Motivating Residents for Housing Success
A Technical-Assistance Center

Providing consultation, training, and evaluation for the implementation of integrated behavioral healthcare services

Service innovations for people with mental illness, substance use disorders

- SAMI: SUBSTANCE ABUSE & MENTAL ILLNESS strategies for co-occurring disorders
- IDDT: INTEGRATED DUAL DISORDER TREATMENT the evidence-based practice
- DDCAT: DUAL DIAGNOSIS CAPABILITY IN ADDICTION TREATMENT an organizational assessment & planning tool
- DDCMT: DUAL DIAGNOSIS CAPABILITY IN MENTAL-HEALTH TREATMENT an organizational assessment & planning tool
- ACT: ASSERTIVE COMMUNITY TREATMENT the evidence-based practice
- SEIPS: SUPPORTED EMPLOYMENT/INDIVIDUAL PLACEMENT & SUPPORT the evidence-based practice
- MI: MOTIVATIONAL INTERVIEWING the evidence-based treatment
- IPBH: INTEGRATED PRIMARY & BEHAVIORAL HEALTHCARE
- TRAC: TOBACCO RECOVERY ACROSS THE CONTINUUM a stage-based motivational model

Center for Evidence-Based Practices at Case Western Reserve University
www.centerforbp.case.edu
Ohio Department of Mental Health and Addiction Services
http://mha.ohio.gov
Training Focus

1. Explain behavioral health symptoms as potential risks to stable housing.
2. Describe pre-contemplation and contemplation stages of change with associated potential staff tasks.
3. Describe preparation, action and maintenance stages of change with associated potential staff tasks.
4. Identify a common focus between tenants and staff.
5. Recognize common barriers to effective conversations about change.
6. Identify effective listening and communication skills to promote change.
7. Practice information and advice giving consistent with tenant choice.

A Potential Risk to Housing Stability: Behavioral Health

- Over 50% of people with schizophrenia, bipolar disorder and other severe mood disorders have a substance use disorder at some time in their life
- About 33% of people with anxiety and depressive disorders have a substance use disorder at some time in their life
A Potential Risk to Housing Stability: Behavioral Health

Symptoms related to substance intoxication and withdrawal may:

- MASK
- MIMIC
- INITIATE
- EXACERBATE

Psychiatric symptoms

A Potential Risk to Housing Stability: Behavioral Health

- Both substance use disorders and severe mental illness are chronic, waxing and waning
- Recovery from mental illness or substance abuse occurs in stages over time
Essentially people just want to be understood

People feel understood when we...

• Recognize where they are in their readiness for a specific change
• Use effective listening and communication skills
Self Reflection Activity

Stages of Change
Stages of Change

- A way of thinking about where people are in regard to a particular change
- Motivation for change is not constant
- People may return to an earlier stage of change
- Returning to old behaviors is normal

Prochaska, Norcross & DiClemente (1994)
Stages of Change

- No intention to change behavior - may “wish” - “want to want to change”
- Unaware/lack awareness of problems
- Others are aware of problem
- Present for help under pressure
- May demonstrate change under pressure - though then return to behavior

**Hallmark** = resistant to change
Pre-contemplation

**I don’t have a problem**

- “What’s wrong with living on the street? I can be my own person.”
- “It’s my own place. Who are you to tell me to clean it up?”
- “My case manager says I need a place to stay.”

**Hallmark** = resistance to change

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Changing the Conversation

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Pre-contemplation

**Possible Staff Tasks**

Build a relationship with the person
- Be curious, try to understand what matters to the person
- Maintain frequent contact
- Raise awareness and provide information
- Crisis management
- Monitor environment
- Offer practical assistance
- Collaborate with other providers

Contemplation

- Aware of problem & thinking about making a change
- May remain “stuck” here for many years
- No commitment to take action
- Knowing where one wants to go yet “not quite ready”
- Weighing pro’s and con’s of problem/solution

Hallmark = ambivalence
Contemplation

I may have a problem

• “I know I should be following rules, but my neighbor ticks me off.”

• “It is important to keep my own place. I just don’t know if I can.”

• “I know there are good reasons for me to stay here. I just don’t like all the rules.”

Hallmark = ambivalence

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Contemplation

**Possible Staff Tasks**

- Collaborate with the person to identify their personal goals
- Be aware of person’s own pros/cons for housing stability, employment, independent housing, etc.
- Provide options/choices wherever possible
- Engage the person’s support system where present
- Continue to:
  - Maintain frequent contact
  - Monitor the environment
  - Collaborate with other providers

Preparation

- Intend to take action soon (perhaps again), may have done so in the past
- Decision-making phase
- Making plans
- May have some reduction in problem behavior

**Hallmark** = small steps toward action
Preparation

*Getting ready to change*

- “I’m filling out applications to get my own apartment.”
- “I’m ready to get started on this.”
- “I’ve been turning my music down at night.”
- “I plan to get my kitchen cleaned up this weekend.”

**Hallmark** = small steps toward action

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### Changing the Conversation

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Preparation

*Possible Staff Tasks*

- Collaborate to identify and develop small incremental steps (a plan) towards the person’s goal
- Identify & problem solve barriers
- Support & recognize small change efforts
- Continued collaboration with other providers

Action

- Person modifies behavior, experiences, or environment to overcome problems
- Requires considerable commitment of time and energy
- Change is visible and recognized
- Action does not = sustained change (6 months)

*Hallmark* = visible modification of behavior
**Action**

**Making changes**
- “I’ve been following the rules and getting along with my neighbors.”
- “It’s not easy, but every day I set aside time to pick up my apartment.”
- “I passed my housing inspection this week.”

*Hallmark = visible modification of behavior*

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**Maintenance**

- Work to consolidate gains attained
- A continuation (not absence) of change
- From 6 months - indeterminate (lifetime ?)
- Remains free of problem behavior
- Considering/planning for other recovery goals

*Hallmark = stabilizing behavior change & avoiding relapse*
Maintenance

Trying to keep my changes

• “I’ve been living here a year and haven’t had any problems.”

• “Now that I have my apartment, it’s time for me to start looking for a job.”

• “I’ve been doing really well, I don’t ever want to be homeless again.”

**Hallmark** = stabilizing behavior change & avoiding relapse.

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Action

Possible Staff Tasks

- Teach/reinforce skills needed to support goals
- Monitor and acknowledge progress towards goals
- Promote building of support system
- Maintain contact – people are vulnerable when attempting to make behavior changes
- Begin to identify other important goals the person may be considering
- Continued collaboration with other providers
Maintenance

_Possible Staff Tasks_

- Collaborate to identify other important goals the person is considering
- Revise or create a new plan based on new goals
- Support small change efforts towards those goals
- Monitor for return to a prior stage of change

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**Finding a Common Focus**

| Staff’s Hopes, Values, Goals | Shared Hopes, Values, Goals | Person’s Hopes, Values, Goals |
Changing the Conversation

*Listening & Communication Skills*

Common Barriers to Effective Conversations about Change

*Video*
Common Barriers

1. **Arguing for change**
   - Trying to fix the problem (telling them why and how)
   - Elicits reasons not to change “Yes, but . . .”
   - Establishes a power struggle you won’t win!

2. **Assessment (Question/Answer)**
   - Person becomes passive and disengages from conversation
   - Relationship between person and staff becomes increasingly hierarchical

Common Barriers

3. **Be the expert**
   - Staff gives direction without first helping the person determine his or her own goals, direction and plans
   - Person becomes more passive
   - Results in halfhearted commitments
Common Barriers

4. **Labeling**
   - People don’t like labels
   - Creates a barrier between the staff and the person needing help
   - Affects the staff’s view of the person

5. **Blaming**
   - Attempting to find who is at fault vs. understanding the behavior
   - Shifts the focus to who or what is responsible
   - Saying “you need to accept responsibility” when the person is blaming others

6. **Premature focus**
   - Moving too quickly to staff identified concerns creates distance in the relationship
   - Be aware that your desire to demonstrate competence or expertise may be a barrier to the person’s motivation

7. **Chat**
   - “Small talk” or “breaking the ice”
   - Small amounts can be helpful
   - Large amounts help us feel more comfortable, but can decrease the person’s motivation for change
Foundations of a Person-Centered Approach

Collaboration  Autonomy

Evocation  Compassion

Listening Activity

Speaker:
“Something you should understand about me is that I am ______.”

Listener:
Ask only closed questions:
“Do you mean that you ______?”

Speaker:
May only answer with “Yes” or “No”
Core Listening & Communication Skills

- Open-ended questions
- Affirm the person
- Reflect the person’s perspective, feelings and change talk
- Summarize topic areas related to changing
- Information & Advice Giving

Listen for the Change

What does the person want to be different?

- Desires or wishes
- Abilities
- Reasons or
- Needs
Open-ended Questions

- Allows person to respond broadly in the direction they find relevant
- Helps the person to say more and staff to better understand the person
- See handouts for examples of a wide range of open-ended questions

Pro’s
- Will feel better temporarily
- Have a little fun with my friends

Con’s
- Could lose my apt.
- Problems with the neighbors
- Suspicions about others will increase

smoking weed
Affirmations

• Making a statement that acknowledges the persons strengths, abilities, good intentions and efforts.
• Avoid using the word “I”
• Be non-judgmental
• Think of it as pointing out an interesting quality of the person
• Focus on their strengths, not their limitations

Affirmations: Examples

1. “You’re the kind of person that puts a lot of thought into something.”
2. “It’s important to you to get along with your neighbors.”
3. “You’re an independent person.”
4. “Paying attention to your money is important to you.”
5. “You really value having your own place.”
Affirmation Activity

Reflections

“We learn what we have said from those who listen to our speaking.”

Kenneth Patton
Reflections

Making a statement that reflects what the person has said to you helps the person feel understood and say more.

• A simple restatement of their words
• Restatement with different words
• A metaphor
• Making a guess at what a person means

Reflections: Example

**Tenant says:**
“The neighbors are always watching me. I don’t feel safe here.”

**You might reflect:**
1. “You don’t feel safe here.”
2. “It’s unnerving to always feel like you are being watched.”
3. “It is important for you to feel safe in your own home.”
Reflections Activity

Summaries are ...

- Collect material that has been offered
- Link something just said with something discussed earlier
- Draw together what has happened and transition to a new task
Information & Advice Giving

Informing & Advice-Giving

• Ask permission first
  ▪ Promotes collaboration
  ▪ Information is more likely to be heard and considered

• Three forms of permission:
  ▪ Person asks for information or advice
  ▪ You ask permission to give it
  ▪ Offer permission to disagree/disregard
# Ask – Inform – Ask

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<td>• Ask permission to give information</td>
<td>• Prioritize</td>
<td>• Ask for the person’s interpretation,</td>
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<td>• What the person already knows to</td>
<td>• Be clear</td>
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<td>identify misinformation or gaps</td>
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<td>• Acknowledge freedom of choice</td>
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# Acknowledge Choice

- Explicitly acknowledge the person has a choice
- It conveys respect and promotes the relationship
- Be sincere and genuine
- When offering suggestions – provide multiple options
How to Offer a Concern

• State your concern in a clear, non-judgmental manner
• Include prior statements from the person when possible
• Explicitly state that it is the person’s choice to make the change or not
• Where possible offer a menu of options
• Elicit the person’s perspective

Information/Advice Giving Activity

**Staff:**
Raise a concern with the tenant/potential tenant about a needed behavior change (i.e., completing an application, common rule violations, etc.) to obtain or maintain housing.

**Tenant/potential tenant:**
Share your own concerns (i.e., don’t see a need for change, not sure you can make the change, don’t like the rules, etc.).

**Staff:**
• **Reflect** the tenant/potential tenant’s concerns.
• **Ask permission**, then share important information or give advice related to the needed behavior change.
• Include a **statement that honors their choice** in the matter.
## Changing the Conversation

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### Summary
Questions & Evaluations

Join Our Mailing List

create account | sign in

Get connected to...
- Training events
- Educational resources
- Consulting resources
- Evaluation resources (fidelity & outcomes)
- Professional peer-networks

www.centerforebp.case.edu
Events & Stories

- Training events & online registration
- News about us and our collaborators
- Recovery stories told by consumers, family members, service providers, employers

Tools | Education & Advocacy

- Booklets
- Posters
- Reminder Cards

www.centerforebp.case.edu/resources/tools
Our Mission

The Center for Evidence-Based Practices at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatment and recovery of people diagnosed with mental illness or co-occurring mental illness and substance use disorders.

Our technical-assistance services include the following:
- Service-systems consultation
- Program consultation
- Clinical consultation
- Training and education
- Program evaluation (fidelity & outcomes)
- Professional peer-networks
- Research

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