

## **A PROFESSIONALIZED APPROACH TO ENDING CHRONIC HOMELESSNESS**



## **What It Means to Be a Professional Service**

- Standards of service
- Planned, structured, documented, and strategic
- Professional boundaries and ethics
- Knowledgeable of main currents of thought and practice, and how to put that into motion
- Open to evaluation and improvement, as well as measured outputs, outcomes, and accountability



## **Professional Support is an Intervention**

An intervention means that there will be:

- **action** to improve a situation
- **interference** into the affairs of another
- **persuasion** to consider alternatives



## **Addressing Refusal Rates**

- Even with voluntary services that are transparently offered (without any coercion or threat) research shows 10-25% of persons that may benefit will refuse the supports. (Watson, 2005; Kazdin, 2000)
- Some of those that may benefit the most from services are the least likely to voluntarily engage or stay engaged.



## Addressing Attrition Rates

After acceptance into a program with home visits, research shows 20-67% of participants will experience resistance to participation after move-in or even drop-out (Watson, 2005; Kazdin, 2000; Gomby, 1999).



## It Has Also Been Proven That..

- Interest diminishes if first engagement is driven by crisis rather than voluntary interest.
- Prompt follow through when there is expressed interest is important.
- Random control trials (Katz et al, 2001) show follow-up visits soon after move in decreases drop-out and future refusal rates.
- Active rather than passive approaches are necessary if a participant begins to disengage or misses visits/appointments.



## THE SERVICE ORIENTATION



## Values & Beliefs

- Our own values and beliefs influence our practice.
- We are wired to have an emotional response to information before a logical response.
- Variations in values and beliefs impact how you and your colleagues can see and respond to the exact same client in completely different ways.



### Practical Ways to Serve Compassionately

- Actively live your empathy
- Seek understanding
- Do not jump to conclusions
- Exercise active listening
- Avoid judgment
- Regardless of how or what the person presents, find strengths



### Support Choice

- Choice is paramount to ongoing change and building connectivity.
- Regardless of the housing market, *real* choice has to be offered in housing solutions.
- Program participant has to have a say on the type of services they want to receive, how often they want to receive those service, how long they want services, and how intense they want services to be.
- But choice is not *carte blanche*.



### Practical Ways to Support Choice

- Provide meaningful information - even viewpoints different than your own.
- Teach people how to rate pros and cons of potential actions.
- Avoid providing advice or opinion.
- Use open-ended questions.
- Explore what is likely to occur based upon decisions that are made.
- Respect people's decisions to decline services, but be respectfully persistent in the future.



### In Vivo

- Engage people in their most natural settings.
- Attempt to neutralize power dynamic of having program participants come to you.
- **Enhances empathy by seeing first hand the realities of living as a program participant.**
- Increases likelihood of outcomes being realized when connections and referrals are made.



## **Practical Ways to Deliver Services In Vivo**

- Spend more time in community than in your office.
- Beyond necessary home visits, ask people where they would like to meet.
- Be visible.
- Schedule times to meet in advance.
- Have clear objectives for interactions.
- Respectfully enter “personal space” with permission only.



For Single Adults, Youth and Families...

## **LET'S OPERATIONALIZE ENGAGEMENT & SERVICE ORIENTATION**



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## **What is Trauma?**

- All trauma contains three common elements:
  - It was unexpected
  - The person was unprepared
  - There was nothing the person could do to stop it from happening

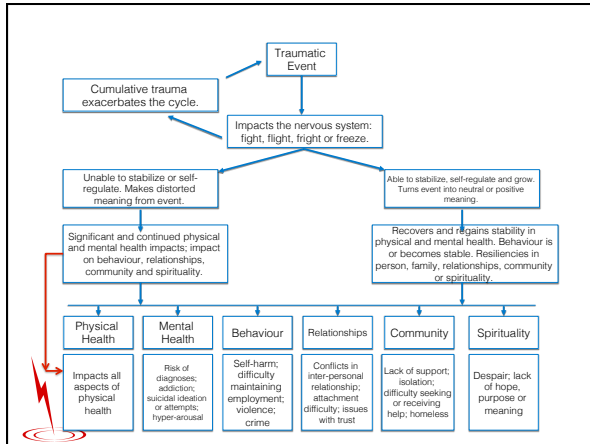


- Trauma can be physical, emotional or psychological

## **Principles of a Trauma Informed Approach**

- Safety
- Trustworthiness through transparency
- Support from trained peers
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historic and gender issues





## What trauma can look like ...

### Ability to engage and follow through:

- Participants' seem unwilling or uninterested in connecting beyond getting basic needs met
- Often do not engage, make connections, follow through on goals, etc.
- Seem defiant – frequently breaking rules or challenging staff; Aren't a good 'fit'
- Complex trauma can cause difficulty in regulating emotions, relating to others, planning for the future, and following through with beneficial activities.
- Depression, learned helplessness, learning challenges, and fear of failure can compound these difficulties
- Lack of future-oriented thinking (e.g. role models, education)

## Trauma Informed Responses

### Solution:

- Acknowledge past experiences and/or current involvement in systems
- Reframe 'consequences' as results of decisions made
- Slow down and explain every process and step especially at intake (rules)
- Let participants' know that they have the right to share only the information that they want to share
- Train staff to not expect immediate rapport and to not assume that immediate rapport means trust has been built
- Boundaries are most important – staff should never attempt to play or replace friends or family

## Practical Ways to Serve Those That Have Lived Through Exacerbated Trauma

- Flexible appointments, including bringing appointments to the person
- Write out steps and tasks
- Avoid judgment
- Create emotional safety; reinforce physical safety
- Build connections outside of the program
- Take nothing personally
- Engage in harm reduction
- Provide an active voice in determining type, duration, frequency and intensity of services

### Let's ask ourselves...

- How do you ensure that a trauma informed approach is incorporated into your service?
- What hampers our ability to be as trauma informed as our clients may need?
- How can we neutralize the variables that impede our ability to connect with families, youth and single adults in trauma informed ways locally?



### Frontal Lobe:

self-control, judgment, deferred gratification, and emotional regulation don't start developing until around 16-17 and isn't completely developed until the mid twenties.

We can postulate all we want about what people should be able to do, but the fact is they can't do what their brains aren't ready to do.



### Corpus Callosum:

intelligence, consciousness, and self-awareness do not reach full maturity until the mid to late 20's

My sense of self is still mostly externally defined. I am what my friends think I am.

Huge impact on Presentism



### Parietal Lobes:

responsible for integrating auditory, visual, and tactile signals don't begin to mature until the early 20s.

I can't decode emotional signals because I am still using the amygdala rather than the frontal cortex.





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**Temporal Lobes:**  
 appropriate emotional response and emotional maturity are still developing between the ages of 16 and 24


This is the part of the brain that let's me take another person's perspective. Until this region develops, it won't come naturally.

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**Practical Ways to Serve People With a Brain Injury**


- Avoid consequential approaches to reinforcing change.
- Establish transparent objectives for each interaction.
- Be patient.
- Reinforce worthiness through acknowledgment of achievements.
- Break larger goals into smaller tasks that are measurable.
- Normalize, acknowledge and invite ambivalence.



**Understanding the Recovery Orientation**


Each person/family holds the possibility of engaging in a unique process of overcoming their history and recover what was lost.

• Rights	• Decision-making
• Roles	• Self-esteem
• Responsibilities	• Potential
• Sense of purpose	• Well-being
• Identity	• Capabilities
• Stability	• Happiness



**Practical Ways to Apply a Recovery Orientation**

- Address stigma and model it.
- Provide education opportunities to deeper understanding.
- Build connections to trained peers.
- Appreciate the uniqueness of each journey.
- Be transparent of what community supports (including clinical supports) may be available, waiting times, expectations of those supports, etc.
- Establish crisis plans and approaches for maintaining housing stability.



## Harm Reduction

- Harm reduction is any program or policy designed to reduce drug-related harm without requiring the cessation of drug use.
- Harm reduction further applies to other behaviors that may be considered higher risk such as sex work or actively compromised mental health without medication and/or medical assistance, which impacts the individual and the broader community. As with substances, this is about reducing harm without cessation.



## Re-framing Perspective of Alcohol and Other Drugs

- The Surgeon General has been clear: from a medical perspective we need to be considering addiction and dependency as **chronic disease**, not as character flaw, moral failing, or personal shortcoming.
- Other researchers are helping inform a new way of looking at this:
  - *In the Realm of Hungry Ghosts* - Dr. Gabor Mate
  - *High Price* - Dr. Carl Hart
  - *The Sober Truth* - Lance Dodes



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## Agreement on Outcomes

- *Dominant paradigm is a focus on cessation followed by abstinence and recurrence is seen as failure.*
- It is possible to reconsider the intended outcome from other perspectives as well:
  - Reduction
  - Movement from non-palatable to palatable
  - Use within consumption thresholds
  - Increasing periods of time between use
  - Less harm to community
  - Decreased ancillary harm



## Practical Ways to Reduce Harm

- Avoid judgment.
- Budgeting for substance use.
- Access to harm reduction supplies.
- Very pragmatic, open goal setting.
- Explicitly acknowledge *your* acceptance of *their* choices.
- Focus on behaviour not on use or any particular exploitive action.
- Explicitly state that you do not need them to change their behaviour as a condition of getting housed.





## High Risk Behaviours

- People engage in risky behaviours for many reasons, and while it is important to try to understand the reasons, it is equally important to ensure stable housing:
  - Illegal income sources – sex work, drug sales, theft, etc.
  - High risk sexual behaviours and their potential impact on health



## Let's Ask Ourselves...

- Do you feel comfortable and confident discussing high risk behaviors with your participants or do you avoid these topics?
- Does your work include safety planning for high risk behaviors?
- Do you discuss strategies for reducing risks rather than stopping high risk behaviors?



## THE CHANGE PROCESS & MOTIVATIONAL INTERVIEWING



## Approaches that Do NOT Work for Adults to Change Long-Term

- Ordering, directing, or commanding
- Warning or threatening
- Giving advice, making suggestions or providing solutions
- Lecturing or arguing
- Moralizing, preaching, or telling clients what they should do
- Disagreeing, judging, criticizing, or blaming
- Agreeing, approving, or praising
- Ingratiating, shaming, ridiculing, or labeling
- Consoling or sympathizing
- Withdrawing, distracting, humouring, or changing the subject



### If We Know What Needs to Happen, Why Don't People Do It?

- People do not resist change per se (a better future can be seen) they resist *transitions*.
- When we think of change, we most often look at it from a *technical* stand point - what is missing or needs to be done - and rarely consider it from an *adaptive* stand point.



### How Adults Make Changes...

How **important** is it to you to make a change in this part of your life?



How **ready** are you to make a change in this part of your life?



How **confident** are you to make a change in this part of your life?



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### Understanding Motivational Interviewing

- MI is an intentional conversation about change
- MI is person-centered, respecting the autonomy of the individual as decision-maker
- MI is exploratory in its inquiry, without purposely trying to create conflict
- MI is evocative and through conversation seeks to call forth the person's own motivation and commitment

### Embracing Responses

- Being aware of its constant presence
- Seek it out
- See resistance as coming from knowledge you do not have
- Honor different perspectives on issues

## Principles of MI

- Express empathy
- Develop discrepancy
- Avoid argumentation
- Roll with resistance
- Support self-efficacy

## The General Steps of MI

1. Ask permission to talk about change.
2. Elicit a response.
3. Explore through open-ended questions.
4. Normalize the experience.
5. Affirm the process.
6. Develop discrepancy.
7. Summarize.



## Securing the Invitation

- Invite participation in the change discussion - the likelihood of positive engagement increases
- *"I see that you were transported to the ER again on the weekend. Do you mind if we talk about your health issues?"*
- *"I was reviewing your file and noticed that you haven't met with your SSDI worker. How about we spend a little time talking about that?"*



## Ambivalence

- Normalize it.
- Invite it.
- Acknowledge it.

## Normalize Ambivalence

- The purpose is to help the client appreciate that change is difficult for a lot of people.
- “Change is hard.”
- “A lot of people have a hard time sleeping alone in their quiet apartment when they first move into a home.”
- “There’s two sides to every coin.”
- “Choosing not to take action is still a choice.”

## Invite Ambivalence

- “What do you enjoy about (blank)?”
- “What concerns you about (blank)?”
- “What will you miss about (blank)?”
- “What will make it hard to change?”
- “What do you think will be the biggest challenge?”



## Acknowledge Ambivalence

- Reflective Listening skills are extremely important here - validate what the client is saying/thinking/feeling and put forth what you believe to be the intent behind the action/ words.
- “On the one hand (blank). On the other hand (blank).”
- “You feel both (blank) and (blank) at the same time.”
- “I have heard you say you want to change \_\_\_\_ but you have concerns about \_\_\_\_”



Open Questions

Affirm

Reflect

Summarize



## Open Questions

- Probe for information
- Avoid the question and answer trap
- Requires patience
- Focus on themes
- Never ask three questions in a row
- Offer two reflections for each question asked



## Affirm

- Affirm - don't cheerlead!
- Focus on the process, not the outcome.
- Finds positives.



## Examples of Affirmations

- Commenting positively on an attribute:
  - "You are obviously a strong person."*
- A statement of appreciation:
  - "I appreciate your honesty and openness today."*
- Noting something happening right:
  - "Thanks for being on time today."*
- An expression of hope, caring or support:
  - "Glad to hear you got a doctor's appointment. Good luck."*



## Reflect

- Reflective listening has been proven to be more effective than questioning!
- Simple reflections are short summaries
- Complex reflections add meaning
- Reflections are never longer than what the person has shared!



## Summarize

- Keep it short.
- Keep it sequential.
- Keep it factual.
- Use the summary to:
  - Link to other things you feel necessary to talk about;
  - Affirm the change that is happening;
  - End the conversation for the day .



## Decisional Balances

- Increasing awareness of potential opportunities for change by examining the proc and cons of current behaviour
- *“What are the good things about being homeless?”*
- *“And now tell me some of the less than good things about being homeless?”*