

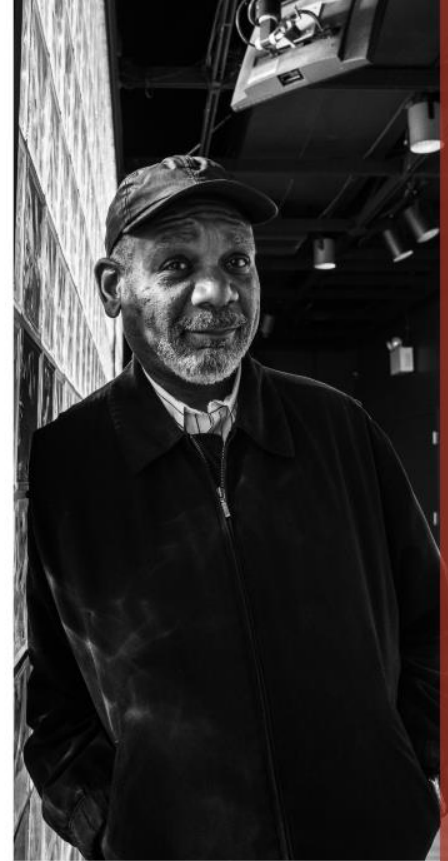


Learn From People Who Do This Work Every Day

Assertive Engagement

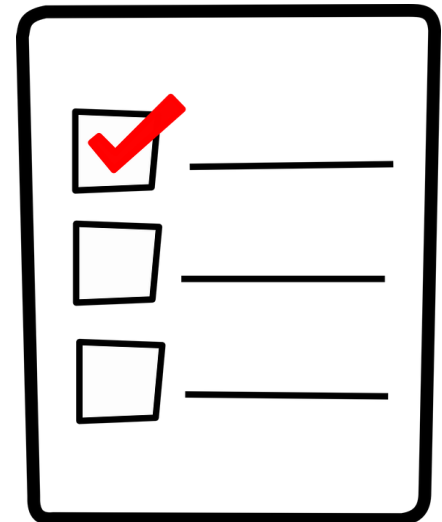
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Today's Agenda

1. Introductions
2. Best practices for engagement & initiating services
3. Intersection with other EBPs
4. Case studies
5. Q & A



Learning Objectives

- Define the purpose and goals of engagement.
- Articulate the importance of centering client needs.
- Name three common barriers to care (for individuals experiencing homelessness with serious mental illness and/or substance use disorders) and three creative solutions to overcome those barriers.



Getting Started



What is engagement?

- Where participants get their first impressions of your program
- A process, not an event, where we introduce the service relationship, explain our role, & find common ground
- Highly individualized

Goals of engagement:

- Establishing and building a relationship (primary)
- Care for the participant's immediate needs (Maslow's Hierarchy)
- Administering services
- Connecting to resources and providing education
- Working on developing housing stability

First Impressions Count!

- Convey true caring concern and compassion from the very first interaction
- Start with name and pronouns
- Display patience, reassurance, and acceptance
- Promote belief in the recovery of the individual in all interactions
- Remain consistent in a message of hope & possibility
- Communicate your role clearly
- Follow the client's lead



Meet where
the individual
feels most
comfortable

Clients will
prioritize their
own goals, not
the provider's
goals

Housing First is
a *community*
mental health
program

Centering Client Needs

Clients know
what their
needs are and
have clear
preferences

Remain flexible

Building Trust

- Forming trusting and respectful relationships with participants takes practice
- Let participants set the pace
- Associate yourself with trusted resources
- Remove obstacles wherever possible
- Be consistent
- Be honest
- Pay attention



Barriers to Engagement

- What happens when engagements don't want an apartment?
- Why might participants have reservations?

Consider...

Attachment history, fear, trauma history, sources of self-esteem, substance use, psychiatric histories and triggers, being un-medicated, staff turnover, social connections/domestic partners

- Engagement can last months or even years
- **Follow through is KEY!**

Engagement Strategies



Engagement Tips

- ✓ Listen, observe, & communicate
- ✓ Maintain realistic expectations
- ✓ Use a non-judgmental approach
- ✓ Emphasize strength-based approach
- ✓ When in crisis, focus on the here & now
- ✓ Be consistent & reliable
- ✓ Negotiate & compromise when possible
- ✓ Be flexible
- ✓ Stay positive (especially when the participant is feeling negative)
- ✓ Celebrate all successes
- ✓ Use open body language

The Power of Small Talk!

- It's easy to get into the routine of goal-focused tasks but the relationship suffers as a result
- Ask questions about their hobbies, daily plans, favorite TV shows, music, food, holiday, etc.
- Share commonalities as appropriate
- **Get to know the person**



Be Creative

Does the person love hot chocolate?

Take them out for a treat.

Do they like to walk or play basketball?

Incorporate physical activities into their visits.

Are they wanting to date?

Make an appointment to go with them to the barbershop/hairdresser or go clothes shopping.

Do they want a job?

Go to a job fair together or work on a resume.

Do they like to read and watch videos?

Take them to their local library.

Do they like art?

Bring art materials to your next visit.

Practice Non-judgment

- Start with a smile and **listen**.
- Create a **safe** place to talk and receive services.
 - Ideally, the participant should feel comfortable telling you about how much they drank, what laws they broke, and how they spent all of their money.
- Match your intervention to the client's stage of change.
- Offer ideas when the person is ready to hear them, **not before**.



Initiating Services - Refresher



Program Expectations

- Be clear!
- Participants can choose, modify, or refuse services at any time *except...*
 - ✓ **Receiving visits** from staff in their new unit
 - ✓ Adhering to a **standard lease**



Initiating Services



Participants get to ***choose***

- Apartment
- Neighborhood
- Furniture

Staff ***explain***

- Housing relationship
- Handling grievances
- Staff structure & communication
- What additional supports are available

Intersection with other Evidence-Based Practices



What tools are in your tool box?

- Client-driven practices with the same humanistic values and principles that are integral to the Housing First model
 - ✓ *Motivational Interviewing*
 - ✓ *Harm Reduction*
 - ✓ *Trauma-Informed Care*
 - ✓ *Restorative Practices*

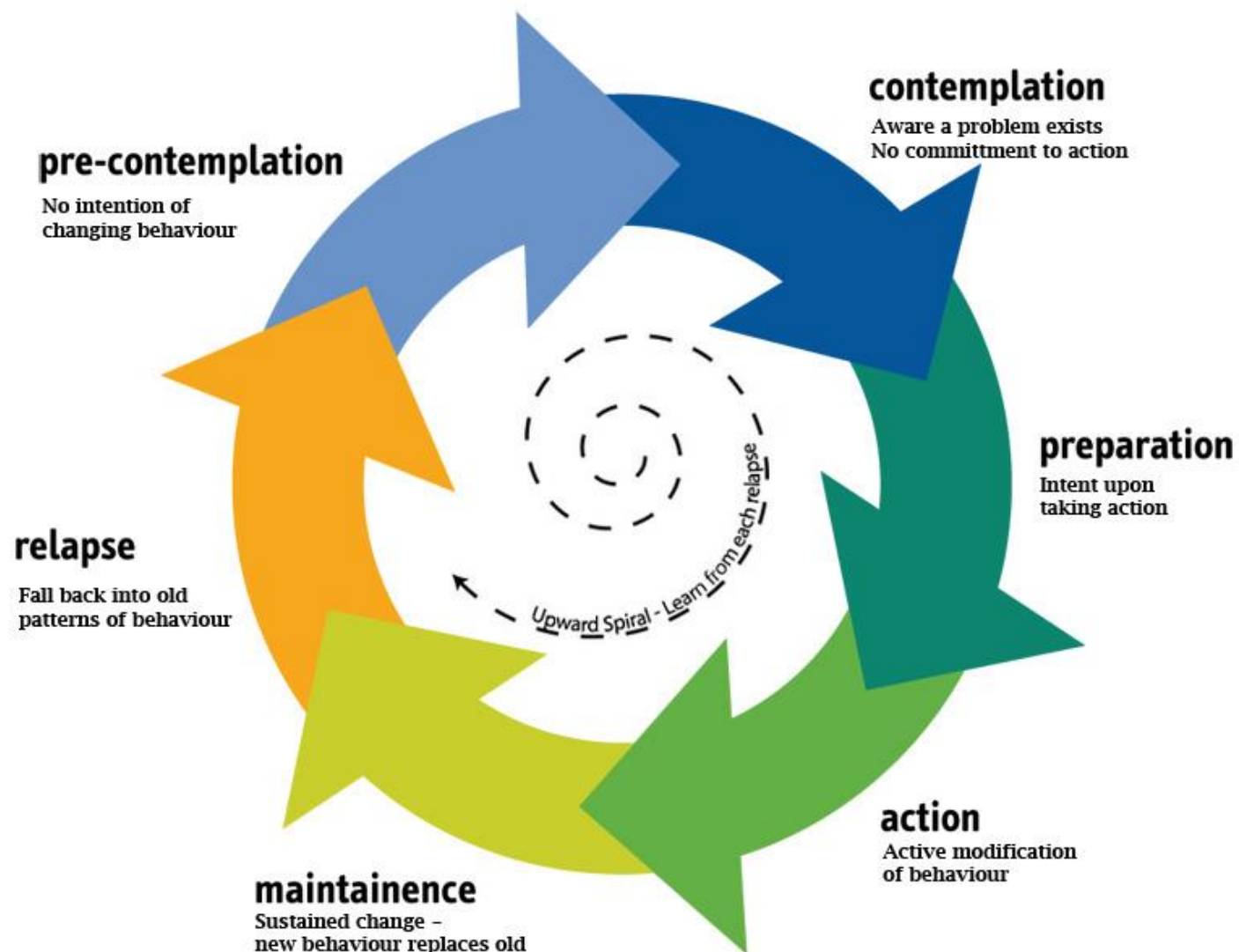


Motivational Interviewing (MI)

- Motivation informed by willingness, readiness, ability
- Change is a process not an event
- When a behavior comes into conflict with a deeply held **value**, it is usually the behavior that changes



Open ended questions
Affirmation
Reflective listening
Summarizing



Transtheoretical Model of Change
Prochaska & DiClemente

Harm Reduction

- Recognizes that people make their own choices based on their *options* and opinions of what feels right for them
- Acknowledges risky behaviors in a non-judgmental way
- Identifies practical ways of lessening consequences of such behavior
- Can be applied to substance use, mental health, and other behavioral health concerns



Trauma-Informed Care (TIC)

- Practices that promote a culture of safety, empowerment, and healing for individuals who have experienced trauma
- Recognizes the widespread impact of trauma and understands potential paths for recovery
- Recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system
- Responds by fully integrating knowledge about trauma into policies, procedures and practices
- Actively resists re-traumatization



Restorative Practices

- An alternative way of approaching conflict and decision-making; many have experienced punitive program approaches and criminal justice system
- Instead of punishing, emphasizes restoring a person back to good relations with others after misbehavior
- Proactively involves attempting to build social skills to avoid and resolve future conflict



Case Studies



“Ricardo”

- Street homeless since the 80s, consistently refused all shelter and housing
- Pathways engaged him consistently for close to 5 years, took a year before he accepted coffee from Naomi
- Invited him to holiday party (fully expecting him to decline) and he attended
- Team capitalized on that moment to also invite him to see a nearby apartment

“Mark”

- Street homeless since the 90s, isolated to specific intersection in NE
- Consistently refused housing/services, demanding only a key
- Had specific requests of food, clothing, other items team accommodated
- Over a year before he accepted a unit, and had specific conditions



“Darren”

- Homeless 5+ years, referred early 2020
- Moved around a lot and team had difficulty trying to locate everyday; relied on other homeless individuals to help locate him
- Refused housing because he did not understand Housing First and was fearful he would be discharged/not eligible for housing again, due to his drug use
- Took a long time to build trust
- Sat with CPS for 4 hours before he signed consent for services. Housed within a month



“Bryan”

- Street homeless for years, only went into shelter when forced during Pope visit
- Stayed at shelter for 3 years, while team consistently engaged
- Increasingly avoided staff and declined supports
- One day we had the idea to invite him to see a unit across the street from his shelter
- Went from being an abstract offer to an accessible visible reality, well within his grasp



“Rob”

- Street homeless for 20+ years, consistently refused all shelter and permanent housing
- 302’ed in winter, did not sign anything but verbally consented to an apartment as a “6 month trial”
- 6 months came and went and he never brought up his ambivalence again; began signing and engaging with team



“Tammy”

- Length of homelessness unknown, staying at a Safe Haven during majority of engagement with Pathways
- Bureaucracy presented a barrier during brief window of openness to “temporary housing”
- Belief that her identity was stolen, involved in lawsuits with New York State housing authority and “can’t accept housing”
- Enjoyed social visits with CPS, but became increasingly hostile when engaged about housing or paperwork
- Discharged from services after 2 years of no progress

“Steve”

- Going into 3rd year of engagement. Isolated, no apparent supports, longtime street homeless
- First year of engagements would tell staff to go to hell, throw food/water in trash
- 1 year in: Started to accept food, stopped cursing sometimes
- 2 years in: “Hello, how are you?” – Major shift in rapport



“Joe”

- Homeless and incarcerated 5+ years, referred 2019
- Housed directly from prison and would not utilize his apartment due to not feeling worthy of it
- Carries guilt related to his mother passing away in a house fire that was caused by him falling asleep with a cigarette
- Team would engage weekly on the streets to offer a variety of support
- Slowly started becoming more engaged with MAT, clinic services, and is utilizing his apartment more frequently for day visits



“Wayne”

- Wheelchair bound, street homeless 20 years, intermittently stayed at shelter but often left
- Took about a year to complete or sign any paperwork, usually preferring drinks and pens
- Has never left to go to the office with team-completed all engagements in the field
- Now staying more consistently at shelter, willing to see a unit in theory



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