Case Management in Housing First

Purpose

This resource provides an overview of the key components of a case management approach from a Housing First perspective.

If preparing to deliver a Housing First program:

- Review each of the elements of the case management approach
- Determine how well each of these elements align with your organization's current skills and practices
- Seek training for any areas in which there is lower alignment or skill level
- Use the fidelity considerations to ensure that all essential case management components are incorporated into the design of a Housing First Program
- Use the case study to workshop with staff about the practical application of these elements

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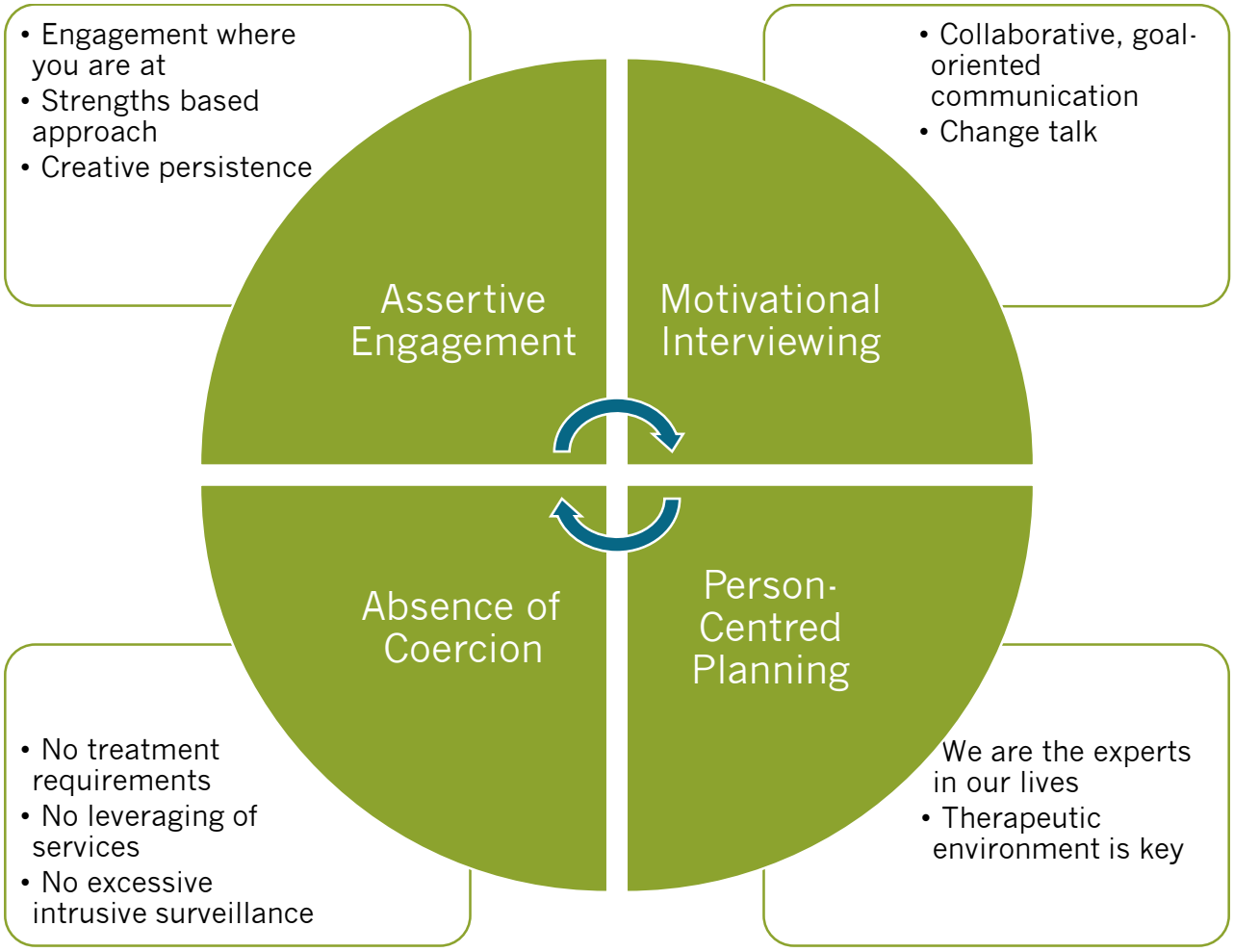
Overall Model



The engagement model for case management in Housing First consists of four different elements. While each of these elements exists as their own entity, for the purposes of Housing First none is intended to be delivered independently and each works to reinforce and enhance the others.

Assertive Engagement

Assertive engagement approaches client engagement from the perspective that clients are willing to make changes and that it is the responsibility of clinicians, case workers and support staff to adapt their engagement to create an environment that is conducive to change.[1]

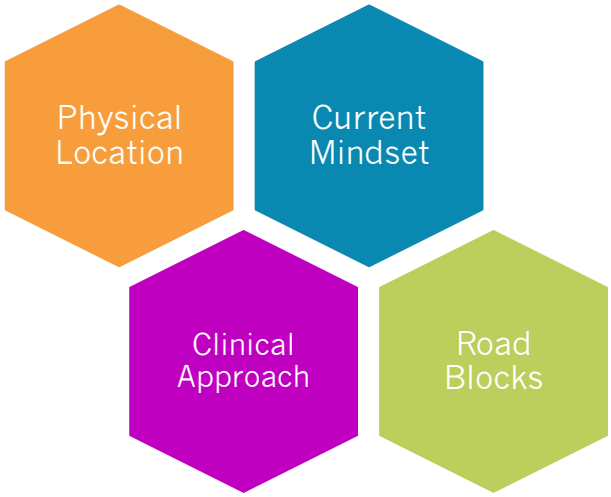
Assertive engagement has been described as, neither passively neglecting the individual, nor aggressively trampling their human rights to enforce treatment. This means not allowing people to fall through the cracks while balancing the knowledge of when to stand by.[2]

	Non-AE Assumptions	AE Assumptions
Staff Responsibility	To identify opportunities and provide resources for change	To adapt to create an environment conducive to change
Client Responsibility	To take advantage of the resources and opportunities provided	To make changes that they are comfortable and interested in making
Interpretation of resistance to change	The client is unwilling to make the change	The client is willing to make changes but needs a safe environment to feel comfortable to change

Principles of Assertive Engagement

Engagement Where They Are At

In creating an environment in which clients feel comfortable to change, it is important that staff are mindful of where the client is coming from and actively seek to adapt their engagement to that which supports the client in feeling safe and comfortable. When planning meetings, areas to consider include:



[1] Lyon, Seth, *Assertive Engagement*, Community Services Division, Department of County Human Services Multnomah County.

[2] Community Mental Health Services, 2008, *Resource Manual Assertive Case Management: A Proactive Approach*, Department of Health and Human Services, Tasmania, Australia.

Physical Location

Consider:

- Geographical location:
  - Where is the client most comfortable meeting?
  - Staff in a Housing First approach should be mobile and so meetings can occur at an address that suits the individual. This could be at the client's residence or elsewhere in the community.
- Surroundings:
  - How noisy or quiet is the meeting space?
  - How private or open is the meeting space?
  - How structured or informal is the meeting space?

Current Mindset

Consider:

- Daily circumstances:
  - How is the client's emotional and cognitive engagement today? Sometimes meetings may be shorter or longer depending on these elements.
  - Does the day intersect with other important events for the client (past or present)?
- Area of change:
  - What is the client's readiness to change in a particular area? Clients will demonstrate differing amounts of readiness in areas of potential change. Working on those that the client is ready to approach aligns with AE.

Clinical Approach

Consider:

- Meeting activity:
  - Is the client most comfortable sitting and talking or being more active while having meetings?
- Meeting structure:
  - Will a more structured or unstructured meeting suit the client?

Strengths Based Approach

A strengths-based approach values the existing resources of the client. Exploring these resources may be the first time that a client has had an opportunity to see worth in their experiences and personal qualities. It also provides a foundation on which personal goals can be built. To be successful in achieving their goals it is important for clients to be able to build on and utilize their own resources.

It can be easy to see substantial deficits in the current elements of a client's life but it is important not to overlook that these elements may currently work to sustain their existence. Effective identification of strengths ensures that a strength or resource is not inadvertently removed from a client's life without providing an alternative. For example, it can be easy to see a strong connection with the street community as a potential negative influence in supporting a client to achieve their goals. However, studies of the recent At Home/Chez Soi project in Vancouver has found that those

who had heavy substance use and successfully maintained housing had a strong connection to a service provider and/or with a community of users with whom they identified.[3]

Potential areas of strength include[4]:

- Personal attributes
- Skills and achievements
- Interests and aspirations
- Social networks and groups
- Family services
- Other services involved in care

Therapeutic Limit Setting

Therapeutic limit setting bounds the work within an Assertive Engagement approach. Therapeutic seeks not to exploit the power imbalance between a staff member and client by allowing the staff member to assert their authority in setting limits that they deem appropriate. Instead, it encourages staff and client to dialogue collaboratively, setting reasonable limits on behaviour, with necessary consequences if needed. In all cases therapeutic limit setting should work towards instilling autonomy within the client for their own personal management rather than continually depending on outside influences to change behaviour.

Foundations of Therapeutic Limit Setting[5]

Each person is accepted as an individual and treated with respect, honesty and a genuine sense of caring for that person. Accepting the person does not mean that all behaviour is accepted.

Each person has ultimate responsibility for their health and wellbeing. Generally people opt toward healthier and more productive lifestyles whenever they are able. All behaviour has motivating factors that may not always be obvious to or easily understood by the observer. Some behaviour is directed at satisfying an immediate need yet is damaging in the long term.

Supporting clients' self-esteem and self-image during a time when it may be under threat is essential. This is done through having realistic expectations, giving positive feedback and being supportive of attempts at healthy behaviour, no matter how small.

Basic Considerations

Limits should be clear and simple with a clear rationale, i.e. have some therapeutic and/or practical aim. Do not set unnecessary or controlling rules, or rules without clear reasoning.

Some actions have natural consequences and these can provide a basis for the selection of limits and add strength to their rationale.

The goal is to work toward the greatest level of independence possible.

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[3] Patterson, Michelle, 2012, *The At Home/Chez Soi Project: Year Two Project Implementation at the Vancouver, BC Site*, Mental Health Commission of Canada.

[4] Community Mental Health Services, 2008, *Resource Manual Assertive Case Management: A Proactive Approach*, Department of Health and Human Services, Tasmania, Australia.

[5] Sharrock, Julie and Rickard, Nonie, 2002, *Limit Setting: A Useful Strategy in Rehabilitation*, Australian Journal of Advanced Nursing, 19 (4).

Steps to Therapeutic Limit Setting

These should be discussed together between staff and client.

1. Define the behaviour
2. Identify the problem/risk associated with the behaviour (to self, others, staff)
3. Identify what the preferred behaviour is
4. Identify events, etc. that lead to the behaviour and what might reinforce the behaviour
5. Consider what else (e.g. emotions, conflicts) might be contributing to the behaviour
6. Establish if the client has motivation to change the behaviour
7. Identify the strategies that can be utilised
8. Identify potential difficulties in utilising strategies

Practical Suggestions

- Limits are clearly and simply stated in a non-punitive/non-condemning manner.
- Negotiate only those limits that are negotiable.
- Offer alternative actions/options/behaviour. Example: 'I don't like it when you....I would prefer if you.....'
- If you anticipate that there is likely to be testing of limits by a patient, plan your responses in advance.

Fidelity Considerations

The fidelity tool[6] developed to support the recent Mental Health Commission of Canada's At Home/Chez Soi Housing First demonstration study will be used to conduct fidelity assessments for all providers delivering Housing First services under the Homelessness Partnering Strategy in Metro Vancouver. This fidelity tool uses the following scale when assessing alignment with Assertive Engagement.

Assessment Criterion	1	2	3	4
Assertive Engagement. Program uses an array of techniques to engage difficult-to-treat consumers, including (1) motivational interventions to engage consumers in a more collaborative manner, and (2) therapeutic limit-setting interventions where necessary, with a focus on instilling autonomy as quickly as possible. In addition to applying this range of interventions, (3) the program has a thoughtful process for identifying the need for assertive engagement, measuring the effectiveness of these techniques, and modifying the approach where necessary.	Team only uses #1 OR #2.	A more limited array of assertive engagement strategies are used for engagement (partial #1 and #2). Systematic identification is lacking (#3 absent)	Team uses #1 and #2. Team does not systematically identify the need for various types of engagement strategies (#3 absent).	Team systematically uses assertive engagement strategies by applying all 3 principles (see under definition)

[6] Nelson, Geoffrey, et al., 2013, *Follow-up Implementation and Fidelity Evaluation of the Mental Health Commission of Canada's At Home/Chez Soi Project: Cross-Site Report*, Mental Health Commission of Canada.

Available Resources

While none of these resources are specifically endorsed, available training resources related to Assertive Engagement include:

Org Code: Designed as a 180 minute training outlining the essential elements of assertive engagement and how it relates to change-talk, the most common defences put forward by program participants to resist change, how to discuss and deconstruct various defences, and assist the program participant consider new information or an alternate point of view.

http://www.orgcode.com/product/assertive-engagement%E2%80%A8/

Motivational Interviewing

Motivational interviewing focuses on evoking and strengthening the client's own verbalized motivations for change within which the counsellor focuses on providing empathy on both sides of their positions of change; both their motivations for and ambivalence against change.[7] The most recent definition of motivational interviewing is, "a collaborative, person-centred form of guiding to elicit and strengthen motivation for change."[8]

Style of Motivational Interviewing

	MI Style	Non-MI Style
Collaboration	Grounded in the view and experiences of the client, building rapport and facilitate trust, a focus on mutual understanding	**Confrontation** – Staff assume an 'expert' role and at times confront to impose their own perspective on the client's behaviour
Evocation	Drawing out the client's thoughts and ideas	**Imposition** – telling the client what to do or why they should do it
Autonomy	True power for change rests within the client and there are many ways for change to be made	**Authority** – Staff act as the authority figure

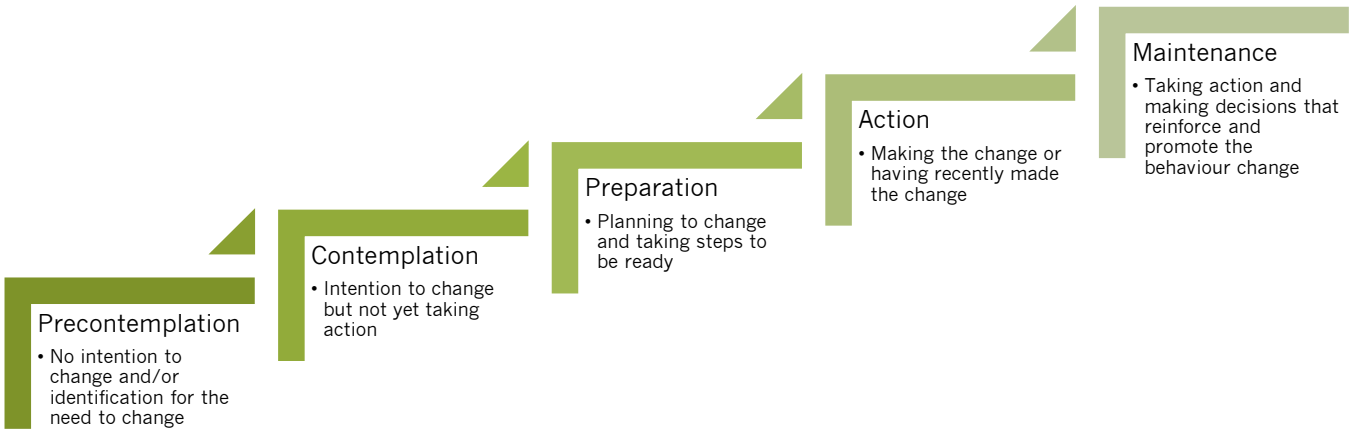
[7] Miller, William R. & Rose, Gary S., 2009, *Toward a Theory of Motivational Interviewing*, American Psychologist, 64 (6).
[8] Motivational Interviewing, 2009, *An Overview of Motivational Interviewing*, www.motivationalinterviewing.org

Principles of Motivational Interviewing

	Characteristics
Express Empathy	Seeing the world, thinking, feeling things as the client does and sharing their experiences. This assists hearing the client and promotes honest sharing.
Support Self-Efficacy	Hope that change is possible and that they have the capacity to do so is needed to take on difficult changes. Self-efficacy is supported by highlighting previous successes and existing skills and strengths of the client.
Roll with Resistance	Resistance occurs when there is a difference between the client's and the staff's perspective. Resistance is managed by not confronting it, especially early in the relationship. There is the opportunity to present potentially different perspectives without promoting a personal position.
Develop Discrepancy	Motivation for change occurs when people identify the difference between where they are and where they would like to be. Staff work to assist in fully defining the discrepancy including the contributors to each possibility.

Stages of Change

The theories of Motivational Interviewing are regularly combined with understanding of the stages of change. The stages of change are derived from the Transtheoretical Model and comprise five different stages.[9]



The stages of change recognize that individuals can move forwards and backwards between the different stages and that an individual can reside within a different stage of change depending on the particular issue.

Combining the stages of change with motiviational interviewing highlights that a counsellor should employ different strategies of motivational interviewing depending on the stage of change that an

[9] Noordman, Janneke, de Vet, Emely, van der Weijden, Trudy & van Dulmen, Sandra, 2013, *Motivational interviewing within the different stages of change: An analysis of practice nurse-patient consultations aimed at promoting a healthier lifestyle*, Social Science & Medicine, 87, pp. 60 – 67.

individual currently sits. It also provides a possibility for effective engagement with the individual regardless of their current assessment of their need to change.

Fidelity Considerations

The fidelity tool uses the following scale when assessing alignment with Motivational Interviewing.

Assessment Criterion	1	2	3	4
Motivational Interviewing. Extent to which program staff use motivational interviewing in all aspects of interaction with program participants.	Program staff are not at all familiar with motivational interviewing.	Program staff are somewhat familiar with principles of motivational interviewing.	Program staff are very familiar with principles of motivational interviewing, but it is not used consistently in daily practice.	Program staff are very familiar with principles of motivational interviewing and it is used consistently in daily practice.

Available Resources

While none of these resources are specifically endorsed, available training resources related to Motivational Interviewing include:

Justice Institute of British Columbia: Topics include understanding and facilitating change; overview of strategies for working with clients at each level of readiness for change; use of empathic counselling skills; working with resistance, ambivalence, and developing change plans. http://www.jibc.ca/course/ad204

Change Talk Associates: Introduction to Motivational Interviewing is a two-day knowledge and skills-based training. Participants will gain familiarity with MI core elements, communication style and strategies to increase motivation, decrease resistance, and initiate and guide change conversations across a range topics.
http://changetalk.ca/?page_id=190

Person-Centred Planning

Person-centred planning highlights the role of the clinician in supporting the effectiveness of therapy. Particularly, it argues that the approach of the therapist is key to intervention success. The two critical elements of a therapists approach are described as non-judgemental and unconditional positive regard.[10] The impact of this approach is to assist to build a safe environment in which the client feels comfortable to explore change.

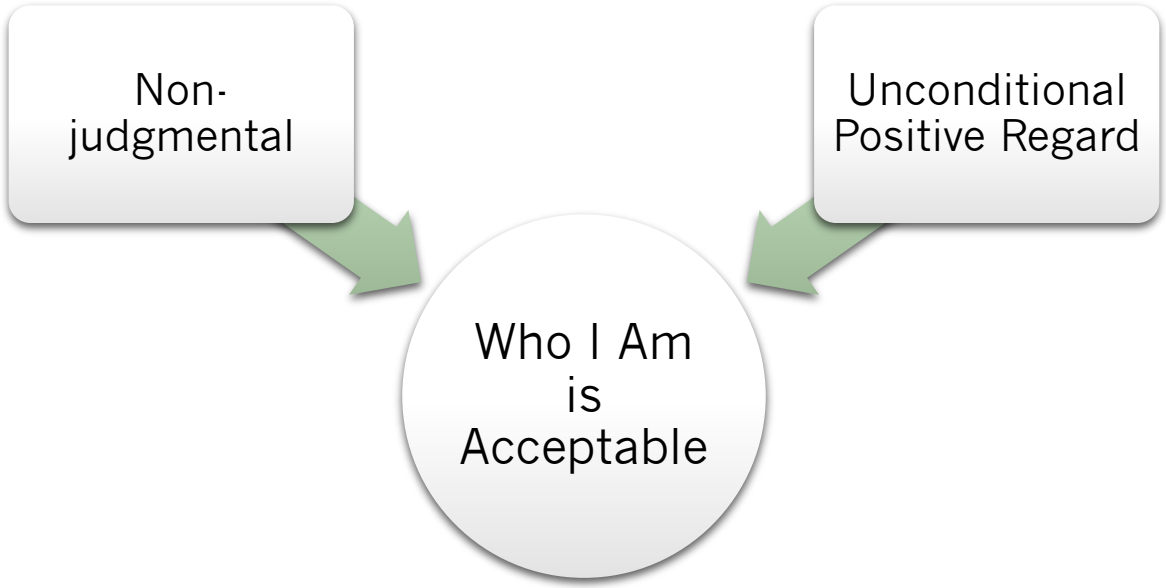
A non-judgemental approach allows the client to freely explore and then act on their own feelings.[11] This is especially important if an individual has experienced substantial amounts of criticism and judgement about their life decisions, situation or preferences, as may have often been

[10]Johnston, Martin, 1999, *On becoming non-judgmental: some difficulties for an ethics of counselling*, Journal of Medical Ethics, 25, pp. 487 – 491.
[11]Gibson, S, 2005, *On judgment and judgmentalism: how counselling can make people better*, Journal of Medical Ethics, 31, pp. 575 – 577.

the case for those who are marginalized. If a client perceives judgement about their own plans and choices then they are far more likely to withdraw from the therapeutic relationship.

Unconditional positive regard reinforces a safe environment with the stability of relationship between counsellor and client. It does not ignore the fact that a counsellor may experience judgement about the decisions or actions of the client, however, these judgements are not communicated. Instead, the person is the target of the unconditional positive regard, regardless of their behaviour. This perspective can be supported by combining some of the previously discussed tools such as therapeutic limit setting, recognizing that not everything is acceptable, but still maintaining a positive regard to the person they are supporting. Consistent meetings between a regular staff member and the client is one way to communicate the impacts of unconditional positive regard. Regardless of the opinions or behaviours of the client, the therapeutic relationship remains intact.

Effective presentation of a non-judgemental approach with unconditional positive regard supports the client to recognize the value of themselves, their beliefs and their decisions; that who they are is acceptable. Recognizing one's own value enhances motivation for change by realizing that they are worthy of the benefits of change and of making the effort to change. This can also be an unfamiliar concept for those who are highly marginalized.



Fidelity Considerations

The fidelity tool uses the following scale when assessing alignment with Person-Centred Planning.

Assessment Criterion	1	2	3	4
Person-Centred Planning. Program conducts person-centred planning, including: 1) development of formative treatment plan ideas based on discussions driven by the participant's goals and preferences, 2) conducting regularly scheduled treatment planning meetings, 3) actual practices reflect strengths and resources identified in the assessment.	Less than 54% of treatment plans and updates satisfy all 3 criteria.	55 – 69% of treatment plans and updates satisfy all 3 criteria.	70 – 84% of treatment plans and updates satisfy all 3 criteria.	At least 85% of treatment plans and updates satisfy all 3 criteria.

Absence of Coercion

Absence of coercion respects the recovery principle of self-determination by the client. Housing First limits its program participation expectations of clients to a weekly visit with a regular staff person. Beyond this, clients are not required to meet any other conditions to receive the services that they need. It is essential that trust is not undermined by using access to services as a means of manipulation to see desired behaviour or decisions. Absence of coercion also means that:

- Participants choose the type, sequence, and intensity of services on an ongoing basis
- Participants with psychiatric disabilities are not required to take medication or participate in psychiatric treatment
- Participants with substance use disorders are not required to participate in treatment
- Participants are not subject to excessive, intrusive surveillance

Assessment Criterion	1	2	3	4
Absence of Coercion. Extent to which the program does not engage in coercive activities towards participants.	Program routinely uses coercive activities such as leveraging housing or services to promote adherence to clinical provisions or having excessive intrusive surveillance of participants.	Program sometimes uses coercive activities with participants and there is no acknowledgment that these practices conflict with participant autonomy and principles of recovery.	Program sometimes uses coercive activities with participants, but staff acknowledge that these practices may conflict with participant autonomy and principles of recovery.	Program does not use coercive activities such as leveraging housing or services to promote adherence to clinical provisions or having excessive intrusive surveillance with participants.

Additional Fidelity Considerations for Service Delivery

These additional fidelity considerations are provided to capture the full range of fidelity considerations for Housing First that are associated with case management. These elements should be included within the case management design for a Housing First program.

Assessment Criterion	1	2	3	4
Interventions Target a Broad Range of Life Goals. The program systematically delivers or brokers specific interventions to address a range of life areas (e.g. physical health, employment, education, housing satisfaction, social support, spirituality, recreation & leisure).	Delivered or brokered interventions do not target a range of life areas.	Programs is not systematic in delivering or brokering interventions that target a range of life areas.	Program delivers or brokers interventions that target a range of life areas but in a less systematic manner.	Program systematically delivers or brokers interventions that target a range of life areas.
Participant Self-Determination and Independence. Program increases participants' independence and self-determination by giving them choices and honouring day-to-day choices as much as possible (i.e. there is a recognition of the varying needs and functioning levels of participants, but level of oversight and care is commensurate with need, in light of the goal of enhancing self-determination).	Program directs participants decisions and manages day-to-day activities to a great extent that clearly undermines promoting participant self-determination and independence OR program does not actively work with participants to enhance self-determination, nor do they provide monitoring or supervision.	Program provides a high level of supervision and participants' day-to-day choices are not very meaningful.	Program generally promotes participants' self-determination and independence.	Program is a strong advocate for participants' self-determination and independence in day-to-day activities.