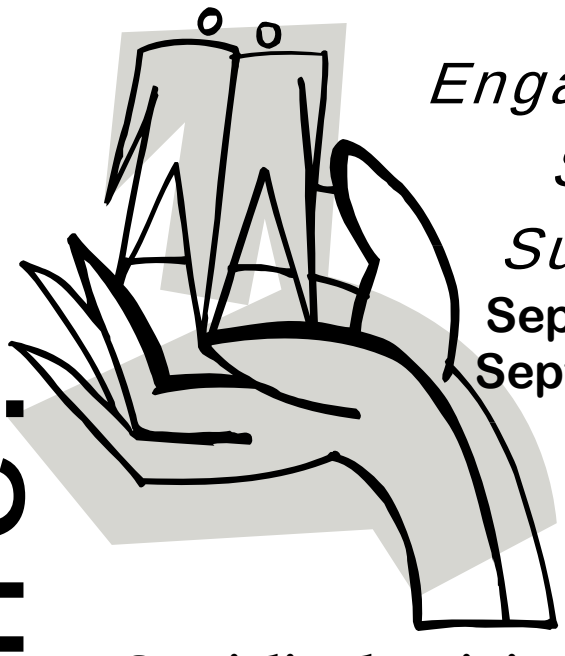
Welcome!



Engagement Strategies: Service Delivery in Supportive Housing

September 25 1:00 - 4:30pm
September 26 8:30am - Noon

Fort Worth Housing Authority Auditorium
1201 E. 13th Street ▪ Fort Worth, TX

Specialized Training for program directors and front-line case managers working with special needs homeless populations.

Topics to be covered:

- ✓ Goals of engagement
- ✓ Stages of change
- ✓ What if this does not work? What next?
- ✓ Enhancing motivation for change
- ✓ Principals for motivational interviewing

Presented by the Corporation for Supportive Housing.
"CSH helps communities create permanent housing with services to prevent and end homelessness."

CSH supportive housing it works

Sponsored by the Tarrant County Homeless Coalition ▪ **www.AHomeWithHope.org**

TCHC

Effective Engagement in Supportive Housing

CREATE THE PROPER PHYSICAL ENVIRONMENT

- Make people feel comfortable and offer private spaces for talking
- Meeting areas should be clean, well lit and not too noisy
- Remember, this is where people live, so it should not appear or feel institutional

RESPECT, ACCEPT AND SUPPORT PEOPLE

- Always address tenants by name
- Be friendly and use eye contact when talking
- Be responsive to tenants' requests
- Don't turn people off by lecturing, demanding, or being too analytical

DEVELOP ACTIVE LISTENING SKILLS

- Focus attention on the speaker and tune into the speaker's feelings
- Avoid roadblocks to listening
- Reflect back what is heard
- Ask clarifying questions and explore for meaning

LET THE TENANT'S GOALS DRIVE THE SERVICES OFFERED

- All services should help the person reach his/her intended goals
- Remember, there is no such thing as a "wrong" goal
- Reinforce all achievements along the way
- If a tenant hasn't reached a goal in a realistic time frame, it should be viewed as a problem with the goal or the steps towards it, not with the person
- Outline obstacles to achieving the goal and list them as steps in the process

HELP PEOPLE MAKE INFORMED CHOICES

- Engage people in choices about their lives and their homes
- Encourage tenants to inform decisions about rules, common spaces, etc.
- Establish committees or project work groups made up of both staff and tenants
- Discuss lack of choices in certain situations

BE CONSISTENT WITH REPEATED, PREDICTABLE PATTERNS OF INTERACTION

- This can be especially helpful with mentally ill tenants
- If a tenant does not want to talk and asks you to leave, remain polite, say goodbye, and let him/her know when you will return

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Note: This document is included within the *Supportive Services* section of CSH's *Toolkit for Developing and Operating Supportive Housing*, which is available at www.csh.org/toolkit2. This document has been adapted from the HUD-funded curriculum *Developing the Supportive Services Program*, which is available at www.csh.org/training.

- **ENGAGEMENT SHOULD BE NON-THREATENING**
- Do not choose controversial topics during initial engagement attempts
- Do not agree or disagree with delusional content when working with mentally ill tenants - instead, look for a shared reality

SPECIAL CONSIDERATIONS FOR THE ENGAGEMENT PROCESS WITH PEOPLE WHO HAVE A MENTAL ILLNESS

DEVELOP A SHARED REALITY: The base of reality can be different for a person living with serious and persistent mental illness. Developing a shared reality assists worker and resident to mutually agree upon service needs.

CONSISTENT INTERACTION: Repeated and consistent interaction over time is key to developing trust. Interactions can also be informal and non-demanding. This helps the person to feel accepted and develop comfort with the worker.

RESIDENT MUST HAVE CONTROL: Worker needs to strike a delicate balance between communicating an interest in and concern about the person without engendering fear or distrust. The consumer should be allowed to set limits and exercise control in the interaction.

DO NOT DENY OR "JOIN" DELUSIONS: The worker attempts to engage the individual in reality-based areas of experience, avoiding a focus on delusional content. The worker neither directly confronts nor reinforces delusional content, but instead attempts to respond to the feelings related to or created by the delusion.

COMMUNICATE YOUR ROLE CLEARLY: The worker states his/her role clearly and is specific about how he or she can help. Responding to the person's felt or physical needs is often a vehicle for engagement that creates opportunities to address other goals.

SPECIAL CONSIDERATIONS FOR THE ENGAGEMENT PROCESS WITH PEOPLE WITH SUBSTANCE USE ISSUES

- Do not pursue the issue of tenant's substance use as an engagement vehicle. This issue is best pursued once a relationship is in place that will sustain this kind of discussion. At the same time do not collude with the tenant's denial by ignoring provocative signs.

- Worker should be aware of own judgmental attitudes regarding substance use and avoid conveying them to the tenant.

- Maintain realistic expectations. Helping people effect change in their lives is most often a slow, gradual process. Do not expect major changes to occur overnight.

Effective Communication Techniques: Open-Ended Questions and Reflective Listening

A. EXPLORATION AND OPEN-ENDED QUESTIONS

EXAMPLES OF CLOSED-ENDED QUESTIONS:

- Would you like to…? (something specific)
- Can I...?
- Would it be better if you...?
- Don't you think you should...? (Leading questions can sound judgmental)
- Were you scared that...?
- Why don't you...?
- Do you like your new psychiatrist?

AN OPEN-ENDED QUESTION IS ONE THAT:

- ✓ Establishes an atmosphere of acceptance and trust by defining your role as one who listens.
- ✓ Encourages the speaker to do most of the talking.
- ✓ Encourages the speaker to explore her/his problem.
- ✓ Cannot be answered by a "yes" or "no" or other short answer.

EXAMPLES OF OPEN-ENDED QUESTIONS:

- What's going on?
- What is the problem?
- How are you feeling about that?
- What is it that you would like to discuss?
- In what way might I be helpful?
- How do you feel about your new psychiatrist?

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B. REFLECTIVE LISTENING

Reflective listening is a skill used to help motivate people. While listening involves keeping quiet and hearing what a person has to say, reflective listening involves listening and responding to what a person says in such a way as to clarify a person's meaning. To do this well we must actively select what content we want to reflect with the goal in mind of building motivation for change.

WHY USE REFLECTIVE LISTENING SKILLS:

- Most statements have multiple meanings.
- Reflective listening is a way of checking, rather than assuming that you know what is meant.
- Reflective listening helps people think things through on their own.
- Reflective listening helps people feel understood.

HOW TO LISTEN REFLECTIVELY:

- When a person speaks, he or she is trying to communicate a meaning. This is coded into words, often imperfectly. The listener has to hear the words accurately and then decode their meaning.
- The listener forms a reasonable guess as to what the person means and gives voice to this guess in the form of a statement.
- It should be in the form of a statement rather than a question since questions can distance the speaker from his or her experience.

EXAMPLES OF CLARIFYING STATEMENTS INCLUDE:

- I want to make sure I'm understanding this correctly.
- I'm going to try and review the main points we've discussed so far.
- It sounds like your primary concern is…
- What I hear is…
- Please correct me if I'm wrong.
- The speaker then has the opportunity to validate, elaborate or change what he or she meant.

Case Studies: Finding Common Ground and Engagement Strategies

This tool provides several sample cases that can be used as a training tool for supportive housing staff.

Please discuss the following questions for each case study:

- What are some potential areas of "common ground" for the identification of goals with this tenant?
- What are some of the engagement challenges and opportunities with this tenant? How would you engage this tenant?
- How would you proceed from here?
- How does the services philosophy of your agency influence or shape your answers to these questions?

CASE STUDY #1 - CELIA

Celia is a 53-year-old articulate woman referred by a Transitional Living Community (TLC), who has been living in your permanent housing residence for about four months. While living in the TLC, she received on-site mental health services. Since moving in, she has refused to connect to any mental health services stating that she is not mentally ill and scoffs at the idea. She has diabetes and hypertension and is receiving treatment for these illnesses. Celia is quite talkative. She particularly enjoys sharing stories about her life in the Dominican Republic, as well as her trips to NYC museums. When mental health issues are brought up, she appears frustrated and finds a reason to end the session. She frequently states that she is a "Golden Buddha" and was a master chef at the age of 3. Celia has not been on medication for the last three months.

CASE STUDY #2 - SARAH

Sarah is a 61-year-old woman who has been living in your residence for three months. She is one of the most fashionable tenants in the building and often comes up to show her outfits to staff. Although Sarah is very friendly, she presents as very reluctant to share any issues about her personal life. Over the last month, her hygiene has deteriorated and tenants in the building are complaining to staff that Sarah smells of urine. Over the last couple of weeks, Sarah has become more and more distant.

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CASE STUDY #3 - JOSEPH

Joseph was referred from a church shelter and moved into your housing program four weeks ago. He was referred with little documentation, and during intake he shared minimum information about himself. He did, however, state that he has had really bad luck with social workers. Joseph has avoided meeting with staff and missed many of his appointments. As part of your program policy, you must begin to develop a psychosocial but have minimal documentation. When Joseph finally does come meet, you ask him if he would mind if you asked him some questions about his life history. Joseph says that all he needs is help with his Medicaid Card, which he states is inactive.

CASE STUDY #4 - MICHAEL

Michael is a 40-year-old man, new to your housing program, who was referred by a Transitional Living Community. His hygiene is poor and in the short time he has been at your site, he has gotten into two verbal conflicts with other consumers. He will only spend five minutes with you at a time, is very polite, and declines any offer of services, saying: "Thank you so much, dear, but as soon as I get my problems straightened out at Columbia University, I'll be fine." He believes that he is President of the University as well as a physics professor. He is very frustrated that the security guards there will not allow him to use the library so that he can do the reading he needs to do to prepare his lessons.

Role of the Case Manager

Case Managers help residents identify and achieve their goals and meet their needs through the provision of access to various services. A Case Manager addresses the physical, psychological and socials needs of the person and helps him/her to maintain housing. Roles and responsibilities of a Case Manager within a Supportive Housing program might typically include:

- Providing support and assisting tenants to identify and achieve goals.
- Facilitating access to educational services and vocational services.
- Supporting tenants' recovery from substance abuse.
- Assisting with socialization and recreational activities.
- Helping manage crisis.
- Assisting tenants to develop Activity of Daily Living (ADL) skills.
- Providing education about medications and medication management support.
- Assisting tenants to develop community living skills.

Additionally, a Case Manager will negotiate, advocate, inform, coordinate and serve as a liaison to other professionals and service programs. Some of the linkages Case Managers access to help people meet their goals include education programs, vocational programs, medical providers, entitlement centers, advocacy groups, day treatment programs, psychotherapists and psychiatrists.

A Case Manager may choose to define his/her role as that of:

- An Ally
- A Problem-Solver

As an Ally, a Case Manager may choose to provide the following kinds of support:

- Help person to locate opportunities to give or use their gifts and skills.
- Expand the person's imagination.
- Tell stories of what it is like to "get to the other side."
- Stand by the person emotionally and physically.

As a Problem-Solver, a Case Manager may choose to emphasize a step-by-step approach:

- Identifying the problem.
- Establishing the goals.
- Developing the plan.
- Implementing the plan.
- Evaluating success – and the plan's impact on the problem.

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The Process of Goal Setting

The process of goal setting involves many skills. The Case Manager in supportive housing projects works with the tenant to create a plan of action for reaching the tenant's goals.

- Listen to the person and reflect back what is heard to clarify and check understanding.
- Acknowledge that every person has different goals and ideas of how to reach those goals. Goal setting is an individual process.
- List and discuss obstacles to reaching goals.
- Separate problems and break them down into component parts.
- Explore every aspect of the problem after separating out the different components.
- Empathize with the person's feelings about goal setting and unmet goals. Many people living in supportive housing have experienced significant interference with their ability to achieve their goals.
- Prioritize issues to be addressed.
- List and discuss all possible options for dealing with problems as well as all steps for reaching the tenant's goals. Steps should be achievable, even if the long-term goal seems out of reach.
- Work with the individual to select the best options for problem solving and reaching goals.
- Goal setting is a fluid process and setbacks are to be expected. Be prepared to change goals and/or steps to reaching them.
- Discuss steps in terms of a realistic time frame.
- Positively reinforce all achievements along the path towards reaching goals.

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Motivational Interviewing

Motivational interviewing is a way to help people recognize and do something about their present or potential problems. It is intended to help resolve ambivalence (particularly useful to change-reluctant persons) and to get a person moving along the path to change.

In motivational interviewing, the worker does not assume an authoritarian role - responsibility for change is left with the individual. The strategies of motivational interviewing are more persuasive than coercive, more supportive than argumentative. The worker seeks to create a positive atmosphere that is conducive to change. The overall goal is to increase the tenant's intrinsic motivation, so that change arises from within rather than being imposed from without.

In this approach, the tenant is treated with great respect and as an ally rather than an opponent. Motivational interviewing is about helping to free people from the ambivalence that entraps them, yielding repetitive cycles of self-defeating and self-destructive behavior.

FIVE GENERAL PRINCIPLES

EXPRESS EMPATHY: Acceptance facilitates change. Skillful reflective listening is fundamental. Ambivalence is normal.

DEVELOP DISCREPANCY: Awareness of consequences is important. Discrepancy between behavior and goals will motivate change. Tenant should present the arguments for change.

AVOID ARGUMENTATION: Arguments are counterproductive. Defending breeds defensiveness. Resistance is a signal to change strategies. Labeling is unnecessary.

ROLL WITH RESISTANCE: Momentum can be used to good advantage. New perspectives are invited but not imposed. Tenant is a valuable resource in finding solutions to problems.

SUPPORT SELF-EFFICACY: Belief in the possibility of change is an important motivator. Client is responsible for choosing and carrying out personal change. There is hope in the range of alternative approaches available.

Adapted from *Motivational Interviewing: Preparing People to Change Addictive Behavior*, by William R. Miller and Stephen Rollnick

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Using Referral Sources

Working in collaboration with existing community services is vital to the case management system. A major principle of this model is a good referral system.

- Share resources and lessons learned between staff. There is no reason to reinvent the wheel when using outside services.
- Integrate your program into the community to widen the availability of resources.
- Invite community representatives from various referral agencies in your area for community meetings.
- Send literature about your program to referral sites.
- Get to know the contacts at the various referral agencies.
- Integrate resource sharing into the programmatic design at your site (In-house resource log, community rolodex or database with important numbers and contact persons, tenant and staff input on the quality of services offered by referral agencies.
- Be mindful that sharing of confidential information between your site and the referral site should be done only when a consent form has been signed by the tenant. Be sure to have releases (consents) signed by tenant for active and consistent communication between case management and referral site.
- Be sure to document all salient information received or given to referral agency.

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Developing an Individual Service Plan

CONSIDERATIONS FOR DEVELOPING AN INITIAL INDIVIDUAL SERVICE PLAN:

- The Service Plan is an ongoing process throughout a tenant's stay in your housing program.
- The choices of the resident are central to the service-planning process, which should be considered a resident-driven activity.
- Use communication skills to enable you to write the plan, including engagement techniques, listening, using tenant's words, and re-defining success.
- Identify the needs, which form the basis of the goals and objectives, along with the methods and services that will be used to attain them.
- Indicate strengths and assets relevant to achieving the stated goals and objectives.
- Identify the extent of the tenant's desire and motivation to change.

CONSIDERATIONS FOR WRITING AN INDIVIDUAL SERVICE PLAN REVIEW:

- If you are writing a review, evaluate the resident's progress toward meeting goals and objectives in Service Plan.
- Describe the outcomes and achievements of the tenant.
- Document need for revisions of current Service Plan.
- Service Plan Review should be a resident-driven document, reviewed and revised together.

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Sample Individual Service Plan Form

This document is a sample format for Individual Service Plans to be developed with tenants in supportive housing developments.

Name: _____

Plan Date: _____

Admission Date: _____

Review Date: _____

Goals	Objective to Achieve Goals	Responsible Party	Begin and End Dates	Outcomes (with Date)

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Sample Goal Setting Worksheet

This worksheet is an example of how a case manager and a tenant can collaborate to document the tenant's goals. The case manager should assist the tenant by encouraging him/her to make short-term, achievable goals, as well as at least one long-term goal.

GOAL	STEPS / BARRIERS	WORKER WILL:	TENANT WILL:
1. Get a job by Jan. 2003	1. Prepare resume (8/02) 2. Find job leads (9/02) 3. Practice interviews (10/02) 4. Get interview clothes (10/02) 5. Difficulty getting up early in morning – consider impact of alcohol & address (ongoing)	1. Provide computer access and resume writing classes, review & evaluate (8/02) 2. Provide access to newspaper and assist in job lead search (9/02) 3. Conduct mock interview and videotape for review (10/02) 4. Refer to substance abuse services as needed, provide feedback regarding behavioral observations, be prepared to see resident each morning showered and dressed by 9:00 a.m.	1. Write & type resume (8/02) 2. ID and search papers & other resources for job leads (9/02) 3. Practice interviewing and work to improve interview skills (10/02) 4. Make effort to get up by 8:00 M-F starting next week. If unable to do so everyday, try to stop drinking by 8:00 p.m. the night before. (following week) If unable to do so, cease drinking and/or talk with a s/a specialist. (2 wks from today) Keep 9 a.m. appt. with worker each morning – arrive dressed & showered

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Guidelines for Case Records

Programs are often required to maintain case records or "charts" that document the work with all individuals who are receiving support or are designated to receive services. Case records are useful tools for recording and transmitting information and for documenting progress toward goals.

Requirements vary regarding the amount and type of information that must be documented and how frequently progress notes and service plans should be recorded. Most important, however, is that case records remain current. Programs may also choose or be required to keep track of prescribed medications, physicals, hospitalizations, and collateral contacts with other community services. Computerized recordkeeping systems lessen the burden of updating and storing paper records, and they can provide the service organization with comprehensive information about service utilization.

Documentation is important for many reasons:

- Records help with planning and monitoring progress toward goals
- A well-organized record keeping system provides quick access to important information
- Writing progress notes and service plans can help staff to think more clearly about the work that is being done
- Records assist with continuity of service when there is a change in staff
- Supervisors can use records as a tool to monitor and support the work of staff members
- Records can document accomplishments and areas that need improvement
- Records can reveal patterns of effective and ineffective interventions and support
- Records can serve to document that regulatory requirements and agency policies are being met

To release or receive tenant information to or from other organizations requires permission and signed consent from the tenant. Programs are expected to operate in accordance with federal, state, and local guidelines and statutes for sharing confidential information. Failure to adequately protect the privacy of medical, psychiatric, and substance use treatment and other confidential information is a breach of professional ethics and can be subject to legal action.

While the extensiveness of case records varies widely with the composition of the tenancy and funder requirements, the following is a sample format with recommendations for the frequency of recording.

Identifying information

- Face sheet with emergency contacts (updated yearly or as circumstances change)

Consent forms/Release of information

- Consent forms (updated every six months or document attempts to obtain signature)

Note: This document is included within the *Supportive Services* section of CSH's *Toolkit for Developing and Operating Supportive Housing*, which is available at www.csh.org/toolkit2. This document has been adapted from the CSH's publication *Developing the "Support" in Supportive Housing*, which is available at www.csh.org/publications.

Assessments

- Psychosocial assessment (within first month and annually thereafter)
- Mental status exam
- Substance-use assessment

Service plan

- Comprehensive individual service plan (within first month)
- Service plan review (updated every six months)

Progress notes (usually weekly to monthly)

- Notes reflect progress relative to service plan goals and objectives
- Records date, purpose, signature, and title of worker, setting of service, and any collaterals contacted

Documentation of service participation

- Identifies types of activities used (updated monthly)
- Summarizes attendance at activities and contacts with service staff (updated monthly)
- Documents community-based services used with contact name, address, and phone number

Medical, mental health, and substance use

- General health assessment, including notes on changes in health status
- Medical documents and exams (updated annually)
- Medication regimen forms (updated as medications change)
- Monthly medication log (when medications are monitored)
- Mental health and substance-abuse treatment records

Vocational/Educational

- Vocational assessment
- Career plans
- Employment and educational history
- Military records

Income

- Current income verification (updated annually or with changes in income)
- Entitlements and other benefits received

Miscellaneous

- Incident reports, critical events (such as arrests), discharge summaries, important correspondence, and rent arrears notices

Please take a few moments to fill out this form. Thank you!

Using the scale below, please place a check in the box indicating your evaluation of each of the following aspects of this training.

Training Area	Great (5)	Good (4)	Neutral (3)	Fair (2)	Poor (1)
Overall					
Content					
Trainers					
Materials					
Applicability to your job					

1. What did you find most helpful about the information presented in the training sessions?

2. What did you feel was least helpful about the sessions?

3. If you were to do this training over, what changes would you make regarding content, logistics, etc…?

4. Do you have any unanswered questions about the subjects presented (Y/N)? _____
   If yes, please describe.

5. Please list other topics you would be interested in learning more about in the future.

Thank you for your feedback!