Housing Focused Case Management

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Pathways to Housing PA

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A Few Notes

- Reminder though there are pieces of Trauma-Informed Care today - This training does not make you or your organization Trauma-Informed
- Trauma-Informed Care is an over-arching philosophy and approach, NOT a program
- Feel Free to ask Oksana and I about our person-centered language!
- Questions, Questions, Questions!

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Group Brainstorming

Groups!

Define Case Management:

What is Case Management for you? Is that different from your org's definition?

What isn't Case Management?

What areas of case management do you want help with today?

Agenda

- Case Management Defined
- Skills Teaching
- Engaging with “Challenging Clients”
- Motivation
- Case Management and Home Visits
- Crisis De-escalation
- Safety Planning
- Case management in resource scarce systems
- Case Reviews

What is Case Management?

- How we came to be
- Goals
- Responsibilities
- What is **your** role? Where does your role end?
- Challenges?
- Rewards?

Successful Engagement

Key points for CM:

- Consistency
- Faith in person's abilities
- Support person's interests
- Connect participants with NEEDED services
- Help establish adequate social supports

- Kanter, (1990)

Successful Engagement

- **Key points for CM:**
- Apply yourself to the case
- Get to know what it feels like to be your participant
- Become reliable
- Behave yourself professionally
- Concern yourself with your client's problems
- Follow through

- Kanter (1990)

Successful Engagement

- **<u>Key points for CM:</u>**
- Accept anger and meet it w/strength (being solid), rather than w/revenge
- Tolerate your client's "illogicality", "unreliability", "suspicion", "meanness" and recognize them as symptoms of distress
- You are not frightened when your client gets mad
- Kanter (1990)

Remember

- The case manager's own feelings about the client are a defining element in the therapeutic relationship
- Conflict and struggle exist in any field

- Angelle & Mahoney (2007)

Let's take a look at "Life"

- What was it like for you when you first moved out and started living independently?
- What challenges did you encounter?
- What **skills** helped you overcome those challenges?
- What **skills** did you have to learn to be successful at living independently?

- Now, let's identify skill deficits/"areas of growth" you encountered that your clients show when they move into an apartment/unit?

So, How Do You Teach a Skill?

- Demonstrate the desired skill
- Have the participant repeat after you
- Praise the effort
- Provide corrective feedback
- Demonstrate the desired skills again (if needed)
- Have the participant repeat after you
- Break complex tasks into small steps

May be more complex than You thought…

- **Let's eat an Oreo…**
- Steps
- 1. open the milk
- 2. pour the milk into a cup
- 3. twist the cookie open
- 4. lick the cream filling until its gone
- 5. dip the cookie in the milk
- 6. eat the cookie
- 7. dip the other half of the cookie in the milk
- 8. eat the cookie

Pause for discussion

- Think of an example when you tried to teach someone a new skill and
- 1)- the outcome was successful
- 2)- the participant struggled with learning the new skill
- What made the skills learning successful?
- What made it more challenging?
- How motivated are participants to learn and apply the skills?

Group Activity

- Pair up with a person next to you
- One of you state the one thing/hobby that you enjoy the most.
- The other person's task is to convince you to give up that hobby or " the thing" that you enjoy the most by providing rationales for why you should give it up.
- Your task is to provide arguments for why you can't or don't want to give it up.

- What was it like for you trying to convince someone to change?
- Were you convinced that you “should” change?
- Why not?

Avoid Driving Your Own Agenda

http://www.hhs.gov/opa/pdfs/ami-materials.pdf

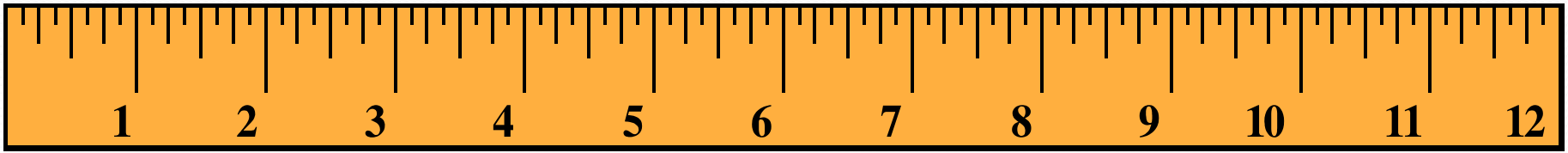
Increasing Motivation

- Decisional Balance Tool (example: need to start budgeting)

Making the change	**Benefits** ***I'll be able to save $*** ***I'll be able to pay off my debt*** ***I'll have a sense of security***	**Costs** ***I won't be able to buy all the nice things I want*** ***I'll have to give up eating out***
Not Changing	*I won't have to count every dollar I spend*	*I'll overspend* *I'll get into more debt* *I won't be able to keep up w/my bills* *I may lose my housing*

Are You Ready?

- The Readiness Ruler



- Identify a change you'd like to make
- How important is it for you to make the change?
- How confident are you that you can make the change?

Building Motivation for Change

- Follow up questions:
- Why are you at a ___ not a 0
  - (this helps elicit change talk)
- Don't ask why one isn't at a higher number because it doesn't elicit a change talk
- "What would it look like for you to go from___to a higher number?"(elicits change talk)

Practice

Get back in your pair.

Pick either of the motivational interviewing skills- decisional balance, readiness ruler with question follow up, to elicit change talk.

Discuss with your partner their feelings about giving up that same hobby using these skills.

The intent is not to convince them but to lay out all the factors for their own investment.

Engaging "Challenging Clients"

- What drives people to be "difficult"?
  - Fear
  - Control (or lack thereof)
  - Lack of trust
  - Transference
  - "Irrelevant goals"
  - Lack of hope

What is a “challenging” client?

- Resistant
- Disrespectful
- Manipulative
- Aggressive
- Paranoid
- Grandiose
- Non compliant

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Engagement Tips

- Listen
- Acknowledge
- Validate
- Normalize
- Reflect
- Inquire (give an opportunity to tell their story)
- Body language matters

Transference & Countertransference

- Transference = how our clients feel about us

- Countertransference = how we feel about our clients based on our history

(Not inherently good or bad. Just a thing that happens.)

Examining countertransference

1. What person/persons does the client remind me of?
2. Which of my painful experiences is being stirred by our work?
3. What judgements am I making about the client, based on my personal values?
4. What was I hoping to accomplish by making a certain comment or asking a certain questions?
5. Are my behaviors in line w/client's goals?
6. If I could act (experience some situation again) would I do the same thing?

When Challenges Continue

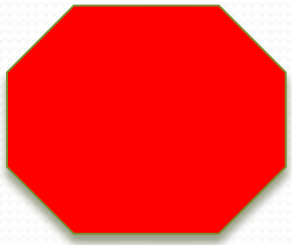
- Common issues:
- Unkempt apartments/units
- Unwelcomed “guests”
- Disturbance in the neighborhood
- Unpaid bills
- And all the other issues you encountered…

When you get a curveball:

Supporting folks through challenging situations in the home

Participant refuses entry?

- It starts early! Build Rapport
- Scheduling visits- phone calls & in writing
- Reminders of program expectations
- Review your case notes - is there a “hook” somewhere that will help them open the door.
- Once it’s open it is up to you to develop the relationship to keep it that way.



No one is ever home?

- Scheduling visits - phone calls & in writing. Maybe initially at a regular time but then vary the times you come by.
- Are you being avoided? Or is the participant just leading a busy life?
- Reminders of program expectations
- Find that over time participants come to develop needs that will require intervention. Continue to make yourself available even if it feels as though no one wants to see you.

Emergencies

- Participant verbalizes **suicidal** and/or **homicidal ideation. Duty to warn.**
- Participant is in need of **medical attention** or there is another serious health concern
- **Significant maintenance** issue that is an emergency (fire, heavy water damage, structural issues)?
- Does your organization have a specific policy related to dealing with the **death of a participant in their housing**?

The participant is constantly losing keys?

- Install a lockbox on property. Connect chain internally
- Trusted property manager to hold keys?
- Make a stock of keys
- Have participant invest in keyless entry (with landlord's permission)

Un/wanted Guests

- Involve the participant in the plan for ownership, empowerment, future prevention
- Is this a safety situation? Do you need to involve the police? Encourage participant to make the call with your support. Can a landlord help support?
- Warn according to the Lease or Use & Occupancy or Lease
- "You're putting [participant] in danger of losing their place."

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Safety In the Community

Neighborhood

- Start processing environmental needs before even entering an apartment/house
- Assets available to participants – public transportation, community engagement opportunities, parks, etc.
- Traffic, triggers, safety concern indicators?
- Entrances, need for special accommodations

Safety in the Home

- Consider the state of participant, environmental risks, case history, current circumstances
- Presence of guests
- Monitor level of escalation and capacity to respond
- Consider exits and have a consistent expectation about orientation to door/being locked in
- Teaming, using law enforcement

Trust your gut with safety

- If it doesn't feel right, trust that feeling **BUT** then make sure to walk out the appropriate follow up
  - Who else needs to be consulted with? Supervisors, landlords, police, etc.
  - How is the problem going to be resolved?
- How do we solve the issue rather than just ignoring it until it gets worse?
- Example scenario - a report of a weapons

Additional Safety Considerations

- How to deal with urgent/safety housing related concerns
- Safety Committee
- Overdose Prevention, Equipping, & Training
- Policy on Dealing with Death of a Participant
- What are your protocol steps?
- PTHPA can share our policy

Trauma-Informed Care in Case Management

Assumptions

- **Nearly 90%** of Americans in a nationally representative sample (N=2953, Kilpatrick et al, 2013) have experienced **at least one** significant distressing event that meets DSM-5 Criterion A for PTSD:
  - Being exposed to death
  - Threatened with death
  - Actual or threatened serious injury
  - Actual or threatened sexual violence

Via direct exposure, witnessing the event, learning that a relative or close friend was exposed to one of the above, or indirect exposure to aversive details of the trauma, usually in the course of professional duties (APA, 2013)

Trauma includes us and affects us.

Our own experiences influence what we think and feel about this topic as well as how we interact with clients around it

Please take care of yourself as needed today and going forward.

Brief disclosure

Turn to a new person near you.

Tell them something personal about you. Shouldn't be intimate and use your discretion but be honest.

Once that person is done switch and the other should share.

No matter how maladaptive it appears, Behavior exists for a reason

The client ISN'T DOING IT

- To irritate you
- To be difficult
- To sabotage a plan
- Because they don't want to get better
- To malinger (mostly)
- Because they are trying to manipulate you (usually)

The client MIGHT BE DOING IT

- Because it's a survival strategy that kept them alive in the past
- They are afraid
- They feel ashamed
- They feel out of control or powerless
- They don't know how to effectively partner with you to get what they want or need

The 4 R's of trauma informed care

1. **Realize** the prevalence of traumatic events and pervasiveness of impact on social, mental, emotional, and behavioral dimensions
2. **Recognize** signs and symptoms of psychological trauma, both acute and chronic
3. **Respond** by integrating knowledge about trauma into polices, procedures, and practices
4. **Resist** recreating or re-enacting trauma with patients

-SAMHSA: Trauma Informed Approach and Trauma Informed Interventions

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Recognize

- Fear, terror, anxiety, apprehension, worry
  - Look for signs of fight, flight, freeze, faint
  - Sweating, palpitations, trembling,
- Shame:
  - looking down/away
  - Disengaging
  - Trying to change the subject
- Dissociation: spacing off, not tracking conversation
- Lack of control:
  - externalizers explode-arguing, threatening, posturing, getting 'puffed up', blaming, walking off in a huff
  - internalizers implode-self sabotage, intentionally self harm (LOTS of ways, not just cutting), self blame
- Lack of consent:
  - getting quiet
  - apparent acquiescence

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Respond: Elicit PARTICIPANT preferences

- Encourage participants to write down questions before and after visits
- Encourage participants to use a support person
- Ask permission before engaging, entering homes/personal spaces, touch, etc
- Provide explicit permission for opting out or taking a pass (“challenge by choice”)

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Respond: Teach/model/coach

- Awareness of emotion and body
- Emotion regulation
- Grounding strategies
  - 3-2-1
  - Paced breathing:
    - "rollercoaster breathing" or "hand turkey breathing"
    - Sniff a flower, blow bubbles/pinwheel/birthday candle
  - Progressive muscle relaxation
    - Robot/noodle
    - Arms/legs/middle/whole body
  - Use of cold to trigger vasovagal

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Respond: Validate and promote

any and all efforts toward:

- Connection

  Where trauma wounds belonging, connection heals

- Self determination

  Where trauma removes choice, self determination restores choice

- Creating a life worth living

  Where trauma destroys options, a life worth living restores hope

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Resist Recreating or re-enacting trauma

- Transference = how our clients feel about us
  Countertransference = how we feel about our clients
  (Not inherently good or bad. Just a thing that happens.)

  We are human and will have human responses to our clients.
- ALL OF THIS IS INFORMATION FOR REFLECTIVE PRACTICE!

- Reflective practice: the process of using our own internal experiences of patients, in concordance with other team members' reflections, to help figure out what's going on

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Resist Recreating or Re-Enacting

- Power struggles…
  - Nobody wins
  - Learn early warning signs of impending power struggle
  - Provide information and LET THE PARTICIPANT MAKE THEIR OWN DECISION (they will anyway)
  - Don't argue or try to convince, disengage from the conflict but maintain relationship

- Projective identification…
  - Participant "shows" you how they are/feel by unconsciously behaving in ways that pull you into feeling compelled to behave a certain way (see also power struggles)

Raw countertransference can lead us to make decisions we might not otherwise make

- Use your team
- Talk to your mentor(s) and peers
- None of this is indicative of your own need for personal therapy, but personal therapy can help develop tools for greater self reflection

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De-Escalation

Reflection

Pair up

Describe the most difficult interaction you had with a participant in the last month

What were the external factors in the situation?

What was happening with the client?

What was happening with you?

Rate the interaction on a scale of 1-10.
1-Fistfight --------- 10 Baked Cookies

What would it take to move that rating up just 1 or 2 points up?

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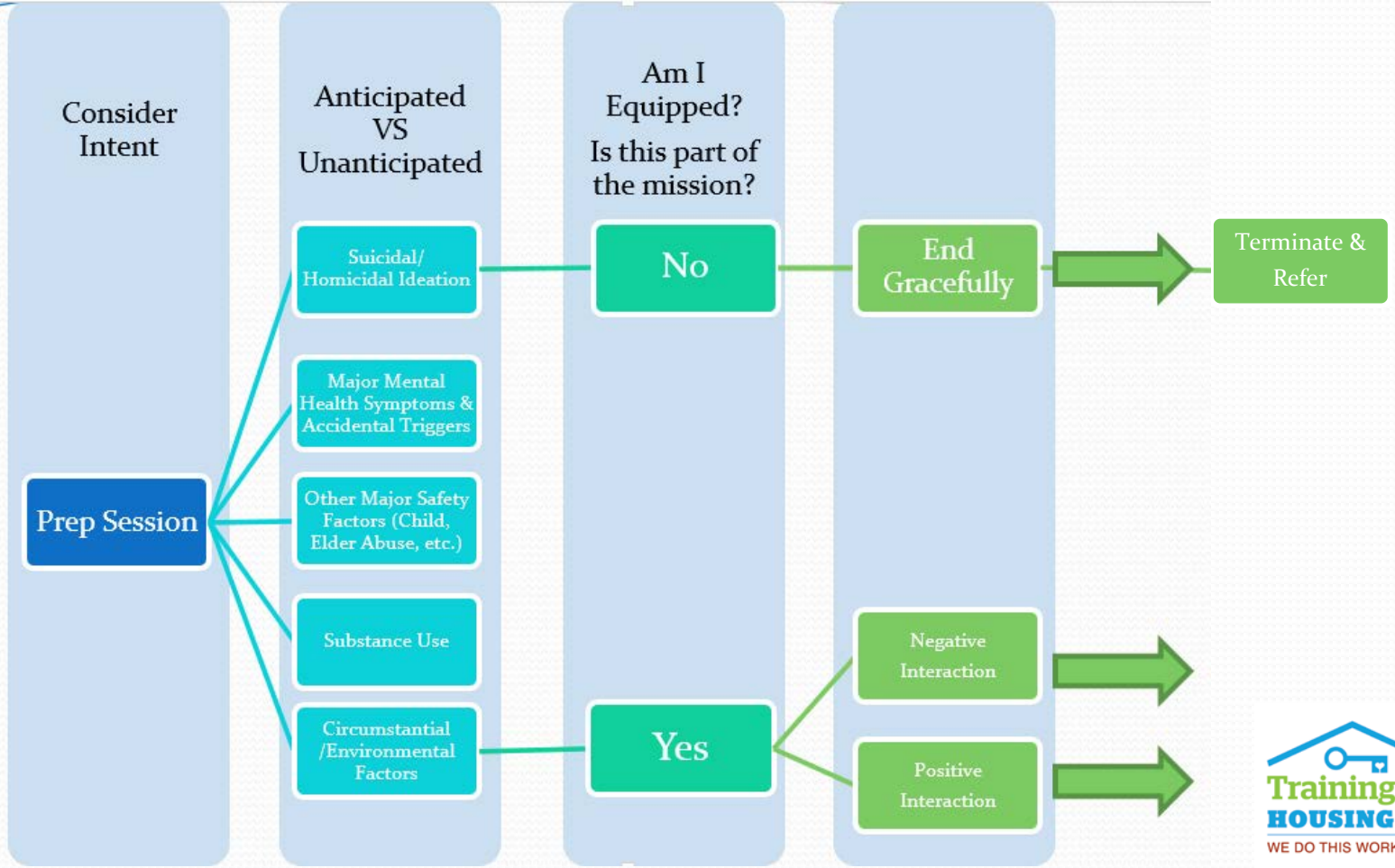

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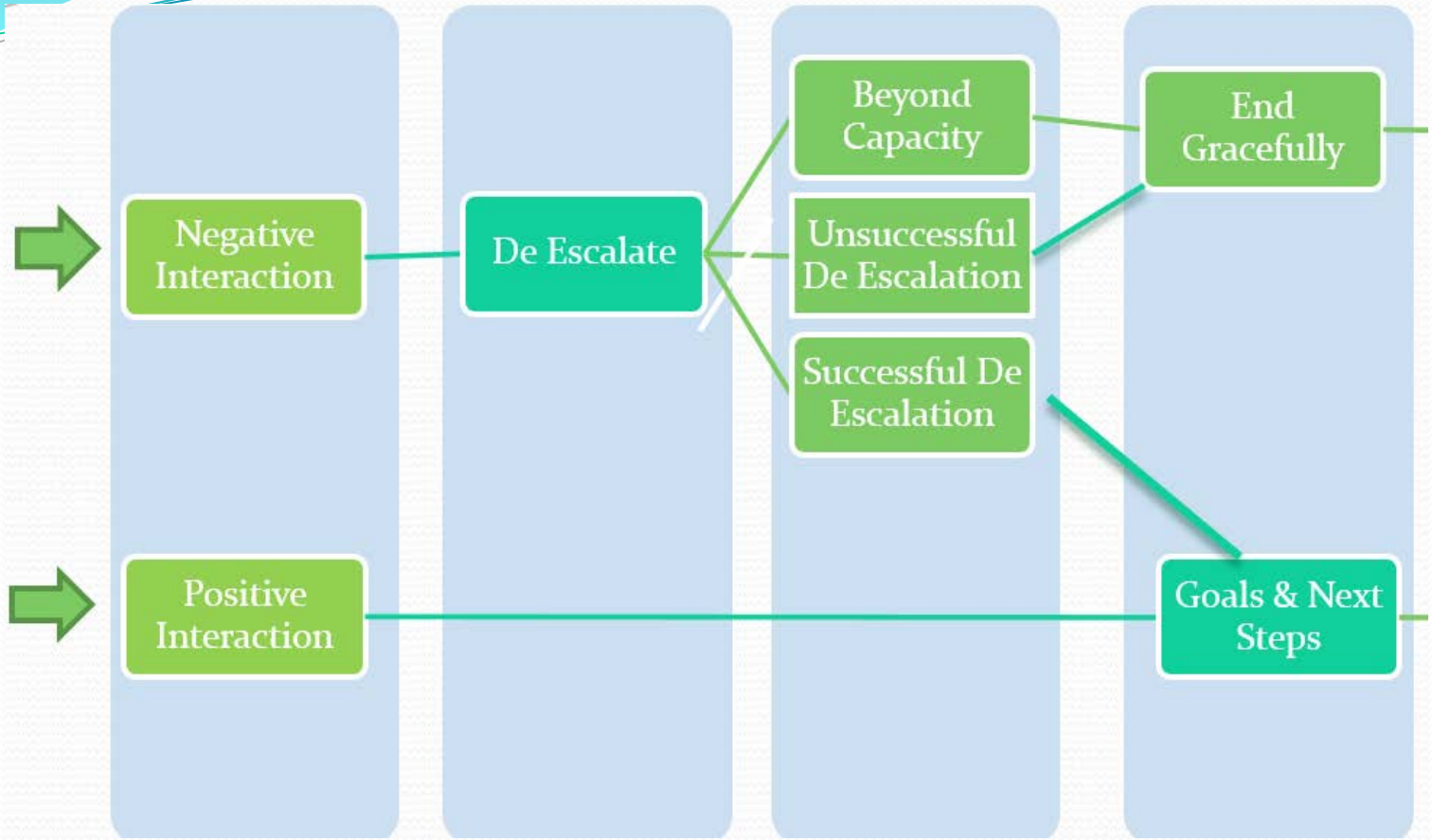

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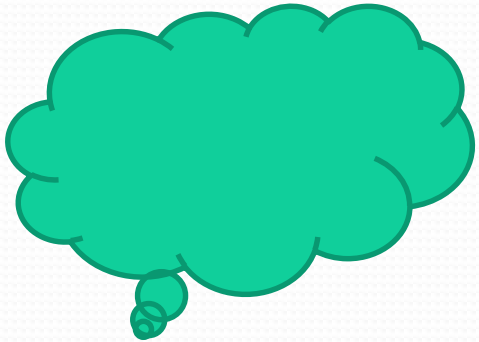
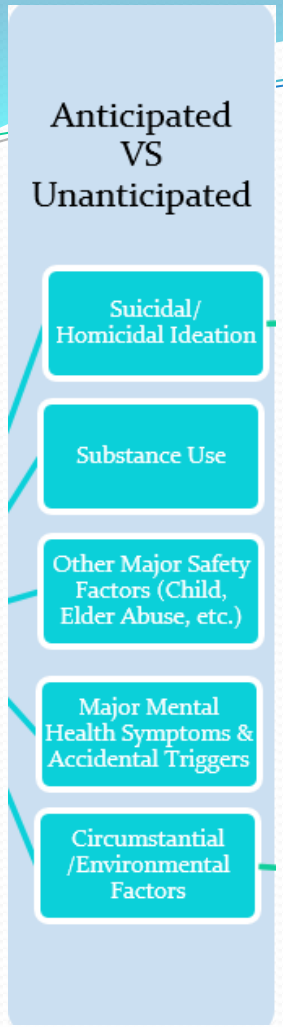
Consider Intent

Prep Session

Preparation

- What do I need to do for the person I'm serving?

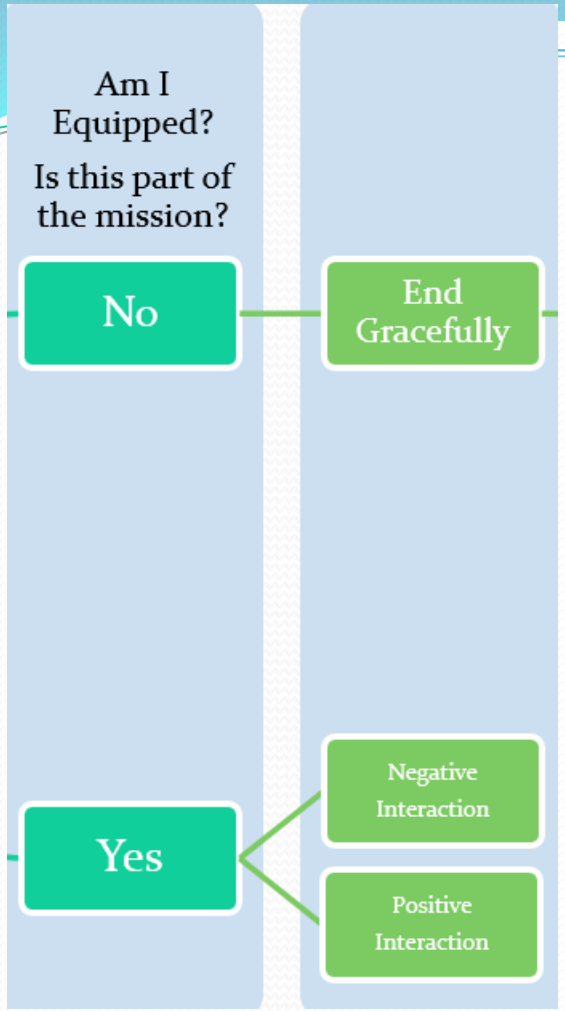




Potential Major Challenges

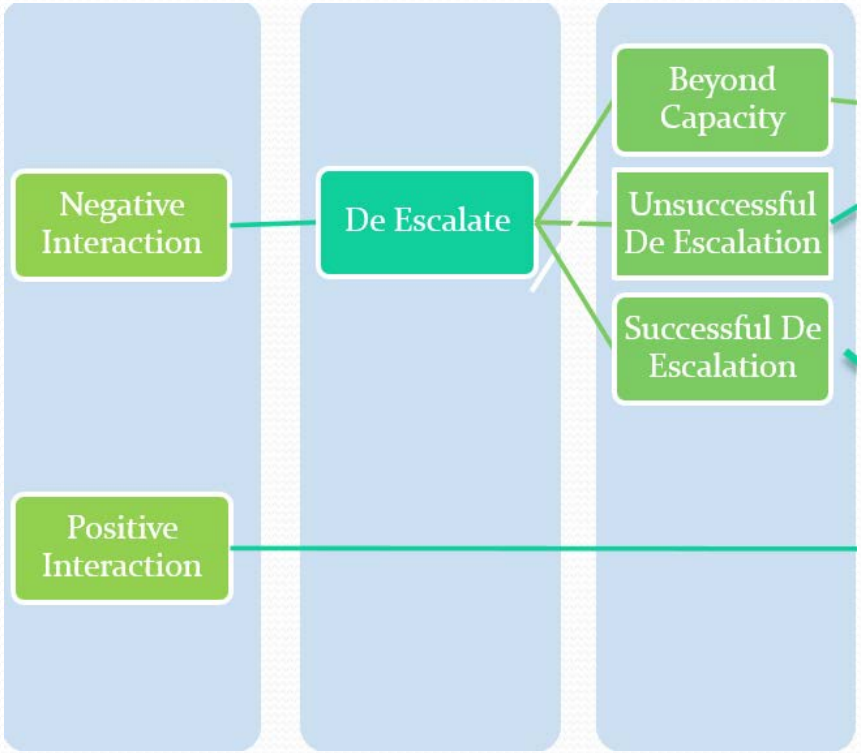
Anticipated or Unanticipated

- Substance Use – Currently Intoxicated? Does it impair ability to conduct session?
- Mental Health Emergency SI/HI – Emergency Support? Duty to Warn? Hospitalization as last resort?
- Abuse – Permissive Vs Mandatory reporting
- Mental Health Symptoms
- Accidental Triggers
- Circumstantial/Environmental Factors – Concerning Safety Issues



Is This in My Wheelhouse?

- Practice at your expertise
- Fulfill your organizational mission
- If not appropriate can you End Gracefully?
- If appropriate to continue the situation can go + or -



De-Escalate

It's about to get real…

Precipitating Factors

Physical

- Medical
- Drives
- Fatigue

Environmental

- Too Hot/Cold
- Too Close/Crowded
- Loneliness
- Staff

Psychological

- Development
- Needs to Belong
- Displaced Anger
- Loss of Control
- Frustration
- Mental Health Symptoms
- Past History

The HOW we say, before the WHAT we say

An Empathetic approach to alleviate anxiety

Empathy – your ability to believe that whatever that person is feeling is <u>real</u> for them.

Non-Verbal Communication

What are the cues?

How do we communicate calm?

Body Language

Facial Expression

Hands & Arms

Sweating

Nose or Eyes Twitching

Repetitive Movement

Shaking

Power Positioning

Personal Space

What are the factors that influence what is appropriate personal space?

- Relationship
- Body Language
- Cultural Context
- Energy Level
- Personal History

Para-Verbal

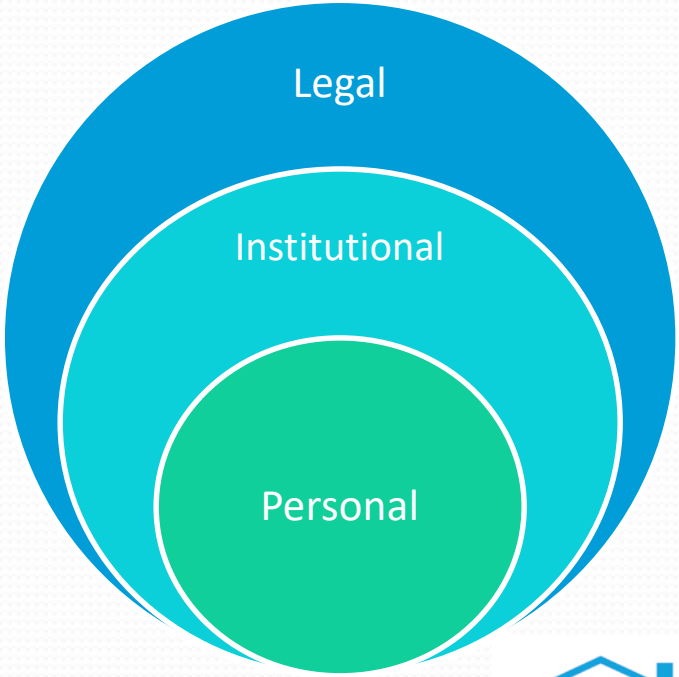
Tone,
Volume,
Cadence,
Emphasis

I never said you were stupid.
I **never** said you were stupid.
I never **said** you were stupid.
I never said **you** were stupid.
I never said you **were** stupid.
I never said you were **stupid**.

Verbal Intervention

Techniques (6 basic tools)

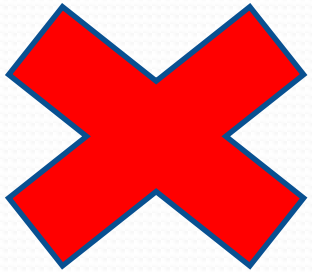
1. Assessing safety
2. Using power positively
3. Understanding the layers of limits
4. Putting aside personal ego
5. Rethink the meaning of success
6. 3 essential questions
    1. Who am I?
    2. Who is this person?
    3. What do I want to have happen?



Verbal Intervention – Setting Limits

Setting Limits is NOT

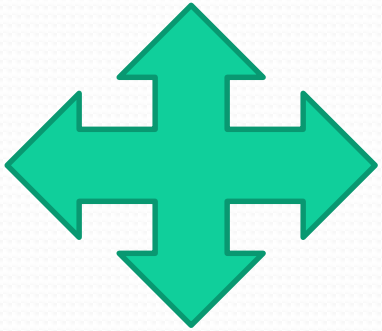
- Ultimatums or threats!
- Punishment or and opportunity to exert power
- Doing all the talking



Verbal Intervention – Setting Limits

Setting Limits – 2nd Level Intervention

- Offering choices (with consequences)
  - "It's your decision"
- About Teaching and Guiding
  - Seizing an opportunity
  - Setting a structure for positive decision making
- About Listening
  - Discovering what's important for that person
  - Meaningful limits



Validate

- Validation – Release
- AKNOWLEDGE that this person is heard
- Reflect back the concern and ask if this is correct

Offer Realistic Choices

- Person has a right to chose next steps
- Offer options
- Empower those choices

Verbally Express Support for Choices

- Setting a safe space for taking next steps when successfully settled

- When Participant's individual safety as per others or risk to themselves we need to determine if it we should be involving emergency personnel
- If not at an emergency but at a crisis level you should create or revisit a safety plan

Safety Planning with a Person Expressing Risk Factors

The Safety Plan is for the participant. Having their own original is 1st priority:
Best if done prior to crisis
Intake is a great time and can be reviewed at crisis or change points
Should be completed for all participants
Are there internal protocols for emergencies/crises within your agency?

Components

- Warning signs
- Internal resources
- Natural social supports/distraction
- How to make the environment safe
- Professional supports
- Overdose Risk Assessment
- Sequential steps in event of escalation

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PTHPA Safety Plan

1. What are the signs that I might be in a “bad” or dangerous place for myself or others?
2. Things I can do myself to take my mind off my problems
3. People who can help distract me if I’m feeling unsafe
4. Places I can go to take my mind off things
5. Things I can do to make the area around me safe
6. Professionals or agencies I can contact during a crisis (list local resources, hotlines, etc.)
7. Substance Use (if applicable)
8. Other (Could be a place for sequencing what to do with this info)

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Safety Planning

The “Other” section could be used for

When ‘Upset’	What to do
Step 1	Call friend #1
Step 2	Call friend #2
Step 3	**Take a walk**
Step 4	Do breathing exercises
Step 5	Take 2mg lorazepam
Step 6	**Listen to Dr. Dichter’s Recording**
Step 7	**Call On-Call**
Step 8	**Go to the Crisis Center, ER or call 911**

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Personal Safety Plan

Participant Name: _____ Date: _____

What are the signs that I might be in a "bad" or dangerous place for myself or others?
1. 2. 3.
Things I can do myself to take my mind off my problems
1. 2. 3.
People who can help distract me if I'm feeling unsafe
1. Name _____ Phone # _____ 2. Name _____ Phone # _____ 3. Name _____ Phone # _____
Places I can go to take my mind off things
1. Place _____ 2. Place _____
Things I can do to make the area around me safe
1. 2.
Professionals or agencies I can contact during a crisis
In an emergency, call 911 1. Name _____ Phone # _____ 2. Name _____ Phone # _____ 3. Pathways to Housing On Call # 215-390-1500 Dial Extension _____ for Team _____ 4. Local Crisis Response Center: _____ 5. Preferred Crisis Response Center: _____ 6. Warmline 1-855-507-WARM (9276) Peer helpline to talk to people who can relate to you 7. Crisis Intervention Hotline 215-686-4420 (local) Anxiety, stress, or substance use crisis helpline 8. Suicide Prevention Lifeline 1-800-273-TALK (8255) Helpline if you are planning your own death 9. Philadelphia Domestic Violence Hotline 1-866-723-3914 Helpline if your partner is hurting you

Adapted from: Stanley, B. & Brown, G.K. (2011). Safety planning intervention: A brief intervention to mitigate suicide risk. Cognitive and Behavioral Practice. 19, 256-264

Substance Use
1. Have you ever used heroin, dope, oxys, morphine, percs, etc? _____ 2. Have you every overdosed or seen someone else overdose? **Y / N** 3. What are the signs of an overdose & what do you do if one happens? _____ 4. Have you heard of Narcan? **Y / N** 5. Have you ever been trained on Narcan? **Y / N** 6. Narcan is a very simple overdose rescue medication. Would you like to be trained on how to use it? **Y / N** 7. If you have been trained, do you have Narcan on you now? **Y / N** *If you would like to be trained, ask one of your team members to set up an appointment*
Other:

Please keep this in a place where you can easily see it. Your team will also keep a copy for their files.

Pathways to Housing PA Updated 10/31/17

Adapted from: Stanley, B. & Brown, G.K. (2011). Safety planning intervention: A brief intervention to mitigate suicide risk. Cognitive and Behavioral Practice. 19, 256-264

Ending Gracefully

How do you end interactions that are working?

How do you end interactions that aren't working?

Maintain all your supportive elements previously discussed

If you get anxious it won't help

Be appropriately honest

What is necessary for services? Is it a restart at another time with something else or is there a misinterpretation of your capacity?

In the event of incidents

Debrief

Be sure to debrief with coworkers, team members, or a supervisor after a major incident.

Talk it through

Plan for next time

What can be improved

Rational Detachment

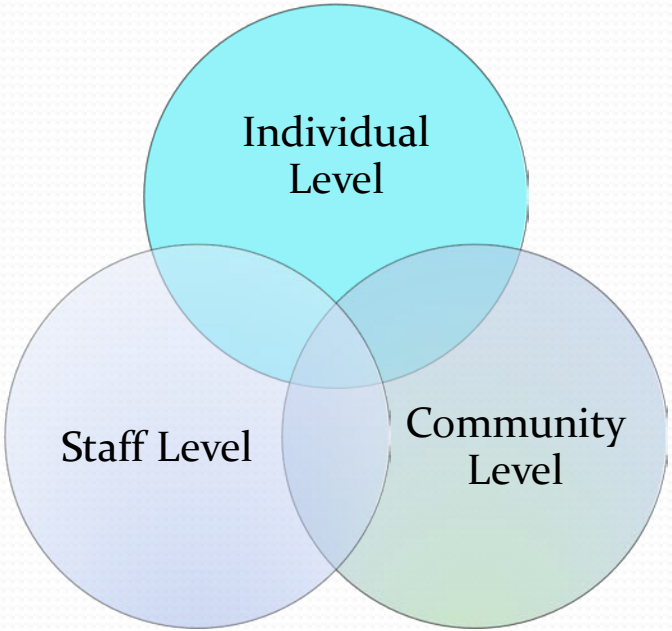
Case Management in Resource Scarce Settings

What are some of your major challenges?

You're forced into being "all things to all people" while still being a person in a community yourself!

Serious struggle getting good mental health care in rural settings. – US News Report

Challenging Stigmatization



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Individual Level

- Language
- Honesty
- Relationships
- Disclosure & Dialogue
- Education and personal development

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Staff & Community Level

Staff

- Training and education
- Outlets for feedback
- Assessment of practices
- Hiring peers, those in recovery

Community

- Participant advisory board
- Awareness campaigns
- Policy and advocacy
- Events

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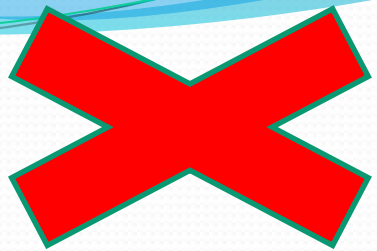
Harm Reduction is Not…



- Does not mean “anything goes”
- Does not condone, endorse, or encourage drug use or high risk behaviors
- Does not exclude or dismiss abstinence-based treatment models as viable options
- Does not attempt to minimize or ignore the harms associated with licit and illicit drug use, sexual activity or other risks

What is a Ulysses Pact? How does it fit in all this?

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Accountability without Termination

- Participants are still responsible for the natural consequences of their actions
  - Did they show up to work high?
  - Are they posing a threat or continual disturbance their neighbors, peers, staff, etc?
  - Have they violated their probation?
  - Are they neglecting bills or rent?

Response to Enabling Question

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Case Scenarios

Senior citizen living in transitional housing. He has a younger woman living with him, along with her small child. He is giving the woman his medications in exchange for sexual favors. The woman is selling the medication. This woman also has a boyfriend, who was also staying in the unit, but he was just arrested for hitting the woman. The client will be timing out of transitional housing soon and is eligible PSH and could move, but he is refusing to move out of concern about no longer having room for the woman, child, etc.

Case Scenario

A client has made a habit of using a chainsaw in the middle of the night. He commonly cuts down trees, cuts wood, etc. This has created an issue because he disturbs those living close by.

The bottom line

- People receiving our support are often very sick, scared, vulnerable, etc.
- This can trigger trauma reactions
- They feel judged and want to be independent
- People having trauma reactions can do some really unhelpful and unkind things.
- Unless you are getting consistent feedback from ALL of your patients as well as non-client people whose opinions you value, it's not about you.
- Cultivate respectful curiosity. Behavior has a function. Become a sleuth to understand your clients' motivations, and minimize harm, even if they are not aware of what is at play.
- Realize prevalence, recognize signs and symptoms, respond appropriately, resist recreating or re-enacting trauma
- Reflective practice, use team perspectives, pick up tools to enhance self reflection

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