



Heartland HOUSED

Effective Case Management

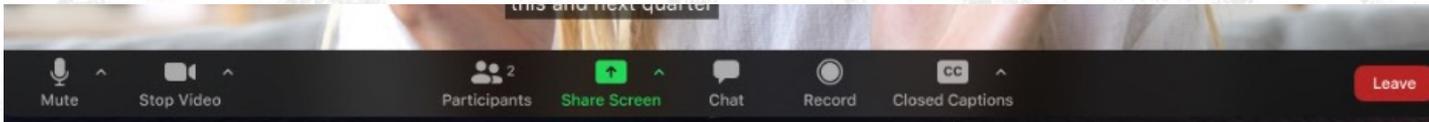
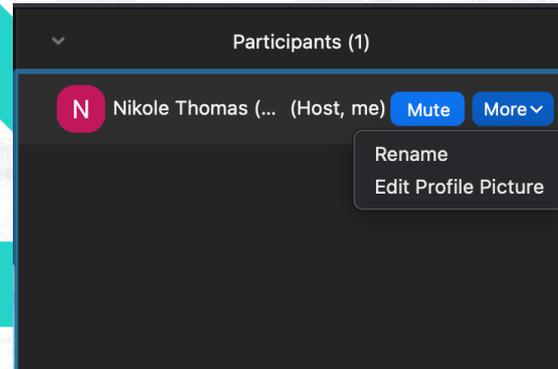
December 6, 2023

Mary Simons and Nicole Johnson

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Zoom Tips

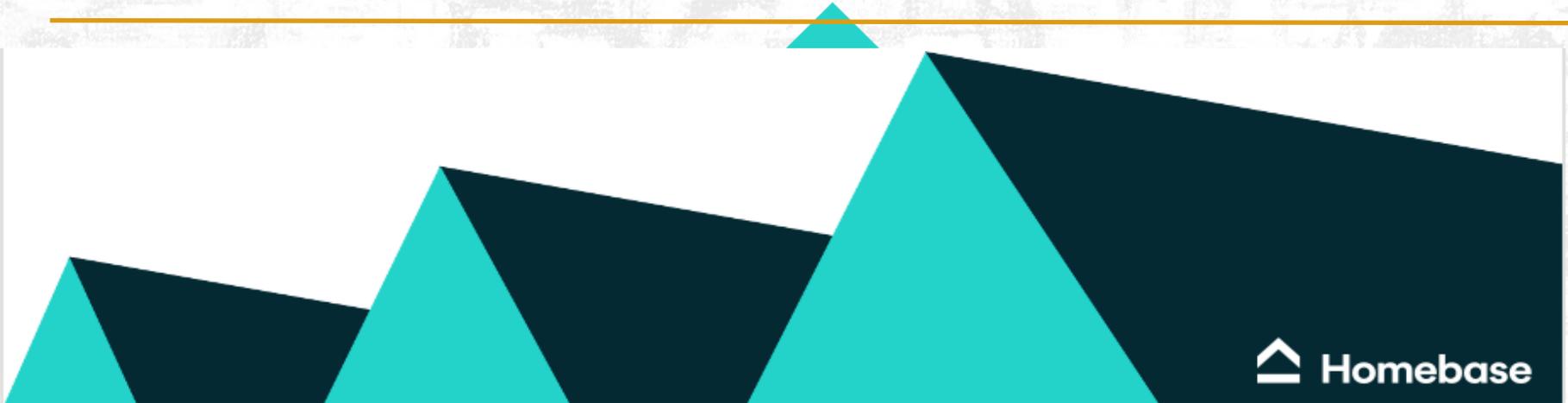


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Who We Are



We are Nicole Johnson and Mary Simons, technical assistance providers for Homebase, a collective of legal, policy, and subject matter experts who are dedicated to addressing homelessness and its root causes.

Our Mission is to build community capacity to end homelessness and reduce poverty, and to foster thriving, inclusive communities. Homebase has been working to **eradicate** homelessness by **partnering with** Continuums of Care and homeless service providers throughout the country for three decades.

Why We're Here



Each person and program has a crucial role to play in ending homelessness.



This is a community facing a challenging housing crisis.



You are helping people in urgent crisis navigate the housing market.



A system is only as strong as each component.



How can case managers best serve their clients?

Goals for Today

- Review the intersection of Housing First and harm reduction techniques in case management for homeless services providers;
- Identify and review goal setting and housing stability; and
- Discuss empathy, fatigue, and burnout awareness and prevention.

Principles of Client-Centered Case Management



Housing First

Housing First is an approach to preventing and ending homelessness utilizing proven methods to increase residential stability and address the root causes of homelessness.



Harm Reduction

Harm Reduction is a set of practical strategies that reduce the negative consequences of risky behavior, like drug abuse.

Core Principles of Housing First

1

Principle #1

Homelessness is primarily a housing problem.

2

Principle #2

Housing is a basic human right to which all persons are entitled, without qualification.

3

Principle #3

Homeless persons should be returned to or stabilized in permanent housing as soon as possible and connected with the resources required to sustain that housing.

4

Principle #4

Underlying issues that contributed to a person's homelessness are best addressed once that person is in a stable housing environment.

Key Characteristics of Housing First Services

1

Few or No Barriers

- Access to programs is not contingent on sobriety, income, participation in services or treatment, “housing readiness,” lack of criminal history, etc.

2

Reasonable Accommodations

- Clients are offered clear opportunities to request reasonable accommodations within applications and screening processes
- Accommodations include accessibility, interpretation, pets, storage, keeping families together

3

Identification of Alternatives

- Make connections to resources to ensure that clients have access to housing and services

4

Voluntary, Client-Driven Services

- Housing and service goals and plans are highly client-driven
- Supportive services emphasize engagement and problem-solving
- Participation in services or compliance with service plans are not conditions of housing resources
- Services are informed by harm-reduction

5

Avoiding Eviction

- Every effort is made to provide a client the opportunity to transfer from one situation, program, or project to another if a housing is in jeopardy

Who Benefits from Housing First?



People with **complex service needs**



Those **often turned away** from other affordable housing options



Those **least likely** to be able to proactively **seek and obtain housing on their own**

Discussion - Mentimeter

What does case management mean to you?

Core Principles of Harm Reduction

1

Remove Barriers

- Access to programs/services is not contingent on participation/compliance

2

Non-Coercive Engagement

- It is the individual's choice to manage or mitigate the risk of their high-risk behaviors

3

Client-Driven Services

- Work together to explore options and set goals; Feedback
- informed services

4

Focus on Immediate Needs

- Set goals that are realistic and attainable; Celebrate progress on small goals as success

Core Principles of Harm Reduction

5

Information and Education

- Provide education and information to make informed decisions; Connect to resources

6

Building Relationships

- Focus on developing strong, trusting relationships; Stick with clients who resist

7

Personal Responsibility

- Use natural consequences of behaviors as tools to move toward a desire for change

8

Community Partnerships

- Identify and develop partnerships or referral procedures for appropriate resources,

Who Benefits from Harm Reduction?

Because of its flexible approach, harm reduction strategies are appropriate for numerous homeless **subpopulations**, including:

- Adults
- Families
- Youth

Harm reduction is a service model for individuals who engage in **high-risk behaviors**, including:

- Drug use
- Alcohol use
- Higher-risk sexual activity
- Sex work
- Etc.

Why Harm Reduction?

1

Housing First

2

Positive Client Outcomes

3

Benefits to Providers

Intersection with Housing First

- Housing First is a harm reduction strategy
- Harm reduction is integral to the positive outcomes of Housing First programs, including:
 - Residential stability
 - Social benefits
 - Cost effectiveness

Client Centered Intake ~ Establishing Trusting Relationships

- ❖ Intake Sets the Stage
 - First Impressions Last
 - Be prepared
 - Consider environment and presentation
 - Convey safety, understanding, empathy, and genuine interest
 - Notice and acknowledge strengths/positives
 - Summarize, Provide Clear Next Steps and Follow-up

Client-Focused Interventions: Engagement and Support Tools

- Trauma Informed Care



- Motivational Interviewing



Trauma-Informed Care



Trauma-Informed Care (TIC) is an overarching structure and treatment attitude that emphasizes understanding, compassion, and responding to the effects of all types of trauma.



Becoming “trauma-informed” means recognizing that people have many different traumatic experiences which often intersect in their lives.



Well-meaning services providers can often unintentionally re-traumatize clients who need understanding, support, and individually conscious care.

6 Key Principles of Trauma-Informed Care

Safety

- Throughout the organization, staff and clients feel physically and psychologically safe

Trustworthiness and Transparency

- Operations and decisions are made with transparency, with the goal of building and maintaining trust

Peer Support

- Individuals with shared experiences and integrated into the organization and viewed as integral to service delivery

Collaboration and Mutuality

- Power differences- between staff and clients and among staff- are leveled to support shared decision making

Empowerment, Voice, and Choice

- Individual strengths and experiences are recognized, built on, and validated- including a belief in resilience and the ability to heal from trauma

Cultural, Historical, and Gender Issues

- Biases and stereotypes and historical trauma are recognized and addressed

Adapted from SAMHSA's ["Guiding Principles of Trauma Informed Care"](#)

Trauma Informed Implementation

SAFETY

- Clear and consistent boundaries promote emotional and physical safety

TRUSTWORTHINESS

- Services are predictable and reliable

CHOICE

- Person decides what to work on first

COLLABORATION

- Do things with the client, rather than for the client

EMPOWERMENT

- The client is the expert and holds the solutions
- Skill building is prioritized

Discussion - Mentimeter

What is the first question you usually ask to a client experiencing homelessness or housing insecurity?

Motivational Interviewing Techniques



The goal is to facilitate and identify “change talk”



Change talk is the client making statements that are in favor of change



Staff goal is to elicit change talk from the client in a collaborative fashion and avoid opposing it



Help client identify and resolve ambivalence so they can move forward

Motivational Interviewing Techniques

O

- Open ended questions:
 - Explore with your client
 - Who? What? When? Where? How?

A

- Affirmations:
 - Acknowledge; Affirm; Recognize strengths
 - Must be genuine and meaningful

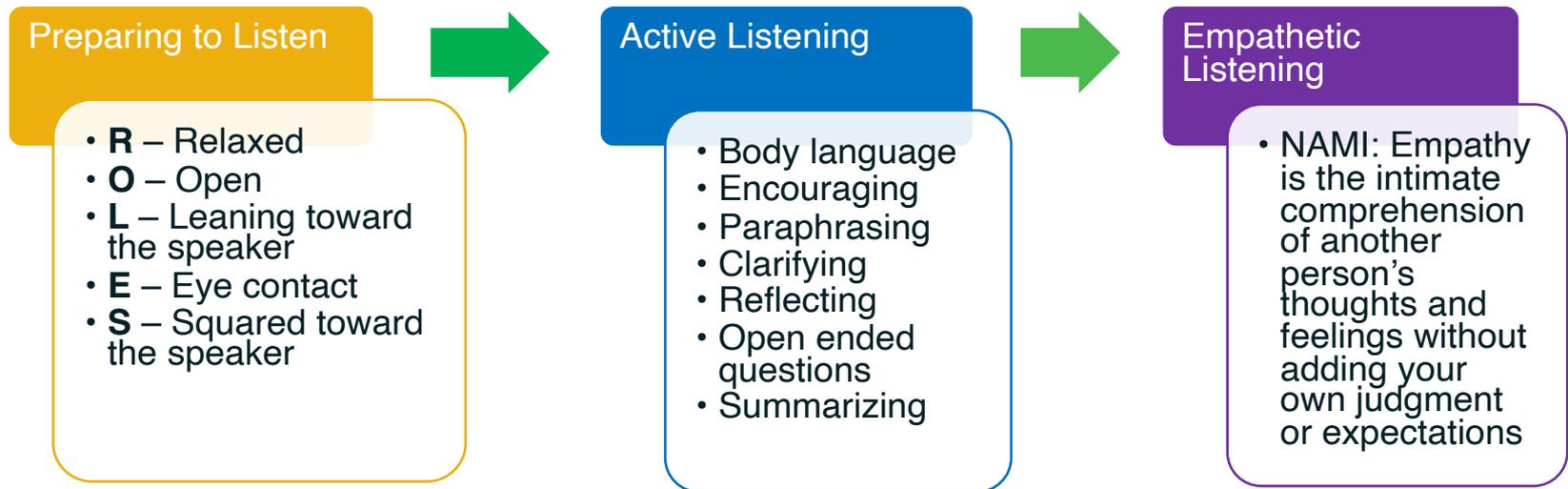
R

- Reflections:
 - Statements that convey empathy and understanding
 - Indicate that you are seeing world through the client's eyes

S

- Summaries:
 - use to transition
 - Let me make sure that I heard you correctly...you said...so where does that leave you now? I hear this and I hear that so what is next?

Active & Empathetic Listening Skills

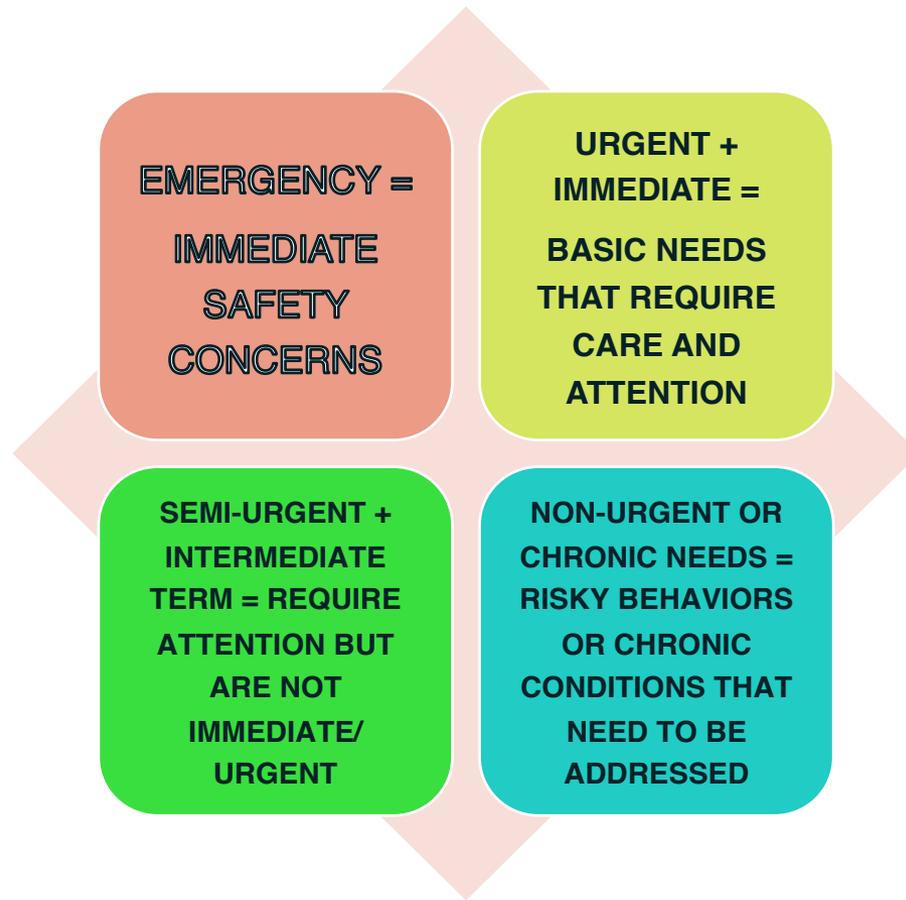


Assessing Client Strengths & Needs

- Assessing needs is an ongoing information gathering and decision-making process
- Assessment helps clients to identify their goals, strengths, and challenges
- Assessment guides prioritization and service planning and implementation.
- Assessment identifies both immediate and long-term client needs ~ and may require discernment regarding what to focus on when.



Prioritizing Client Needs



Creating Goals and An Action Plan



Set Concrete Goals

It is easier to tell when a concrete goal has been accomplished. To make a goal more concrete, try to add numbers, places, people, and dates.

Too Abstract:

- Try to get healthier
- Look for work
- Be nicer to roommate



More Concrete:

- Visit Dr. Chresnick by July for checkup
- Send resume to 3 florists
- Wash dishes within 24 hours and keep volume down after 10 pm



Set Small Goals

A smaller goal is more likely to be accomplished and will give your client the motivation to continue working. To make a goal smaller, ask what is the easiest thing your client could do that would be helpful.

Too Large:

- Finish college degree
- Get custody of daughter
- Start business as birthday party hostess

Small Enough:

- Register for spring semester classes
- Call daughter's social worker to check in
- Bake a cake for cousin's 34th birthday



Top Reasons Clients Disengage and/or are Pushed From Services

1. Services don't meet the client's most pressing needs.
2. Engagement is not perceived as the best use of limited resources.
3. Fear of negative consequences to engagement
4. The expected frequency of engagement doesn't align with the client's needs
5. Lack of capacity to engage

Trauma Informed Care can reduce these barriers.

Maintain Engagement through Trauma Informed Care

SAFETY

- Case manager has demonstrated that engagement will feel safe.
- There is an established plan in place for what do if client is lost to follow up.

TRUSTWORTHINESS

- Case manager builds rapport through follow through and transparency.

CHOICE

- Direction of case management is fully guided by client choice and priorities.
- Service schedule & location is flexible to meet client needs.

COLLABORATION

- Case manager is an active participant in the process, literally meeting the client where they are at. Case manager and client both take ownership over action steps.

EMPOWERMENT

- Case manager builds client capacity to meet their own needs and encourages and builds capacity for self-advocacy

Trauma Informed Termination

SAFETY

- Monitor the emotional reaction of the client and the worker
- Client has tools to ensure their safety if they exit, even if exit is unexpected.

TRUSTWORTHINESS

- Explain criteria for termination of services up front
- Routinely revisit timeline for termination

CHOICE

- Ideally, the client chooses when to terminate assistance
- Which services does the client want to continue somewhere else?

COLLABORATION

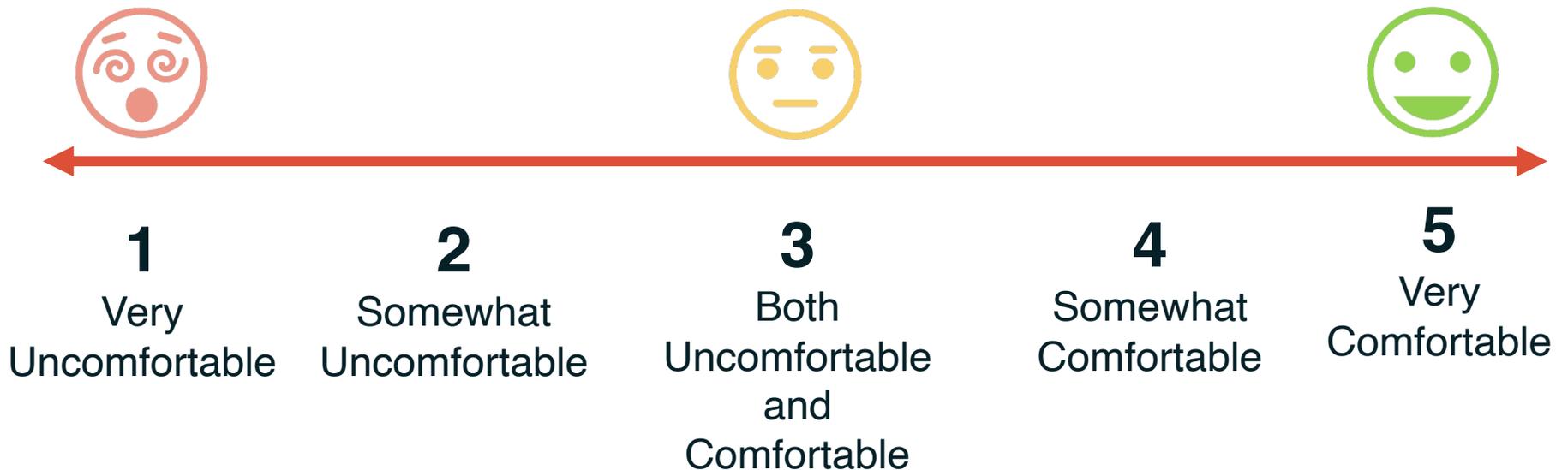
- The person, case manager, and other team members prepare for the effects of termination
- Identify appropriate referrals
- Create exit plan together

EMPOWERMENT

- Review successes and challenges
- Client is prepared with a plan and resources should problems arise again

Discussion: Conflict Transformation

How comfortable do you feel addressing conflict when it arises with your clients?



Focus on Conflict Transformation

Focus on Conflict Transformation

Have an understanding of anger management and conflict resolution

Use B.E.A.R.S. if anger / conflict comes up in conversation:

- **B**reathe
- **E**mpathize
- **A**sk
- **R**ephrase
- **S**ummarize



Encourage “I” statements

Conflict Resolution Approach

Remember: Homelessness is a crisis. Crises and conflicts impede the ability to clearly think through problems, be hopeful, and self-advocate.

1. Create a relaxing and positive environment for the conversation: private, quiet, no interruptions, no computer or desk between you
2. Listen and validate their experience, without judgment
3. Help the client articulate their needs, don't assume
4. Help the client identify strengths, successes, and resources they've used in the past
5. Help the client identify which of those strengths, successes, and resources could help them with this episode of homelessness
6. Help the client set short- and long-term goals
7. Build in flexibility to respond to progress and changes

Housing Support and Stability

Defining the goal of Housing Stability

- **Resolution of the crisis of homelessness by obtaining permanent housing**
- **Client has resources & capacity to:**
 - Afford & pay rent on time, as relevant
 - Follow the terms of their lease
 - Meet other obligations to maintain permanent housing for the foreseeable future

Assessment of Housing Strengths & Barriers

Housing History	Income
<ul style="list-style-type: none">• Last place client lived that worked well? What about that situation made it work well?• Has client had a lease before? How did that go?• Does client have past evictions?• Has client lived in subsidized housing before?• Has client tried applying for a new lease recently? What was the outcome?• Does client have any concerns about moving into their own place?	<ul style="list-style-type: none">• Is the client currently working, or able to work?• What are the client's current sources of income (e.g., employment, benefits, spousal/child support)?• Has the client worked before? How was that?

Assessment of Housing Strengths & Barriers

Client Preference	Strength & Barrier Exploration
<ul style="list-style-type: none">• What type of housing arrangement would the client prefer now? In the future?• Where would the client like to live?• Is there anywhere the client wants to avoid (e.g., due to DV, substance abuse recovery)?• Where does the client have a network of family and/or friends?• Where does the client feel safe?• Would they consider shared housing?	<ul style="list-style-type: none">• When has the client helped or supported others?• What supports will the client need to move into & maintain stable housing?• How can actions or circumstances that led to the client's housing crisis be resolved or mitigated?• How well can the client solve problems & access services, independently &/or with support?• Who are possible support persons, networks who may be able to help the client with income, housing?

Common Barriers to Housing



No rental history

Evictions

Larger family (3+ children)

Single parent

Head of household < 18

Sporadic employment history

Criminal history

Limited English proficiency

Debts/insufficient savings

No high school diploma or GED

Insufficient or no income

No or poor credit history

Housing-related debts (back rent, utilities)

Chronic homelessness

Substance use/abuse

Domestic violence

Lack of valid ID

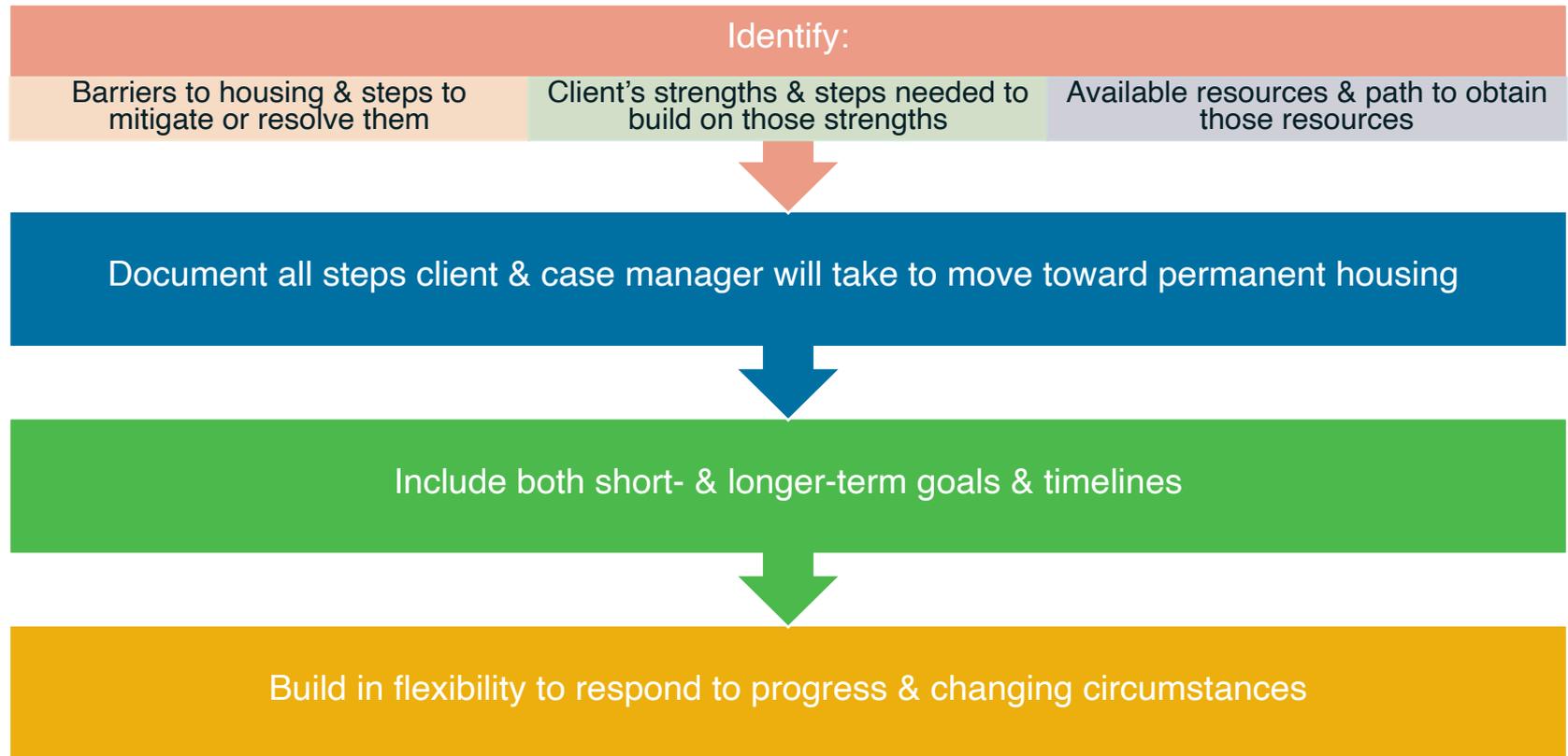
Lack of tenancy knowledge

Unresolved legal issues

Potential Solutions to Common Housing Barriers

Barriers to Housing	Problem Solving Resources
<ul style="list-style-type: none"> ◆ Dispute with landlord ◆ Conflict with relatives or friends who could provide safe shared housing 	<ul style="list-style-type: none"> ◆ Mediation or conflict resolution with landlords/relatives/friends ◆ Connections to supportive family and friends
<ul style="list-style-type: none"> ◆ Pending or previous evictions 	<ul style="list-style-type: none"> ◆ Connect with tenant legal services
<ul style="list-style-type: none"> ◆ Criminal legal system history 	<ul style="list-style-type: none"> ◆ Begin expungement process, if possible ◆ Housing search/placement assistance
<ul style="list-style-type: none"> ◆ Financial history / debt 	<ul style="list-style-type: none"> ◆ Get credit reports and identify ways to clear debt / communicate the situation to landlords
<ul style="list-style-type: none"> ◆ Short-term financial crisis (healthcare costs; auto maintenance; etc.) ◆ Inability to afford move-in costs 	<ul style="list-style-type: none"> ◆ One-time financial assistance ◆ Connections to mainstream resources/benefits

Making a (Housing Stability) Plan!



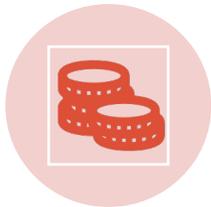
Key activities to ensure long-term stability



Provide tenant education & supports to ensure lease compliance



Maximize income



Budget and reduce expenses



Build your client's support network

Overcome Barriers to Employment and Mainstream Benefits



Assist clients with completing forms/writing a resume



Help clients prep and/or practice for appointments/interviews



Help gather and/or obtain necessary ID or documents



Connect clients with support resources such as job/life skills training, credit counseling, translation, etc.



Act as contact or representative payee, if possible/appropriate; help identify potential references



Follow up to ensure maintaining employment and/or benefits

Tips for Mainstream & Community Resources Referral

Develop	Develop list of resources for different household types
Ensure	Ensure subpopulations, like veterans, are connected to all applicable benefits
Build	Build relationships with benefits offices, share success stories, etc.
Invite	Invite eligibility workers for multiple programs to hold on-site sessions, monthly enrollment nights, drop-in hours, etc.

Community



Overcoming Common Challenges to Housing Stability Planning

- Clarity about Roles – who is doing what?
- Shared resources – i.e. central agency list of mainstream & community resources
- Focus on brokering connections to resources
- Focus on housing as the top priority
- Engaging clients with Motivational Interviewing
- Making time to track/analyze outcomes
- Don't forget to celebrate successes!



Discussion: Challenges and Solutions

- What challenges do you often face with clients?
- What are barriers to overcoming these challenges?
- What strengths have clients/participants used to overcome challenges?
- What continues to be a challenge and what solutions have you found?

Recognize, Cope with, and Prevent Empathy Fatigue & Burnout

Empathy

Empathy is a mental construct

- Allows us to resonate with others' positive and negative feelings
- In empathy, we *feel with* others, feeling the feelings of another person

Then, our internal experience can diverge into either

- (1) The processes of **empathetic distress**, or
- (2) **Compassion** and empathetic concern (*more on this soon!*)

Empathic Distress

The strong aversive and self-oriented response to the suffering of others



The desire to withdraw from a situation in order to protect oneself from excessive negative feelings

Empathy fatigue = a chronic state of empathic distress

Empathy fatigue can lead to **burnout**

Burnout

State of emotional, mental, and often physical exhaustion brought on by prolonged or repeated stress (including empathic distress / empathy fatigue).

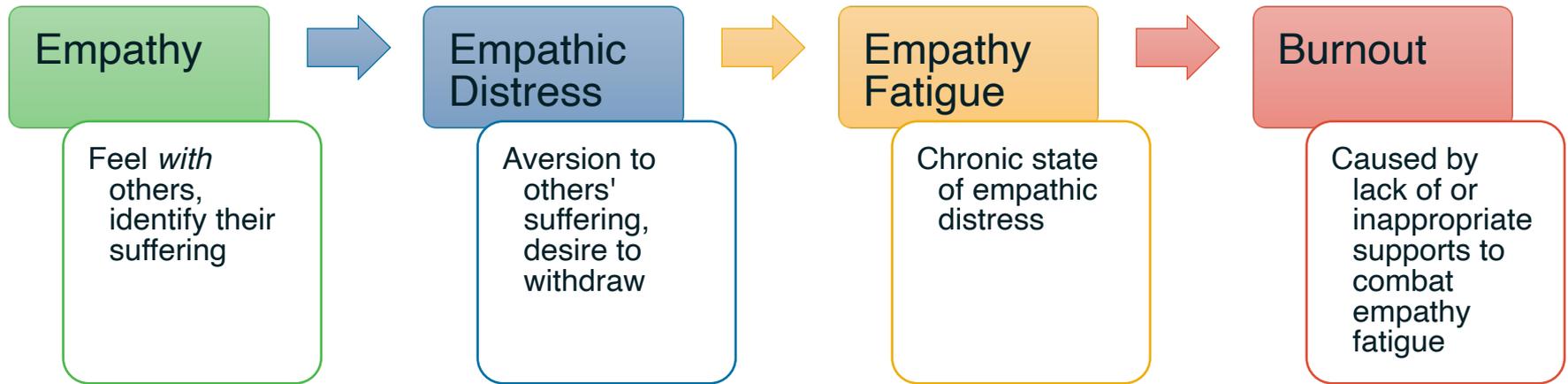
Caused when a person feels a lack of control over, or capacity to cope with, the stressors of their environment.

- This can relate to many kinds of stressors, not just empathic distress.

In relation to empathic distress:

- Burnout can arise if there are not personal and organizational structures and tools in place to help staff cope with the empathic distress they feel from working with clients and the trauma that clients share with them.

Empathy to Burnout



What does Empathy Fatigue look like?

Psychological Distress

- Emotional (anxiety, dread, grief, rage)
- Intrusive imagery of clients' trauma
- Avoidance of engaging in work around clients' trauma
- Sleep or gastrointestinal issues
- Decreased engagement in supervision or self-care activities
- Addictive behaviors

Cognitive Shifts

- Increased suspicion of others
- Cynicism
- Blaming the victim or feeling victimized by clients
- Extreme sense of vulnerability or helplessness

Disturbance in Relationships

- Decreased trust in personal or professional relationships
- Distancing from clients through judgment or pathologizing
- Overidentification with clients by becoming overly responsive or feeling paralyzed in the face of clients' challenges

Changes to Frame of Reference

- Disconnection from own identity
- Change in fundamental beliefs
- Loss of previously held faith or sense of spirituality
- Distortion of values
- New existential loneliness

What does Burnout look like?

Burnout is a symptom of empathy fatigue, and can look like:

- Cynicism
- Frustration
- Depression
- Feeling like a failure
- Hopelessness and helplessness
- Exhaustion and overwhelm
- Disconnection from others, lacking feelings, indifferent
- Grandiosity – an inflated sense of importance related to your work
- As though you are not doing your job well or can never do enough
- As if you need to use alcohol or other mind-altering substances to cope
- Hypervigilance – like you're always “on,” even when there is nothing that can or should be done

Reversing, Preventing Burnout

Interventions to address burnout in helping professions typically focus on stress management and other self-care strategies, but *these methods have little evidence of efficacy against empathy fatigue and burnout.*

While **self-care** is always a good thing, much research has demonstrated that **compassion is a skill that can be cultivated** – and that empathic distress can be reversed by learning how to turn empathy into compassion.

Empathy vs Compassion

Empathy: our ability to take the perspective of and feel the emotions of another person

- With empathy, we join the suffering of others who suffer, but stop short of actually helping.

Compassion: when those feelings and thoughts include the desire to help

- With compassion, we take a step away from the emotion of empathy and ask ourselves 'how can we help?'

The Four Steps of Compassion

Compassion involves a four-step process that is important to understand, as it points to where empathy fatigue can happen in our daily lives:

1. Identifying suffering in another being
2. Feeling or thinking what that must be like (**empathy!**)
3. Connecting with your desire to alleviate suffering
4. Taking action to alleviate that suffering (including internal actions or personal practices focused on coping in healthy ways when one feels there's nothing they can do)

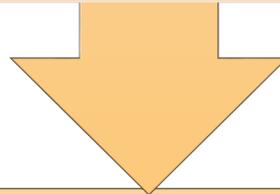
When this process is seen through completion, individuals experience the uplifting and regenerative effects of compassion.

However, **many people get stuck at step 2**, empathy, which is when we experience empathy fatigue and burnout.

What is Compassion?

Characterized by feelings of warmth, concern, and care for the other, as well as a strong motivation to improve the other's wellbeing.

Compassion goes beyond *feeling with* the other to *feeling for* the other.



Enhances positive emotions in response to adverse situations.

Because compassion generates positive emotions, it counteracts negative effects of empathy elicited by experiencing others' suffering.

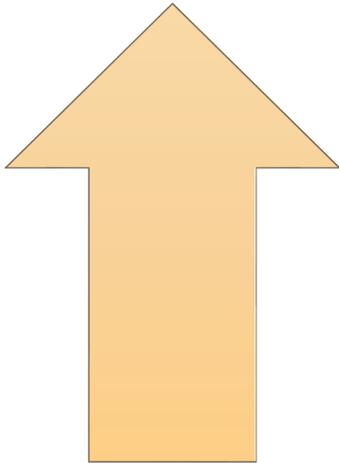
Compassion Cultivation

The most well-studied techniques for cultivating compassion skills are found in mindfulness meditation programs.

Even with short periods of compassion training, participants continue to feel empathy for the suffering of others, but they also gain the capacity to feel positive emotions without feeling distress.

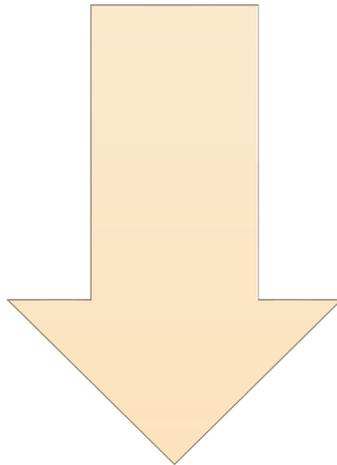
“Cultivating compassion goes beyond feeling more empathy and concern for others. It develops the strength to be with suffering, the courage to take compassionate action, and the resilience to recover from, or prevent burn-out.” – Dr. Sara Owens Woodard

Compassion Cultivation



Numerous benefits, including **increased**:

- Happiness
- Calmness
- Acceptance
- Compassion
- Connection with others
- Overall wellbeing



As well as **decreased**:

- Stress
- Anxiety
- Depression
- Chronic pain
- Empathy fatigue
- Burnout

Addressing Empathy Fatigue

Addressing empathy fatigue on an org level is critical to:

- ✓ Better serve clients
- ✓ Accomplish the organizational mission more effectively
- ✓ Increase retention of skilled workers
- ✓ Lower costs of vacant positions/high turnover
- ✓ Build a stronger, more resilient organization

Prevent Empathy Fatigue

On an ongoing basis, organizations can support staff by setting the tone with the following strategies:

Timely debrief difficult cases

Promote respectful modes of interacting

Frequently compliment each other's work— even quick positive feedback can go a long way

Use a strengths-based approach in supervision

Support staff in developing how they manage their own work (vs. micromanagement)

Secondary Traumatic Stress

Secondary Traumatic Stress:

- When the negative effects of one's work make someone feel like the trauma of their clients is happening to them or the people they love.

Vicarious Trauma:

- A negative reaction to trauma exposure and includes a range of psychosocial symptoms

Organizational Culture: Steps to Resilience

Collaborative
atmosphere and
policies

Foster trust in the
agency
(safety and open
communication)

Support personal
connections

Maximize self-care

Provide meaningful
training and
mentoring
opportunities

Discussion: Building Resilience



What opportunities do you have to collaborate with colleagues and/or other providers?

What keeps you motivated and engaged at your job?

What self-care activities are supported by your workplace? What would you like to see that would support self-care?

What other training and mentoring opportunities have you had? What would you like to see?



Questions or Comments?