

**THE IOWA  
CONSORTIUM**  
FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

————— **DOMESTIC VIOLENCE AND** —————  
**SUBSTANCE ABUSE SERVICES**  
**FOR WOMEN: STAFF**  
**EDUCATION AND COLLABORATION**

**PROGRAM EVALUATION**

**ANNUAL REPORT**

**PREPARED BY:**

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**YEAR ONE EVALUATION**

**OCTOBER 2001 - SEPTEMBER 2002**

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## Table of Contents

	<u>Page</u>
I. Introduction-----	3
II. Project Implementation-----	4
Quarter One-----	4
Quarter Two-----	8
Quarter Three-----	17
Quarter Four-----	24
III. Data Collection and Analyses-----	29
Quarters One -----	29
Quarter Two -----	30
Quarter Three-----	54
Quarter Four-----	60
IV. Lessons Learned/Recommendations-----	87
V. Appendix-----	95
Mission Statement	
Pre-Project Surveys	
Training Evaluation Forms	
Year End Interview Questions	
Meetings and Trainings Attended by Evaluator Team	

## **I. Introduction**

Professor William Downs was awarded National Institute of Justice, Office of Violence Against Women funding for his project, “Domestic Violence and Substance Abuse Services for Women: Staff Education and Collaboration.” The first 12-month award period will focus on the developmental processes necessary to begin collaborative work between domestic violence shelters and substance abuse agencies as they address the challenge of a shared clientele with unique needs. The participating sites will work collaboratively with the Integrated Services Project Team (ISP), and Professor Downs as Principal Investigator, to develop better practices training as agency staff members are striving to effectively work with this population of women.

Four sites were contracted to participate in the project beginning October 1, 2001:

Prairie Ridge Addiction Treatment Services (PRATS), Mason City, Iowa

Crisis Intervention Services (CIS), Mason City, Iowa

Domestic Violence Intervention Project (DVIP), Iowa City, Iowa

Mid-Eastern Council on Chemical Abuse (MECCA), Iowa City, Iowa

The Iowa Consortium for Substance Abuse Research and Evaluation, at the University of Iowa, in Iowa City, Iowa, was contracted to provide evaluation services for the project and initiated work on evaluation processes on October 1, 2001. Consortium team members will conduct an independent evaluation of the project that will monitor: 1) attainment of objectives; 2) participating agency staff degree of satisfaction with educational programming developed and implemented; and 3) degree of positive increase in attitudes toward interagency cooperation.

The Integrated Services Project Team( ISP), at the University of Northern Iowa, which reviewed, edited and revised this report included:

Professor William Downs, PhD, Project Coordinator

Barb Rindels, Project Coordinator, Domestic Violence Specialist

Kim Leff, LMSW, Domestic Violence Specialist

Christine Atkinson BS, ACADC, LMSW, Substance Abuse Specialist

Two project members graduated from their respective programs and moved on to other employment in May of 2002.

The Evaluation Team at the Iowa Consortium included:

Janet C. Hartman, MA, LMSW, Evaluator

Jerry Fitzgerald, MA, Data Analyst

Suzy Hedden, BS, Research Assistant

Vishal Gupta, MA, Data Manager

## **II. Project Implementation by Quarter**

### **Quarter One: October-December 2001**

#### **A. Award Delays and Ramifications**

The evaluation team determined it was necessary to include this section under Project Implementation because the delay in receipt of funding impacted timelines, staffing, start up planning and the continuous engagement of stakeholders, particularly the participating shelters and treatment agencies.

This project has faced the need for several timeline changes that were beyond the control of the Principal Investigator. Professor Downs initially requested project funding through the University of Northern Iowa in October of 1999. More than a year passed before UNI received notification in December 2000, that funding would be forthcoming. In March of 2001, Professor Downs was asked to file a project application for funds with the prospect of a funding start date of May 2001. The funding notification was delayed throughout the summer of 2001, and the award was officially received on October 29, 2001, with a project start date retroactive to October 1, 2001. At this time, a general timeline change has moved start up time from May 2001 to October 2001. The evaluation plan does not need revision at this time.

#### ***Feedback/Observations***

*It would be beneficial to complete a new Time/Task Plan for all involved contracts and teams. At present, a general plan is set to develop and refine training January through March, train April through July, and complete post-training survey work in August and September. Clear task and time functions will assist all components of the project in moving forward without confusion about roles, responsibilities and expectations. Goals will need to be restructured into a new Time/Task Plan and perhaps re-negotiated due to the time delay involved in receiving funding.*

The early March 2001 information from NIJ, suggesting a funding date by May 2001, prompted a search for appropriate staff. Initial staff structure had proposed a staff position of Project Manager/Coordinator, a Domestic Violence Specialist, and a Substance Abuse Specialist. A Domestic Violence Specialist was identified as well as a Program Manager/Coordinator for the project, both with considerable experience in the domestic violence field. When the May 2001 award date did not happen it was not possible to offer a firm commitment to those applicants. Unfortunately, by the receipt of the actual award notice, the interested Project Manager Coordinator had accepted another position. Barb Rindels was hired as the Co-Coordinator with Prof. Downs, and Domestic Violence Specialist, and UNI faculty member, Dr. Laurel Chaput began work on the project as the Substance Abuse Specialist. Professor Downs shared the Project Manager/Coordinator responsibilities with Ms. Rindels. The initial staffing structure had

proposed a full-time staff position of Project Manager/Coordinator rather than shared responsibilities.

***Feedback/Observations***

*An optimal way to set an example for collaborative process work would be the actual role modeling of a balance between domestic violence and substance abuse subject matter within the project team. Difficulties caused by the award's delay may have further created an imbalance of substance abuse/domestic violence staff in the team. Since the Services Coordinator role is now being shared by the Principal Investigator and Ms. Rindels, it is important to consider the impact of the elimination of a separate manager/coordinator position and make sure that all project-related coordination is balanced and manageable within the time constraints of a twelve-month project. The specialist roles will need equal time and effort to accomplish an integrated training format.*

The delay in award notice interfered with engaging the agency sites selected to be involved in the project work over the course of the spring and summer. Professor Downs was assured that the funding would be awarded, but could not begin sub-contract work until official award notification was received. When assured of a May start, Professor Downs re-initiated contact with the four agencies that had agreed to participate in the project as early as October 1999, when the funding was requested initially. Professor Downs presented data from his previous NIJ/VAWA project work regarding the need for integrated domestic violence and substance abuse services for women. There was immediate staff enthusiasm for such integrated training as part of the ISP project, and sites were eager to proceed with meetings and start the collaborative effort.

Unfortunately, there was no choice but to stop moving forward with a meeting schedule between agencies until the award was actually received and the evaluation contract was awarded. In order to obtain baseline data, the evaluation staff needed time to prepare a baseline data collection instrument to measure the initial attitudes and perceptions of the project site staff.

***Feedback/Observations***

*It was frustrating for agency sites and the ISP Team to be forced to wait for baseline data collection, when all were eager to get to work. Now that the baseline data collection is completed, the ISP Team has the green light for collaborative meetings to begin. The baseline data will provide the attitudinal/perceptual/knowledge data needed to effectively plan training needs for the project.*

**B. Project Team Start Up Activities**

As mentioned in Section I of this report, UNI staff met with each of the identified project agencies in August of 2001, three months prior to the official start of the project. Professor Downs' presented results from previous research related to the need for integrated services for women with both domestic violence and substance abuse issues. The first official quarter of the project has focused on setting up the ISP at UNI and the baseline measurement needed for the evaluation component.

Appendix IV of this report has copies of the meeting notes for each combination of work meetings that took place, including the four early August meetings. Seventeen (17), planned project meetings were held during the first quarter. The ISP staff met with the evaluator, held various internal meetings for administrative coordination, and held meetings to bring on board graduate students from the UNI School of Social Work who have previous domestic violence shelter work experience.

### ***Feedback/Observations***

*First quarter meetings were formative in nature. Professor Downs as principal investigator/Co-Services Coordinator, and Barb Rindels, as Co-Services Coordinator/Domestic Violence Specialist, have worked together on previous research projects and have developed a positive working relationship over time. Ms. Rindels has been directly involved in the interviewing of domestic violence and substance abuse research clients and has been part of the coding and data entry process for hundreds of client interviews as well as coordination of other research assistant work. Ms. Rindels also has training and experience in domestic violence intervention work.*

*Dr. Laurel Chaput has joined the UNI faculty this semester, and has an eleven-year history of clinical and administrative director experience in the substance abuse field, coming to UNI from Texas. According to Dr. Chaput, the state of Texas has been and remains active in its inclusion of domestic violence interventions and working to collaborate with shelters and DHS offices to provide community-related services to clients involved in substance abuse treatment.*

*Three graduate students assisting with the ISP work from UNI School of Social Work masters program have varying levels of domestic violence intervention experience, research interviewing experience, and entry-level knowledge of the addictions field.*

*The first quarter of meetings provided a unique opportunity to observe a microcosm of how a select group of individuals go through the process of coming together and forming a collaborative team for a particular project. The simple historic fact that part of the ISP has worked together before and new members have been added, places the team in an interesting position. The transition to a larger team is often challenging. New personalities are added, the previous work is understood in different ways, new ideas need blending with already existing ideas, and duties and expectations often become re-assigned, or at a minimum, turn into collaborative planning.*

*CSAT's TIP #25, "Substance Abuse Treatment and Domestic Violence" dedicates a chapter to the challenges faced when varying philosophies, personalities, and life experiences need to come to the table, set aside ownership and language issues, and establish trusting respectful relationships. The key dynamic in any group formation must include finding a way to have some faith that the process of meeting, sharing, and openly taking risks with one another's ideas will build a productive working rapport for the team. Observing the ISP team validated each of the challenges discussed in TIP#25.*



*Professor Downs brings valuable group leadership skills to the ISP team; particularly in the way he can establish and maintain a meeting agenda. He is open to suggestion, watches and listens actively, compliments and supports ideas other than his own, and recognizes the need for interpersonal communication discussion in regard to its impact on team meetings. Professor Downs is always aware that he is a male working in a field of study where the majority of clients have gender issues because of their domestic violence victimization. He is careful to set high standards for confidentiality, empathy, and respect, expecting the same from his team members.*

*As this new team engages in discussion of the project, it is clear that team members have more domestic violence work experience than substance abuse work knowledge overall. That very fact has created a learning environment where most team members are being challenged to grow in their knowledge of substance abuse; a learning process which includes dispelling myths about addicts, addiction counselors, and community services connected to DHS and court services. The ISP team is rising to the challenge, but not without the natural and expected insecurity of being drawn into new territory.*

*In return, the team members with more substance abuse experience are working to develop their understanding of how systems in Iowa might be different and have the challenge of coming into a group where some of the members have been working together for some time. Communication can feel rigid, protective, and the workload could appear or become lop-sided until relationships are formed. This project is fortunate that all members of the team have the skills and intervention training to bridge any gaps and work toward cohesiveness. Active project work time will provide ample opportunity for growth and development of a collaborative spirit.*

*Professor Downs, as Director of the Masters in Social Work Program at UNI, an instructor for the graduate students, and the employer of project staff, will find his challenges in the many hats he wears within the project team. He is aware of the challenges and working actively to find ways to support the needed growth for each team member. Progress is already evident in meetings. In many ways, the team building process for the project team members will be the best rehearsal and training for what will happen for diverse agencies as joint meetings begin in the next quarter. Any project team that denies the need for team building will fall short in their collaborative efforts. The challenges of unifying team members around a common vision or goal is absolutely crucial to investment in the project and any hope of systemic change for community policy in regard to this unique population.*

## **Quarter Two: January-March 2002**

Dr. Laurel Chaput was unable to contribute as much as planned in the second quarter of the project due to time commitments and role constraints involving her faculty work at UNI. It was challenging for Dr. Chaput to develop her role on the faculty as a newcomer and add a subsequent project role that would involve working in a peer capacity with the students she was advising and teaching. As the second quarter work began, as is typical at the start of new projects, the time and energy commitment needed for this project came into focus. If Dr. Chaput had limited time to spend on the project, the end result would have been a team with more domestic violence knowledge and experience than substance abuse knowledge and experience. It was already apparent in Quarter One that the balance of the two fields would be crucial in developing productive working relationships at the project sites.

For the remainder of the project year, Dr. Chaput will be replaced by Christine Atkinson BA, MSW, Certified Substance Abuse Counselor. Her work expertise will add considerable depth to the substance abuse side of the training equation. Ms. Atkinson will assist Professor Downs in developing and providing substance abuse specialty needs for the project.

### **A. Iowa City Project Goals**

1. Work with both shelter and substance abuse service agencies to develop a collaborative learning environment.
2. Increase Substance Abuse and Domestic Violence staff knowledge
3. Provide educational programming to 90% of relevant staff.

During the second quarter, there were two joint meetings held in Iowa City, with both MECCA and DVIP administrators and clinical staff represented. The meeting discussions involved:

- Develop/enhance a relationship-building process between the agencies that will allow productive collaborative work.
- Identifying educational programming needed to expand the knowledge and skills of current staff in both agencies.
- Identifying time frames appropriate for staff cross-training.
- Create sub-work groups for training material development.

The Iowa City sites have a long-standing relationship between agencies and have previously worked out cooperative agreements for education groups and improving referral service. Administratively, the stakeholder buy-in is well established and relationships are solid. Inter-agency agreements and confidentiality discussions have taken place and both administrative teams understand the importance of their collaborative efforts and how their willingness to share a vision for Domestic Violence/Substance Abuse women clients clearly offers support from the top down.

Clinical and treatment setting technicians, nursing, line staff will be more likely to involve themselves in treatment changes over time if the authority for such changes are emphasized and supported through administrations.

It is clear that both agencies realize the need for integrated services, but they also realize the need to learn more about each other's service offerings. Collaborative efforts have been inconsistent and a rapid staff turnover for both agencies challenges their ability to keep staff informed about each other's procedures.

The established work history has allowed MECCA and DVIP to play an active roll in determining training needs, planning educational materials, and volunteering new ideas in regard to what might work best for their particular systems. There is particular interest in job shadowing. Team members see job shadowing as a way to break down pre-conceived notions of what it is like to work in the "other agency." The job shadowing could serve as a way to engage staff as to the processes of each agency and begin stakeholder buy-in at the clinical and assistive staff levels.

The following training needs have been determined jointly:

**DVIP-Regarding substance abuse training need for themselves:**

- How to recognize the actual drugs (what do different drugs look like?).
- Characteristics of people high on drugs.
- How to screen and/or refer appropriately.
- What are different treatment models? How can we continue treatment here at shelter when clients are in day time outpatient treatment at MECCA?
- What is the treatment process at MECCA? What is their philosophy regarding the dual issues?
- How are men and women different in their path to addiction? Are approaches different because of this?
- How will our program change because of the integrated services?
- What is the impact of cognitive behavior from using (impact on decision making)?
- What are the long term effects on the brain from using?
- What are the mental health concerns?
- Language...how do we help a woman feel comfortable talking about substances?
- How does using impact empowerment and self-determination?

**MECCA-Regarding domestic violence training needed for themselves:**

- Help them determine where domestic violence fits in easily with their work.
- How to work on changing attitudes of counselors so women have a safe place to talk.
- What do women have control over? They are not accountable for every thing.

- Women’s safety is the important issue (“risky behaviors” is blaming language).
- Basic domestic violence information (myths, stats, society, PTSD, safety assessment, planning what to do).
- Philosophy involved in the work.
- Service model in domestic violence and the agency process to services
- The process a woman uses to come for services (referral).
- Community response to violence.
- Differences in philosophy about women making their own choices (empowerment)
- Language differences.

Now that the preliminary administrative meetings have taken place, training schedules will be finalized and the MECCA/DVIP team will make a final determination as to who will receive training during the initial schedule. Over the course of quarters three and four, 90% of all staff who work with women will receive training. MECCA’s training schedule will last longer than the DVIP schedule in order to reach all members involved in residential treatment care. Plans are emerging to provide basic substance abuse and domestic violence education training and then proceed with a joint training that will instruct staff as to the similarities, barriers, and recommendations for productive screening and referral activities.

Sub workgroups have been identified to work on training plans and make decisions about how to best provide the basic educational pieces needed for each staff member. Administrative directors are preparing the necessary inter-agency agreements to protect confidentiality.

***Feedback/Observations***

*It was clear from the onset of joint meetings that DVIP and MECCA have worked with each other before, have a good base of respect for each other and a willingness to work together on the administrative level. The usual initiation phase of collaborative work, which allows time for team members to get acquainted, was not needed. The relationship building was more necessary between the agency sites and the ISP staff as they got acquainted and discussed the role of Professor Downs and his staff.*

*By the end of the first joint session, both DVIP and MECCA stated their interest in working directly on training planning and implementation. Both sites are convinced that successful staff buy-in for the integrative work, will require active participation by DVIP and MECCA staff with the ISP staff to determine what is needed. Team members were willing to plan as well as “be” trainers. At this juncture it was actually the Downs project team that needed to adjust, as they did not think the agencies would be ready for such work and had planned to take a lead in most of the trainings. It was refreshing to receive such active contribution from DVIP and MECCA so early in the process.*

## B. Mason City Staff Project Goals

1. Work with both shelter and substance abuse service agencies to develop a collaborative learning environment.
2. Increase substance abuse and domestic violence staff knowledge.
3. Provide educational programming to 90% of relevant staff.

CIS and PRATS are two agencies in Mason City who serve a multi-county rural area in North Central Iowa. This project is the beginning of collaborative endeavors for both, except for sporadic referrals and some educational groups provided to PRATS by a CIS staff member. Both agencies are genuinely concerned about the women they serve who have both substance abuse and domestic violence issues, but trainings referencing dual clients have not been available. The administrative directors are convinced there is much more they can provide for women with both issues, but also understand the need to first have to establish working relationships.

There were two joint meetings held during the second quarter. During initial administrative meetings both agencies were hesitant in their offerings at the table and looked to the UNI project team to provide direction and expertise. Professor Downs facilitated discussions patiently, continuing to assert that each agency was already an expert in their field as well as an expert in what they did not know about each other. As conversations progressed both CIS and PRATS were able to see how trainings they had previously prepared for other community providers (law enforcement and DHS), could be the basis for a wealth of information to adapt and share with each other.

After discussing respective philosophies, vision, and mission statements, work at the meetings shifted to compiling lists of important content needed for each agency in order to be able to better understand one another.

### **CIS-Regarding substance abuse training needed for themselves:**

- Eliminating myths/stereotypes regarding addicts.
- Basics of the dynamics of substance abuse.
- What are common characteristics of people under the influence?
- How does substance use effect safety planning?
- Are there other reasons for women to use besides coping?
- What is the PRATS treatment philosophy?
- What are the different models/theories of treatment in substance abuse?
- PRATS interventions, agency process, services, licensure, confidentiality, legal mandates.
- Stigma.
- The family as a treatment client.

### **PRATS-Regarding domestic violence training need for themselves:**

- Eliminating myths/stereotypes regarding victims (why women stay, it is the batterer that needs to change, women are not masochistic).

- Basic understanding of the dynamics of violence in our society.
- Understanding victim safety and safety planning.
- Assessing domestic violence
- Characteristics of batterers and victims.
- CIS Agency philosophy and services
- Isolation of victims in rural areas.
- Effects of domestic violence on children.
- The danger involved in leaving a batterer.
- How to talk with victims about the abuser. How do we ask questions about abuse?
- Stigma
- What is the CIS referral process?
- Why family treatment isn't necessarily the answer.

Administratively, both PRATS and CIS are committed to developing a program for women with both issues and are most invested in making sure they do no harm. Because the agencies have so little shared experience, they realize the need for meeting to build relationships and establish a trusting foundation between the two agencies as they prepare to work in a more integrated fashion. Both executive directors attended a January workshop hosting Patti Bland, an expert in providing integrated training for women with both issues. Specific plans for training staff at both agencies will happen in the third quarter of the project.

### ***Feedback/Observations***

*PRATS and CIS are in the beginning stages of collaboration and yet committed to improving their work for clients with dual issues. Two distinctive agencies have joined forces with little experience working together. Some experiences were not as positive a few years back, but more recent work to offer some basic education about domestic violence to the substance abuse treatment client has worked well and been well received. They haven't had enough time to undertake a relationship building process that must be allowed to occur in order for the agencies to work with mutual trust and respect.*

*Discussions during this quarter were tentative and it was easy to observe the risk-taking at the table, as individuals expressed ideas and opinions while unsure of the response they would receive. Such risk-taking was rewarded with support, and judgment of opinions was not present. Both agencies were open in discussing their doubts about where some of their staff might be in terms of acceptance, knowledge and attitudes. Over the course of the meetings it was encouraging to see the conversations increase in depth and genuine eagerness to learn more about each others' perspectives grow.*

*It was also interesting to note that at the end of joint meetings, when it was time for task assignment, the blending seemed to disappear and each agency set about stating what they would each do separately before the next meeting. This distancing simply highlights the relationship-building efforts that are in infancy and need permission to continue at a comfortable pace.*

*It will be important for the ISP team to avoid comparing the work of PRATS and CIS to the work in Iowa City by DVIP and MECCA. Mason City may not get to the trainings and integration at the same pace as Iowa City and their rural constituency will also influence their training decisions and the structure of their work.*

### ***General Observations***

Although Mason City and Iowa City are in completely different places on the continuum of collaboration, it has been invigorating to watch the process for each site unfold. Professor Downs is a skilled group facilitator, which provides instant comfort and freedom to express concerns and take the risk of talking about ideas that might not be popular in both agencies. He is consistent in his efforts to make sure all opinions, attitudes and ideas are allowed expression. Mason City will need the time to build their relationship. Iowa City, because community involvement in a larger population area is more diverse, may need to be prodded and encouraged to continue their schedules and keep the work and enthusiasm moving forward.

Ms. Rindels is new to group facilitation at the planning level. Her zeal for providing excellent domestic violence advocacy is her best asset. She is becoming more aware of the time requirements and important collaborative processes needed for success and has the advantage of an fine facilitation role model in Professor Downs. The UNI project team is passionate about their work and might find the collaborative process even more productive if they can remember to temper that enthusiasm with the time and budgetary constraints of agencies that have multiple agendas and time commitments that cannot be as focused as a project with goals driven in one content area.

Literature about collaboration stresses the necessary relationship-building process that needs time and attention in order for trust to become a part of the mix for all involved. In actuality, few collaborative efforts continue over time and make it to the reality of collaboration, which involves developing a shared vision, building an interdependent system to address issues and opportunities, and hopefully, share resources. The early stages are about communication (dialoging and developing shared understanding), and contributing (mutual exchanges to support each other and build trust). These first two important elements can take months, can start to work well, and then fall apart or deteriorate altogether. Budget issues are a particular problem in Iowa at present, as its state government is required by law to balance the budget. State agencies are now facing their third financial cut for the year that is ending on June 30, 2002. FY2003 is projected to be just as bad, if not worse.

It is often difficult to justify program enhancements at such crucial financial times. Even staff members who are excited about developing a better way to work with women facing dual issues can be faced with adding this project work to their already overloaded schedules. The budget provides the money for some of the involvement, but staff time can only be stretched so far. Administrative personnel may have a tendency to evaluate the potential of trainings offered differently when budget woes are not of such great concern.

The ISP's original project timeline has changed, and rightfully so. The input received during the first four months of meetings has altered the scope of the work. The agencies are now more involved in the development of the training materials and they are also actively taking the lead in the basic trainings for each agency. This is tremendous in terms of the buy-in of the agencies, but also changes the amount of time necessary for dialogue, drafting, editing and finalizing materials. Trainings will need to be planned according to agency personnel schedules as well as the ISP. The shift is positive as it will lead to continued training options in the agencies over time; the process will just move a bit slower.

Once trust between agencies has been established, the sites can move forward on the collaborative continuum with coordination (coordinating and matching needs, activities and resources), and cooperation (the discovery of shared interests, shared work, trust working together, and linking resources). Collaborative agents who are encouraged and guided to move from communication to contribution to coordination, and to cooperation, will find themselves successfully collaborating. They will be in a position to build a long-term shared vision, and build interdependent systems to share resources, funding, and opportunities. If early steps in the process are skipped, the entire process of collaboration will be placed at risk. Mason City and Iowa City are exactly where they need to be right now; developing a process and a time frame that works for building healthy collaboratives.



## **Second Quarter Training**

On January 26, 2002, a workshop was conducted at the University of Northern Iowa featuring Patti Bland, an expert in domestic violence advocacy and chemical dependency issues. Ms. Bland received a Master's Degree in Public Communication from Fordham University in 1979 and a Certificate in Addiction Studies from Seattle University in 1990. Patti Bland has been an advocate and lead chemical dependency counselor at New Beginnings in Seattle for 11 years. She developed a domestic violence/chemical dependency outreach project for King County in 1994. She is an adjunct professor at Antioch University and Seattle Central Community College. The workshop was attended by thirteen people associated in varying capacities with the ISP, including project team members from Prairie Ridge Addiction Treatment Services, Crisis Intervention Services, Domestic Violence Intervention Project, Mid-Eastern Council on Chemical Abuse, University of Northern Iowa and evaluation team members from the Iowa Consortium.

Following introductions, Ms. Bland began by emphasizing that the first step toward building integrated services is to establish and build relationships between staff of the domestic violence shelter and the substance abuse agency. She stressed the importance of taking the time to meet and form relationships prior to "just bolting into training."

Since domestic violence and substance use frequently occur simultaneously, it is imperative for staff at both agencies to become educated on both issues. When a client is dealing with both issues, this affects the treatment plan and success. Ms. Bland explained how domestic violence issues can affect substance abuse treatment and in turn, how substance use can affect domestic violence shelter issues. Staff needs to understand access issues from the other agencies point of view and how these issues affect treatment plans and success. She recommended that the initial training of staff occur separately. Staff from each of the agencies needs basic education on the other issue and how it affects recovery, as well as knowledge of the language used by the other field.

Once this common ground has been established, Patti recommended integrated training in an effort to teach routine screening (rather than assessment) to get the intervention needed. She presented many training ideas, recommending that training should include former substance abusers/battered women speaking, skits and role playing, scenarios to illustrate how a substance abuse counselor and domestic violence advocate could view and interpret the same symptom presented by a client very differently. For example, a woman who presents wearing sunglasses will be perceived by a domestic violence shelter as likely having a black eye versus a substance abuse agency assuming she is hiding red, dilated eyes. She gave recommendations for screening issues, stating all staff members should routinely screen for the other issue as well as the importance of using a non-structured, open-ended interview versus yes/no questions. There should be guidelines rather than rules. The training team is more effective if it is inclusive, diverse and people work in tandem. Due to attrition and staff turnover, there is a constant need for continuous separate and integrated training at all levels of staff.

Ms. Bland pointed out many similarities between the two fields. She used the power and control wheel to demonstrate the similar characteristics and feelings experienced by a client in an abusive relationship and a substance user. Staff needs to realize that the threshold of what is scary and harmful for an addict or a battered woman is higher than normal. She also stressed the risks and dangers clients in both areas experience. Both issues can have life threatening consequences. An abusive partner increases violence in response to a battered woman who becomes harder to control and the health risk from withdrawal or overdose can be lethal. Both fields deal with confidentiality laws and issues as well, which need to be addressed during training.

Ms. Bland concluded the presentation by emphasizing that everyone is fighting the same battle. She described the shared history and goals between the two disciplines. Ultimately, a domestic violence shelter and a substance abuse agency are created to provide safety and offer support to help a client. Safety and sobriety is the goal.

## **Quarter Three: April-June 2002**

### **B. Iowa City Project Goals**

1. Work with both shelter and substance abuse service agencies to develop a collaborative learning environment.
2. Increase Substance Abuse and Domestic Violence staff knowledge.
3. Provide educational programming to 90% of relevant staff.

The third quarter of this project involved joint meetings to determine training schedules, identify trainers for each subject matter, and decide which staff members will need to attend the training. Several joint administrative meetings were held, as well as sub-group meetings designed to work on particular curriculum planning to ensure specified subject matter agreed was covered.

- Cris Kinhead, Director and Kristie Doser, Education Director at DVIP, along with staff member Sue Randal, provided two four-hour sessions of domestic violence training for 23 MECCA staff on June 19 and June 26.
- Art Schut, CEO of MECCA, and Fonda Frazier, Clinical Director of MECCA, provided a four-hour substance abuse training session for 20 DVIP staff on June 25. One additional training session for the DVIP staff will be held on July 30, in the next quarter.
- Patti Bland, a nationally recognized expert regarding integrated staff training for chemical dependency treatment agencies and domestic violence shelter agencies, will provide four hours of training during the next quarter, on July 16.

Training evaluation forms were developed by the Consortium and participant data was tabulated in an effort to assess satisfaction with the trainings offered. The relevant tables are located in Section III of this report.

### ***Feedback/Observations***

*The advantages of participant-observer evaluation have provided the opportunity to watch the processes involved, as the different levels of decision-making took place, not only between agencies, but with the project team as well. Meetings during the third quarter shifted gears toward a more informal/relational type of communication as people began to develop relationships and increase their knowledge of each other's respective issues, needs and goals. MECCA, DVIP and the project team brought a professional frame to the meetings and acknowledged the need for better integrated services between their programs.*

*MECCA and DVIP perform their service work in the “politically correct” environment that defines the explicit nature of this University of Iowa-driven community. Collaboration and cooperation are expected, and service work in Iowa City strives to reflect a community that is politically aware, active, and appropriate. Several comments*

*were made in earlier quarter meetings regarding the importance of getting past “politically correct posturing” and overcoming barriers to integrated service, and questions were raised about how to do that exactly and if it were possible.*

*DVIP is one of the larger and more highly respected domestic violence service providers in Iowa and MECCA has always had a “front runner/cutting edge” reputation as well. Currently MECCA is stretching its influence to Des Moines and southeast Iowa with the opening of new treatment agencies.*

*Early in the previous quarter it became clear that the Iowa City agencies wanted to be involved in the implementation of the basic “101” trainings offered to staff. As meetings progressed for the third quarter, it was a challenge to find time for these large and very busy agencies to meet and begin to organize the work of integrating services. It was often frustrating for the project team to have to wait long periods between meetings, as they worked to keep the implementation phase moving forward. It is key to understand that the project team members have the goals of this integrated service work as a top priority, and that may or may not be the case for MECCA and DVIP. Both MECCA and DVIP have diverse training needs, funding needs, staffing needs, and other community commitments to prioritize right along with the work of the project.*

*The scheduling of training was a challenge in and of itself at MECCA as administrators assessed how they would find coverage for staff needing to be trained for this project, as well as other basic trainings that are part of the continuing education requirements for a licensed treatment staff. MECCA administrators had to identify which staff members would be available for the training and determine release time for the trainings and maintain the required staff ratio on the treatment unit.*

*Some of the collaborative discussions fell apart at this point and MECCA pulled back into their own “house unit” to make those decisions and announced who would be trained to the project staff. It was clear that MECCA looked at staffing and funding decision processes as their private domain, despite project funding support and the fact that the project itself had clear goals to train 90% of the staff at each agency. The key to who would be trained evolved into a definition change from the word staff to a list of “relevant” staff for the training sessions. Relevant staff members were identified as those individual clinicians, case managers, nurses and unit staff who were most likely to work with chemically dependent battered women. No judgment of that decision is offered here as time will tell whether enough training made it to the right staff or there will be a need for more training as the project continues.*

*Iowa’s state budget is experiencing record-breaking deficits and the current economic downturn affects every agency. Iowa has made three separate and substantial budget cuts during the last fiscal year alone, as Iowa law requires a balanced budget. MECCA is experiencing these financial cutbacks at a time when they are in the middle of start up for two new treatment agencies. The ISP team will need to work with each agency at it’s own pace particularly in a time when the very survival of some treatment agencies and shelter service agencies are at stake statewide.*

## B. Mason City Staff Project Goals

1. Work with both shelter and substance abuse service agencies to develop a collaborative learning environment.
2. Increase substance abuse and domestic violence staff knowledge.
3. Provide educational programming to 90% of relevant staff.

The third quarter of this project involved joint meetings to determine training schedules, decide who will train for each subject matter, and determine which staff members need to attend the training. Several joint administrative meetings were held, as well as sub-group meetings designed to work on particular curriculum planning to make sure all subject matter agreed upon was covered.

- Mary Ingham, Director of CIS, and CIS staff members Marcia Bunn, Barb Benson, and Ann Sebastian provided four four-hour domestic violence training sessions to 27 Prairie Ridge staff on May 21<sup>st</sup> and 23<sup>rd</sup>, and June 25<sup>th</sup> and 27<sup>th</sup>.
- Jay Hansen, Executive Director of Prairie Ridge, and Prairie Ridge staff members Chuck Sweetman, Tina Belz, and Mary Higgins, provided four four-hour substance abuse training sessions to 21 DVIP staff on May 22<sup>nd</sup> and 24<sup>th</sup>, and June 26<sup>th</sup> and 28<sup>th</sup>.
- Patti Bland, a nationally recognized expert regarding integrated staff training for chemical dependency treatment agencies and domestic violence shelter agencies, will provide four hours of training during the next quarter, on July 15.

Training evaluation forms were developed by the Consortium and participant data was tabulated in an effort to assess satisfaction with the trainings offered. The relevant tables are located in Section III of this report.

### ***Feedback/Observations***

*The comfort level at joint meetings improved during this quarter, allowing the emergence of individual personalities, humor, and risk-taking activity as those at the meeting table started to trust the development process and discuss issues and concerns relevant to the project. Staff asked questions without fear of being misunderstood and welcomed information from each other.*

*CIS and PrairieRidge decided it was necessary to offer staff trainings in two different time frames, to accommodate second and third shift staff as well as daytime staff. An 8-12 morning session and a 5-9 session for each of the four-hour training sessions was scheduled in an effort to provide needed coverage at each agency.*

*The willingness to collaborate on tasks presented challenges. Similarities emerged from discussions between substance abuse clients and shelter clients, and this achievement seemed to engage both staff in a way that helped them begin to see how they could work together. However, when it was time for tasks and decisions, each agency pulled back*

*and wanted to do task work amongst their own staff members before they came together to meet again. The ISP staff spent considerable time working to encourage joint planning but respected the fact that the agencies were still in the early stages of collaboration, which requires time to build trust and confidence. Mason City's collaborative identity is definitely a work in progress.*

*Mid-way through the quarter, Jay Hansen, the director of Prairie Ridge, expressed some frustration with the fact that his staff members were needed to provide the basic 101 training. He wasn't sure how that had come about. His initial impression of the project had been that the project staff would come in as experts and provide integrated training. The project team will need to continue to examine how the changes in perception happened. Perhaps the fact that Iowa City expressed so much interest in being part of the training implementation created an assumption that the same would be an appropriate path for Mason City. Perhaps more discussion of what Prairie Ridge and CIS expected from the project would have brought about a different set of plans for Mason City. Another possible explanation for the confusion could easily be the fact that the joint efforts were newly formed and members were still a bit hesitant to speak up about issues when activity moved in a direction that was not comfortable.*

### ***Training Observations/Feedback***

#### *Iowa City*

*The trainings provided were well received overall. Both DVIP and MECCA trainers have several years of experience disseminating information about their respective fields. Room accommodations and delivery were more of a problem than content for both agencies, with too many people crammed into small spaces for four-hour time periods.*

*MECCA staff provided training specific to:*

- *The history and development of substance abuse treatment in Iowa.*
- *Cultural knowledge of values and attitudes toward addiction.*
- *The bio/psycho/social/spiritual aspects of treatment provision.*
- *Basic screening information regarding substance use and dependence.*

*The substance abuse basic training, originally set for one four-hour session was clearly not enough time for the amount of material to be covered. Evaluations from DVIP staff indicated a need for more training. A second training set was agreed upon and will be coming up on July 30. MECCA's training was less focused than their DVIP counterpart, perhaps due in part to an underestimation of the level of substance abuse detail DVIP staff were ready for and wanting to learn. The topics were more general and historic in scope and the shelter staff wanted more information about physiology, pharmacology, and wanted to understand what treatment is like at MECCA when women in their shelter care go there.*

*DVIP staff provided training specific to:*

- *The impact of violence on our society.*
- *Clarification of myths vs. facts about domestic violence.*
- *Understanding the dynamics of the power and control cycle in an abusive relationship.*
- *A community response model regarding domestic violence.*
- *The impact of domestic violence on youth.*
- *Victim safety and safety planning.*

*Ms. Doser, Ms. Kinkead and staff, are professional educators on domestic violence with over 15 years of experience. The DVIP trainings were well received. The trainings provided informed, up-to-date information about violence, its criminality, and the importance of recognizing that the batterer is the problem, and the focus for repair and change needs to be placed with the batterer and his/her criminal acts. Staff at MECCA had constructive criticism about the videos shown which included some graphic violent content, asking that they be more prepared for what they were going to see.*

*Equally productive was the advent of DVIP and MECCA participating in meetings and trainings in each other's agencies. A new level of recognition of staff, conversation, and comfort level will go a long way toward improving the connection of services. Staff members were timid and careful at the initial trainings as they assessed whether there would be respect and trust for each other's opinions and ideas.*

*Pre-conceived notions of what happens in each agency dissipated somewhat as the groups began to see similarities in service approach, as well as many commonalities between working with domestic violence victims and substance abusers. It was also encouraging to observe audiences as they became more engaged in the trainings and asked questions that were well-defined and clearly insightful.*

### ***Training Observations/Feedback***

*Mason City*

*Prairie Ridge provided training specific to:*

- *Signs and symptoms of addiction.*
- *The continuum of use and abuse.*
- *The history and development of addiction treatment.*
- *Models of addiction treatment.*
- *Specialized issues regarding physical and mental health.*
- *The family dynamics of addiction.*

*CIS provided training specific to:*

- *Confidentiality and abuse reporting issues.*
- *Knowledge of the power and control cycle.*

- *Services provided to the community by CIS.*
- *Effective safety planning.*
- *Dynamics of the cycle of violence.*
- *Signs and characteristics of battering behavior.*

*There was a difference in the quality of training sessions in Mason City. Although both agency training teams worked hard to provide the 101 basics from their field, the substance abuse trainings provided by Prairie Ridge were implemented more consistently than those from the shelter services staff at CIS. It is vital that the project team understand all of the reasons for such differences.*

*Prairie Ridge has a staff that has years of training experience and a strong commitment to raising the professional reputation of the agency as a state of the art treatment center. The agency as a whole spends considerable budget and effort on staff training, and recognizing and advancing staff members who work to increase their knowledge and experience in the field. Prairie Ridge prides itself in its reputation for excellence and innovation and the agency is directed by someone who is fully invested in providing the best possible treatment for the chemically dependent in the Mason City region.*

*CIS has a highly dedicated director and staff, but less than 10 full time staff and very limited funding. CIS is largely dependent on volunteer efforts from dedicated men and women in the community. The advocacy/volunteer nature of domestic violence work itself, explains many of the differences in individual training sections. CIS is in danger of losing enough funding to be forced to cut prevention services, and yet the agency continues its strong commitment toward this project.*

*The training evaluations overall were quite positive for both sides of the training. Most of the Prairie Ridge staff felt they benefited from the trainings, and there were only a handful of Prairie Ridge staff (those administrative and who work more directly with women's issues and prevention), who indicated that they weren't getting as much from the training as expected. CIS staff member evaluations reported learning a great deal from the Prairie Ridge training and reported gratefulness for the opportunity to learn new ways to think about their clients in the shelter. Continued assessment of the perceptions of all parties involved is paramount.*

### **General Observations**

*Discussions held after the trainings indicated great satisfaction with the process, the training information offered and the overall process of getting to know about each others' agencies. Perhaps the most beneficial component of the cross training sessions was the fact that each agency got to know the other. The work put into preparing training sessions for each other created a natural way for the collaboration to take hold. The staff members got to know each other, appreciate each others' knowledge, questions, revelations, and concerns, and opened the door to establish trust in each other as professional providers of service. Future work will be more effectively accomplished as a*



*result of the decision to train each other instead of only having training come to the agencies from the outside.*

*This project effort is off to a great start. The wheels are in motion and agency staff members are reflective and enjoying new learning opportunities. All involved are beginning to examine their perceptions about each other and anticipating the trainings to come. The final quarter of this year will provide integrated trainings for both Mason City and Iowa City, as Patti Bland will bring her blend of training and expertise to the project in July. It will be exciting to observe this work in the last quarter with so much potential for change beginning to flow from the collaborative efforts. Meetings, discussions, risk-taking, investment, trainings and encouraging beginnings of engagement into the process by all parties involved has provided this evaluator with an opportunity to witness an expert team moving itself and the agency sites through some highly challenging and productive events.*

## **Quarter Four: July-September 2002**

### **Fourth Quarter Trainings**

#### **A. Iowa City Project Goals**

1. Work with both shelter and substance abuse services agencies to develop a collaborative learning environment.
2. Increase Substance Abuse and Domestic Violence staff knowledge.
3. Provide educational programming to 90% of relevant staff.

The fourth quarter of this project involved the completion of the second set of training for DVIP regarding substance abuse education, and the first set of integrated training for MECCA and DVIP.

Art Schut, CEO of MECCA, and Fonda Frazier, Clinical Director of MECCA, provided the second four-hour session of substance abuse training for 15 DVIP staff on July 30.

Patti Bland, a nationally recognized expert on integrated programming for chemically dependent battered women, presented a four-hour training on July 16<sup>th</sup> for approximately 35 MECCA and DVIP staff members.

Training evaluation forms were developed by the Consortium and participant data was tabulated in an effort to assess response to the trainings offered. Summary tables are located in Section III of this report.

#### **B. Mason City Staff Project Goals**

1. Work with both shelter and substance abuse services agencies to develop a collaborative learning environment.
2. Increase substance abuse and domestic violence staff knowledge.

### 3. Provide educational programming to 90% of relevant staff.

During the fourth quarter, Ms. Patti Bland, a nationally recognized expert on integrated programming for chemically dependent battered women, presented a four-hour training on July 15<sup>th</sup> for approximately 21 CIS and Prairie Ridge staff members.

Training evaluation forms were developed by the Consortium and participant data was tabulated in an effort to assess response to the trainings offered. Summary tables are located in Section III of this report.

#### ***FEEDBACK/OBSERVATION***

*The second MECCA substance abuse training was well received by the DVIP staff. Trainees were engaged, questioning and obviously beginning to recognize the similarities between issues and problems faced by chemically dependent battered women. The trainings have allowed staff to work through pre-conceived notions about addicts and move to a better understanding of how the addictive processes drive many of the poor decisions made by women during their stay at the shelter. There is enhanced recognition of how chemical dependence interferes with a women's desire to achieve safety in her intimate relationships.*

*Patti Bland was masterful in her ability to engage both the substance abuse treatment staff and the shelter staff through recognition of common ground. Her previous experience working in both substance abuse treatment and shelter services provided a depth of knowledge that left little room for doubt that she understands and empathizes with the work of each agency. She skillfully blended educational examples of domestic violence victims, substance abuse treatment clients and was particularly powerful in assisting each staff in coming to terms with a batterer's manipulation, power and control tactics used to undermine the women attempting to find and secure a life that is safe and sober. Ms. Bland used an enthusiastic blend of lecture, skits, portrayals, slides, and discussion to engage staff and encourage their efforts to see both sides of the issue.*

#### **Fourth Quarter Meetings**

Joint meetings were held in both Iowa City and Mason City, which provided time to discuss the trainings and begin to identify the direction needed for the second year. Overall, the four agencies were enthusiastic about the training accomplished and valued the collaborative accomplishments. The agencies reported a shift in the perceptions of their staff members, and expressed enthusiasm for continuing the momentum provided by the project.

CIS and Prairie Ridge identified the following interests to pursue during the second year of work together:

- Prairie Ridge staff at CIS offering substance abuse education to clients;
- Addition of sexual assault education to 101 domestic violence trainings;
- Identification of better assessment practices (evaluate current practice);
- Possible programming for children;
- Co-located services;
- Support groups in both houses;
- Ongoing training for new staff;
- Joint case-conferencing;
- Ed groups at Prairie Ridge that include residential and outpatient clients and more often;
- Gender specific groups;
- Continued collaborative meetings to keep planning and implementation moving forward and keep people invested;
- Training provided by the Integrated Services Project;
- Designate a staff point person for each shift; and
- Contact with other programs trying to co-locate services

MECCA and DVIP identified the following interests to pursue during the second year of work together:

- Evaluation and adoption of improved ongoing ( continuous throughout treatment) assessment for domestic violence;
- Co-located services to benefit women with both issues;
- Periodic staff in service to keep the training momentum moving forward;
- A clear ongoing training mechanism for new staff as attrition is a huge issue;
- Designating a staff person to talk with on each shift;
- Staff clients together;
- Gender specific groups;
- Better treatment planning for women with domestic violence issues;
- Case interdisciplinary team;
- Ed group continues at MECCA and perhaps work toward co-facilitation;
- SA support group at DVIP;
- SA ed group at DVIP;
- Train the crisis line volunteers on substance abuse issues as well as domestic violence issues;
- Continue the collaborative meetings and keep things moving forward;

### ***Feedback/Observations***

*Trainings over the course of the summer have provided the catalyst for change as four agencies advanced their collaborative process in a multitude of ways. Many of the myths*

*and false perceptions of the process in each agency have dissolved and are gradually being replaced with accurate knowledge, contact persons at each agency, and a new understanding of how similar the challenges are for those working to improve the lives of women dealing with domestic violence and substance use/dependence issues.*

*The trainings provided a realistic snapshot of each agency involved. It appeared to be particularly challenging even though the agencies involved have been providing various types of trainings in their communities over the last few years. A new audience for knowledge demanded a revision of information and careful consideration as to what knowledge would be useful and well received. Perhaps the societal stigma heaped on substance abusers and domestic violence victims alike impacted this new venture, as each agency wanted to take full advantage of an opportunity to prioritize their trainings to protect their clients and stand up for their respective fields. Initial nerves and concerns disappeared early on in the first set of trainings as staff members from both fields were amazed by the similarities they face, and how many of their clients share this path to repair from victimization and addiction.*

*A new level of enthusiasm and connection was clearly visible at the joint meeting table as these collaborative teams moved from simply communicating and contributing knowledge to the work of active coordination and cooperation. Team members have learned a lot about each other's personalities as well as skill level, and the August meetings reflected trust and comfort with each other's ideas. Training accomplishments were clear as each discussion about planning for the second year of work found both substance abuse treatment agencies and domestic violence staff members illuminating and prioritizing similar goals for project work.*

*The ISP team has been working hard to develop its own collaborative effort as well. They have refined a mission statement, adopted the use of "battered chemically abusing women" as the descriptor for their subject base, prioritized their goals for the project in relationship to the goals of the agencies, and have learned a great deal about each other as they work to role model a trust driven team. They have taken ownership of their name as the Integrated Services Project, and are beginning to sort out roles and responsibilities that will model a true collaborative effort that supports the growth and protection needed for women as they work to see the value of safety and sobriety and how both must go hand in hand.*

*Professor Downs and Ms. Rindels, the original research team that provided the data to make this project possible, have moved through many processes over the last year as they faced the normal challenges of allowing and welcoming the expansion of their team to include Ms. Leff and Ms. Atkinson. Such team expansion will provide a highly productive unit for the second year of this project. Project growth is not always an easy transition, but Professor Downs and Ms. Rindels have used their commitment to the project work to push them forward in their understanding of what will be needed as sites are added to the project.*

*This project evaluator interviewed 21 of the 23 people connected to this first year of work in an effort to gain perspective from substance abuse and domestic violence agency stakeholders involved with the planning and implementation of training for staff members, as well as Professor Downs and his ISP team members. The interview questions are included in the Section V. Appendix to this report. The next section provides the reader with a summary of opinions and perceptions gleaned from those interviews.*

## **Summary of Staff Interviews**

The Downs project mission, purpose, and goals were clear for most of the staff interviewed. Interview respondents entered the project with the understanding that the intent of the project was to build and strengthen the relationship between the agencies, as well as increase staff knowledge of the high correlation between substance abuse and domestic violence and the treatment and services available for each issue. The goals were to be achieved by education through the exchange of information and cross training. The connections formed would then enable the agencies to increase the quality of their services, working together to coordinate services through a partnership that would support clients with dual issues. The conjoint training idea was clear from the beginning of the project, but how to move forward to accomplish such work was not.

Respondents reported a lack of clarity concerning the extent of the collaboration expected, what such work would entail, and the time commitment involved. As with any developing project involving many different agency groups, at times there was a perception that goals became unclear, the pace slowed down and momentum was lost for a time. Respondents from Iowa City reflected that “sometimes it is hard to keep the task-oriented people content while the rest of the team is working up to being ready.”

Several respondents expressed a concern for the imbalance of expertise between domestic violence and substance abuse on the project and suggested the need for more current substance abuse work experience on the team. Those interviewed were confident and pleased to report that progress toward their expectations regarding the project were met, and that positive and valuable networking was achieved.

A positive outcome that occurred as a result of the meetings was the enhancement of the relationship building. Meetings were a “group investment” with “key people at the table” from all agencies working together making decisions regarding the path the project would take. The project team promoted a lot of discussion and generally everyone interviewed felt equal and comfortable in voicing their ideas and concerns.

Interview respondents requested that meeting agendas be given to all attendees well in advance of meetings. Respondents reflected the need for focus and time to prepare for meetings, hoping to increase efficiency and make meetings as productive as possible. UNI team members were encouraged to be mindful that agency staff members are balancing many time constraints. Meetings need to be efficient, avoiding repetition and

“minor detail” so valuable meeting time isn’t wasted. Some respondents reported that they did not receive enough feedback from the team, positive or negative, during the meetings and felt they were “left guessing whether or not the expert team thought they were moving in a productive direction with their decisions.” Another recommendation from all agencies was the importance of minutes distribution following each meeting to all involved in the decision making process of the project, whether present or absent. This was deemed vital to affirm, clarify and summarize the meetings with the inclusion of a concrete task list realistically assigned. In addition to more organized agendas and minutes, staff interviewed thought it would be beneficial to periodically revisit the mission statement to stay focused and keep the work on track. In Year Two, it has been suggested that more direct service staff become involved in driving the decisions in conjunction with the administrative staff. A challenge for Year Two will be to keep everyone motivated so as not to lose the enhanced collaborative network and new comfort level for the teams involved.

The 14 training sessions held during Year One highlighted the commonalities between substance abuse and domestic violence, and were well received by most staff interviewed. Content was reported to be valuable and necessary for the work with dual issue clients. Respondents affirmed that Patti Bland was a welcome addition to the training sessions and was an inspiring confirmation that joint work can be done. Others suggested that it may have been beneficial to bring Patti into the training schedule prior to the initial local agency trainings and build from her enthusiasm. Some discontent was expressed by agencies in both cities regarding areas of weak training received from two of the agencies. Others interviewed expressed concern for a lack of advance time for trainers. Several respondents would have preferred training on the “broader scope of covert violence and controlling behaviors.” There were steady complaints about the physical setting for the trainings in Iowa City. Rooms were crowded and not well-suited to the presentations. Respondents also commented that the Mason City Patti Bland training site was too large, formal, and the sound was not working properly. Several staff interviewed mentioned concerns about the four-hour training session length and would have preferred three-hour sessions.

At the end of Year One, the individual interviews with staff confirmed the feeling that a connection has been established, the agencies have an increased comfort and trust level as they move forward in this collaborative endeavor. Respondents reported changes in perception when examining issues and reported a more supportive attitude toward clients with dual issues.

Interviewed staff expressed serious concern for developing a plan for ongoing education of new direct service staff because of attrition rates, and maintaining a continuous training component to increase staff knowledge base and to keep the enthusiasm for collaborative efforts that have been gained during Year One. Those interviewed also reported support for encouraging more gender specific substance abuse treatment and an evaluation of substance abuse family treatment components in regard to clients with dual issues. Respondents recommended that Year Two include discussion and evaluation of current screening and assessment instruments and processes. Moving in the direction of

integrative support groups would be the natural progression for Year Two as well. Staff interviewed would like to see more input from the project team as they start the challenges of Year Two.

### **III. Data Tables and Analyses**

#### **Quarters One October-December 2001**

##### **Baseline Data Collection**

Once the evaluation contract was issued, staff at the Consortium prepared the necessary application for Institutional Review Board approval and received Exempt Status for the evaluation project. Evaluation staff worked with the project team to develop a survey that would collect basic attitudinal/perceptual information from staff at substance abuse agencies, staff from domestic violence shelters, and board members of both organizations. The instrument also assessed staff knowledge related to the theoretical models and philosophies surrounding the intervention planning for both substance abuse and domestic violence.

Form A (Appendix V), was developed to survey the staff at each agency involved in the project. Staff completed a 54-item survey asking basic demographic information, attitudinal/perceptual/knowledge-base questions with Likert Scale response options and two open-ended questions.

Form B (Appendix V), was developed to survey the Board Members and Executive Directors at each agency. The survey questions were the same as those asked of the direct staff, but the directions requested that they answer the survey based on how they, as either Executive Director or Board Member, thought the agency staff would answer the questions.

Neither Form A or B had personal identifiers and questionnaire directions provided the option to leave blank any question a respondent did not wish to answer.

Evaluation staff attended staff meetings at each agency, introducing the survey, its purpose, and providing directions when questioned. Staff unable to attend the meetings received a questionnaire through agency mail, with postage paid, pre-addressed envelopes to return the survey to the evaluator. Board Members and Executive Directors were provided surveys at their monthly board meetings in November and/or early December and were also provided with postage-paid, pre-addressed envelopes to return the survey to the evaluator. After 20 days, flyers were distributed at each agency thanking those who had returned their surveys and reminding those who had not that it was not too late and that their input was valuable to the project.

As data were received, evaluation staff entered the data into a Microsoft Access database, and developed a Codebook/Dictionary for the dataset. Entry has been completed for 115 Form A Staff surveys (76% return), and 25 Form B Director and/or Board Member

surveys (42% return). As respondents are still returning surveys, the second quarter of the project will provide the time to examine the data and decide its utility for integrated training planning and development. The completed survey data are included in Appendix IV.

***Feedback/Observations:** As the ISP team examines the baseline collection, it will be important to coordinate their data needs with Consortium staff who will perform data analyses needed to clarify pertinent information from the survey collection. Preliminary examination of the data tentatively indicate that all agencies involved share a basic insecurity about how integrated programming should work and how well they are providing services for this special population, thus supporting the need for this project. Staff at each agency are professional, skilled, and invested in their work, but need the facilitative support for crossing the historical/political and philosophical barriers that challenge a move into integrated planning and service provision.*

Evaluation staff developed a template for recording meeting notes at project team meetings over the project period. Evaluation team members were present for meetings during the first quarter, except for sub-committee meetings on training content. As the project staff began initial meetings, the evaluator assisted with suggestions for balancing staff structure, organizing the meeting report process and providing feedback regarding baseline data collection. The evaluation staff will continue to attend all joint agency meetings, workshops, other collaborative events and any other meetings as requested by the principal investigator. Weekly phone calls and emails will also provide a continuum of contact between the project team members housed at the University of Northern Iowa, in Cedar Falls, and the evaluation staff at the University of Iowa in Iowa City.

ISP staff have been and will continue to use the meeting template provided by the evaluator for internal team meetings to record their activity/process as they work to establish a new team composed of faculty, staff and graduate students at UNI, and as they move forward through the planning process for training.

### ***Feedback/Observations***

*The template is a working document and as meetings proceed the project team will continue to assess what information is needed.*

## **Quarter Two: January – March 2002**

### **Baseline Data Information**

The tables on the following pages highlight responses from the Pre-Project Survey implemented in November and December at all project sites. The Pre-Project Survey was developed to survey the staff at each agency involved in the project. Staff completed a 54-item survey asking basic demographic information, attitudinal/perceptual/knowledge-base questions with Likert Scale response options and two open-ended questions.



Frequency Col Pct	Table of q11_skill_DV by agency					
	q11_skill_DV( I have the skill needed to assess whether or not a woman is experiencing domestic violence in her life (q11_skill_DV))	agency( agency affiliation (agency))				Total
1=CIS		2=DVIP	3=MECCA	4=PRAIRIE RIDGE		
	<b>1=STRONGLY DISAGREE</b>	0 0.00	0 0.00	2 3.23	1 2.78	3
	<b>2=DISAGREE</b>	0 0.00	0 0.00	4 6.45	1 2.78	5
	<b>3=NOT SURE</b>	1 5.88	0 0.00	22 35.48	12 33.33	35
	<b>4=AGREE</b>	8 47.06	6 24.00	29 46.77	19 52.78	62
	<b>5=STRONGLY AGREE</b>	8 47.06	19 76.00	5 8.06	3 8.33	35
	<b>Total</b>	17	25	62	36	140

31% of the respondents were unsure of whether they could assess whether domestic violence was happening.

Frequency  
Col Pct

Table of q14_DV_refer_SA by agency					
q14_DV_refer_SA( Shelter/safe house staff appropriately refer clients to our substance abuse agency (q14_DV_refer_SA))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
0=BLANK/MISSING DATA	1 5.88	1 4.00	0 0.00	0 0.00	2
2=DISAGREE	1 5.88	1 4.00	5 8.06	6 16.67	13
3=NOT SURE	7 41.18	9 36.00	35 56.45	15 41.67	66
4=AGREE	6 35.29	8 32.00	17 27.42	12 33.33	43
5=STRONGLY AGREE	2 11.76	6 24.00	5 8.06	3 8.33	16
<b>Total</b>	17	25	62	36	140

62% of the SA agency respondents were unsure or disagreed with the appropriateness of SA referrals by shelters.

Frequency  
Col Pct

Table of q15_SA_refer_DV by agency					
q15_SA_refer_DV( Substance abuse staff appropriately refer clients to our domestic violence agency (q15_SA_refer_DV))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
0=BLANK/MISSING DATA	1 5.88	1 4.00	3 4.84	1 2.78	6
2=DISAGREE	0 0.00	1 4.00	2 3.23	0 0.00	3
3=NOT SURE	11 64.71	13 52.00	29 46.77	18 50.00	71
4=AGREE	5 29.41	10 40.00	20 32.26	15 41.67	50
5=STRONGLY AGREE	0 0.00	0 0.00	8 12.90	2 5.56	10
<b>Total</b>	17	25	62	36	140

59% of the DV shelter respondents were unsure or disagreed regarding the appropriateness of DV referrals by SA treatment agencies

Frequency  
Col Pct

Table of q16_sat_care by agency					
q16_sat_care( I am satisfied with the care that domestic violence clients with substance abuse issues receive from our agency (q16_sat_care))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>0=BLANK/MISSING DATA</b>	1 5.88	0 0.00	0 0.00	0 0.00	1
<b>2=DISAGREE</b>	1 5.88	6 24.00	4 6.45	5 13.89	16
<b>3=NOT SURE</b>	4 23.53	7 28.00	21 33.87	11 30.56	43
<b>4=AGREE</b>	11 64.71	10 40.00	35 56.45	17 47.22	73
<b>5=STRONGLY AGREE</b>	0 0.00	2 8.00	2 3.23	3 8.33	7
<b>Total</b>	17	25	62	36	140

42% of the respondents were not sure or disagreed regarding satisfaction with current care for clients with both issues.

Frequency  
Col Pct

Table of q17_both_spec_need by agency					
q17_both_spec_need( Clients with BOTH substance abuse and domestic violence issues have special treatment needs (q17_both_spec_need))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>1=STRONGLY DISAGREE</b>	0 0.00	0 0.00	1 1.61	1 2.78	2
<b>2=DISAGREE</b>	1 5.88	0 0.00	0 0.00	0 0.00	1
<b>3=NOT SURE</b>	0 0.00	0 0.00	3 4.84	1 2.78	4
<b>4=AGREE</b>	7 41.18	8 32.00	33 53.23	12 33.33	60
<b>5=STRONGLY AGREE</b>	9 52.94	17 68.00	25 40.32	22 61.11	73
<b>Total</b>	17	25	62	36	140

95% of the respondents agreed or strongly agreed that clients with both issues have special treatment needs.

Frequency  
Col Pct

Table of q18_understd_both by agency					
q18_understd_both( To what extent do you think your training experiences have led you to understand the treatment needs of clients with BOTH domestic violence and substance abuse issues (q18_understd_both))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>0=BLANK/MISSING DATA</b>	1 5.88	0 0.00	1 1.61	0 0.00	2
<b>1=SOLID UNDERSTANDING</b>	1 5.88	2 8.00	9 14.52	4 11.11	16
<b>2=REASONABLE UNDERSTANDING</b>	11 64.71	11 44.00	28 45.16	19 52.78	69
<b>3=SOME UNDERSTANDING</b>	2 11.76	12 48.00	16 25.81	10 27.78	40
<b>4=LITTLE UNDERSTANDING</b>	2 11.76	0 0.00	7 11.29	3 8.33	12
<b>5=NO UNDERSTANDING</b>	0 0.00	0 0.00	1 1.61	0 0.00	1

11% of the respondents reported a solid understanding of clients with both issues due to trainings they have experienced.

Frequency  
Col Pct

Table of q19_why_not_stop by agency					
q19_why_not_stop( I do not understand why women can not stop using alcohol and other drugs (q19_why_not_stop))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>0=BLANK/MISSING DATA</b>	1 5.88	0 0.00	0 0.00	1 2.78	2
<b>1=STRONGLY DISAGREE</b>	8 47.06	13 52.00	40 64.52	18 50.00	79
<b>2=DISAGREE</b>	6 35.29	9 36.00	21 33.87	14 38.89	50
<b>3=NOT SURE</b>	2 11.76	3 12.00	0 0.00	2 5.56	7
<b>4=AGREE</b>	0 0.00	0 0.00	0 0.00	1 2.78	1
<b>5=STRONGLY AGREE</b>	0 0.00	0 0.00	1 1.61	0 0.00	1

1% of the respondents do not understand why women cannot stop using alcohol and other drugs.

Frequency  
Col Pct

Table of q21_why_not_leave by agency					
q21_why_not_leave( Sometimes I do not understand why a women just does not leave a violent relationship (q21_why_not_leave))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
0=BLANK/MISSING DATA	1 5.88	0 0.00	0 0.00	0 0.00	1
1=STRONGLY DISAGREE	11 64.71	17 68.00	28 45.16	12 33.33	68
2=DISAGREE	4 23.53	8 32.00	24 38.71	16 44.44	52
3=NOT SURE	1 5.88	0 0.00	5 8.06	2 5.56	8
4=AGREE	0 0.00	0 0.00	5 8.06	6 16.67	11
<b>Total</b>	17	25	62	36	140

7% of the respondents do not understand why women don't leave violent relationships, and another 6% are unsure why they don't leave



Frequency  
Col Pct

Table of q23_just_sys_uneff by agency					
q23_just_sys_uneff( The justice system is not effective in protecting women from domestic violence (q23_just_sys_uneff))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>1=STRONGLY DISAGREE</b>	0 0.00	0 0.00	1 1.61	1 2.78	2
<b>2=DISAGREE</b>	4 23.53	7 28.00	6 9.68	5 13.89	22
<b>3=NOT SURE</b>	3 17.65	1 4.00	14 22.58	7 19.44	25
<b>4=AGREE</b>	8 47.06	11 44.00	29 46.77	18 50.00	66
<b>5=STRONGLY AGREE</b>	2 11.76	6 24.00	12 19.35	5 13.89	25
<b>Total</b>	17	25	62	36	140

65% of the respondents agree or strongly agree that the justice system is not effective in protecting women from domestic violence.

Frequency  
Col Pct

Table of q25_comf_SA_quest by agency					
q25_comf_SA_quest( I feel comfortable asking clients questions related to alcohol and drug use (q25_comf_SA_quest))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>1=STRONGLY DISAGREE</b>	0 0.00	0 0.00	1 1.61	0 0.00	1
<b>2=DISAGREE</b>	2 11.76	2 8.00	0 0.00	0 0.00	4
<b>3=NOT SURE</b>	2 11.76	4 16.00	3 4.84	1 2.78	10
<b>4=AGREE</b>	10 58.82	14 56.00	19 30.65	6 16.67	49
<b>5=STRONGLY AGREE</b>	3 17.65	5 20.00	39 62.90	29 80.56	76

89% of the respondents agree or strongly agree that they are comfortable asking questions related to drug use.

Frequency  
Col Pct

Table of q26_comf_DV_quest by agency					
q26_comf_DV_quest( I feel comfortable asking clients questions related to domestic violence (q26_comf_DV_quest))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>1=STRONGLY DISAGREE</b>	1 5.88	1 4.00	0 0.00	0 0.00	2
<b>2=DISAGREE</b>	1 5.88	0 0.00	7 11.29	1 2.78	9
<b>3=NOT SURE</b>	0 0.00	0 0.00	9 14.52	4 11.11	13
<b>4=AGREE</b>	6 35.29	10 40.00	28 45.16	12 33.33	56
<b>5=STRONGLY AGREE</b>	9 52.94	14 56.00	18 29.03	19 52.78	60

83% of the respondents agree or strongly agree they are comfortable asking questions about domestic violence.

Frequency  
Col Pct

Table of q27_conf_SA_relapse by agency					
q27_conf_SA_relapse( I am confident in my ability to help a client who has a problem with alcohol or drug use develop a relapse prevention plan (q27_conf_SA_relapse))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>1=STRONGLY DISAGREE</b>	1 5.88	5 20.00	1 1.61	1 2.78	8
<b>2=DISAGREE</b>	10 58.82	7 28.00	6 9.68	2 5.56	25
<b>3=NOT SURE</b>	1 5.88	11 44.00	5 8.06	0 0.00	17
<b>4=AGREE</b>	4 23.53	2 8.00	27 43.55	10 27.78	43
<b>5=STRONGLY AGREE</b>	1 5.88	0 0.00	23 37.10	23 63.89	47

83% of the shelter respondents are not sure, disagree or strongly disagree that they are confident in their ability to help a client who has AOD problems or to develop a relapse prevention plan.

Frequency  
Col Pct

Table of q31_know_safe_plan by agency					
q31_know_safe_plan( I know how to complete a written safety plan with a client (q31_know_safe_plan))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>0=BLANK/MISSING DATA</b>	0 0.00	0 0.00	1 1.61	0 0.00	1
<b>1=STRONGLY DISAGREE</b>	0 0.00	0 0.00	11 17.74	4 11.11	15
<b>2=DISAGREE</b>	0 0.00	1 4.00	12 19.35	5 13.89	18
<b>3=NOT SURE</b>	2 11.76	3 12.00	14 22.58	8 22.22	27
<b>4=AGREE</b>	11 64.71	7 28.00	20 32.26	15 41.67	53
<b>5=STRONGLY AGREE</b>	4 23.53	14 56.00	4 6.45	4 11.11	26
<b>Total</b>	17	25	62	36	140

55% of the SA treatment agency respondents were unsure, disagreed or strongly disagreed that they know how to complete a written safety plan with a client.

14% of the Shelter respondents were unsure, disagree or strongly disagreed that they know how to complete a written safety plan with a client.

Frequency  
Col Pct

Table of q35_few_pos_attr by agency					
q35_few_pos_attr( Women experiencing domestic violence have few positive attributes or strengths (q35_few_pos_attr))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>0=BLANK/MISSING DATA</b>	0 0.00	0 0.00	0 0.00	1 2.78	1
<b>1=STRONGLY DISAGREE</b>	10 58.82	23 92.00	39 62.90	19 52.78	91
<b>2=DISAGREE</b>	6 35.29	1 4.00	19 30.65	11 30.56	37
<b>3=NOT SURE</b>	1 5.88	0 0.00	1 1.61	3 8.33	5
<b>4=AGREE</b>	0 0.00	0 0.00	2 3.23	1 2.78	3
<b>5=STRONGLY AGREE</b>	0 0.00	1 4.00	1 1.61	1 2.78	3

91% of the respondents disagreed or strongly disagreed that women experiencing violence have few positive attributes or strengths.

Frequency  
Col Pct

Table of q36_SA_sep_DV by agency					
q36_SA_sep_DV( Alcohol and drug rehabilitation should be separated from domestic violence treatment services (q36_SA_sep_DV))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>0=BLANK/MISSING DATA</b>	0 0.00	0 0.00	0 0.00	1 2.78	1
<b>1=STRONGLY DISAGREE</b>	4 23.53	5 20.00	20 32.26	8 22.22	37
<b>2=DISAGREE</b>	9 52.94	11 44.00	31 50.00	21 58.33	72
<b>3=NOT SURE</b>	2 11.76	7 28.00	7 11.29	3 8.33	19
<b>4=AGREE</b>	2 11.76	2 8.00	4 6.45	2 5.56	10
<b>5=STRONGLY AGREE</b>	0 0.00	0 0.00	0 0.00	1 2.78	1

91% of the respondents were unsure, disagreed, or strongly disagreed that treatment for AOD and domestic violence should be separated from domestic violence services.

Frequency  
Col Pct

Table of q38_DHS_take_kids by agency					
q38_DHS_take_kids( If I tell someone my client is still drinking and/or using illegal drugs, DHS or the courts will remove their children (q38_DHS_take_kids))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
0=BLANK/MISSING DATA	2 11.76	0 0.00	1 1.61	1 2.78	4
1=STRONGLY DISAGREE	1 5.88	0 0.00	2 3.23	2 5.56	5
2=DISAGREE	6 35.29	6 24.00	17 27.42	13 36.11	42
3=NOT SURE	7 41.18	12 48.00	26 41.94	17 47.22	62
4=AGREE	1 5.88	5 20.00	13 20.97	3 8.33	22
5=STRONGLY AGREE	0 0.00	2 8.00	3 4.84	0 0.00	5

44% of the respondents were unsure whether DHS or courts would remove children if AOD use were reported to someone.



Frequency  
Col Pct

Table of q40_agcy_ok_SADV by agency					
q40_agcy_ok_SADV( Our agency can provide what our clients need for substance abuse and domestic violence issues on our own (q40_agcy_ok_SADV))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>1=STRONGLY DISAGREE</b>	4 23.53	15 60.00	9 14.52	4 11.11	32
<b>2=DISAGREE</b>	10 58.82	10 40.00	34 54.84	20 55.56	74
<b>3=NOT SURE</b>	3 17.65	0 0.00	13 20.97	5 13.89	21
<b>4=AGREE</b>	0 0.00	0 0.00	6 9.68	5 13.89	11
<b>5=STRONGLY AGREE</b>	0 0.00	0 0.00	0 0.00	2 5.56	2

91% of the respondents were unsure, disagreed, or strongly disagreed that their agency on its own could provide what clients with joint issues need on their own.

Frequency  
Col Pct

Table of q41_conf_know_SA by agency					
q41_conf_know_SA( I am confident with my level of knowledge about the types of substances and their effects on physical, cognitive, and behavioral functioning (q41_conf_know_SA))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
0=BLANK/MISSING DATA	1 5.88	0 0.00	0 0.00	0 0.00	1
1=STRONGLY DISAGREE	1 5.88	5 20.00	2 3.23	1 2.78	9
2=DISAGREE	7 41.18	13 52.00	7 11.29	2 5.56	29
3=NOT SURE	4 23.53	2 8.00	5 8.06	2 5.56	13
4=AGREE	2 11.76	4 16.00	31 50.00	17 47.22	54
5=STRONGLY AGREE	2 11.76	1 4.00	17 27.42	14 38.89	34

76% of the shelter staff respondents were not sure, disagreed, or strongly disagreed that they were confident in their AOD physical, cognitive and behavioral functioning information.

Frequency  
Col Pct

Table of q43_SA_many_trt by agency					
q43_SA_many_trt( The process of recovering from the harmful effects of alcohol and drug use might require multiple treatment episodes (q43_SA_many_trt))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>0=BLANK/MISSING DATA</b>	1 5.88	0 0.00	0 0.00	0 0.00	1
<b>1=STRONGLY DISAGREE</b>	0 0.00	0 0.00	1 1.61	0 0.00	1
<b>3=NOT SURE</b>	0 0.00	2 8.00	0 0.00	1 2.78	3
<b>4=AGREE</b>	11 64.71	12 48.00	30 48.39	21 58.33	74
<b>5=STRONGLY AGREE</b>	5 29.41	11 44.00	31 50.00	14 38.89	61
<b>Total</b>	17	25	62	36	140

96% of the respondents agreed or strongly agreed that multiple AOD treatment episodes might be needed.

Frequency  
Col Pct

Table of q44_DV_many_trt by agency					
q44_DV_many_trt( The process of empowering a client to leave a violent relationship might require multiple intervention episodes (q44_DV_many_trt))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>1=STRONGLY DISAGREE</b>	0 0.00	0 0.00	1 1.61	0 0.00	1
<b>2=DISAGREE</b>	0 0.00	1 4.00	0 0.00	1 2.78	2
<b>3=NOT SURE</b>	1 5.88	0 0.00	1 1.61	2 5.56	4
<b>4=AGREE</b>	9 52.94	8 32.00	28 45.16	18 50.00	63
<b>5=STRONGLY AGREE</b>	7 41.18	16 64.00	32 51.61	15 41.67	70

95% of the respondents agreed or strongly agreed that empowering a woman to leave a violent relationship might require multiple intervention episodes.

Frequency  
Col Pct

Table of q45_best_prac_avail by agency					
q45_best_prac_avail( Information regarding current best practice interventions for clients needing BOTH domestic violence and substance abuse interventions is available to me at my agency (q45_best_prac_avail))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>0=BLANK/MISSING DATA</b>	1 5.88	0 0.00	0 0.00	0 0.00	1
<b>1=STRONGLY DISAGREE</b>	0 0.00	2 8.00	1 1.61	0 0.00	3
<b>2=DISAGREE</b>	5 29.41	8 32.00	5 8.06	5 13.89	23
<b>3=NOT SURE</b>	3 17.65	6 24.00	24 38.71	9 25.00	42
<b>4=AGREE</b>	7 41.18	8 32.00	23 37.10	20 55.56	58
<b>5=STRONGLY AGREE</b>	1 5.88	1 4.00	9 14.52	2 5.56	13
<b>Total</b>	17	25	62	36	140

49% of the respondents were unsure, disagreed, or strongly disagreed that best practice for dual issue women is available to them at their agency.

Frequency  
Col Pct

Table of q49_DV_undrstd_SA by agency					
q49_DV_undrstd_SA( In general, most shelter/safe house staff understand addiction intervention (q49_DV_underst_SA))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>0=BLANK/MISSING DATA</b>	1 5.88	0 0.00	0 0.00	0 0.00	1
<b>1=STRONGLY DISAGREE</b>	0 0.00	1 4.00	3 4.84	1 2.78	5
<b>2=DISAGREE</b>	7 41.18	8 32.00	21 33.87	11 30.56	47
<b>3=NOT SURE</b>	5 29.41	12 48.00	32 51.61	16 44.44	65
<b>4=AGREE</b>	3 17.65	3 12.00	4 6.45	6 16.67	16
<b>5=STRONGLY AGREE</b>	1 5.88	1 4.00	2 3.23	2 5.56	6

84% of the respondents were unsure, disagreed, or strongly disagreed that shelter staff understand addiction.

Frequency  
Col Pct

Table of q50_SA_undrstd_DV by agency					
q50_SA_undrstd_DV( In general, most substance abuse staff understand domestic violence intervention issues (q50_SA_undrstd_DV))	agency( agency affiliation (agency))				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>0=BLANK/MISSING DATA</b>	1 5.88	0 0.00	0 0.00	0 0.00	1
<b>2=DISAGREE</b>	4 23.53	12 48.00	20 32.26	7 19.44	43
<b>3=NOT SURE</b>	7 41.18	8 32.00	29 46.77	16 44.44	60
<b>4=AGREE</b>	3 17.65	3 12.00	11 17.74	12 33.33	29
<b>5=STRONGLY AGREE</b>	2 11.76	2 8.00	2 3.23	1 2.78	7
<b>Total</b>	17	25	62	36	140

74% of the respondents were unsure or disagreed that substance abuse staff understand domestic violence intervention issues.

**Quarter Three: April-June 2002**

The following tables highlight responses from the ISP-Sponsored Trainings implemented May-July at all project sites. The training evaluation forms were developed to assess the general opinions of training participants as they completed each day of training. 21 questions were developed to evaluate the relevancy and benefit of the training information, the training set up, and the skill of the trainers providing the curriculum. Questions 4, 6, 8-10, and 16 were identical for each training and the other questions were content specific. All 14 training evaluation forms are in Section V Appendix of this report. Below are the summaries of the identical training evaluation questions.

***Training Summary Tables through 6-30-02***

<b>Table of Q4_relevant_to_work by Agency</b>					
<b>Q4_relevant_to_work( The training I received today was relevant to my work)</b>	<b>Agency</b>				<b>Total</b>
	<b>1=CIS</b>	<b>2=DVIP</b>	<b>3=MECCA</b>	<b>4=PRAIRIE RIDGE</b>	
<b>2=DISAGREE</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	2 100.00 3.85	2
<b>3=UNSURE</b>	0 0.00 0.00	0 0.00 0.00	1 50.00 3.03	1 50.00 1.92	2
<b>4=AGREE</b>	8 16.67 25.00	8 16.67 40.00	9 18.75 27.27	23 47.92 44.23	48
<b>5=STRONGLY AGREE</b>	24 28.24 75.00	12 14.12 60.00	23 27.06 69.70	26 30.59 50.00	85

97% of the respondents agreed or strongly agreed that the training received was relevant to their work.



Table of Q6_beneficial_use_of_time by Agency					
Q6_beneficial_use_of_time( The training I received today was a beneficial use of my time)	Agency				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>0=BLANK/MISSING DATA</b>	0 0.00 0.00	2 100.00 10.00	0 0.00 0.00	0 0.00 0.00	2
<b>2=DISAGREE</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	2 100.00 3.85	2
<b>3=UNSURE</b>	1 14.29 3.13	0 0.00 0.00	1 14.29 3.03	5 71.43 9.62	7
<b>4=AGREE</b>	12 21.43 37.50	8 14.29 40.00	15 26.79 45.45	21 37.50 40.38	56
<b>5=STRONGLY AGREE</b>	19 27.14 59.38	10 14.29 50.00	17 24.29 51.52	24 34.29 46.15	70

93.3% of the respondents agreed or strongly agreed that the training received was a beneficial use of their time.

Table of Q8_help_serve_my_clients by Agency					
Q8_help_serve_my_clients( The training I received today will help me better serve the clients I see)	Agency				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>2=DISAGREE</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1 100.00 1.92	1
<b>3=UNSURE</b>	1 12.50 3.13	2 25.00 10.00	2 25.00 6.06	3 37.50 5.77	8
<b>4=AGREE</b>	11 16.42 34.38	11 16.42 55.00	16 23.88 48.48	29 43.28 55.77	67
<b>5=STRONGLY AGREE</b>	18 31.58 56.25	6 10.53 30.00	15 26.32 45.45	18 31.58 34.62	57
<b>6=NOT APPLICABLE</b>	2 50.00 6.25	1 25.00 5.00	0 0.00 0.00	1 25.00 1.92	4

90.5% of the respondents agreed or strongly agreed that the training received will help them better serve their clients.

Table of Q9_help_serve_dual_women by Agency					
Q9_help_serve_dual_women( The training I received today will help me better serve women with both substance abuse and domestic violence issues)	Agency				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>3=UNSURE</b>	1 14.29 3.13	4 57.14 20.00	1 14.29 3.03	1 14.29 1.92	7
<b>4=AGREE</b>	13 20.63 40.63	9 14.29 45.00	14 22.22 42.42	27 42.86 51.92	63
<b>5=STRONGLY AGREE</b>	17 26.56 53.13	6 9.38 30.00	17 26.56 51.52	24 37.50 46.15	64
<b>6=NOT APPLICABLE</b>	1 33.33 3.13	1 33.33 5.00	1 33.33 3.03	0 0.00 0.00	3

92.7% of the respondents agreed or strongly agreed that the training received would help better serve women with both substance abuse and domestic violence issues.

Table of Q10_new_knowledge by Agency					
Q10_new_knowledge( The training I received today provided me with new knowledge)	Agency				Total
	1=CIS	2=DVIP	3=MECCA	4=PRAIRIE RIDGE	
<b>0=BLANK/MISSING DATA</b>	0 0.00 0.00	0 0.00 0.00	1 50.00 3.03	1 50.00 1.92	2
<b>2=DISAGREE</b>	0 0.00 0.00	0 0.00 0.00	2 33.33 6.06	4 66.67 7.69	6
<b>3=UNSURE</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	5 100.00 9.62	5
<b>4=AGREE</b>	16 23.53 50.00	12 17.65 60.00	17 25.00 51.52	23 33.82 44.23	68
<b>5=STRONGLY AGREE</b>	16 28.57 50.00	8 14.29 40.00	13 23.21 39.39	19 33.93 36.54	56
<b>Total</b>	32	20	33	52	137

91.8% of respondents agreed or strongly agreed that the knowledge received provided them with new knowledge.

<b>Table of Q16_share_with_coworkers by Agency</b>					
<b>Q16_share_with_coworkers( The training I received today included information I will share with coworkers)</b>	<b>Agency</b>				<b>Total</b>
	<b>1=CIS</b>	<b>2=DVIP</b>	<b>3=MECCA</b>	<b>4=PRAIRIE RIDGE</b>	
<b>2=DISAGREE</b>	1 33.33 3.13	0 0.00 0.00	1 33.33 3.03	1 33.33 1.92	3
<b>3=UNSURE</b>	4 57.14 12.50	0 0.00 0.00	2 28.57 6.06	1 14.29 1.92	7
<b>4=AGREE</b>	16 21.92 50.00	12 16.44 60.00	16 21.92 48.48	29 39.73 55.77	73
<b>5=STRONGLY AGREE</b>	11 21.15 34.38	6 11.54 30.00	14 26.92 42.42	21 40.38 40.38	52
<b>6=NOT APPLICABLE</b>	0 0.00 0.00	2 100.00 10.00	0 0.00 0.00	0 0.00 0.00	2

91.2% of respondents agreed or strongly agreed that the training received included information they would share with co-workers.

**Quarter Four: July-September 2002**

The following tables highlight responses from the Project-Sponsored Trainings implemented July-September at all project sites. The training evaluation forms were developed to assess the general opinions of training participants as they completed each day of training. 21 questions were developed to evaluate the relevancy and benefit of the training information, the training set up, and the skill of the trainers providing the curriculum. Questions 4, 6, 8-10, and 16 were identical for each training and the other questions were content-specific (All 14 training evaluation forms are in Section V Appendix of this report). Below are the summaries of the identical training evaluation questions.

***Patti Bland training in Mason City (July 15,2002)***

<b>Table of Q4_relevant_to_work</b>		
<b>Q4_relevant_to_work( The training I received today was relevant to my work)</b>	<b>Mason City</b>	<b>Total</b>
	<b>Patti Bland Training</b>	
<b>1=STRONGLY DISAGREE</b>	1 4.76	1
<b>4=AGREE</b>	8 38.10	8
<b>5=STRONGLY AGREE</b>	12 57.14	12
<b>Total</b>	21	21

95.2% of respondents agreed or strongly agreed that the training received was relevant to their work.

<b>Table of Q6_beneficial_use_of_time</b>		
<b>Q6_beneficial_use_of_time( The training I received today was a beneficial use of my time)</b>	<b>Mason City</b>	<b>Total</b>
	<b>Patti Bland Training</b>	
<b>3=UNSURE</b>	5 23.81	5
<b>4=AGREE</b>	8 38.10	8
<b>5=STRONGLY AGREE</b>	8 38.10	8
<b>Total</b>	21	21

76.2% of the respondents agreed or strongly agreed that the training received was a beneficial use of their time.

<b>Table of Q8_help_serve_my_clients</b>		
<b>Q8_help_serve_my_clients( The training I received today will help me better serve the clients I see)</b>	<b>Mason City</b>	<b>Total</b>
	<b>Patti Bland Training</b>	
<b>4=AGREE</b>	10 47.62	10
<b>5=STRONGLY AGREE</b>	11 52.38	11
<b>Total</b>	21	21

100% of the respondents agreed or strongly agreed that the training received will help them better serve their clients.

<b>Table of Q9_help_serve_dual_women</b>		
<b>Q9_help_serve_dual_women( The training I received today will help me better serve women with both substance abuse and domestic violence issues)</b>	<b>Mason City</b>	<b>Total</b>
	<b>Patti Bland Training</b>	
<b>3=UNSURE</b>	1 4.76	1
<b>4=AGREE</b>	9 42.86	9
<b>5=STRONGLY AGREE</b>	11 52.38	11

95.2% of the respondents agreed or strongly agreed that the training received would help them better serve women with both substance abuse and domestic violence issues.



<b>Table of Q10_new_knowledge</b>		
<b>Q10_new_knowledge( The training I received today provided me with new knowledge)</b>	<b>Mason City</b>	<b>Total</b>
	<b>Patti Bland Training</b>	
<b>0=BLANK/MISSING DATA</b>	1 4.76	1
<b>2=DISAGREE</b>	1 4.76	1
<b>3=UNSURE</b>	3 14.29	3
<b>4=AGREE</b>	8 38.10	8
<b>5=STRONGLY AGREE</b>	8 38.10	8
<b>Total</b>	21	21

76.2% of the respondents agreed or strongly agreed that the training received provided them with new knowledge.

<b>Table of Q16_share_with_coworkers</b>		
<b>Q16_share_with_coworkers( The training I received today included information I will share with coworkers)</b>	<b>Mason City</b>	<b>Total</b>
	<b>Patti Bland Training</b>	
<b>0=BLANK/MISSING DATA</b>	1 4.76	1
<b>2=DISAGREE</b>	1 4.76	1
<b>3=UNSURE</b>	5 23.81	5
<b>4=AGREE</b>	9 42.86	9
<b>5=STRONGLY AGREE</b>	5 23.81	5

66.7% of the respondents agreed or strongly agreed that the training received included information they would share with co-workers.

## ***Patti Bland training in Iowa City (July 16,2002)***

<b>Table of Q4_relevant_to_work</b>		
<b>Q4_relevant_to_work( The training I received today was relevant to my work)</b>	<b>Iowa City</b>	<b>Total</b>
	<b>Patti Bland Training</b>	
<b>1=STRONGLY DISAGREE</b>	1 2.86	1
<b>4=AGREE</b>	4 11.43	4
<b>5=STRONGLY AGREE</b>	30 85.71	30
<b>Total</b>	35	35

97.1% of the respondents agreed or strongly agreed that the training received was relevant to their work.

<b>Table of Q6_beneficial_use_of_time</b>		
<b>Q6_beneficial_use_of_time( The training I received today was a beneficial use of my time)</b>	<b>Iowa City</b>	<b>Total</b>
	<b>Patti Bland Training</b>	
<b>0=BLANK/MISSING DATA</b>	1 2.86	1
<b>1=STRONGLY DISAGREE</b>	1 2.86	1
<b>2=DISAGREE</b>	1 2.86	1
<b>3=UNSURE</b>	1 2.86	1
<b>4=AGREE</b>	9 25.71	9
<b>5=STRONGLY AGREE</b>	22 62.86	22
<b>Total</b>	35	35

88.6% of the respondents agreed or strongly agreed that the training received was a beneficial use of their time.

<b>Table of Q8_help_serve_my_clients</b>		
<b>Q8_help_serve_my_clients( The training I received today will help me better serve the clients I see)</b>	<b>Iowa City</b>	<b>Total</b>
	<b>Patti Bland Training</b>	
<b>1=STRONGLY DISAGREE</b>	1 2.86	1
<b>2=DISAGREE</b>	1 2.86	1
<b>3=UNSURE</b>	1 2.86	1
<b>4=AGREE</b>	14 40.00	14
<b>5=STRONGLY AGREE</b>	18 51.43	18
<b>Total</b>	35	35

91.4% of the respondents agreed or strongly agreed that the training received will help them better serve their clients.

<b>Table of Q9_help_serve_dual_women</b>		
<b>Q9_help_serve_dual_women( The training I received today will help me better serve women with both substance abuse and domestic violence issues)</b>	<b>Iowa City</b>	<b>Total</b>
	<b>Patti Bland Training</b>	
<b>1=STRONGLY DISAGREE</b>	1 2.86	1
<b>2=DISAGREE</b>	1 2.86	1
<b>3=UNSURE</b>	1 2.86	1
<b>4=AGREE</b>	14 40.00	14
<b>5=STRONGLY AGREE</b>	18 51.43	18

91.4% of the respondents agreed or strongly agreed that the training received would help them better serve women with both substance abuse issues and domestic violence issues.

<b>Table of Q10_new_knowledge</b>		
<b>Q10_new_knowledge( The training I received today provided me with new knowledge)</b>	<b>Iowa City</b>	<b>Total</b>
	<b>Patti Bland Training</b>	
<b>1=STRONGLY DISAGREE</b>	1 2.86	1
<b>2=DISAGREE</b>	1 2.86	1
<b>3=UNSURE</b>	2 5.71	2
<b>4=AGREE</b>	12 34.29	12
<b>5=STRONGLY AGREE</b>	19 54.29	19
<b>Total</b>	35	35

88.6% of the respondents agreed or strongly agreed that the training received provided them with new knowledge.

<b>Table of Q16_share_with_coworkers</b>		
<b>Q16_share_with_coworkers( The training I received today included information I will share with coworkers)</b>	<b>Iowa City</b>	<b>Total</b>
	<b>Patti Bland Training</b>	
<b>0=BLANK/MISSING DATA</b>	2 5.71	2
<b>1=STRONGLY DISAGREE</b>	1 2.86	1
<b>3=UNSURE</b>	6 17.14	6
<b>4=AGREE</b>	12 34.29	12
<b>5=STRONGLY AGREE</b>	14 40.00	14

74.3% of the respondents agreed or strongly agreed that the training received included information they would share with co-workers.



**MECCA Substance abuse training at DVIP  
Iowa City, Part 2, Day 1**

<b>Table of Q4_relevant_to_work by Agency</b>		
<b>Q4_relevant_to_work( The training I received today was relevant to my work)</b>	<b>Agency</b>	<b>Total</b>
	<b>2=DVIP</b>	
<b>0=BLANK/MISSING DATA</b>	1 6.67	1
<b>4=AGREE</b>	4 26.67	4
<b>5=STRONGLY AGREE</b>	10 66.67	10

93.3% of the respondents agreed or strongly agreed that the training received was relevant to their work.

<b>Table of Q6_beneficial_use_of_time by Agency</b>		
<b>Q6_beneficial_use_of_time( The training I received today was a beneficial use of my time)</b>	<b>Agency</b>	<b>Total</b>
	<b>2=DVIP</b>	
<b>3=UNSURE</b>	1 6.67	1
<b>4=AGREE</b>	4 26.67	4
<b>5=STRONGLY AGREE</b>	10 66.67	10

93.3% of the respondents agreed or strongly agreed that the training received was a beneficial use of their time.

<b>Table of Q8_help_serve_my_clients by Agency</b>		
<b>Q8_help_serve_my_clients( The training I received today will help me better serve the clients I see)</b>	<b>Agency</b>	<b>Total</b>
	<b>2=DVIP</b>	
<b>3=UNSURE</b>	1 6.67	1
<b>4=AGREE</b>	7 46.67	7
<b>5=STRONGLY AGREE</b>	7 46.67	7
<b>Total</b>	15	15

93.3% of the respondents agreed or strongly agreed that the training received was a beneficial use of their time.

<b>Table of Q9_help_serve_dual_women by Agency</b>		
<b>Q9_help_serve_dual_women( The training I received today will help me better serve women with both substance abuse and domestic violence issues)</b>	<b>Agency</b>	<b>Total</b>
	<b>2=DVIP</b>	
<b>2=DISAGREE</b>	1 6.67	1
<b>3=UNSURE</b>	1 6.67	1
<b>4=AGREE</b>	6 40.00	6
<b>5=STRONGLY AGREE</b>	7 46.67	7

86.7% of the respondents agreed or strongly agreed that the training receive would help them better serve women with both substance abuse and domestic violence issues.

<b>Table of Q10_new_knowledge by Agency</b>		
<b>Q10_new_knowledge( The training I received today provided me with new knowledge)</b>	<b>Agency</b>	<b>Total</b>
	<b>2=DVIP</b>	
<b>4=AGREE</b>	7 46.67	7
<b>5=STRONGLY AGREE</b>	8 53.33	8

100% of the respondents agreed or strongly agreed that the training received provided them with new knowledge.

<b>Table of Q16_share_with_coworkers by Agency</b>		
<b>Q16_share_with_coworkers( The training I received today included information I will share with coworkers)</b>	<b>Agency</b>	<b>Total</b>
	<b>2=DVIP</b>	
<b>0=BLANK/MISSING DATA</b>	1 6.67	1
<b>3=UNSURE</b>	2 13.33	2
<b>4=AGREE</b>	7 46.67	7
<b>5=STRONGLY AGREE</b>	5 33.33	5
<b>Total</b>	15	15

80% of the respondents agreed or strongly agreed that the training received included information they would share with co-workers.

## **Summary: Domestic Violence/Substance Abuse Training Evaluations**

**Background.** A total of 152 respondents from two Iowa substance abuse treatment agencies and two domestic violence shelter/safe houses assessed the one day training sessions they attended regarding the special needs of women who are the victims of domestic violence and are experiencing substance abuse-related problems. Training sessions occurred over a period of several months and the participants from each agency varied from session to session. Some agency staff attended most, if not all, of the training sessions for their agency, but there was no consistency in either the number of participants or the specific staff who attended each session. The agencies served two communities in Iowa, including a substance abuse agency and domestic violence agency from each community. The training sessions were coordinated by a committee of professionals from one of the State's universities. Various personnel, including the university professionals and staff from each of the agencies involved, developed and presented various training sessions.

Post training evaluation questionnaires were distributed after each training session. Training participants voluntarily completed the evaluation questionnaires, and as evidenced by participant observation, most (over 90% estimated), but not all, participants in each training session completed a questionnaire. The questionnaires included no personal identifying information, but did include three demographic questions: gender (male or female), age (under 26, 26-39 and over 39 years old) and time employed in their respective field (under 1 year, 1-less than 5 years, 5-less than 10 years, 10-less than 16 years and 16 years or more). The demographic questions were followed by 17 questions that asked respondents to assess the training session they had just completed based on knowledge acquired, training presentation and the benefit of training they received. These questions included the closed end response options of strongly disagree, disagree, unsure, agree, strongly agree and not applicable. Most of these questions, 14, were generic in nature and remained the same for each training session (see Section V Appendix). The content of three questions did vary, but only to the extent that each of these questions focused on the specific topic covered in that particular training session.

Previous analyses (Section II, quarters three and four) of these training session evaluations focused on all the respondents and the responses to each specific question. For the most part these analyses found the training sessions to be quite well received, with the vast majority of respondents reporting they had acquired knowledge, that the training sessions were presented in a satisfactory manner and that the training they received was beneficial to them. Some differences in results between specific training sessions were identified, as well as a few differences by the agency involved. However, the absence of any extensive variance in the responses to each individual question and the small number of participants involved in the analyses make it difficult to judge the practical consequences of either the absence or presence of any differences between agencies. The present analyses explore the possibility that several questions from the evaluation questionnaire can be combined into summated scales that will have more variance than the responses to each individual question. These scales can then be used to better assess the practical consequences of any differences in training evaluations that

might exist between the agencies involved, as well as the kinds of participants that attended the training sessions (the demographics of the participants).

Also, prior to their exposure to any training sessions and the completion of any training evaluation questionnaires, the staff at each of the four agencies were asked to complete a baseline questionnaire. This baseline questionnaire provided information regarding the extent of their knowledge about women who are victims of domestic violence and substance abuse, the adequacy of their training and experience in serving these kinds of clients in their agency, and the extent of the need for training regarding these dual diagnosis clients (see Section III, Quarter One, October-December 2001). Agency staff members and agency board members were asked to complete this questionnaire, but only the staff member responses are included in this analysis. A total of 115 staff members from the four agencies responded to this questionnaire. The questionnaire (Appendix, Section V) included no personal identifying information and it is impossible to know how many of these respondents actually attended any of the subsequent training sessions. Undoubtedly some did and some did not, but regardless, the responses to this baseline questionnaire do provide some estimate of the felt need for the dual diagnosis training that was subsequently provided to the staff in each agency. Differences in the perceived need for such training between agencies might help account for any observed training evaluation differences between agencies. The combination of the small number of respondents involved in this analysis and the inability to match individual responses from baseline data collection to training session evaluation make the results of this analysis exploratory at best. Still, this analysis will provide some insight that is unavailable in any other format.

## **Methods**

**Scale creation.** A member of the evaluation team for this project reviewed the training questionnaires, and based on face validity, concluded that three scales (knowledge acquisition, presentation and benefit) might be compiled. The questions (followed in parentheses by the question number from the questionnaire) included in the summated Knowledge Acquisition Scale are: The training I received today: did nothing more than verify what I already knew (5), provided me with new knowledge (10), provided knowledge of specific topic covered (13), clarified my understanding of specific topic covered (14) and helped me better understand what a domestic violence or substance abuse program does (15). Responses to questions 10, 13, 14 and 15 (followed in parentheses by the score assigned) were as follows: strongly disagree (1), disagree (2), unsure (3), agree (4), strongly agree (5) and not applicable (missing data). Responses to question 5 were scored as follows: strongly disagree (5), disagree (4), unsure (3), agree (2), strongly agree (1) and not applicable (missing data). The questions for the summated Presentation Scale are: The training I received today: was a comfortable amount of content to cover in 4 hours and not feel overwhelmed (7), could have been presented in a better way (12), was presented in a satisfactory manner (17) and would not be necessary if everyone had access to the written materials that were handed out (20). Responses to questions 7 and 17 were scored like those for question 10 above and responses for questions 12 and 20 like those for question 5 above. The questions included in the

summated Benefit Scale are: The training I received today: was relevant to my work (4), was a beneficial use of my time (6), will help me better serve the clients I see (8), will help me better serve women with both substance abuse and domestic violence issues (9), was of no benefit to me (11), included information I will share with co-workers (16), the specific topic covered will help me better serve the clients I see (18), is something that should be made available to all substance abuse agency staff (19) and would not be necessary if everyone had access to the written materials that were handed out (20). Responses to questions 4, 6, 8, 9, 16, 18 and 19 were scored like those for question 10 above and for questions 11 and 20 like those for question 5 above.

A principle components factor analysis, with varimax rotation, was used to assess the number of factors that each scale might contain. The Knowledge Acquisition Scale was found to have questions that loaded on 2 factors. Questions 13, 14 and 15 loaded on factor 1, with a minimum factor loading of .73398, and questions 5 and 10 loaded on factor 2, with a minimum factor loading of .75085. Neither question 5 or 10 had a factor loading above .37 on Factor 1 and questions 13, 14 and 15 had no factor loading on Factor 2 above .35. It would appear from this analysis that knowledge acquisition was somewhat different depending on whether the question was generic, learned something and learned something they did not already know, or more specific, learned something about the particular topic pertaining to the particular training session. As a result of this analysis two knowledge scales were adopted: Generic Knowledge Acquisition Scale (questions 5 and 10) with scores ranging from 2 to 10 and Topic Specific Knowledge Acquisition Scale (questions 13, 14 and 15) with scores ranging from 3 to 15.

The factor analysis for the Presentation Scale questions produced only one factor, but question 20 had a quite low factor loading (.38653). Since question 20 was also thought to be relevant to the Benefit Scale, it was removed from the Presentation Scale. The final summated Presentation Scale, then, included questions 7, 12 and 17, with the minimum loading factor being .66587 and scores ranging from 3 to 15.

The factor analysis for the Benefit Scale questions produced two factors. The first factor contained those questions that appeared to be relevant to benefits defined by their mention of benefit to clients served or relevance to work (questions 4, 8, 9, 16, 18 and 19) and the second factor contained those questions that were more generic in nature and did not mention work or client specific benefits (questions 11 and 20). Question 6 (was a beneficial use of my time) loaded only moderately on both factors, but loaded slightly higher on factor 2 (.57267). Based on the results of this factor analysis two summated benefit scales were adopted: Generic Benefits Scale (questions 6, 11 and 20), with scores ranging from 3 to 15, and Work Related Benefits Scale (questions 4, 8, 9, 16, 18 and 19), with scores ranging from 5 to 30. The lowest factor loading in each of these scales, excluding question 6 from the Generic Benefits Scale, was .65517.

The five summated scales that were created as a result of the factor analyses were next assessed in terms of their reliability using Cronbach Alpha. The Cronbach Alphas were computed for both raw and standardized scores, but there was very little difference. The raw scores are used in the analyses that follow and the raw score Cronbach Alphas are

reported here. The Cronbach Alpha for the Generic Knowledge Acquisition Scale was .52, for the Topic Specific Knowledge Acquisition Scale .69, for the Presentation Scale .58, for the Generic Benefits Scale .64 and for the Work Related Benefits Scale .85. The reliability of the scales, with the exception of the Work Related Benefits Scale, is somewhat marginal. Still, the scales do appear to be sufficiently reliable to pursue the kinds of exploratory analyses that follow.

In addition to the five summated scales described above, the scores from three individual questions in the evaluation questionnaire were also used in the following analyses. The three questions used (followed in parentheses by their question number) are: The Training I received today: provided me with new knowledge (10), was of no benefit to me (11) and helped me better understand what a domestic violence or substance abuse program does (15). Responses to questions 10 and 15 (followed in parentheses by the score assigned) were as follows: strongly disagree (1), disagree (2), unsure (3), agree (4), strongly agree (5) and not applicable (missing data). Responses to question 11 were scored as follows: strongly disagree (5), disagree (4), unsure (3), agree (2), strongly agree (1) and not applicable (missing data). The transfer of new and beneficial knowledge, especially knowledge regarding substance abuse issues to domestic violence staffers and domestic violence issues to substance abuse staffers, embodied the core objective of every training session. Any differences on these questions by agency affiliation or demographic profile of the training session attendees would warrant significant concern and suggest the need for training protocol modifications.

Finally, several questions from the baseline survey of staff from each agency were used to assess the felt need for training in each agency. The questions (followed in parentheses by the question number) include: I have the skill needed to assess whether or not a woman is experiencing domestic violence in her life (11); To what extent do you think your training experiences have led you to understand the treatment needs of clients with both domestic violence and substance abuse issues (18); I feel comfortable asking clients questions related to alcohol and drug use (25); I feel comfortable asking clients questions related to domestic violence (26); I am confident in my ability to help a client who has a problem with alcohol or drug use develop a relapse prevention plan (27); I know how to complete a written safety plan with a client (31); Our agency can provide what our clients need for substance abuse and domestic violence issues on our own (40); I am confident with my level of knowledge about the types of substances and their effects on physical, cognitive and behavioral functioning (41); and I have someone I can count on in my agency who can support me in my work regarding clients impacted with both substance abuse and domestic violence issues (47). With the exception of Question 18, the need for training is defined by the proportion of respondents in each agency who responded that they strongly disagreed, disagreed or were not sure to each question. The question 18 responses defining training need were some, little or no understanding.



**Data Analysis.** The mean scores for the two knowledge acquisition scales, the presentation scale, the two benefits scales and the three individual questions (10, 11 and 15) are compared across the demographic characteristics of the study participants and the four agencies involved. The higher the mean score, the more highly the training sessions were valued by the participating staff. A simple Analysis of Variance (ANOVA) obtained from the NPAR1WAY procedure in the SAS analysis software package (version 8e) is used to identify statistically significant differences between each pair of mean scores.

## Results

**Demographic comparisons.** Table 1 shows the mean scores for each scale and individual question by the sex and age of the training participants.

Table 1. Training Evaluation Mean Scores By Gender and Age of Training Participants.

Scale/Question	Gender		Age					
	Male (N=35)*	Female (N=87)*	Under 26 (N=15)*	26-39 (N=40)*	Under 26 (N=15)*	Over 39 (N=65)*	26-39 (N=40)*	Over 39 (N=65)*
Generic Knowledge Acquisition Scale	7.9	8.0	8.1	7.9	8.1	7.9	7.9	7.9
Topic Specific Knowledge Acquisition Scale	12.3	12.6	11.5	12.7 <sup>1</sup>	11.5	12.6 <sup>1</sup>	12.7	12.6
Presentation Scale	12.4	12.6	12.7	12.3	12.7	12.6	12.3	12.6
Generic Benefits Scale	12.7	13.1	13.1	13.0	13.1	13.0	13.0	13.0
Work Related Benefits Scale	26.1	26.6	25.3	26.5	25.3	26.7	26.5	26.7
Provided me with new knowledge	4.2	4.3	4.4	4.2	4.4	4.3	4.2	4.3
Helped me better understand what a domestic violence or substance abuse program does	4.4	4.4	4.3	4.4	4.3	4.4	4.4	4.4
Was of no benefit to me	4.4	4.6	4.6	4.5	4.6	4.5	4.5	4.5

\*The N's vary to some extent depending on the number of respondents with missing data on the scales and questions. The N's provided are the smallest N's used in any of the comparisons.

<sup>1</sup>Indicates a mean score difference that is statistically significant at  $P < .05$ .

Table 1 does indicate that the female participants consistently rated the training sessions more valuable than their male counterparts, but the differences were small and none of the differences were statistically significant. The younger age group (under 26) reported significantly lower scores on the Topic Specific Knowledge Acquisition Scale than either the 26-39 or over 39 age groups. There were no other statistically significant differences and there was no consistent pattern of differences in the remaining scores for the three age groups. Younger staff are perhaps more likely than their older counterparts to be exposed to more training experiences (a function of the increased educational requirements for certification in the substance abuse and domestic violence fields). If so, younger staff may be more likely to have at least been exposed to some extent to the

topic specific issues that were covered in the various training sessions and, therefore, be somewhat less likely to acquire new knowledge from the training protocols offered to them.

Table 2 shows the mean scores for each scale and individual question by the amount of time the training participants have been involved in their respective fields, substance abuse or domestic violence.

Table 2. Training Evaluation Mean Scores by Amount of Time Spent in Respective Field, Substance Abuse or Domestic Violence.

Scale/Question	Years in Field				
	Under 1 (N=17)*	1-Less Than 5 (N=27)*	5-Less Than 10 (N=32)*	10-Less Than 16 (N=25)*	16 or More (N=13)*
Generic Knowledge Acquisition Scale	8.4	7.8	7.8	7.8	7.9
Topic Specific Knowledge Acquisition Scale	12.5	12.1	12.7	13.0 <sup>3</sup>	12.5
Presentation Scale	12.5	12.3	12.8	12.4	12.4
Generic Benefits Scale	13.4	12.6	13.1	13.1	12.5
Work Related Benefits Scale	26.4	25.5	27.0 <sup>2</sup>	26.9	26.5
Provided me with new knowledge	4.5	4.3	4.2	4.3	4.0 <sup>1</sup>
Helped me better understand what a domestic violence or substance abuse program does	4.5	4.3	4.4	4.4	4.4
Was of no benefit to me	4.6	4.5	4.5	4.5	4.5

\*The N's vary to some extent depending on the number of respondents with missing data on the scales and questions. The N's provided are the smallest N's used in any of the comparisons.

<sup>1</sup>Statistically significant ( $P \leq .05$ ) difference between respondents with under 1 year of time in their field compared to respondents with 16 or more years of time in their field.

<sup>2</sup>Difference between respondents with 1 to less than 5 years of time in their field compared to respondents with 5 to less than 10 years of time in their field,  $P = .0625$ .

<sup>3</sup>Difference between respondents with 1 to less than 5 years of time in their field compared to respondents with 10 to less than 16 years of time in their field,  $P = .0775$ .

There were no consistent patterns of differences in the training evaluation scores for respondents with various amounts of time spent in their respective fields. However, respondents with under 1 year of time in their field were significantly ( $P \leq .05$ ) more

likely than those respondents with 16 years or more experience to agree that they had acquired new knowledge. A couple of other comparisons approached statistical significance ( $P \leq .08$ ). Respondents with 5 to less than 10 years experience were more likely than those with 1 to less than 5 years experience to report a higher score on the Work Related Benefits Scale ( $P = .0625$ ) and respondents with 10 to less than 16 years experience were more likely than those with 1 to less than 5 years experience to report a higher score on the Topic Specific Knowledge Acquisition Scale ( $P = .0777$ ). Separate analyses for participants from each of their respective fields also produced no consistent patterns of differences and no statistically significant ( $P \leq .05$ ) differences. In the absence of any consistent patterns, it is difficult to attribute much of practical significance to the statistically significant differences that were observed.

**Agency comparisons.** Tables 3-6 show the mean scores for each scale and individual question by the respondent's agency affiliation.

Table 3. PRATS Training Evaluation Mean Score Compared to MECCA, CIS and DVIP Scores.

Scale/Question	Substance Abuse Agency		Domestic Violence Agency	
	PRATS (N=48)*	MECCA (N=30)*	CIS (N=30)*	DVIP (N=13)*
Generic Knowledge Acquisition Scale	7.4	8.3 <sup>1</sup>	8.3 <sup>1</sup>	8.3 <sup>1</sup>
Topic Specific Knowledge Acquisition Scale	12.6	12.2	12.9	11.7 <sup>4</sup>
Presentation Scale	12.3	12.6	13.3 <sup>1</sup>	12.0
Generic Benefits Scale	12.4	13.2 <sup>2</sup>	13.3 <sup>1</sup>	13.7 <sup>1</sup>
Work Related Benefits Scale	26.2	26.5	27.2	26.0
Provided me with new knowledge	4.1	4.3	4.5 <sup>1</sup>	4.4
Helped me better understand what a domestic violence or substance abuse program does	4.4	4.1	4.4	4.7
Was of no benefit to me	4.3	4.6 <sup>3</sup>	4.7 <sup>1</sup>	4.7 <sup>5</sup>

\*The N's vary to some extent depending on the number of respondents with missing data on the scales and questions. The N's provided are the smallest N's used in any of the comparisons.

<sup>1</sup>Statistically significant ( $P \leq .05$ ) difference between PRATS and MECCA, CIS or DVIP.

<sup>2</sup>Difference between respondents from PRATS compared to respondents from MECCA,  $P = .0612$ .

<sup>3</sup>Difference between respondents from PRATS compared to respondents from MECCA,  $P = .0762$

<sup>4</sup>Difference between respondents from PRATS compared to respondents from DVIP,  $P = .0915$ .

<sup>5</sup>Difference between respondents from PRATS compared to respondents from DVIP,  $P = .0585$ .

Table 4. MECCA Training Evaluation Mean Score Compared to PRATS, CIS and DVIP Scores.

Scale/Question	Substance Abuse Agency		Domestic Violence Agency	
	MECCA	PRATS	CIS	DVIP
	(N=30)*	(N=48)*	(N=30)*	(N=13)*
Generic Knowledge Acquisition Scale	8.3	7.4 <sup>1</sup>	8.3	8.3
Topic Specific Knowledge Acquisition Scale	12.2	12.6	12.9	11.7
Presentation Scale	12.6	12.3	13.3	12.0
Generic Benefits Scale	13.2	12.4 <sup>2</sup>	13.3	13.7
Work Related Benefits Scale	26.5	26.2	27.2	26.0
Provided me with new knowledge	4.3	4.1	4.5	4.4
Helped me better understand what a domestic violence or substance abuse program does	4.1	4.4	4.4	4.7 <sup>1</sup>
Was of no benefit to me	4.6	4.3 <sup>3</sup>	4.7	4.7

\*The N's vary to some extent depending on the number of respondents with missing data on the scales and questions. The N's provided are the smallest N's used in any of the comparisons.

<sup>1</sup>Statistically significant (P<=.05) difference between PRATS and MECCA, CIS or DVIP.

<sup>2</sup>Difference between respondents from MECCA compared to respondents from PRATS, P=.0612.

<sup>3</sup>Difference between respondents from MECCA compared to respondents from PRATS, P=.0762

Table 5. CIS Training Evaluation Mean Score Compared to DVIP, MECCA and PRATS Scores.

Scale/Question	Domestic Violence Agency		Substance Abuse Agency	
	CIS	DVIP	MECCA	PRATS
	(N=30)*	(N=13)*	(N=30)*	(N=48)*
Generic Knowledge Acquisition Scale	8.3	8.3	8.3	7.4 <sup>1</sup>
Topic Specific Knowledge Acquisition Scale	12.9	11.7 <sup>1</sup>	12.2	12.6
Presentation Scale	13.3	12.0 <sup>1</sup>	12.6	12.3 <sup>1</sup>
Generic Benefits Scale	13.3	13.7	13.2	12.4 <sup>1</sup>
Work Related Benefits Scale	27.2	26.0	26.5	26.2
Provided me with new knowledge	4.5	4.4	4.3	4.1 <sup>1</sup>
Helped me better understand what a domestic violence or substance abuse program does	4.4	4.7	4.1	4.4
Was of no benefit to me	4.7	4.7	4.6	4.3 <sup>1</sup>

\*The N's vary to some extent depending on the number of respondents with missing data on the scales and questions. The N's provided are the smallest N's used in any of the comparisons.

<sup>1</sup>Statistically significant (P<=.05) difference between CIS and DVIP. MECCA or PRATS.

Table 6. DVIP Training Evaluation Mean Score Compared to CIS, MECCA and PRATS Scores.

Scale/Question	Domestic Violence Agency		Substance Abuse Agency	
	DVIP	CIS	MECCA	PRATS
	(N=13)*	(N=30)*	(N=30)*	(N=48)*
Generic Knowledge Acquisition Scale	8.3	8.3	8.3	7.4 <sup>1</sup>
Topic Specific Knowledge Acquisition Scale	11.7	12.9 <sup>1</sup>	12.2	12.6 <sup>2</sup>
Presentation Scale	12.0	13.3 <sup>1</sup>	12.6	12.3
Generic Benefits Scale	13.7	13.3	13.2	12.4 <sup>1</sup>
Work Related Benefits Scale	26.0	27.2	26.5	26.2
Provided me with new knowledge	4.4	4.5	4.3	4.1 <sup>1</sup>
Helped me better understand what a domestic violence or substance abuse program does	4.7	4.4	4.1 <sup>1</sup>	4.4
Was of no benefit to me	4.7	4.7	4.6	4.3 <sup>3</sup>

\*The N's vary to some extent depending on the number of respondents with missing data on the scales and questions. The N's provided are the smallest N's used in any of the comparisons.

<sup>1</sup>Statistically significant (P<=.05) difference between DVIP and CIS, MECCA or PRATS.

<sup>2</sup>Difference between respondents from DVIP compared to respondents from PRATS, P=.0915.

<sup>3</sup>Difference between respondents from DVIP compared to respondents from PRATS, P=.0585.

Tables 3 thru 6 indicate that there are several significant (p< = .05) and nearly significant (P<=.0915) differences between the scores on the training assessment scales and questions used in this analysis. It would be difficult to make a case that every statistically significant difference is of some practical significance, but two patterns emerge that most likely are of some practical consequence. First, it is rather clear that PRATS affiliated staff feel they have gotten less from the training sessions they attended than the staff at any of the other agencies. There are several significant (p< = .05) and nearly significant (P<=.0915) differences between the PRATS scale and questions scores and the other agency scores, and with one exception (the Generic Benefits Scale score for PRATS and DVIP), the PRATS scores indicate less satisfaction with the training sessions. Based on the three core questions, it would also appear that the staffs from the two domestic violence programs felt they got more out of their training than did the staffs from the two substance abuse agencies.

**Baseline knowledge estimates.** Table 7 shows the percentage of respondents from each agency that responded to several questions prior to training in a manner that would indicate a need for substance abuse/domestic violence related training.

Table 7. Respondents Who Indicated a Need for Substance Abuse/Domestic Violence Training By Agency (In Percent).

<b>Treatment need related question</b>	Percent of Respondents Indicating Need for Training			
	<b>PRATS</b> (N=25)	<b>MECCA</b> (N=56)	<b>CIS</b> (N=13)	<b>DVIP</b> (N=21)
1. To what extent do you think your training experiences have led you to understand the treatment needs of clients with both domestic violence and substance abuse issues	36.0	41.1	23.1	42.9
2. Our agency can provide what our clients need for substance abuse and domestic violence issues on our own	88.0	92.9	100	100
3. I have someone I can count on in my agency who can support me in my work regarding clients impacted with both substance abuse and domestic violence issues	4.0	9.0	38.5	19.0
4. I have the skill needed to assess whether or not a woman is experiencing domestic violence in her life	40.0	42.8	NA	NA
5. I feel comfortable asking clients questions related to domestic violence	12.0	25.0	NA	NA
6. I know how to complete a written safety plan with a client	56.0	62.5	NA	NA
7. I feel comfortable asking clients questions related to alcohol and drug use	NA	NA	23.1	23.8
8. I am confident in my ability to help a client who has a problem with alcohol or drug use develop a relapse prevention plan	NA	NA	69.2	95.2
9. I am confident with my level of knowledge about the types of substances and their effects on physical, cognitive and behavioral functioning	NA	NA	76.9	76.2

With the exception of the difference between CIS and PRATS on question 3, none of the differences in Table 7 are statistically significant ( $P \leq .05$ ). This difference may be of some practical consequence and there are many other patterns of differences that might also be of some practical consequence. First, it is clear that a majority of the staff from the two domestic violence programs feel comfortable asking their clients questions about substance use (question 7, few respondents reporting they strongly disagree, disagree or are not sure that they are comfortable asking such questions), but the vast majority have little confidence that they can appropriately interpret the information they might obtain or devise a plan to help those clients that might be victims of substance abuse as well as domestic violence (questions 8 and 9). Though somewhat less prominent, the same can be said for the participating staff from the two substance abuse programs regarding questions about domestic violence (question 5) and the confidence to make an appropriate response (questions 4 and 6).

With respect to the two substance abuse treatment agencies, the PRATS staff consistently reported the least need for training. Further, with only one exception (training related question 1), the PRATS facility staff tended to report the least need for training of all the facilities. Clearly the PRATS staff began their training experiences with the notion that they had the least need for domestic violence training. With respect to the two domestic violence programs, there is no consistent pattern of one agency reporting more need for training than the other. Finally, the staff in the two domestic violence programs in most instances (training questions 2, 3, 4 compared to 9, 5 compared to 7, and 6 compared to 8) saw more need for training in substance abuse than did the staff in the two treatment agencies see a need for training in domestic violence. Also interesting in this regard was the quite large differences between the two kinds of agencies in terms of their ability to draw on advice about substance abuse or domestic violence from someone within their own agency (question 3). Less than 10% of both the treatment agency staffs reported they had no such domestic violence resource person in their own agency and 19% or more (38% of the CIS staff) of both the domestic violence staffs reported they had no such substance abuse resource person in their own agency.

**Discussion.** All the findings reported in this study must be considered exploratory at best. Still, there are several patterns of findings that could have training protocol related repercussions.

First, all the findings in this analysis consistently indicate the need for the cross training of substance abuse and domestic violence staff and consistently indicate that the training provided was of considerable value to the vast majority of the staff who participated. The justification for training and the relative success of the training provided to date is well documented.

Second, though the differences between the males and females who participated in the training sessions were small and statistically non-significant, the female participants consistently reported that the training sessions were of more value to them. Perhaps the training protocols should be reviewed to make sure that they are made equally relevant to male and female participants.

Third, there is no consistent evidence that the training sessions were any more or less effective for participants of varying age and time-in-field experience. Still, it is quite likely that staff will present with varying levels of exposure to the topics covered in specific training protocols, and some consideration should be given to matching training protocol content to the different levels of exposure that participants bring to the training sessions.

Fourth, there is some, but not always consistent, evidence that the staffs from the two domestic violence programs got more from their training experiences than did the staffs from the two substance abuse programs. This could mean that the content of the training protocols for the domestic violence staff was somewhat better than those for the substance abuse staff. Alternatively, also consistent with the available evidence, it could

simply mean that the domestic violence staff felt more need for the training offered and, as a consequence, got more out of the training they received.

Finally, most of the staff in both the substance abuse and domestic violence programs knew relatively little about the respective issues relevant to the clients served by their counterpart programs, but there does appear to be a rather wide gap in the availability of in-house expertise in the two types of programs. The majority of the staff in both types of programs felt there was someone within their own agency that they could turn to for help with a client that was the victim of either substance abuse or domestic violence, but the staff from the two domestic violence programs were much more likely to report that they have no substance abuse resource within their own agency. Also, the staff from the PRATS substance abuse program generally reported the least need for training and generally reported they got the least from their training experiences.

These findings raise a significant training protocol issue, should all the staff from every agency be exposed to the same training protocol? Agencies that already have in-house expertise may not need to train any other staff person in that agency. Alternatively, perhaps all staff should be trained to identify clients who are victims of both substance abuse and domestic violence, but they do not need to be trained in the best practices to deal with that dual diagnosis. Only one or a few staff in any one agency might need to be well versed in the best practices for dealing with such dual diagnosis clients. Further, some substance abuse and domestic violence agencies may not need the number or depth of training experiences that another agency might. A means of identifying the kind and extent of training needed in each agency would minimize any redundancy in training exposure, make maximum use of the limited training resources (both time and money) available and ultimately provide the most help to battered chemically dependent women who are victims of both domestic violence and substance abuse.

While there are many training protocol issues that remain unanswered, there is every reason to believe that the experimental protocols introduced in Iowa to date have produced promising results. However, before the current training protocols are expanded to include other substance abuse and domestic violence agencies there needs to be some consideration given to the issues raised by the analyses of the current protocols. Also, when the expansion occurs, it will need to be at least as well documented and evaluated as the current protocols.



## **IV. Lessons Learned/Recommendations**

### **Lessons Learned**

The evaluation of collaborative efforts provides an interesting thumbnail sketch that reflects what can be developed when local service agencies, local and state governments, and academic institutions build a commitment to improve service offerings to a currently underserved population. The ISP team, CIS, PRATS, MECCA, and DVIP have completed one year in the development of relationships dedicated to enhance the services provided for chemically dependent battered women and their children.

This project is off to a healthy start with 14 trainings offered to nearly 90% of both domestic violence and substance abuse staff members in Mason City and Iowa City involved in providing services to chemically dependent battered women. As is true in most collaborative efforts, the early stages of work involved many meetings, phone calls, teleconferences and changes in direction as the stakeholders identified a path that included their individual needs and preferences and established a set of mission goals that prioritized what was most needed and most possible to accomplish. The stakeholders in each agency and the ISP team deserve credit for the value placed on the process of developing relationships; hopefully connections that will hold fast during several stages of a long-term work plan. All too often the work and time needed to truly build trust and a consensus on the priorities of objectives can be rushed and given too little value.

### **Mason City**

CIS and PRATS have enhanced the relationship between their two agencies. CIS has been offering an education group at PRATS once a month for quite some time, and both directors have been working on community-wide projects, and isolated “hit and miss” collaborative efforts together on related topics. The Integrated Services Project has provided the opportunity for the agencies to move into a more elaborate phase of cooperation and collaborative planning. This evaluator has watched a core team from both agencies move from a place of hesitancy, worries about being inappropriate in their questions, a lack of information as to each other’s capabilities, and the natural insecurity of how to proceed to work together, to a new stakeholder table where personalities are emerging, people are figuring out each other’s ways of thinking, laughter and chit chat have begun, and staff members are arriving a few minutes early to talk about the events of the week, comment on a group or a training, and share their concerns and strategies about particular clients and their transitions to a healthier life. A respect for each other’s agency work is developing.

Something as simple as name and face recognition in a small rural area has made some of the staff feel reassured that they are involved in important community work and are feeling more free to express pride for the work they are doing. Domestic violence workers and substance abuse treatment workers alike are often targeted in communities, by having their work questioned, because so many clients need so many chances at help before results happen. Communities can often question the value of the work provided

and in a small community such a perception can create an isolative atmosphere for staff. Any relationship building that assists CIS and PRATS staff members in taking pride in the challenging work they do is a positive for the community as a whole.

Both agency directors are committed to their work and the mission of their agencies. It has been refreshing to see the two directors clearly role model a team atmosphere at the table. PRATS is about three times the size of CIS in terms of staff, as is their budget and their monetary support in the community. Any work the two agencies can do together to support chemically dependent battered women will be a productive change for the community.

As Mason City moves into year two of the project and crosses the bridge from education to implementation, it is important for the new collaborative team to move slowly and make sure that implementation decisions are supported by everyone involved. Careful consideration should be given to philosophical differences between the two agencies, including the huge difference between advocacy for CIS and treatment for PRATS. Job shadowing could provide valuable time for learning about each other's systems. The more staff that could do shadowing, the more likely the break down of myths that their shared clients help support with their stories about the "other place" will continue.

CIS is now ready for support service providers from PRATS to come to their "house" and offer substance abuse education groups for women in the shelter. It will be important for those arriving from PRATS to understand the necessity for advocacy and empowerment models in the shelter system. If women are to continue feeling safe about coming to the shelters and letting the community know they are being battered and need help, then advocacy and empowerment issues must be given a high priority. And in return, whoever brings service from CIS to PRATS will need to be clear about the regulatory processes of licensure and treatment, and why certain policies and procedures are in place for the protection of clients and for the continuation of funding.

This evaluator is of the opinion that both CIS and PRATS are at the beginning stages of understanding these differences behind the very mission statements that are so vital to each agency. Each agency now has a team of 4-5 individuals who are beginning to see the rationale for each other's core values and the need to respect and respond accordingly.

## **Iowa City**

Iowa City's size and unique character must be considered in any discussion of the process for DVIP and MECCA during their first year of effort toward the Integrated Services Project. The presence of the University of Iowa in Iowa City, changes the flavor of everything that happens in the Iowa City area. The student population of 28,800 is almost half of the 62,220 population for the city, and thousands of Iowa City residents are employed by the university at the teaching hospital and the university system itself. Without the university, Iowa City would be the same size as Mason City, and would be

more characteristic of a small rural community. The academic setting in Iowa City has provided training and collaborative opportunities that are seldom available in the rest of the state.

DVIP and MECCA should also be considered in a different light because they have access to medical, judicial and collaborative opportunities that are not often found in small communities; hence they begin their work with ISP in a different place. Access to interns, students, researchers, and the hospital has provided opportunities and services that are simply not as available, or affordable, elsewhere in Iowa. For example, DVIP has a training/education director, a shelter director, an outreach coordinator and an executive director to work directly with funding sources and community resources. One person fills all these roles in Mason City. MECCA has a CEO, three treatment sites in other communities in Iowa, in addition to their satellite offices in six other counties. One treatment site is available in Mason City and there are no other facilities closer than an almost three hour drive for clients to utilize. Staff turnover also occurs much more frequently in the Iowa City agencies than in the Mason City agencies if for no other reason than the substantial differences in the sizes of the organizations in the two communities. High staff turnover rates present a special challenge in terms of developing lasting relationships both within and between the staffs in the two Iowa City agencies..

DVIP and MECCA are clear in their understanding of the work that needs to be accomplished for battered chemically dependent women, but both agencies appear to view their participation in the project as less of a cooperation between agencies and more as an enhancement to the work that each agency is already pursuing. As such, the trainings for these agencies had to not only highlight the myths surrounding the work of each organization, but also to some extent overcome the feeling by each agency that they could pursue the goals independently of each other. Also, the trust level between the staff members of the two agencies are not as developed as one would think considering that the two agencies have worked together on some collaborative programming efforts over the years. Opinions about each other may actually be more firmly entrenched because of the work, particularly if the combined efforts left something to be desired.

For example, a support/educational group that is held at MECCA by DVIP staff, has a required attendance policy for all women entering residential treatment at MECCA. That requirement does not suit the empowerment philosophy of DVIP, that encourages allowing women to reach a place in their lives where they reflect on their situation and recognize the need for change and, in their own time, ask for the help needed. MECCA sees the educational nature of the group as an opportunity to provide the information during treatment that might be the driving force to help a client see that domestic violence is interfering with her life and her sobriety. MECCA makes decisions about requirements for all clients to create a daily structured treatment environment. In discussions this year, DVIP staff members have indicated their lack of support for the required attendance, and it is clear that this fact alone can work against the ability for trust and respect for each other's philosophies to grow.

Joint meeting discussions and training discussions lacked the flow that trust and respect can provide, and there appears to be a tremendous need on each side to be listened to, validated, and understood. Agencies that have been working over time to develop a relationship, usually get past that initial posturing and need for recognition of their value and move into the space of “Okay...now we know each of our agencies do good work...let’s plan something together.” Even after meetings, discussion, and trainings, MECCA and DVIP still appear to be surprised when they have ideas or opinions in common, and several of the staff members at the table still seem to be looking for the problems or conflicts and are having trouble moving into a position of trust or respect.

Task-oriented team members in each agency have had enough talking and want to move forward with some programming which is positive. The trainings have accomplished enough breaking down of barriers to have staff member acknowledging the need to improve services. Perhaps moving into implementation discussion will be the very place where some of the trust hesitancy will come up, so whatever is still needed to build that trusting relationship can come to the surface. This evaluator has not observed any purposeful blocking of forward movement. It is simply a growing pain that will need to be dealt with, before both agencies can get through all of the protocol, compliance, and regulation issues they will have to settle before some joint services can happen. Perhaps there will be more co-location of services for these two agencies than actual integrated teams initially. It may well be that a co-location of service process will assist in the trust building that needs to continue.

### **The Integrated Services Project Team**

The Integrated Services Project Team is truly a working team as we close this first year. Personnel changes, different functional structures from the original proposal, and adjusting to the differences between the two cities involved in the projects has demanded focus, flexibility, and establishing a firm commitment to a mission for the project.

The ISP team has been through a relationship-building process that has mirrored the work of the agencies throughout the year. The ISP team had to go through the processes of building trust, learning about one another’s philosophical differences, balancing the expertise of the team, and coming to a consensus on a work plan for the project. The team has been open to the many changes, even though the nature of change brings stress, disagreement, and a need for discussion of all the issues. It has been a pleasure to work with a team that is so dedicated to developing and implementing integrated programming for chemically dependent battered women. Ms. Rindels, Ms. Leff, and Ms. Atkinson are committed to the ISP work and take great pride in their efforts to move services forward for women struggling with so many difficult issues. They are participating in trainings and workshops to build their expertise in both fields to ready themselves for additional trainings so they may positively role model the need for having a good knowledge base of the problems encountered with each issue.

It has been particularly rewarding to note the team’s responsiveness to the needs of the agencies. They were willing to regroup when thrown a curve by any of the sites and go

back to the drawing board, problem-solve, work through challenging tasks and still keep client welfare as the top priority. Though often frustrated by a lack of enough time to do all that needs to be done, the ISP team has continued to sort, finesse, and figure out the best path to accomplish the desired goals. The constant need to change directions as new events unfolded has made it difficult to document all the changes that occurred and keep everyone informed. The team, however, has heard the requests for more organization geared to communications, minutes, agendas and meeting scheduling, and is working to develop a more coordinated system.

As a team, they were challenged to find their own blend of teamwork, trying to blend academic administrative structure, research protocol, advocacy-based programming and treatment-based programming. The work has paid off as a unique style of working together is emerging and will continue to shift and change as new agencies are added to their mix of collaboration during the next year. The bottom line for this team remains the same: What do chemically dependent battered women need and want?

The evaluation process was more challenging for some team members than others, which is certainly the norm. It is difficult for projects, particularly new projects, to embrace the need for evaluation as they are busy trying to figure out what they are going to do. Initiating a project is anxiety-producing and being evaluated on how your process is moving along only adds to the anxiety level. As well, the pressure of added forms, minutes, and the collection of material to back up work was not always welcomed or understood. Over the course of the year, however, the team seems to have come to a better understanding of what evaluation can provide for a new project as it takes form.

The evaluation field is filled with many styles and theoretical models, ranging from a distance approach that records, observes, and produces a final year end document, to one that actively and purposefully brings issues to the attention of the team in order to enlighten the formative process and give teams an opportunity to change and shift for the betterment of the project during the process of the work as it unfolds. Professor Downs was clear from the beginning about preferring constant input/feedback from the evaluator. Evaluation that provides constant input demands that the evaluator be available for most, if not all, meetings involved in the formative process. The fact that the project involved four different agencies in two cities over 180 miles apart, and the ISP team was in a different city from the evaluator and the sites, the project was fortunate that the investigator understood the importance of documenting the formative stages enough to provide the funding needed to allow this evaluator to be available to watch all parts of this project unfold.

Over 50 meetings and trainings were held during the course of the first year, and only four events weren't covered by someone from the evaluation team. It is impressive that the project took advantage of such evaluative documentation. Their mission is to assist agencies in cross-training endeavors, and start integrated programming after trainings have begun. A comprehensive documentation of all the activity that occurred, both successful and unsuccessful, will be of great benefit to other agencies that might wish to pursue similar goals in the future. In addition, this evaluator wanted to help prepare the

team for the eventuality of compliance-based evaluation and provide a structure based on a logical model that would hopefully develop goals that would be measurable. This would help the team prepare a data collection base that would allow them to document the impact of their work over time. As a result, the ISP team will have a wealth of information to share with other sites interested in the same type of work.

## **Recommendations**

The year end interviews validated the responsiveness of the ISP team and praised the benefits of the trainings provided during the first year of the project. There were no negative responses as to the value of the project, and enthusiasm for continuing the work is high at this time. Recommendations for Year Two will involve consideration for the following challenges:

- Collaborative efforts characteristically struggle to maintain momentum. Agency staff members are already expressing concern about keeping the work going. It will be important to continue to improve on communication strategies between agencies and the ISP team members, including making sure that minutes are sent to all stakeholders involved, and that there are clear agendas in advance of meetings so stakeholders can be prepared for the meetings they attend and be ready to contribute productively.
- Year Two planning and implementation must prioritize a continuous training strategy that includes initial training for new staff, as well as inservice training and discussion to see if/how well training curriculum is being incorporated into the agency structures. A training manual should be developed that includes lessons learned about the collaborative challenges and processes between the two fields, substance abuse and domestic violence. Such a manual would provide an opportunity for any interested agencies to benefit from this year of work.
- Assess the need for different levels of training for different levels of expertise as each project moves forward in their delivery of training and service. As suggested in the previous data section (Section III), training issues will need constant monitoring.

Evaluation form data which appear to indicate the need for considering varying levels of training need, may only reflect divergent gender-based opinions regarding domestic violence issues. It will also be important to evaluate the benefit of exceptionally trained and less-trained staff working together during trainings to accomplish the desired change in agencies; the creation of a supportive climate where battered chemically abusing women are receiving the attention, treatment and safety needed to succeed in leaving a violent using world behind.

- Evaluation of current assessment processes must take place in all agencies. Continuous assessment for substance abuse and domestic violence indicators will insure maximum opportunities for disclosure and appropriate intervention.
- Substance abuse agencies will need to examine their treatment planning in relationship to couples counseling, including partners in the treatment of a woman client, and family therapy, all of which may be contra-indicated for battered chemically abusing women.
- Domestic violence programs will need to examine policies regarding alcohol or drug use by clients. Safety planning may need to change if using is an issue for a woman or her partner.
- Substance abuse agencies will need to explore less-confrontive models of treatment interventions for battered women, who respond to the confrontational approach with resistance stemming from their experiences with controlling batterers.
- Shelters must examine their curriculum and offer coping mechanisms for clients that do not support the loss of sobriety and consequently safety. If battered women are to be safe, staff members must acknowledge women's substance usage rather than fear labeling women, and help women see the futility of trying to use and remain safe and clear-headed at the same time.
- Gender specific curriculum of some type is essential if battered chemically abusing women are to voice their realities without fear of reprisal.
- The ISP team will benefit from continuing to learn as much as they can about both substance abuse and domestic violence. This will help them build credibility from staff in both fields, which will help them to successfully integrate support services in the agencies.
- The ISP team, with less funding, no additional staff, and no more hours in the day will need to balance the work of Year Two for Mason City and Iowa City with the the addition of the initial start-up for Cedar Rapids as the shelter services and substance abuse agencies there begin their first year of ISP. It will be crucial for this team to continually assess what is possible. It would be easy to allow the team's commitment to chemically dependent battered women to spread the work and tasks so thin that nothing gets covered and tended to productively. It will be important to stay clear about their mission, and prioritize what can reasonably happen.

A tremendous amount of work has been accomplished during this first year. Twelve hours of training for about 90% of the relevant direct staff members is a significant accomplishment. The relationship building has begun, the relevant stakeholders are at the table, and the staff members in all agencies are in the beginning stages of

understanding the benefits of blending the services for battered chemically dependent women. The appropriated funding has provided an opportunity for productive change in how women with both issues move forward to safety and sobriety.

### **Comments for Funding Sources**

A particular interview question at year's end asked what each stakeholder would like to have the funding sources know about this first year of the Integrated Services Project. The responses were as follows:

- This work is vital.
- Need to have long term study to really begin to get at outcomes and results.
- Need a definition of success that includes gains made along the path to safety and sobriety.
- In the long-run this is the cost effective answer.
- This is a costly societal problem and treating it properly will save money.
- Substance abuse agencies nationwide could be doing harm to women in violent relationships and we need financial support to educate all of us.
- This is the core of homeland security...no safety at home...who can care if other aren't safe...too busy staying alive.
- Save these children from more harm.
- Don't short change the time needed here by taking away money.
- Continue to evaluate us and let us show you what can be done.
- There is less duplication of service this way.
- Our world is only at the beginning edges of understanding the impact of domestic violence.
- The whole project is a very small dollar pot relative to its value.
- Working this way makes less cracks for women to fall through.
- The concentration of effort has been terrific.
- We are already providing better service and long-range it will only get better.
- The stigma around women with both issues is so pervasive that even the funders at the federal level don't identify this population in their RFP's.....why??
- Dual issues are pervasive and cross all walks of life.
- Agencies fear that harm is being done because appropriate treatment isn't being done in terms of family work.
- Gender specific material and RFP's should always include domestic violence
- This work is innovative.....this work is the future.
- Blending this work alleviates multiple hoops that overwhelm women as they move back and forth between requirements of different services and treatments.
- This project provides a huge opportunity to help protect and increase safety for families.



## **V. Appendix**

Materials referenced in the report were as follows:

- Mission Statement for the Integrated Services Project
- Pre-Project Surveys
- Training Evaluation Forms
- Year End Interview Questions
- Meetings and Trainings Attended by Evaluation Team