Housing First & Client Engagement: Implementing Motivational Interviewing and other client-centered models

Mayté Antelo-Ovando, MS, EdM, CAGS, NCSP
Director of Individual Services at Heading Home

Housing First Partners Conference 2018
April 11th, 2018
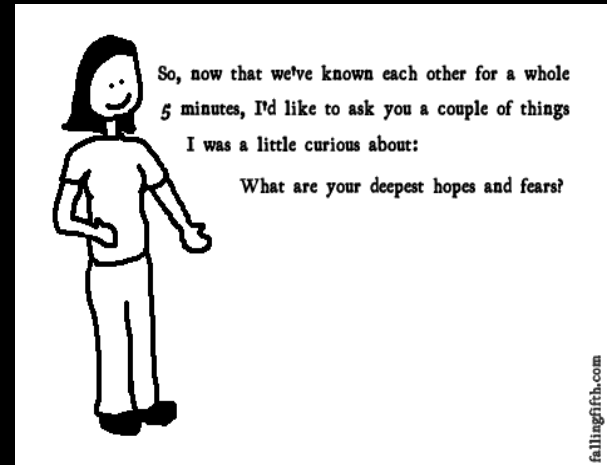
headinghome
ending homelessness for good

Learning objectives

O   Attendees will see the connection/overlap between Housing First and MI, TIC, HR

O   Attendees will learn from presenter and each other, about implementation strategies for following a Housing First Model

O   The learning and teaching model used at Heading Home will be presented- to ensure model fidelity and increase in positive client outcomes

O   Attendees will explore and walk away with Self-Care strategies connected to above mentioned models (Shared responsibility is inherent in client- centered modalities).

O   Anything else?

headinghome
ending homelessness for good

Warm-up activity:

Pick a partner and ask:

1) Name and role in agency

2) What is most rewarding about your role?

3) How do you define Housing First?

4) What would you like to learn in this workshop?

So, now that we've known each other for a whole 5 minutes, I'd like to ask you a couple of things I was a little curious about:

What are your deepest hopes and fears?

fallingfith.com

heading**home**
ending homelessness for good

What is a
client-centered model?

https://www.youtube.com/watch?v=0w0lr63y4Mw

What do you already know about MI? About Trauma-Informed Care?

- *The Spirit of Motivational Interviewing*
- *The Processes in M.I.*
- *The techniques in M.I.*

- *Trauma-Informed Care and its philosophy*
- *The physiology of T-I-C*
- *Trauma recovery*
- *Principles of T-I-C Spaces*

headinghome
ending homelessness for good

Spirit

Partnership
Acceptance
Compassion
Evocation

Processes

Engage   Focus   Evoke   Plan

Micro skills

Open Questions
Affirmations

Reflections
Summaries
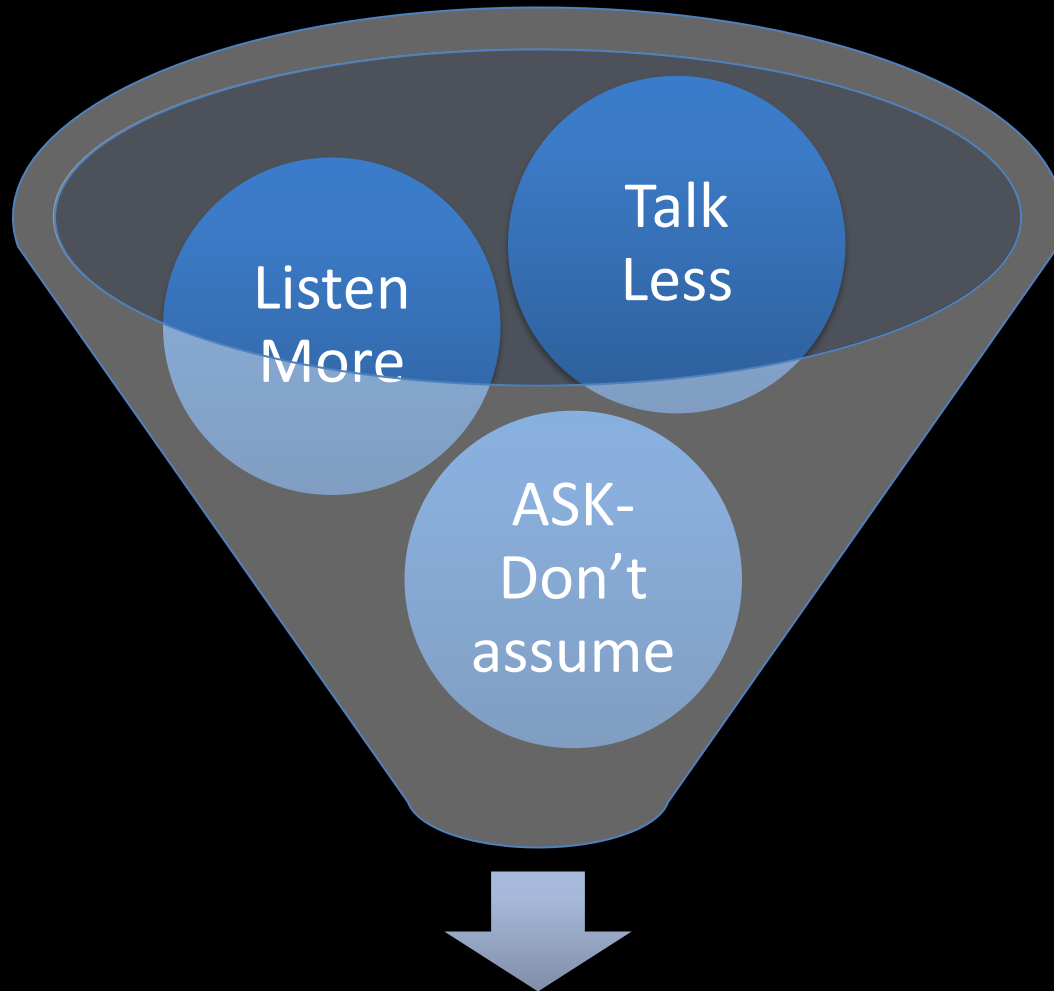
Change Talk

Desire

Ability

Reason

Need

Commitment

Activation

Taking steps

heading**home**
ending homelessness for good

Motivational Interviewing

(Hall, Ali) MI Change Talk Workshop

The Engaging Process

➢ The necessary foundation for helping people change: MI Spirit =

➢ PACE (Partnership, Acceptance, Compassion, Evocation)

➢ OARS (Open Questions, Affirmations, Reflections and Summaries)

headinghome
ending homelessness for good

- **Partnership** is demonstrating profound respect for the other; both parties have expertise; DANCING not ~~WRESTLING.~~

(50:50 Partnership)

- **Acceptance** is prizing the other's inherent worth and potential (does not mean the same thing as agreement or approval); providing **EMPATHY** (NOT ~~SYMPATHY~~); supporting autonomy; affirming strengths.

https://www.youtube.com/watch?v=1Evwgu369Jw

heading**home**
ending homelessness for good

4 Elements of Empathy by Theresa Wiseman

•*Perspective taking*: the ability to take another person's perspective and understand it as their truth, their reality, their normal.

•*Staying out of judgment* (not easy to do but possible).

•*Recognizing the emotions of other people* and…

•*Communicating that-* empathy is "feeling with people."

Empathy is a vulnerable choice: To feel with people is vulnerable because you have to connect with something in yourself (an event, an experience) that knows/recognizes that feeling.

headinghome
ending homelessness for good

Connection: What makes something better is CONNECTION, which occurs through empathy with another person's experience.

http://www.youtube.com/watch?v=GJT_pAYaWB8

headinghome
ending homelessness for good

Trauma Informed Care

Traditional	Trauma-Informed *
Problem/symptoms are separate and discrete.	Problems/symptoms are inter-related responses or coping mechanisms to deal with trauma
Relationships are based on hierarchy and positional authority. Power sharing is limited.	Power is shared. Collaborative relationships are based on authenticity, honesty, and recognition of power imbalances.
Client behavior is viewed as manipulative or "working the system."	Client behaviors are viewed as adaptations/ways to get needs met.
Providers are the experts and know what is best for clients. Compliance is expected. Force and coercion may sometimes occur.	**Self-determination and autonomy is encouraged with consumers as experts in their own recovery. Agencies are partners in the recovery process. Force and coercion are antiethical to recovery, undermining trust and connection, and leading to retraumatization.**

Traditional	Trauma-Informed
Primary goals are defined by service provider/systems and focus on symptom reduction.	Primary goals are defined by clients and focus on recovery, self-efficacy, and healing.
Reactive. Services and symptoms are crisis-driven and focused on minimizing liability.	Proactive. Focused on preventing further crisis and avoiding retraumatization.
Sees clients as broken, vulnerable, and needing protection from themselves.	Understands that providing choice, autonomy, and control is central to healing.

heading**home**
ending homelessness for good

* (The National Center on Family Homelessness-adapted from (Prescott, L, by the NCFH).

Harm Reduction

Who uses it? Where?

– Used in needle exchange programs across North America (and globally)

- Prevention of blood-borne pathogens—and provide a point of contact for service providers

– Medication assisted treatment (methadone, suboxone)

- Maintenance vs. abstinence as the treatment goal—better treatment outcomes—abstinence isn't excluded as a goal, but seen as long-term—enhances contact with service providers

Harm Reduction Continued...

–Decriminalization of cannabis as a form of harm reduction

- Acknowledges use but doesn't use penalize in the same way (obviously this one is controversial)—countries and states with decriminalization do not have higher rates of cannabis use in general—decriminalization are shown to be no worse than prohibition, but other negative outcomes are reduced

- Example of Drug Abuse Resistance Education (DARE) vs. Alcohol Misuse Prevention Study (AMPS)—using zero tolerance ("just say no") in DARE has proved ineffective over time—whereas AMPS used HR principles to explore social pressures, effects of alcohol use—participants had lower alcohol use in early to late adolescence

The **overlap**

Group Activity:

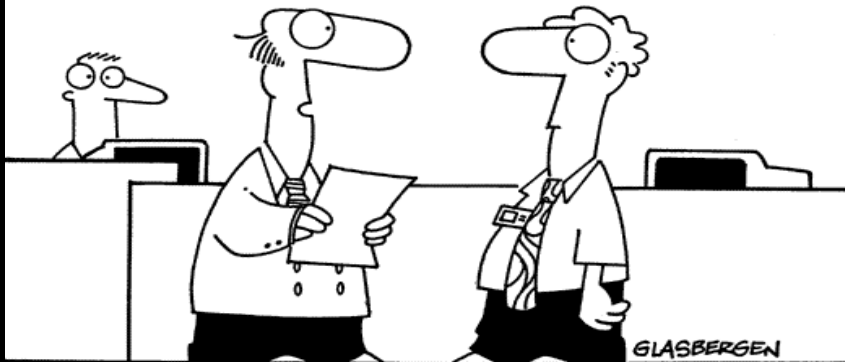Given the discussions had about Housing First, MI, T-I-C and Harm Reduction:

What do you see that overlaps?

headinghome
ending homelessness for good

Implementation of client-centered models

How does Heading Home do it?

- Case Narrative Activity

- Implementation and Education

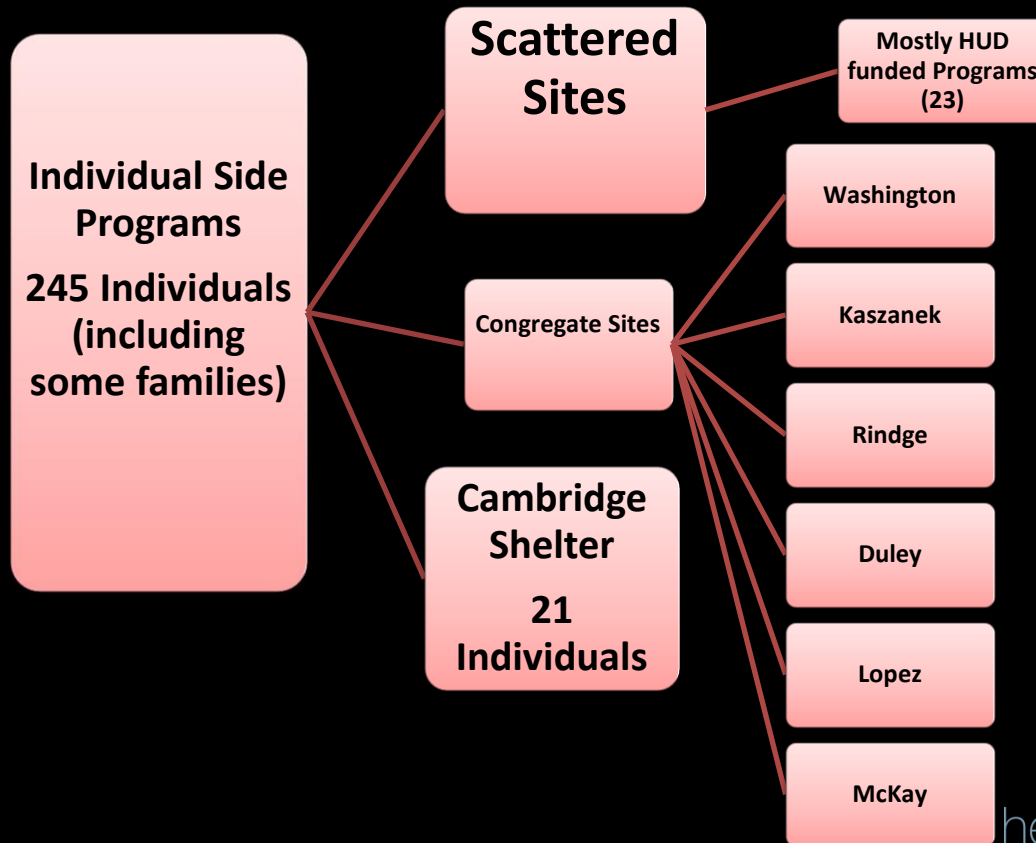© 1998 Randy Glasbergen.
www.glasbergen.com

GLASBERGEN

"I believe it's important to be sensitive to the needs of our employees...but do we really need a paper cut support group?"

headinghome
ending homelessness for good

HH Individual Programs in Numbers

Individual Side Programs

245 Individuals (including some families)

Scattered Sites

Mostly HUD funded Programs (23)

Congregate Sites

Washington

Kaszanek

Rindge

Duley

Lopez

McKay

Cambridge Shelter

21 Individuals

headinghome
ending homelessness for good

Case Management: Regular case management meetings with the goal of supporting clients in maintaining their housing.

Motivational Interviewing: is a client-centered therapeutic approach that can strengthen a person's own motivation and commitment to change.

How do we provide services?

Trauma-Informed Care: is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.

GIRP Notes: G-I-R-P: Goal(s), Intervention(s), Response(s), Plan. The GIRP model lends itself to "best practice" for note-taking during meetings with clients. When you have an "in person" meeting or a phone conversation where you discuss goals and progress with your clients, using the GIRP note helps to organize the information obtained from the client in a way that connects to either a Rehousing Plan or an Individual Action Plan. Most Heading Home programs use the GIRP model of case notes.

heading**home**
ending homelessness for good

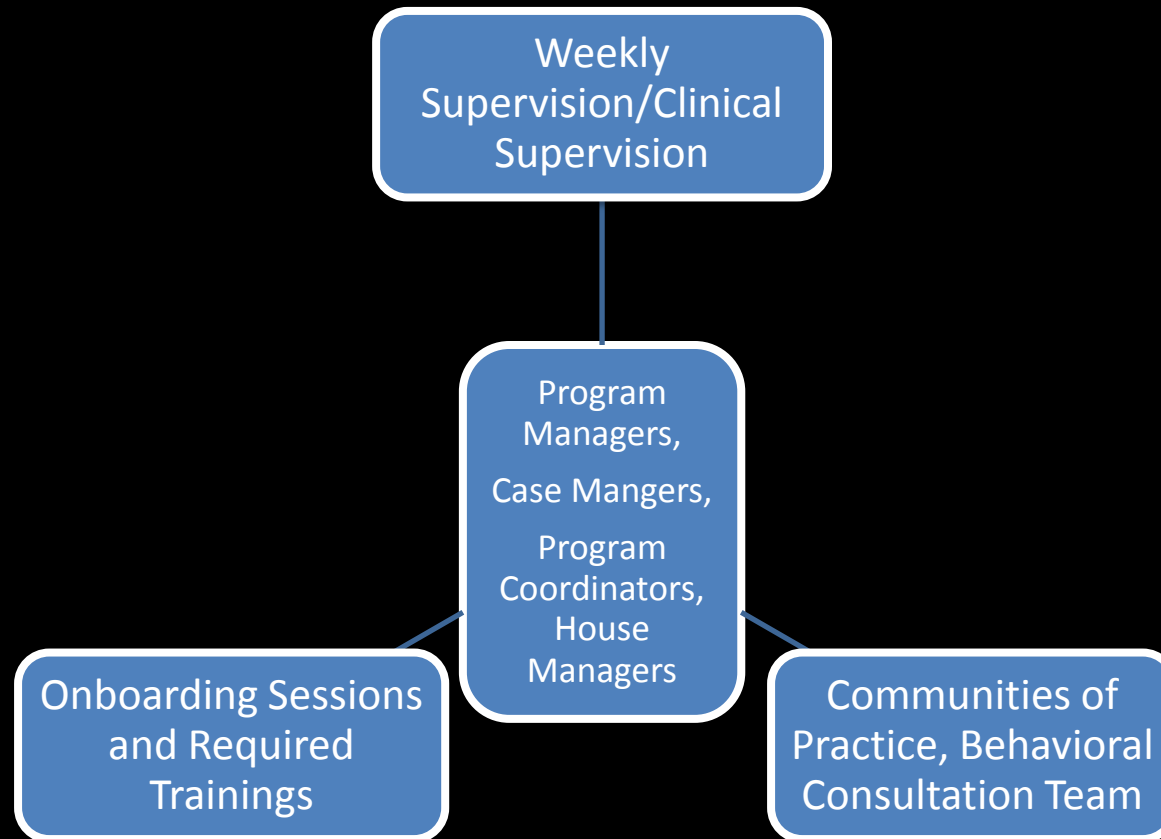# Past and Present of Staff Professional Development

Orientation Modules

10 modules that were required of all staff from 2013 through early 2017

-Introduction to Homelessness, What is Case Management?, Assessment, Goal Setting, Boundaries, Documentation, Housing, Domestic Violence, Trauma-Informed Care, Cultural Awareness

- Re-introducing MI to Heading Home Staff: Motivational Interviewing Trainings from all day to half day workshops (Intro, Advanced, Skills Workshops, Observation and Consultation, Supervision)

- Staffing Changes: Education Director becomes Individual Services Director and a new Director of Human Resources and Assistant Director of Human Resources are hired

heading**home**
ending homelessness for good

Supporting Implementation of Client-centered models: How do we do it?

Weekly Supervision/Clinical Supervision

Program Managers, Case Mangers, Program Coordinators, House Managers

Onboarding Sessions and Required Trainings

Communities of Practice, Behavioral Consultation Team

headinghome
ending homelessness for good

SELF-CARE

Self-Care

It's not about us,

It's not about the nail,

it's about the client.

People remember how you make them feel, and in all client-centered models, including housing first- the premise is that we engage with people from a place of mutual respect and with the assertion that recovery is possible.

As a Heading Home case manager once said, "We have to hold up a mirror to our clients and show them the reflection that we see, that they can't always see", the reflection that is worthy, capable and deserving of all that life has to offer.

headinghome
ending homelessness for good