction.

For survivors using substances, judgment from service providers is a **significant barrier to accessing services**. This underscores the importance of regularly examining our attitudes and behaviours so we can avoid contributing to stigmatization.

There is a complex interplay between gender-based violence and substance use (Covington, 2003).

- Survivors may develop substance dependence as a coping mechanism for trauma symptoms and stress associated with living in a violent environment.
- Women who use substances are at a higher risk of violence due to:
 - Their relationships with others who use substances
 - Impaired judgment while using substances
 - Difficulty following through with or implementing safety planning strategies

Our ethical responsibility to ensure safety

No matter the shelter's substance use policy — abstinence (dry shelter), no on-site use (damp shelter), harm reduction (wet shelter), or case-by-case — four things are common to the support a shelter offers to survivors using substances.

Consider that capacity in your assessment process can refer to two things:

1. The shelter's physical capacity or space to accommodate.
2. The capacity of staff to manage complex behaviours.

1. *Risk assessment*

The shelter will assess risks to the survivor, her substance use history, and her current needs. Risk assessment of violence is key, regardless of the survivors' substance use.

Assessment for substance use and mental wellness concerns is completed as a vulnerability assessment – to explore how the substance use or mental wellness concerns relate to the survivor's safety.

It's important to have the survivor lead in identifying any changes or shifts she seeks to make related to use. Validate wherever the survivor is at and recognize her expertise in managing her situation.

2. *Safety planning*

The shelter will explore safety concerns and collaborate with the survivor to develop a safety plan as well as a safe consumption plan/return to shelter plan.

The shelter will also consider the safety of everyone at the shelter, including staff and other survivors.

3. *Rules & expectations*

The shelter will introduce and discuss with the survivor expectations, including guidelines regarding substance use. It is critical that this is done consistently and followed up on to ensure understanding.

4. *Case management*

The shelter will help the survivor connect to resources, such as counselling, support groups, treatment, and other services she identifies as helpful to manage or address substance use concerns, if this is the direction she wishes to take.

Remember the choice to do nothing is still a choice. Respect this and be transparent if your shelter has limitations in what they can do to support.

How you, as a Case Manager, respond to a situation where a survivor is using substances until after she has been admitted into the shelter depends on your shelter's policies and procedures. Regardless of your shelter's approach, be sure to:

- Be transparent with the survivor. State the policy and be clear on organizational expectations for a successful stay.
- Reinforce that you care about her well-being. Communicate your concerns clearly.
- Remember that the safety of one participant does not take precedence over the safety of others.
- If the survivor cannot remain at the shelter, tell her why. Emphasize that this does not mean she cannot access the shelter again — but in order to return, you may need to develop a plan to be implemented to ensure the safety of all and increase likelihood of a successful stay.
- Focus on the behaviours of concern, not the person. Discuss strategies in terms of what would meet the needs of both the shelter and the survivor.
- Consider all options. If the survivor may not be able to thrive in the shelter, can Outreach support them? This requires assessment of risk based on behaviour.



Talk to your team

Ask your colleagues and supervisor about your shelter's policy and procedures regarding substance use.

Learn from each other how to effectively explain rules and expectations to survivors using substances. Collaborate on strategies to respond to behaviours that can arise from substance use. Discuss how to assert professional boundaries with care and empathy while preserving dignity.

Safety planning considerations

1. Understand the **context of survivor's life** and how violence and the substance use are interrelated (Parkes, 2007b).
 - a. Many survivors use substances to cope with the violence and abuse they have endured.
 - b. Sometimes a survivor's substance use is closely tied to her relationship with her abuser.
2. Collaborate on a **plan for safe consumption**.
 - a. Substance use can increase vulnerability to violence and abuse.
 - b. Substance use can impact the survivor's ability to keep herself safe.

The **reality** is that stopping the use of substances does **NOT** ensure safety and if this is not a priority for the survivor, the **safest option** is to work with her from where she is at.

Use harm reduction strategies

Substance use occurs along a continuum and encompasses a wide range of behaviours.

Harm reduction is built on the belief in, and respect for, the rights of people who use substances (National Harm Reduction Coalition, 2019). While it requires us to meet people who use substances "where they're at," it is important to maintain boundaries and to be transparent about the limitations of the shelter (if there are any) to provide support.

As a Case Manager, it is your responsibility to present options for supporting any of these choices.

Safer use/behaviour management

Safer use is about reducing the risk of adverse outcomes from using substances or engaging in other behaviours. It is about harm reduction.

For example, access to clean water, condoms, and sterile syringes reduces the risk of contracting infectious diseases.

Managed use

Managed use is about partnering with survivors using substances to identify supports and to develop a plan that enables them to use substances safely in alignment with their own goals. Many survivors have creative strategies in place. Explore this.

Abstinence

Abstinence is about avoiding substances or not engaging in certain behaviours following substance use challenges. Seeking abstinence is compatible with a harm reduction approach, as individuals define their own goals.

If a person who uses substances chooses to work toward abstinence, they must be informed about the potential risks of abstinence and offered support and interventions based on best practices, current evidence, and their unique needs. Engage with the experts in your community. Ask for support from medical professionals. Consult and support well informed decision making. Set small achievable goals or make shifts towards reducing use as a starting point as this will support long term sustainable change.

Six foundational harm reduction principles

While there is no universal definition of or formula for implementing harm reduction, a harm-reducing approach reflects these key principles (Hawk et al., 2017):

1. Humanism
2. Pragmatism
3. Individualism
4. Autonomy
5. Incrementalism
6. Accountability without termination



Write it out

What do you need to do in order to consistently offer RICH – Respect, Information, Connection, Hope – support to survivors who use substances?

How does harm reduction apply in your work every day?

What can you do to combat stigma around substance use and other harmful behaviours that often result from the experience of violence and abuse?

What will you pay more attention to about your use of language going forward?

Take a moment to write down the ways you can keep your commitment to provide harm-reducing care in your work.

Lesson 3: Mental wellness

A survivor's mental wellness is an important factor in how you provide support.

— Tessa Parkes

Support survivors' mental wellness

As a Case Manager, your role is to provide a variety of options to support management of trauma symptoms. Survivors may seek support from appropriate service providers for:

- Diagnosis and treatment
- Therapy
- Connection with culture
- Medication

It is NOT your responsibility to diagnose survivors or to pathologize them by assigning a label.



If a survivor with mental wellness concerns is a **risk to herself or to others**, then you have a duty to report.

Talk about symptoms not diagnosis

Many survivors do not choose diagnosis or medication. They may have developed their own ways of managing their symptoms. Remember the survivor is the expert on their own lives. Listen to understand, validating at every opportunity.

Remember, too, that some survivors may have a diagnosis but choose not to share it. This is **their decision**. The focus of your work with survivors is to support in managing their identified symptoms, whether there is a diagnosis or not.

Safety planning considerations

Survivors with mental wellness concerns are more vulnerable to abuse than other survivors. The abuse they experience is likely to impact their mental wellness.

Some common tactics used by the abusers to exploit vulnerabilities may include (Parkes, 2007c):

1. Isolation & humiliation
2. Gaslighting & minimization
3. Threats & coercion
4. Medication control
5. Undermine credibility

You can have a powerful impact on the survivor's self-perception and decision making:

- Acknowledging and validating the survivor's experience of abusive tactics.
- Maintaining a nonjudgmental stance and normalizing mental wellness concerns as a consequence of violence and abuse.

Abuse has a psychological impact on a survivor. It can cause her to develop mental wellness concerns that interfere with her decision-making. We must tailor safety planning strategies to the survivor's needs:

1. **Identify trauma reminders** for the survivor's mental wellness symptoms. Consider how they intersect with her experiences of abuse. This could involve exploring specific situations, behaviours, or memories that exacerbate her mental wellness challenges.
2. **Build the survivor's capacity** by integrating coping strategies into the survivor's safety plan that will address her mental wellness needs. This might involve techniques for managing anxiety, depression, or other symptoms during moments of distress.
3. **Provide information** about available services, such as therapy, counselling, or support groups, **and facilitate access** by helping to make appointments or referrals as needed. Always hold space for the survivor to determine what is most relevant to them and encourage independence but be prepared to advocate.

4. If the survivor is taking medication to manage her mental wellness, make sure to **discuss medication safety** and consider including a plan for medication management in her safety plan. Ask the survivor if she has any challenges with her medication or remembering when to take them during times of intense stress.
5. **Discuss emergency mental wellness supports**. Include emergency contact information for mental wellness crisis lines or hotlines in the safety plan. Ensure the survivor knows how to access these resources if she feels overwhelmed.
6. **Monitor for change and escalation** by following up with the survivor on a regular basis to monitor her mental wellness, provide ongoing support, and adjust interventions as needed based on her evolving needs and circumstances.

Lesson 4: Put it all together

Educate yourself about local resources and services available to survivors who are seeking support in addressing substance use challenges, including treatment centres, mental wellness clinics, and support groups.

You can provide a supportive non-judgmental environment for survivors with substance use and mental wellness concerns, when you:

- Remember your role.
- Maintain your professional boundaries.
- Provide a listening ear, free of judgment.
- Provide accurate, up-to-date information on available services.
- Let the survivor make her own choices.
- Always ask the survivor for permission before connecting her to anyone else.

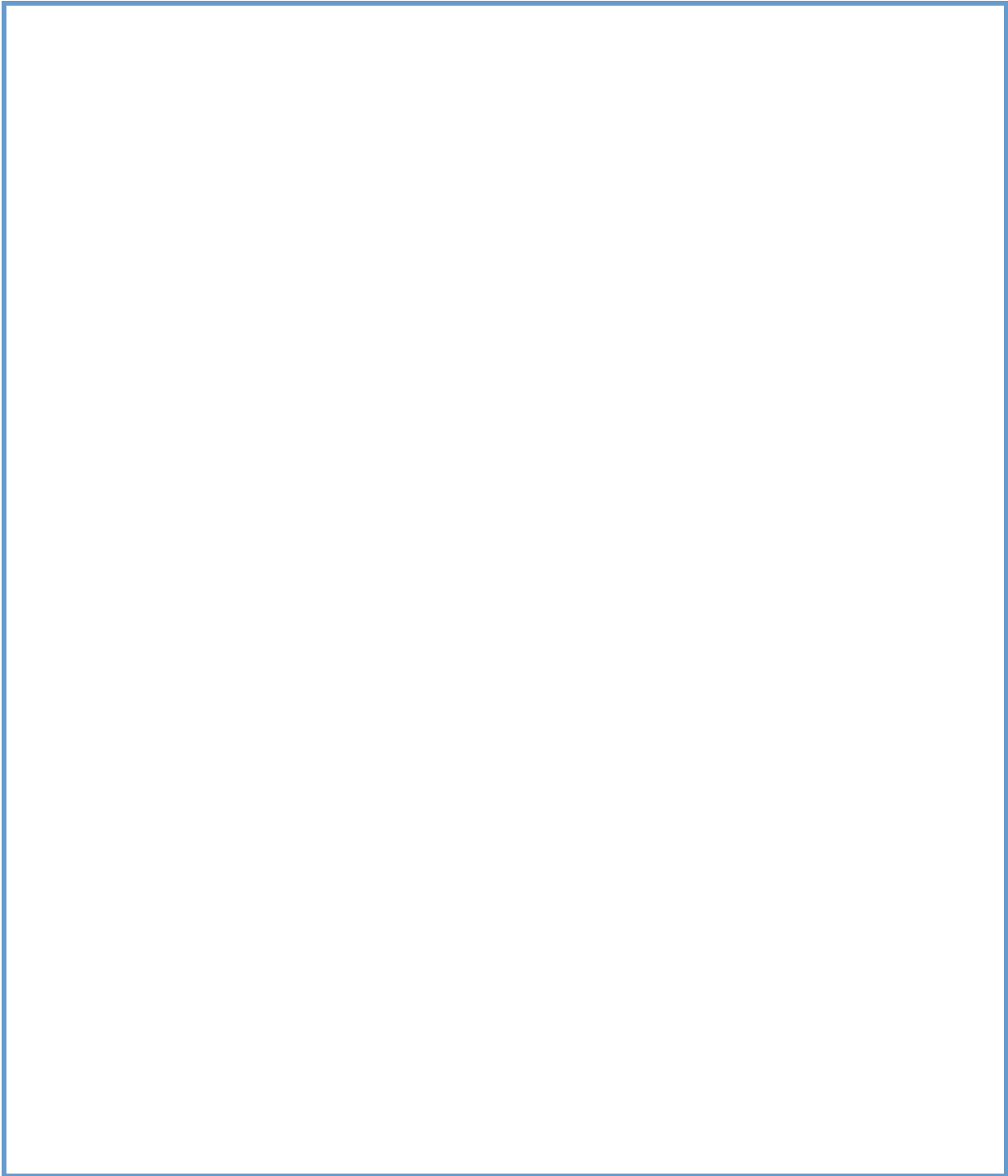


Write it out

What are your biggest takeaways from this module?

What is ONE thing you'll implement in your practice right away?

Notes



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Module 7

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