

HEALING-CENTERED CONSIDERATIONS FOR PROGRAM INTAKE AND PSYCHOSOCIAL ASSESSMENTS



When conducting programmatic intake or psychosocial assessment with individuals who have recently been diagnosed with HIV or are re-engaging in care, it is important to consider how their diagnosis may be impacting them and to build on their strengths. The goal is to create an environment in which someone will want to continue engaging in care. When first meeting someone, it can take time for individuals to open-up about topics that feel more personal or require greater amounts of vulnerability (e.g., trauma history, relationship to family, experiences of discrimination, etc.); to create a level of comfort and to begin establishing rapport, start the conversation with open-ended questions.

This approach will promote a positive experience for the individual who is engaging with healthcare professionals, encouraging them to continue receiving care and treatment, and ensuring you obtain the information necessary for your work.

THE RATIONALE

Operationalizing healing-centered and trauma-informed approaches in client services begins with intake and psychosocial assessments, the initial point of contact between the program and the individual. One of the most common areas of concern for individuals is why they are being asked certain questions and how frequently they are asked to repeat their experiences to obtain services. For that reason, informing individuals prior to starting the intake/assessment about the rationale behind the questions you will be asking is important and can assist in establishing a more collaborative, honest dialogue. When clients know how the information they are providing will be used, it can make the process of disclosure and sharing more manageable. This is particularly salient for clients who may have had multiple negative experiences when engaging with healthcare or government systems.

It is also important to assess intake/assessment documents utilized by other parties – disease intervention specialists (DIS), case managers, social workers, and agency referrals – to remove duplicative questions and cut down on redundancy as much as possible.

The following key considerations can be used by staff conducting intakes/assessments. The considerations and questions are not meant to replace your current intake and psychosocial assessment, rather to compliment your current process, or to be used as guidance when you're ready to redevelop your intake and psychosocial assessment. We encourage staff to use their discretion and the lessons learned from NASTAD's [TIA Toolkit](#) to decide when/if to ask all the suggested questions.

PRE-ASSESSMENT FACTORS TO CONSIDER

1. Are intakes/assessments performed in a private location?
2. Are interpreters made available so that clients can engage in their preferred language?
3. Are individuals provided a blank copy of their intake/assessment so they know what questions they will be asked ahead of time?
4. Are individuals informed of the rationale for why they are being asked specific questions and what the information will be used for?
5. Are individuals informed of the confidentiality of their answers?

GENERAL CONSIDERATIONS

Prior to beginning the intake/assessment, advise the individual that you may be taking notes for the purpose of planning and coordinating their care. When beginning to engage clients during intakes/assessments, try to set a conversational tone. The following are general considerations and questions when conducting a healing-centered intake/assessment:

1. Remind the individual that they do not need to discuss/share anything they are not comfortable with.
2. To increase transparency, be sure to mention [mandatory reporting](#) when it comes to drug use.
3. Know the larger topic areas of the questions (e.g., education, employment, housing, medical history, etc.) you will be asking and study the sub-questions so that you can engage with the individual in a more conversational way. If you are always looking down or writing, then it may appear as though you aren't fully connecting with the client.

4. Practice with a colleague or supervisor prior to engaging with a client.
5. Utilize these prompts to help in creating a narrative with the client:
 - a. "Tell me a little bit about yourself so I can better serve you." "Tell me a little bit about what your day-to-day looks like." Probing questions: "What do you do?" "Who do you spend time with?" "How do you spend your time?"
 - i. If/When an individual mentions spending time at home, inquire where home is.
 - ii. If/When an individual mentions work, ask what they do.
 - iii. If/When an individual mentions spending time with friends, ask what they do together, how long they've been friends, and what their support system looks like.
 - b. From here, you can build to asking historical questions.
 - i. "How did you engage with school?"
 - ii. "What did you do for fun?"
 - iii. "What was your childhood like?"
 - iv. "Who was your social support?"
 - c. Inquire about those who you will need to notify if partner notification is necessary at this point.
 - i. Before going into this, inform the individual of why partner notification is necessary. Let them know that it allows for their partners to get tested and connected to services, if that is something that they want to do.
 - ii. "Do any of the individuals you mentioned as support or partners need to be notified (due to potential concerns regarding exposure)?"
 1. If yes, "would you like to be the person who notifies them, or would you like us to do that?"
 2. "If you would like to notify them, is there any support that we can provide you to do so?"

6. Build upon the previous conversations to assess what referrals may be needed.
 - a. Inquire if additional resources such as food, insurance, immigration, etc. would be useful.
 - i. Provide the services, as is feasible, and ensure they meet the needs of the client, i.e., if they are transgender, that it's a trans-affirming space; if English is their second language, that they can receive services in their preferred language.
 - b. Have a service provider available who the individual can reconnect with should the client have inquiries or need additional assistance. This will help ensure the client gets connected to services and is retained in care.

If an individual's trauma experience(s) comes up during intake/assessment, consider the following:

1. Actively listen; you don't need to record everything they say or ask probing questions, just listen to them.
2. Remember the [trauma-informed principles](#): safety; trustworthiness and transparency; collaboration and mutuality; peer support; empowerment; voice and choice; and, historical, gender, and cultural considerations.
 - a. Thank the individual for sharing the information with you.
 - b. Let the person know that you will not be disclosing what they shared unless they give permission.
 - c. Inform them how the information will be used, if at all.
 - d. Do not write down everything they have shared. If you do write things down, highlights are sufficient, e.g., age of incident, what the incident was, and the client's affect when sharing, etc.
 - e. Watch this helpful [video](#) about the difference between empathy and sympathy.
3. After interacting with the client, consult with your supervisor to ensure the individual is connected to the care they need.