



Evidence-Based Practices

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CONFERENCE SESSION INTRO & OVERVIEW SUMMATION

- Over the past decade our Managed Care Fee For Service funding system has placed extraordinary stress on organizations in meeting the needs of individuals we are given to serve and care for. The economic and culture shifting events of our past year with its pandemic and our again amplified need to actualize racial equity and respect for women and BIPOC individuals and communities immediately, has starkly set and intensified our challenges. Continuity and Quality of Care and our prescribed limited resource are strained as never before with new missions of care and concerns to address.
- On the anticipated cusp of a post-pandemic world and evolving a new “normal”, we hold an auspicious time to re-group and re-design, if not re-vitalize, our work. What we know again is our Continuity and Quality of Care is a parallel process across our organizations. That, as we care for our workforces, they in turn, and as an extension of that care, care for our clients, our participants, residents and members. It’s a time to revisit Evidence Based Practices that serve us best. And to strengthen the activating factor within each of these, to accentuate that key ingredient. To provide our workforce and clients the supportive tools and foundations which most contribute to resilience and thriving.

CONFERENCE SESSION INTRO & OVERVIEW SUMMATION

- This presentation will outline how a Person Centered, Trauma Informed, Harm Reduction, Motivational Interviewing System of Care, expressed through Housing First and demonstrated in Supervision, as one thought system, a single comprehensive and holistic, integrated approach to our work, best equips us to take on the challenges of the coming years, organizationally and in the individual care we provide to both staff and clients. Each of these 6 individual vision + skill sets require several hours if not days to fully present on, followed with guided application and coaching. From this introductory overview presentation we encourage continued engagement and hope you'll have both a map and guide to resources to build our better tomorrow.

SUPPORTIVE HOUSING PROVIDERS ASSOCIATION
SPRING CONFERENCE 2021

REVITALIZING SUPPORTIVE SERVICES
IN OUR POST-PANDEMIC WORLD

HOW CONSOLIDATING BEST & EVIDENCE BASED PRACTICES GUIDES US

April 7, 2021

Tom Kinley

Midwest Harm Reduction Institute

Heartland Center for Systems Change

Heartland Alliance Health

- 2020 a year of extraordinary stress and trauma to survive
- A convergence of
 - this pandemic, the magnitude of its impact on each of us and our families, our coworkers, our communities, and on an international scale
 - #BLM and growing awareness of entrenched systemic racism and hate culture toward BIPOC over centuries, that we must counter with in-depth, active anti-racism work now
 - #METOO and the subjugation of women, violence toward women, and how we are to bring living equity to all our relationships and end rape culture
 - LGBTQIA+ full human & civil rights now, at once and for all
- How then do we move forward in our work of healing and fostering resilience for the people within our circles of care? What have we learned and how do we best utilize that knowledge?

- **Prior to this past year** over a decade of intensifying Managed Care Fee For Service funding had already taxed and strained our workforce, resulting in additional trauma and re-traumatization, shorter term tenures, increased and rapid turn over, inadequately prepared and supported individuals to fill those vacancies while those who remained struggled with increased work loads, productivity and billable hours. All of this impacting Continuity of Care and Quality of Care. Still, we've survived and persisted.
- **At what cost?** From these years of trauma and strain, again, what have we learned? Is this our industry's climate change issue?
- **We've this time on the cusp of building a new "normal" to regroup, re-assess, re-structure, evolve.**
- **How will we proceed?**

REVITALIZING OUR PLACES OF WORK

- Historically, the TIC focus has been on participants
- Beginning now to include a **staff and organizational focus** – a growing awareness of our time and an evolution for our work and work culture
- ❖ A time of awareness in which we must invest in the understanding & belief
 - **staff care = participant care**
 - organizational care = community care = world care
- True cost revenue is a concern and must be included in re-negotiating needed updating for our integrated systems of care (a systems change topic for another workshop)
- **What do we know heals trauma?** **Empowerment and ownership**
- **Parallel process:** take care of our staff, actively, daily demonstrate that care, and they will in turn provide that care also to participants. A shared lived experience.
- Forming a plan to do this – with field support and systems change work

Vulnerability of our staff: systemic and personal

- Witness to trauma
- Personal lives of past and present trauma
- Care stress and performance examination
- The attraction of this work to wounded healers
 - the search to heal one's self
- Coping, defending, confusion, re-enactments of trauma
 - improper use of power and influence
- Inexperience, missed role models, role confusion and blurring
- Economic and health concerns
- Income, housing, healthcare tied to employment in our society

Workforce Trauma Awareness

- Underfunding has resulted in
 - Having a **punitive effect** on staff and participants, and must be addressed at a systems change level – What is the real cost of this work? In dollars? In personal health and relational cost to staff and diminished quality and continuity of care for participants? How are we to reset this?
 - Reduced and removed time for **reflection**
- **Trauma informed work requires self-reflection**
 - ❖ **At the individual level**
 - ❖ **At the organizational level**
 - ❖ **Time and focus *must* be given to this, dedicated and committed to this**

Workforce Revitalization then is the inseparable intersectionality of

- ❖ **Relationship care & building at all levels**
- ❖ **Trauma informed work across an organization**
- ❖ **Integrated with Evidence Based & Best Practices**

What follows is a map for accomplishing this

Revitalizing Fully Integrated Trauma Impacting Care

- **Individual** – here, an introductory presentation: follow with personal commitment and learning, in-depth training and coaching
- **Team & Supervision** – separate training and coaching*
- **Organization & Leadership** – separate training and coaching*

* Includes participant inclusion & participation as equals in program management – how do we get there?

Hopes for ...

- Communities
- Nation
- World

acknowledgement & gratitude

this is uniquely difficult work – and must be

“This work hurts on a core fundamental level” Dr Joshua Bamberger

GETTING STARTED

CONTEXT & ORIENTATION

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HERE WE ARE

- context and background -

When we embarked on

Person Centered Care

← How did we become Person Centered? Historical background ...

What automatically followed was a progressive cascade of ...

❖ **Trauma Informed Care**

❖ **Harm Reduction**

➤ **Motivational Interviewing**

These formulate **our 4 Core Competencies** for staff to be highly skilled in:

- **Person Centered** (broadened as Human Centered)
- **Trauma Informed Care** to Healing & Resilience
- **Harm Reduction** as an all encompassing Life Skill
- **Motivational Interviewing** woven through each & all of these

Interrelated, intuitively flow from each other and are integrated – one thought system

Already know this and doing it, may not be called this

Not limited to work – truly life skills and approaches

Interconnected & Integrated

- **When we begin with a Person Centered foundation**
- **Then we know people have lives with Trauma**
- **And if we are to respond to trauma with care, Harm Reduction will be needed**
- **And to facilitate these, Motivational Interviewing becomes our partnering conversations**

pull on one and the rest follow

These 4 Competencies

- Are **a way of looking at the world**, of looking at each other, a foundation and filter for our vision
- Our perception informs us as to what we do
- What we see and hear are processed by **how we think** and **how we think leads to how we act**
- **The 4 Competencies guide how we think**
- Motivational Interviewing also contributes a specific process with specific evoking-listening-responding skill sets (EBP) to best encourage and facilitate change

Expanded on as 2 additional **Core Competencies**:

- **Application/Development** in program services and program development
 - Housing First, Individual Placement & Support, Positive Youth Development, EBPs, “case management” ...
- **Supervision** with a Person Centered, TIC, HR, MI approach
 - nurture a “lived experience” demonstrated for staff to act from

6 Core Competencies

Presented and enacted within a:

- Neuro biological and social impact context
- Billing compliant documentation and tech use skills requirements
- Power of language awareness (art & science)

Core Competencies impact:

- **Engagement** – critical, foundational, central, relationship building
- Crisis Intervention & De-escalation
- All interventions
- Cultural, racial, gender, and personal humility
- Personal awareness and Self-Care
- Safety
- Self-confidence
- Professional and organizational growth

Our foundational Core Belief & Value is rooted in

- **Human Centered Care** – rights, equity, non-discriminatory, anti-racist, housing, health, employment, income, education, inclusion and access ...
- **Person Centered Care** – individualized, unique to each person

What is it to be **PERSON CENTERED?**

- **Person Centered (Recovery) Orientation** is the belief everyone, no matter how unknown, unaware, unrecognized, unarticulated, unfamiliar to themselves and others it may be, knows best what their course in life is; what's best for them, and DECIDES what's best for them. This self knowing guidance may be hidden, defused, distorted, buried, lost, forgotten, conflicted, unexplored, *traumatized*. **It's the belief within each of us we possess our own internal guide, internal healer, voice, and compass.**

PERSON CENTERED CARE

- Our care task is to nurture and support an emerging clarity, familiarity, knowing, and confidence in hearing, having access to and awareness of, a trust in that inner guidance. To assist in clearing blocks and filters and distortions and finding strengths and courage.
- This is best done (can only be done) when we are familiar with the process within ourselves and are actively engaged in the same endeavor.
- **Relationships** have the potential to mutually uplift and accelerate this process, or confound it. They are in fact essential and key in these healing endeavors.

the healing relationship, the healing partnership

Person centered care includes ...

- Redefine, re-perceive **all behavior as strategic toward survival** and adaptation to often anxiety/terror/anger provoking events or signals (group home dinner example)
- Immediate **self care** – limitations, may precipitate additional harm and risk, not adaptive to all situations
- **Admire and respect** what's brought a person to today and how they manage their day

A REMINDER. Important enough to repeat: However unrecognized, unknown, unaware, unarticulated, within each person is an internal guide which knows what's best for them. An **internal compass** which factors in the unique blend of DNA and life experiences which is who they are and only they can know and experience. We each and all have this. Our task is not to fix people and have them adhere to a set formula to healing and wholeness. Our task is to support and affirm their hearing this internal guide of theirs, becoming familiar with it and comfortable with its direction. There are practices we can employ which nurtures the likelihood of this unfolding. **Conversely, spirit breaking and dishonoring the will of another is to contribute significant long term harm.**

SO WHAT ARE WE TO DO WITH THIS?

A GUIDE FOR CLINICAL STAFF

Structure and Skill Set

The work of healing

Framed as the art & science of making sandwiches



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or building a house

FOUNDATION SLICE

Staff: **YOU!**

You are the primary tool in doing this work.

Tools of other professions:

plumbers, electricians, Uber drivers, surgeons, artists, chefs ...

Qualities of a foundation?

- **Keeping a tool prepared**
- **Relationship building & sustenance**

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foundation

Sandwich substance (the middle part)

Applying, the practice of ...
(the work we actually do with participants)

4+ Core Competencies

Related skills and interests

Interventions

Integrating healing



walls and rooms

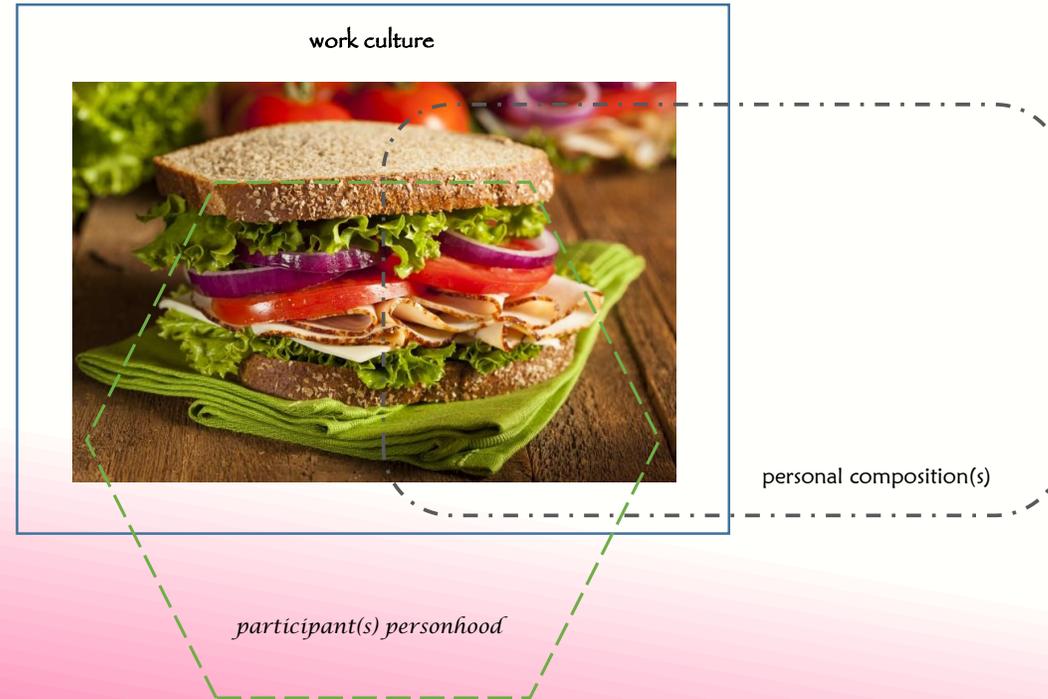
TOP SLICE OF BREAD

- Vantage point
- Covers and protects
 - Holds together
- Opportunities to reflect/repair
 - Supervision
 - Team Meetings
- Support of organization(s)



roof

The complexity of the kitchen



the community

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Guiding Principles of Trauma-Informed Care

Spring 2014, Volume 22, Number 2

1. **Safety** - Throughout the organization, staff and the people they serve feel physically and psychologically safe.
2. **Trustworthiness and transparency** – Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.
3. **Peer support and mutual self-help** - These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.
4. **Collaboration and mutuality** - There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

Guiding Principles of Trauma-Informed Care

Spring 2014, Volume 22, Number 2

5. **Empowerment, voice, and choice** - Throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated and new skills developed as necessary. The organization aims to strengthen the staff's, clients', and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

6. **Cultural, historical, and gender issues** - The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

ACTING FROM CORE VALUES

A GUIDE FOR STAFF

The Centrality of Relationship

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Again, every task, every job, has a set of tools.
As stated, you your *self* is the tool for this work.



Step 1: YOU

how you wrap your gift

Engagement:

Appearance & First Impressions

Authenticity

Being liked/respected and the power of influence

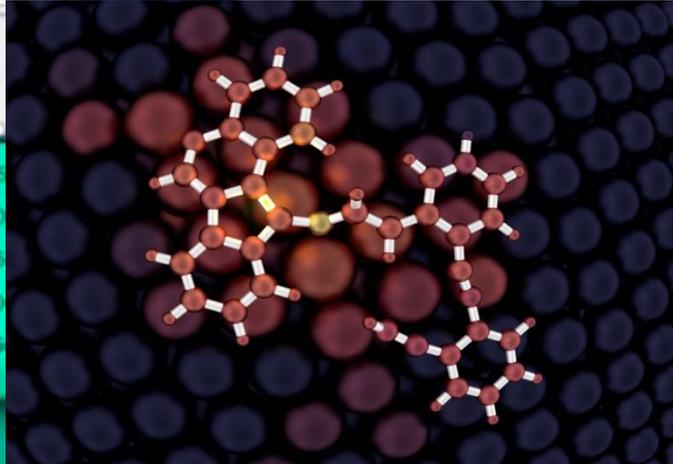
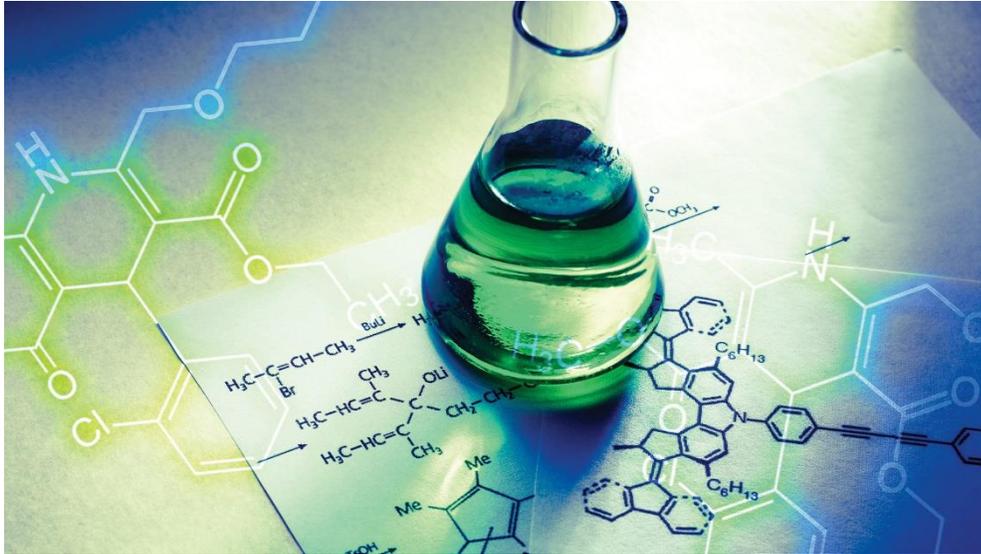
Credibility

Why engagement?

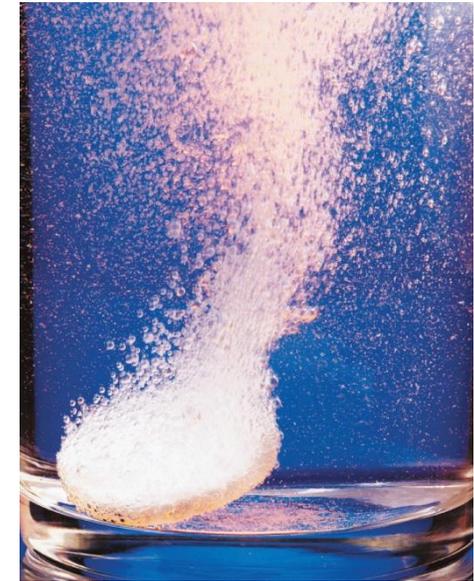


The art & science & mystery of interacting

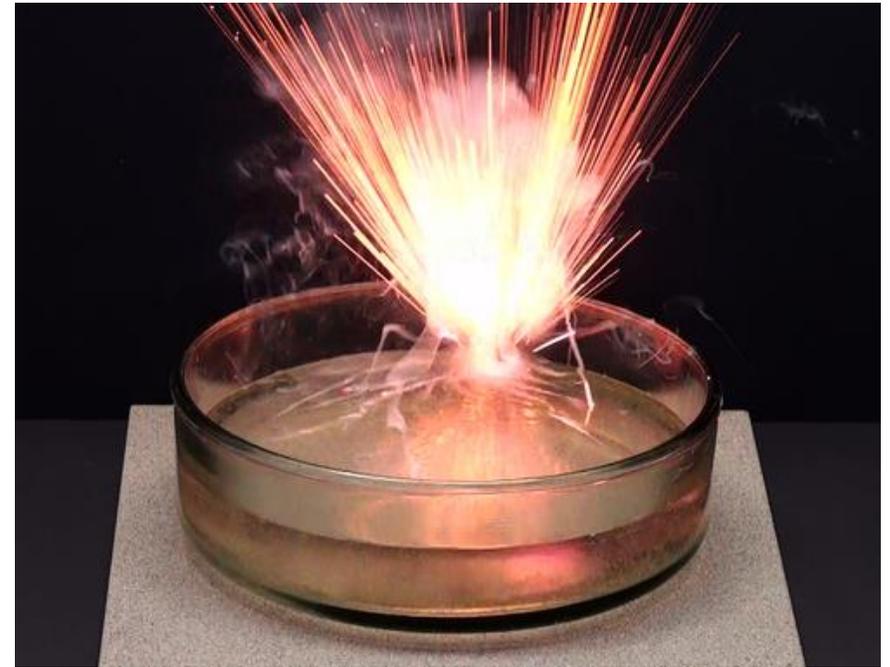
Our relationships produce a **chemical** reaction



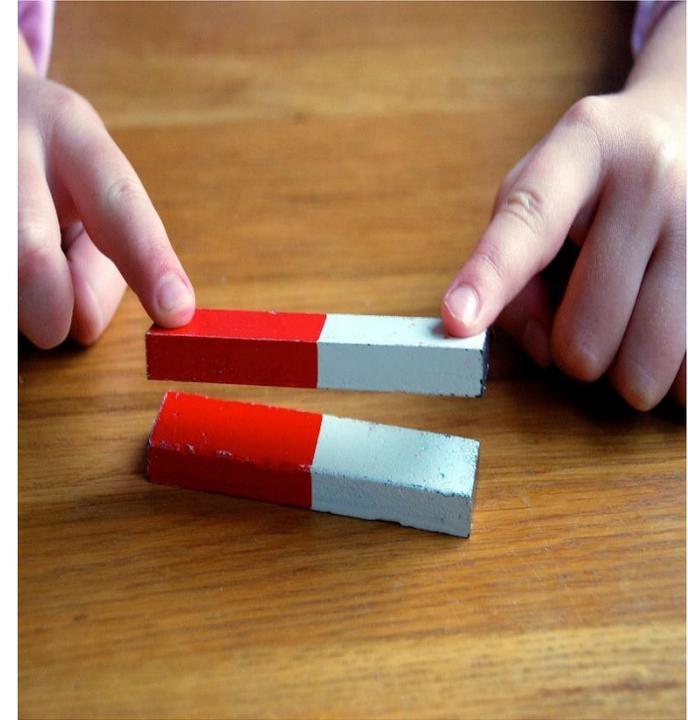
warm and comforting, launches hope,
dissolves away fears and resistance



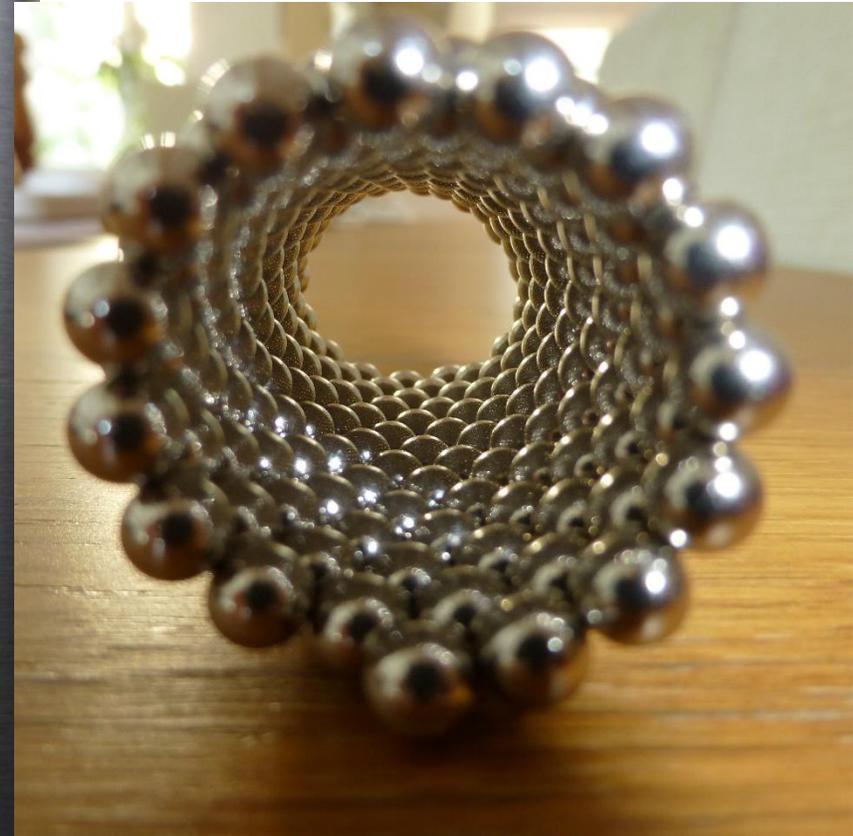
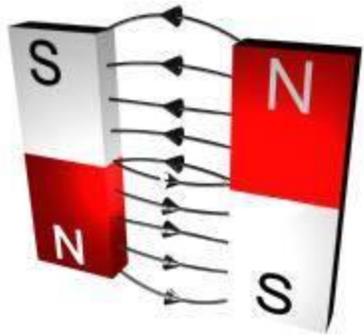
fast explosive powerful
combustible



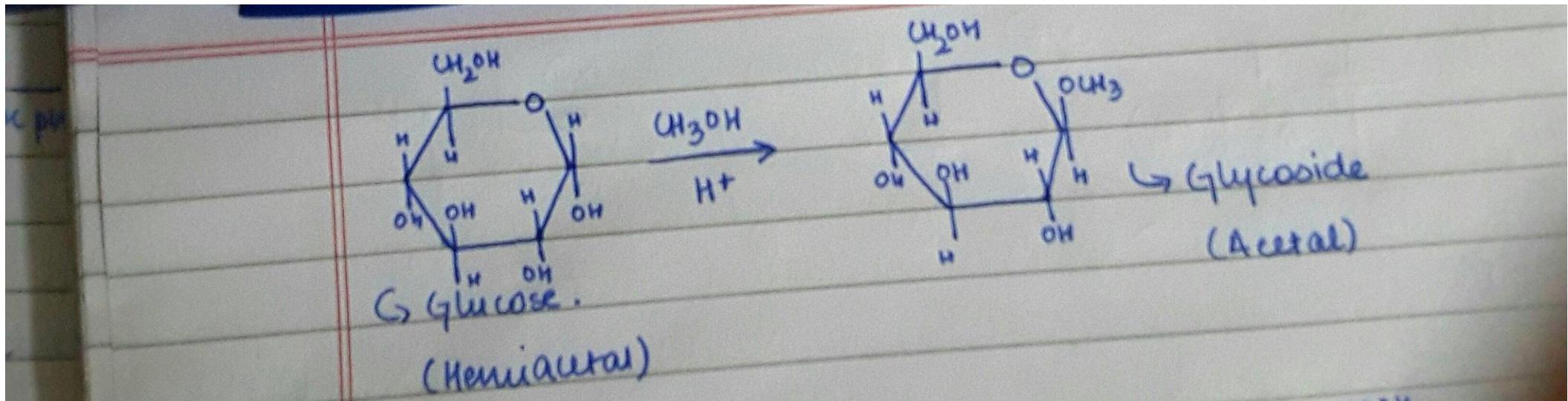
There's a **magnetism** in our relationships.
This can **draw us in** or **push us away** from each other.



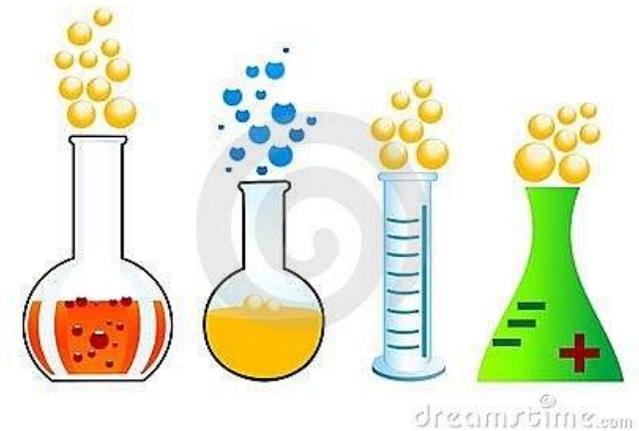
The aim is to have the **proper alignment**, appreciating differences and options for **connections** and **build a cohesive community of healing and finding and having a place there.**



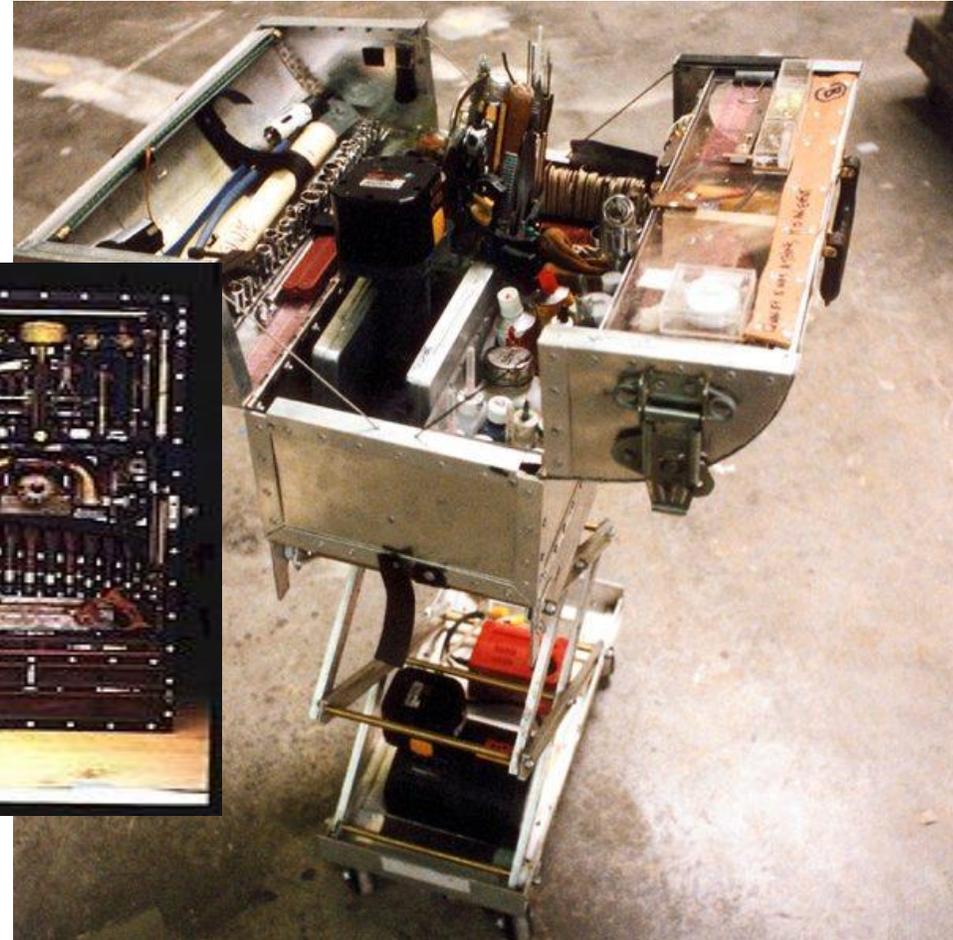
We want to be intentional, mindful to move the **interactive reaction** in the **desired direction**



The critical use of your self. **YOU** as the tool. **YOU** as a catalyst



To undertake and complete a job at its best requires having a **selection** of tools, keeping those tools **primed and ready**, **adding** to our collection, and **selecting** the right tool at the right time.



Skill Set Development

How **developed** are you? How **prepared** are you?
How **skilled** are you?



EVIDENCE BASED PRACTICES

- To keep in mind many of the participants we partner with are not agreeable or able to participate in studies – the EBP research may not have been inclusive of addressing *all* elements *unique* to this individual
 - To appreciate a **person** over a practice – negotiate the relationship and tailor an activity
 - the letter of the law & the spirit of the law while staying true to the intent of the law
- **Fidelity**
 - At its worst, feels judgmental and incriminating – to use this awareness in our relationships also
 - At their best, **provide the ideal, the goal to strive for, the program structures & elements to develop and strengthen; a great map**
 - “It’s always a 5”
 - **The Housing First Fidelity Index**

THE *KEY INGREDIENT*
in every Evidence Based and
Best Practice *is*
the quality of the relationship.

The most valued ability & skill then is that of
engaging, building, sustaining and nurturing
relationships.

This is fundamental to healing.

Every relationship is
a partnership.

so ...

What do we want to result from them?

How do we best build them for that?

How do we re-invest in these?

RELATIONSHIPS

Inclusive of both

with participants

and with staff

PARALLEL PROCESS

Orienting awareness ...

How do you come across?

How do you know?

the invitation for 360° input

- participant. staff. -

Relatedly, in team work ...

Who has what relationship with each participant?

With staff?

**In trauma care, in revitalizing our work,
what's the point of having these **skills**?**

Why is **self-development critical and essential?**

**A personal intimately deep
challenge**

**Why this special work is
exceptionally difficult**

**Minimize the likelihood and degree of a
trauma response to a trauma response**

**To be ever aware and cautious not to
re-traumatize.**

**Nor act on goals of self-affirmation
over participant affirmation.**

A word about being
non-judgmental
unconditional positive regard
unbiased

The near impossibility of this endeavor
To instead be aware of and know one's judgements
And how to account for and offset them

soft / blind spots, trauma triggers, judgements, sounds and fury

- **KNOW our judgements**
 - Without blame and shame. Evaluate. Question impact.
- What are my **conditions**?
- What are my **biases**?
- **Brain** is designed to be biased – foreground/background, what to attend to, how to evaluate
- Bringing **unconscious to consciousness**
- **Internal guide** is often unconscious ... remember **person centered** goal – support by **doing one's own work**

TRAUMA AWARENESS

❖ POWER DYNAMICS

- Trauma is power related
- The relational structure of staff to participant
- Supervisor to supervisee
- Pre-set trauma trigger

❖ THE PROCESS OF HEALING

- Trauma healing stages are also trauma triggers
- The very healing process 'relives' trauma
- Pre-set trauma triggers

WHAT'S OUR PLAN TO GET THERE?

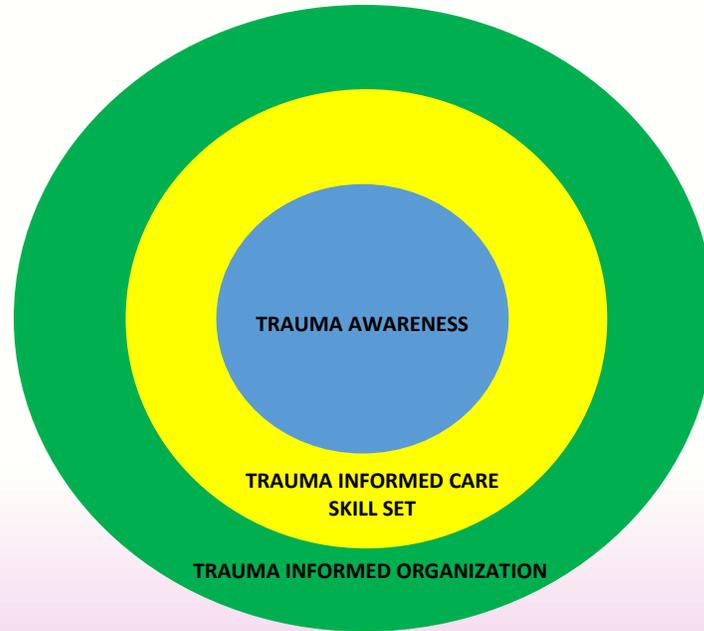
- Define “**there**” for you. What is that? What does it look like? How will you know when you're there?
- Establish **a plan** with specific tool building and skill honing
- On a timeline with check points and milestones

Coupled with organizational/supervisory commitment & partnership:

➤ What's **OUR** plan (contribution) to support achievement?

Keeps us rooted in what we ask participants to do. Mutual, shared process.
Dovetails with supervision and professional development plans.

CORE ELEMENTS OF TRAUMA INFORMED WORK & WORK CULTURES



- ❖ **TRAUMA AWARENESS** – What trauma is. What trauma does (neurobiology and human development). What trauma responses and trauma triggers are. How trauma impacts relationships and communication. How trauma is transformed to healing and resilience. Redefining our perception of our work.
- ❖ **TRAUMA INFORMED CARE SKILL SET** – with Trauma Awareness: Person Centered Care, Harm Reduction, Motivational Interviewing, Supervision & Team Building, Evidence Based Practices (Housing First, Individual Placement & Support ...). Guided application. 360° input invited and welcomed to evolve and shape individual and collective growth.
- ❖ **TRAUMA INFORMED ORGANIZATION** – Trauma Awareness and core Trauma Informed Care Skill Set components employed and supported at all levels of the organization, in all interactions, from Teams to Departments to Administration to Board of Directors, and promoted in policy and procedures. Participant inclusive, Program Management & Decision Making Partnerships enacted as collaborator/coleaders and embraced throughout the organization. Trauma informed tools and supports to implement and sustain this readily available.

MHRI/HCSC 2020

Include in our Revitalization Work

- **True cost funding** awareness in negotiations, ensure the necessary infrastructure is there (TIC), include engagement as a critical value, and recovery time within each event for staff (preparation and process).
- **Invite academic institutions in preparing graduates** for this work – provide curricula development assistance, seminars and workshops on core competency acquisition, so upon entering the job market, on day one of employment, the individual is prepared to do the work, and this cost doesn't fall then on organizations.

for follow up & additional information ...

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Pronouns: he/him/his

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Trauma-Informed Care and Motivational Interviewing in Housing Programs

Nicole Warner, Ed.D, LCPC

April 7, 2021

Trauma-Informed Care and Motivational Interviewing in Housing Programs

Nicole Warner, Ed.D, LCPC

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Homelessness causes Trauma

- * Being homeless can lead to trauma through the loss of stable shelter and family connections/established social roles
- * The stressors associated with being homeless can erode a person's coping mechanisms
- * Homelessness might serve as a breaking point for those who have pre-existing mental health conditions and/or a history of trauma

Trauma after Homelessness

- * When homelessness itself IS the trauma, the **post**-traumatic stress comes *after* the trauma... when someone is housed!
- * When the trauma ends, the coping mechanisms break down and the symptoms begin.

Housing alone is not Enough!

We can help to heal the Trauma

- * Trauma can be healed with individual protective factors, trauma-specific treatments and **trauma-informed health care**
- * How WE interact with those who have experienced trauma plays a significant role in their healing process

Trauma-informed programs

- * Look at all aspects of programming through a **trauma-lens**
- * Constantly keep in mind how traumatic experiences may impact residents, including how they access services
- * Respond best to resident needs and avoid engaging in re-traumatizing practices

Because people who have experienced multiple traumas do not relate to the world in the same way as those who have not had these experiences, they require services and responses that are sensitive to their experiences and needs

SAMHSA's Six Principles of Trauma Informed Care

1. **Safety** – agency staff and clients should feel physically and psychologically safe; the physical setting must be safe and interactions should promote a sense of safety.
2. **Trustworthiness and Transparency** - Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among clients, families and staff.
3. **Peer Support** - Other individuals who have experienced trauma can serve as key partners in recovery from trauma.
4. **Collaboration and Mutuality** - Partnering and leveling of power differences between staff and clients and among staff.
5. **Empowerment, Voice and Choice** - Individual strengths are recognized, built on, and validated and new skills are developed as needed.
6. **Cultural, Historical, and Gender Issues** - the organization incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; there is a responsiveness to gender and consideration for historical trauma.

Priority Goal: Create a Safe Environment

Create a **safe environment**, focus on **strengths** while instilling **hope** in the process

Identify BASIC needs and prioritize meeting them. Resolve real danger.

- * Shelter
- * Safety
- * Food/Nourishment
- * Clothing
- * Immediate Healthcare needs

Ways to become a more trauma-informed program

Training and Education

- * Biology of traumatic stress
- * Trauma, stress, relationships b/w trauma and substance use, mental health and homelessness
- * Cultural differences in how people respond to trauma
- * Help residents to identify triggers, manage their feelings
- * Staff to use de-escalation strategies, develop safety plans, and culturally sensitive interviewing skills
- * How to establish and maintain healthy professional boundaries

Ways to become a more trauma-informed program

Staff supervision, support and self-care

- * Have regular team meetings, address trauma and self-care in meetings
- * Have individual supervision with opportunities to discuss staff's own stress reactions
- * Help staff debrief after a crisis
- * Formal system for reviewing staff performance
- * Provide opportunities for staff input and evaluation of programs
- * Outside consultants with expertise in trauma

Ways to become a more trauma-informed program

Establish a safe, supportive, and welcoming physical environment

- * Facility has a security system and monitors who is coming in and out
- * Well lit areas inside and outside of the programs
- * Bathrooms are well-lit, can be locked by residents
- * Arrange for quiet spaces or places where people can move around more
- * Reduce noise and clutter that can be unsettling (e.g. in the lobby/common areas)
- * Develop areas stocked with art supplies for people who want to express themselves in other ways

Ways to become a more trauma-informed program

Establish a supportive environment

- * Information Sharing:
 - * Residents actively receive ongoing information about rules, policies, rights, appointments, home visits, wellness checks, crisis responses, emergency contacts
- * Cultural Competence:
 - * Residents are offered interpreters, allowed to speak in native language, allowed ethnic-specific foods
 - * Residents have opportunities to share about their culture

Ways to become a more trauma-informed program

Establish a supportive environment

- * Privacy & Confidentiality:

- * Residents are informed about confidentiality and its limits
- * Staff gives notice prior to entering the home; gets permission before showing a tour of the home; resident is notified of dates, times, etc..
- * Staff does not discuss the personal issues of one resident with another
- * Residents who have violated rules are approached in private
- * There are private spaces for staff and residents to discuss personal issues
- * Staff does not talk about residents outside of the program

Ways to become a more trauma-informed program

Establish a supportive environment

- * Safety and Crisis Prevention Planning:
 - * Staff help residents write safety plans for them/their family when they are being threatened
 - * Safety plans are incorporated into individual goals/plans
 - * Every adult in the program has a crisis-prevention plan including:
 - * Triggers, warning signs, helpful responses/coping skills, not helpful responses/coping skills, a list of safe people

Ways to become a more trauma-informed program

Establish a supportive environment

- * Open and Respectful Communication
 - * **Motivational interviewing techniques****
 - * Use “people-first” language
- * Consistency & Predictability
 - * Regularly scheduled community meetings for residents
 - * Giving advance notice of any change in schedules, appointments, etc..
 - * Consistent responses to residents, while allowing for flexibility based on individual circumstances

Ways to become a more trauma-informed program

Assessing and Planning Services

- * Conducting intake assessments
 - * Intake includes strengths, hx of trauma, culture, social supports
 - * Inform residents about why questions are being asked and how responses will be used
 - * Provide private, confidential spaces for intake
 - * Refer for services based on intake assessment
 - * Update the assessment on an ongoing basis and updates releases/consents to speak with other providers

Ways to become a more trauma-informed program

Assessing and Planning Services

- * Developing goals and plans
 - * Staff supports residents in setting their own goals
 - * Residents' goals are reviewed and updated regularly
 - * Staff helps residents develop a plan to address their children's needs
 - * Before leaving the program, residents and staff develop plans to address potential safety concerns or future service needs related to trauma

Ways to become a more trauma-informed program

Assessing and Planning Services

- * Offering services and trauma-specific interventions
 - * A variety of services are offered (e.g. employment, housing, substance use/mh treatment)
 - * Staff providing services should be trained on trauma
 - * Opportunities are available for residents to express themselves in creative and nonverbal ways (e.g. art, theatre, dance, music, movement)
 - * Refer for services based on intake assessment
 - * Update the assessment on an ongoing basis and updates releases/consents to speak with other providers

Trauma-Informed Self-Assessments

SAMHSA https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

National Council for Behavioral Health

https://www.nationalcouncildocs.net/wp-content/uploads/2014/01/OSA-FINAL_2.pdf

The minimum requirements of TIC in housing...

- 1) Obtain housing as quickly as possible to provide safety & stability
- 2) Since symptoms may be delayed, individuals need to be counseled about psychological changes they may need in the future
- 3) Provide residents ongoing support once housed

Motivational Interviewing and Homelessness

MI is a collaborative, person-centered approach to elicit and strengthen motivation to change. It offers providers a useful framework for interacting with people who are experiencing homelessness and struggling with mental and/or substance use disorders or trauma. **MI is rooted in an understanding of how hard it is to change learned behaviors, many of which have been essential to survival on the streets.**

SAMHSA, 2018

Common Misconceptions

- * This person OUGHT to (or should WANT to) change.
- * People are either motivated or not. If not, there's nothing we can do for them.
- * Now is the right (only?) time to change.
- * A tough approach is always best.
- * I'm the expert, so s/he should follow my advice.
- * If the person decides not to change, the consultation has failed.

The “Spirit” of MI

- * **Partnership** – Work collaboratively and avoid the “expert” role.
- * **Acceptance** – Respect the client’s autonomy, potential, strengths and perspective.
- * **Compassion** – Keep the client’s best interests in mind.
- * **Evocation** – The best ideas come from the client.

The “Spirit” of MI

- * **Draw out vs. implant the right ideas:**
“What concerns you about your financial situation?”
VERSUS
“You need to start working.”
- * **Allow the freedom NOT to change vs. push for commitment:**
“How ready are you to change?”
VERSUS
“If you delay getting sober, you could die.”
- * **Collaborate:**
“What do you think you’ll do?”
VERSUS
“You’ve got to take your medications.”

Do's and Don'ts

DO

- * Roll with Resistance- listen to their problems & fears
- * Pause before discussing how a person can make changes
- * Listen for the person's insights & ideas
- * Collaborate

DON'T

- * Pressure, fix or control
- * Use scare tactics
- * Neglect to praise the person's efforts

4 Key Skills in MI

- * Open ended questions
- * Affirmations
- * Reflective listening
- * Summaries

Open-Ended Questions

- * “What worries you about your current situation?” (disadvantages of status quo)
- * “How would you like your life to be five years from now?” (advantages of change)
- * “What encourages you that you can change if you want to?” (optimism about change)
- * “What would you be willing to try (intention) or what do you think you might do?”

Affirmations

- * “Thanks for coming on time today”
- * “That’s a good suggestion”
- * “It seems like you’re a spirited and strong person”
- * “You enjoy being happy with other people and making them laugh”
- * “You are clearly a resourceful person to cope with such difficulties for so long”

Reflective Listening

- * *Client*: “I know we made all these goals about my getting out and meeting people, but I’m just not comfortable around other people.”
- * *Provider*: “Getting the support you need hasn’t been easy.”

- * *Client*: “I just don’t like the way my family talks to me about my drinking.”
- * *Provider*: “You’re annoyed with your family.”
- * *Client*: “Yes, it just irritates me how they are always judging me.”

Summaries

- * Special form of reflective listening
- * Structure:
 - * Indicate you're about to summarize
 - * Be selective
 - * Note ambivalence & attend to change statements
 - * Be concise!
 - * End with invitation
- * Use to change directions or ask a key question

Where do we go from here?

- * Learning MI takes training, practice and feedback.
- * Starting with a few skills is usually more effective than trying to use every skill you've learned at once.
- * There are many trainings offered on MI... online, DVD, in-person.
 - * <https://collegeofwellbeing.com/motivational-interviewing-free-webinar/>
 - * <https://www.stephenrollnick.com/>
- * SHPA can offer more training if interested!

MI Resources

- * Motivational Interviewing: Preparing People for Change, Miller and Rollnick, Guilford 2012
- * Motivational Interviewing in Health Care, Rollnick, Miller, and Butler, Guilford 2007
- * Ten Things that Motivational Interviewing Is Not, Miller and Rollnick, Behavioural and Cognitive Psychotherapy, 2009, 37, 129-140
- * www.motivationalinterviewing.org



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Supporting Tenants in Housing with a Harm Reduction Model: An Introduction

Frederick P. Maclin / Property Manager
Alexian Brothers Housing + Health Alliance
Chicago, Illinois





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mission

Alexian Brothers Bonaventure House, The Harbor + Bettendorf Place carry out the healing mission of the Catholic Church as an Alexian Brothers ministry by identifying and developing effective responses to the health + housing needs of those we are called to serve.





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no single model or type of housing





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what is harm reduction?

Harm Reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating methods from safer use, to managed use, to abstinence. Harm Reduction strategies meet drug users “where they are at”, addressing conditions of use along with the use itself.

The following principles are central to practice harm reduction:



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Video

Housing First: Principles Into Practice

<https://youtu.be/pwdq2VWavtc>





successful engagement strategies

- Be there from the start
- Use the lease itself as an engagement tool
- Knock on the door
- Design engagement materials thoughtfully
- Check in often: prevent isolation
- Learn what tenants like/want/need



understand tenant's experiences

- Every tenant brings a history, a culture, and a set of expectations and behaviors:
 - Personality
 - Mental health status
 - Physical health status
 - Social history
 - Racial / ethnic identities
 - Housing experience
 - Others?

successful engagement strategies



- Provide needed resources, address basic needs
- Encourage community building
- Employment goals
- Lease or house rule violations as an excuse for engagement



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engagement

Engagement: repeated and consistent interaction over time; sustained through formal and informal interactions that serve to build trust, develop comfort, and enhance and solidify relationships.



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Engagement is a process:

- Where we introduce tenant to services relationship
- Explain our role
- Find common ground to build on
- Engagement is not an event
- Does not happen overnight
- Varies from tenant to tenant



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For Open Engagement:

- Be friendly
- Listen
- Maintain eye contact
- Keep conversation light
- Respond to humor





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effective communication techniques

- Ask Open-Ended Questions
- Listen Reflectively
- Summarize
- Affirm
- Empathize

effective communication techniques

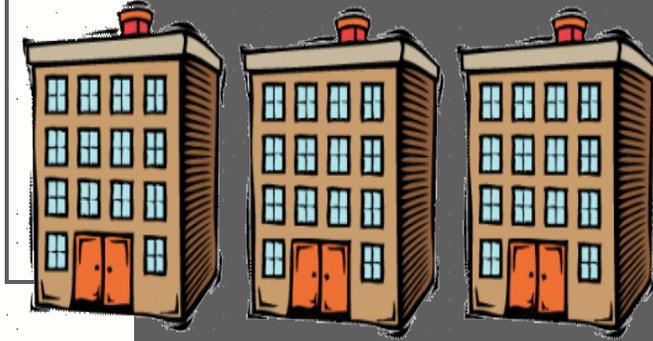
- Review a typical day
- Look back – life before “the problem”
- Summarize what you hear/concerns
- Explore pros and cons (present and future)
- Normalize ambivalence
- Explore expectations of the change and provide non-biased information



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HOUSING



**Housing is a Right
not a Privilege**



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