

Case Management Services

Curriculum

Developed by Center for Urban Community Services

The work that provided the basis for this publication was supported by funding under an award with the U.S. Department of Housing and Urban Development to the Corporation for Supportive Housing. The substance and findings of the work are dedicated to the public. The author and publisher are solely responsible for the accuracy of statements and interpretations. Such interpretations do not necessarily reflect the views of the Government.

Case Management Services is part of the Supportive Housing Training Series. This training series currently includes eleven curricula providing best practices and guidance on supportive housing development, operation and services.

The full series is available for downloading from the Department of Housing and Urban Development website.

For more information:

U.S. Department of Housing and Urban Development: www.hud.gov

Center for Urban Community Services: www.cucs.org

Corporation for Supportive Housing: www.csh.org

HUD CURRICULUM

CASE MANAGEMENT SERVICES

PURPOSE AND GOALS:

This six-hour training offers service staff an introduction to the clinical skills needed to help tenants with special needs sustain themselves in supportive housing. A focus on the core elements of a helping relationship are reviewed, including building trust, setting goals, helping motivate tenants, using referral services and documentation. At the end of the training, participants will be able to identify their role in the helping relationship and increase their skills in providing optimal case management services for tenants of supportive housing.

AGENDA

- I. INTRODUCTION** (20-30 minutes)
- II. ENGAGEMENT AND OUTREACH**
 - A. Defining Case Management (10-20 minutes)
 - B. Overview of the Helping Process (20-30 minutes)
 - C. Creative Engagement (20-30 minutes)
 - D. Open-Ended Questions and Reflective Listening (20-30 minutes)
 - E. Finding Common Ground (20-30 minutes)
 - F. Group Exercise (30-40 minutes)
- III. INDIVIDUAL GOAL SETTING AND SERVICE PLANNING**
 - A. Whose Goal Is It? (10-20 minutes)
 - B. Developing Goals and Objectives (20-30 minutes)
 - C. Other Considerations (10-20 minutes)
- IV. BUILDING MOTIVATION FOR CHANGE**
 - A. Interventions to Assist People in Making Changes (10-20 minutes)
 - B. Working with Ambivalence and Resistance (10-20 minutes)
 - C. Roadblocks to Listening (20-30 minutes)
 - D. Five Principles of Motivational Interviewing (10-20 minutes)
- V. MAINTAINING CASE RECORDS**
 - A. Documenting and Maintaining Case Records (10-20 minutes)
 - B. Developing a Service Plan (20-30 minutes)
 - C. Service Plan Case Studies (30-40 minutes)
- VI. CONCLUSION** (10-20 minutes)

HANDOUTS

1. Agenda
2. Types of Services in Supportive Housing
3. Role of the Case Manager
4. Engagement Strategies
5. Engagement Process with People Who Have a Mental Illness
6. Exploration and Open-Ended Questions
7. Reflective Listening
8. Common Ground Role Plays
9. Engagement Case Studies
10. Principles and Skills of a Helping Relationship
11. The Process of Goal Setting
12. Using a Referral System
13. Assisting Tenants in Making Change
14. Reactance Theory
15. Roadblocks to Listening
16. Roadblocks Exercise
17. Motivational Interviewing
18. Maintaining Case Records & Documentation
19. Developing a Service Plan
20. Individual Service Plan Sample
21. Goal Setting Worksheet
22. Service Plan Case Studies
23. Bibliography

Trainer's Preface for Case Management Services

I. Brief Summary of Curriculum Content

This curriculum contains at least six hours of verbal content. This does not mean that all the content must be covered. Depending on the intended focus of the training and the format (exercises and small group discussions vs. large group presentation), portions of this training can be elaborated, abridged and/or deleted.

II. Trainer Qualifications

Key to the successful delivery of the curriculum and participants learning is the qualifications of the trainer. What the trainer brings to the training session — including their knowledge about the subject being taught, their experience in supportive housing, and their training or teaching skills — will impact the quality of the training and the outcomes. This curriculum is intended for use by individuals with the appropriate constellation of talent and ability to manage the learning of others in addressing the issues of providing case management in a supportive housing project. The successful trainer will have worked in a supportive housing project.

III. Good Training Practice

A. How People Learn

People learn through a combination of lecture, visual aids and participation. The more actively they are involved in the process, the more information they will retain. For this reason, eliciting answers from the group rather than presenting material is usually preferable. Additionally, it is important to include exercises that stimulate interaction and experiential learning and not spend all of the time lecturing. Be aware, however, that group participation and discussion takes more time than straightforward presentations and may cut down on the amount of content possible to cover. What is minimized or deleted from the curriculum should be based on the assessment of the group's learning needs and the goals initially contracted with the group.

B. Know Your Audience

The type of setting that the trainees work in and their roles will determine the areas of the curriculum that the trainer will focus on. Gathering as much information about the group beforehand is recommended. In order to create a safe and effective learning environment, it is recommended that the maximum number of participants not exceed thirty people.

C. Introductions and the Training Contract

Introductions should provide the trainer with more information as to who the audience is. The trainer will want to know the person's name, their program and their role, and what they hope to get out of the training. The trainer should then clarify what will and will not be covered. This is the training contract.

D. Acknowledge and Use Expertise of the Participants

This is important as it allows people to learn from each other, builds group cohesion, keeps people involved and establishes an atmosphere of mutual respect.

E. Flexibility

Throughout the training the trainer should continually assess the needs of the group and revise the amount of time devoted to each specific topic. Responding to the needs and interests of the group must be balanced with the agreement to cover certain topics. It is the trainer's job to respond to the needs that arise while staying focused on the subject matter. For example, if some of the trainees want to focus on case management issues related to particular tenants, the trainer should assess to what degree this would be instructive for the entire group and to what degree it would detract from the overall presentation.

IV. Training Content

A. Sequence of Content

Depending on the area of practice of your audience (case management, clinical supervisors, building management), the trainer may want to tailor the sequence of the training starting with the areas most relevant to the audience.

Engagement and Goal Setting are topics of primary concern to the majority of trainees. Because maintaining case records can be anxiety provoking for many, it is important that the training not end with this topic. If the trainer is attempting to cover the curriculum in its entirety, it is optimal to begin the training in the order that it is written.

B. Flexibility of Content

In this training, content areas that lend themselves to flexibility include Section II.C-FINDING COMMON GROUND. The exercise in this section can be elicited from the group in general or, if time permits, you can have trainees break into pairs to process.

DEVELOPING A SERVICE PLAN, Section IV.B., can be expanded to include a review of the "Goal Setting Worksheet Handout." This handout acts as an example and guide in developing a service plan but can be eliminated if the trainer is pressed for time.

FIVE PRINCIPLES OF MOTIVATIONAL INTERVIEWING, Section V.D., can be abridged by a quick review and referencing the handout for trainees.

Additionally, the trainer should expect to delve more deeply into clinical issues with an audience that is primarily service based, just as they can anticipate spending more time on establishing policies and procedures with a group comprised of building management. With a mixed group, the trainer should strive to attain a balance.

C. Personalizing Content

In order to personalize the training, it is important for the trainer to offer case examples or anecdotes regarding the topic. This can also be achieved by eliciting stories from the trainees' experience in supportive housing. Using these relevant stories will make the training more interesting and personal.

D. Matching the Content to the Target Audience

The target audience for this training is direct care social service staff. Supervisory staff should attend this training to gain knowledge and understanding of the information provided to staff under their supervision. Property management staff who would benefit from a basic understanding of what case managers do might consider attending this training as well.

V. Time Management of Content

Each section of the agenda has time frames allotted. The trainer should be aware that if a great deal of time is devoted to one topic area, other content areas might be sacrificed. Group exercises can always be abridged if necessary for time's sake. For example, if the group exercise involves dividing into four groups to work on four separate cases, the trainer should consider having each group work on a smaller number of cases. This will shorten the report back time but will not eliminate the group process. Remember, elicitation and discussion takes more time than lecturing but less time than small group exercises. The trainer needs to balance this with the fact that lecturing is also the least effective way to learn.

The trainer will find that each time this curriculum is trained, it will vary. Being mindful of good training practice and making adjustments to the timing and sequence will allow for a tailored training that will be most beneficial to participants.

II.C: CREATIVE ENGAGEMENT (20-30 minutes)

TRAINER NOTE: This section involves a substantial amount of eliciting. Trainer should write responses on flipchart. An alternate way to end this section is with a group exercise by having participants break into groups to list creative ways to engage a tenant, with each group reporting back to the large group. See ***HANDOUTS #4: ENGAGEMENT STRATEGIES; #5: ENGAGEMENT PROCESS WITH PEOPLE WHO HAVE A MENTAL ILLNESS.***

TRAINER STATES:

The roles of case managers seem endless. However, you cannot provide services unless you first engage the tenant. Let's begin our look at services by talking about engagement.

TRAINER ELICITS: THINK OF THE LAST TIME YOU MET SOMEONE NEW IN ANY SITUATION (CO-WORKER, DOCTOR, SALESPERSON, ETC.). THINK ABOUT WHAT MADE YOU FEEL SAFE, COMFORTABLE AND WANT TO OPEN UP OR, WHAT HAPPENED THAT MADE YOU UNCOMFORTABLE, CLOSED AND EAGER TO LEAVE? [Expected responses include:]

FOR OPEN:

- Friendly
- Listen
- Maintain good eye contact
- Keep conversation light
- Respond to humor

FOR CLOSED:

- Intrusive
- Talk too much
- Give too many opinions
- Lecture
- Pushy
- Analytical
- Too personal
- Demanding
- Too many jokes
- Stay too long

II.D: OPEN-ENDED QUESTIONS AND REFLECTIVE LISTENING (20-30 minutes)

TRAINER NOTE: Trainer should note that there is a quick built-in exercise that allows participants to recognize and identify open-ended vs. closed-ended questions. See *HANDOUT #6: EXPLORATION AND OPEN-ENDED QUESTIONS*; *HANDOUT #7: REFLECTIVE LISTENING*.

BRIEF LECTURE:

In order to engage tenants, they must feel that you are interested in them and that they have a reason to work with you. Unless you are willing to explore who a person is, you will not be able to find common ground on which to focus the work. The kinds of questions you ask are important.

Open-Ended Questions:

- Establish atmosphere of acceptance and trust by defining your role as listener.
- Encourage the speaker to do most of the talking and explore his/her problem.
- Cannot be answered by a “yes” or “no” or other short answer.

TRAINER ELICITS: WHAT ARE SOME EXAMPLES OF CLOSED-ENDED QUESTIONS? [Expected responses include:] “Would you like to...?”, “Can I...?”, “Would it be better if...?”, “Don’t you think you should...?”(can also sound judgmental)

TRAINER ELICITS: WHAT ARE SOME EXAMPLES OF OPEN-ENDED QUESTIONS? [Expected responses include:] “What’s going on?”, “How are you feeling about that?”, “What is it that you would like to discuss?”

BRIEF LECTURE:

“Reflective Listening” is a technique that you may be using already. It was developed by Carl Rogers. (A humanistic psychotherapeutic approach that focuses on empathic listening and “mirroring”.) It helps hone your listening skills and challenges your inclination to offer dialogue or talk too much yourself. It is particularly effective as it allows the tenant to actively take part in building skills and coming up with solutions.

- Most statements have multiple meanings. Reflective Listening is a way of checking rather than assuming that you know what is meant.

II.E: FINDING COMMON GROUND (20-30 minutes)

TRAINER NOTE: This section has a built-in engagement exercise that the trainer can choose to elicit as a group exercise or break the participants into small groups. Time constraints will determine which technique the trainer will use. See *HANDOUT #8: FINDING COMMON GROUND ROLE PLAYS*.

BRIEF LECTURE:

In order for the work to begin, the tenant and the worker must first come to some agreement about what the goal of the work is.

- The tenant and worker may have different ideas about what the central issue of supports needed is and/or what the priority for change is.
- In order to create an alliance with a person, we have to be in agreement about the work to be done.
- The worker must use empathic skills. A worker is empathetic when s/he pulls from his/her own life experience to understand, be aware and be sensitive to what the tenant is trying to communicate. S/he then reflects that understanding to the tenant.
- We must be aware of our own agenda, and willing to give up the notion that we can control someone else's life. (People do not take medication or stop using drugs because we tell them they need to.)
- The tenant must feel that they are working towards getting what they want.

All of our life experiences are different and no two people perceive the world exactly alike. Finding common ground can be difficult at times. Most of the time it won't be too difficult, but the worker will have to put his/her agenda aside and meet the tenant where s/he is at. You must learn to address the tenant's felt needs. A "felt need" is defined by what the tenant feels is a need as opposed to what the worker might simply see as a "desire". In responding to the person's felt need, we can more easily engage him or her and begin the process of forming a positive therapeutic relationship.

Let's look at some scenarios where we can practice finding some common ground with tenants.

TRAINER NOTE: In groups of two, trainees will take one case. One person will be the tenant and the other, the worker. The worker will try to find common ground to begin to work with the tenant.

FINDING COMMON GROUND ROLE PLAYS

1. Augusta enters your office and states that a man has been floating in her room nightly. She adds that he told her he is going to run over her with his car. She seems frightened.

Trainer key: Both tenant and worker are concerned about how frightened Augusta is. How to help her feel safer would likely be an area of common ground. Worker may want a psychiatric evaluation, but Augusta may not be ready at this time.

2. Last year, James' mother passed away. Within the last three months, James has lost his two remaining brothers to AIDS. His hygiene has deteriorated and he refuses to shower. James tells you he feels very alone and has no hope.

Trainer key: An area of common ground is to help James feel less lonely and depressed. Issues of safety must be addressed. Worker may encourage a psychiatric evaluation, which may not be what James wants at this time.

3. Tara comes to your office with a black eye. She states that she got into an argument with her boyfriend and things got out of hand. Tara admits that she is afraid of him and doesn't know what to do but adds that they love each other and belong together.

Trainer key: Finding ways to keep safe would seem like an area that both could work on. Worker may want to encourage Tara to leave her boyfriend, but that may not be a mutual goal at this time.

4. Joel recently changed medication. He attends Bingo and towards the end of the group stands up and announces that his movements are being monitored by the Secret Service and then leaves. He returns a few minutes later asking you how long you've worked for the Secret Service.

Trainer key: Joel probably feels very afraid. How he can feel safer may be the area of common ground. He may not be able to address his beliefs as delusional at this time.

5. Rita has just returned from Florida where she visited her family. She states that while in Florida, she was visited by aliens and taken to another planet. She says that she is very frightened and adds that her family did not believe her.

Trainer key: Again, helping Rita feel safer is what she and the worker can agree to plan for.

II.F: GROUP EXERCISE (30-40 minutes)

TRAINER NOTE: Trainer will divide trainees into groups from 3-6 in size. Each group is given a case to work with determining how they would engage this particular person. Process in large group. See **HANDOUT #9: ENGAGEMENT CASE STUDIES**.

CASE STUDY I: Celia is a 53-year-old, articulate woman referred by a Transitional Living Community (TLC), who has been living in your supportive housing project for about 4 months. While living in the TLC, she received on-site mental health services. Since moving in she has refused to connect to any mental health services stating that she is not mentally ill and scoffs at the idea. She has diabetes and hypertension and is receiving treatment for these illnesses. Celia is quite talkative. She particularly enjoys sharing stories about her life in the Dominican Republic, as well as her trips to NYC museums. When mental health issues are brought up, she appears frustrated and finds a reason to end the session. She frequently states that she is a "Golden Buddha" and was a master chef at the age of 3. Celia has not been on medication for the last 3 months.

TRAINER'S KEY for Case Study I: Celia

- *Take this time to develop a positive therapeutic relationship.*
- *Ask questions about the Dominican Republic or museums.*
- *Develop a day trip with her help to a museum for tenants.*
- *Engage her slowly on health issues (diabetes and hypertension).*
- *Not important to push meds now. Over time, integrate mental health.*

CASE STUDY II: Sarah is a 61-year-old woman who has been living in the supportive housing project for 3 months. She is one of the most fashionable tenants in the building and often comes up to show her outfits to staff. Although Sarah is very friendly, she presents as very reluctant to share any issues about her personal life. Over the last month, her hygiene has deteriorated and tenants in the building are complaining to staff that Sarah smells of urine. Over the last couple of weeks, Sarah has become more and more distant.

TRAINER'S KEY for Case Study II: Sarah

- *Discuss Sarah's recent distance from staff and community.*
- *Let Sarah lead you to the topic of hygiene (may be guarded).*
- *"Confronting" may undermine therapeutic relationship.*
- *Normalize topic of hygiene. Gauge Sarah's comfort level and allow for the option to temporarily close topic. Re-schedule new appointment.*
- *Provide gifts of toiletries and hygiene products.*
- *Explore the possibility of medical problem (incontinence) or de-compensation.*

III. INDIVIDUAL GOAL SETTING AND SERVICE PLANNING

III.A: WHOSE GOAL IS IT? (10-20 minutes)

TRAINER NOTE: This section has a built-in short exercise that helps illustrate how important it is to set goals that are relevant to the tenant. See *HANDOUT #10: PRINCIPLE AND SKILLS OF A HELPING RELATIONSHIP;* *HANDOUT #11: THE PROCESS OF GOAL SETTING.*

TRAINER STATES: Just as engagement is an on-going task with tenants, so is goal setting. The main point in goal setting is to help people meet the obligations of tenancy and stay housed. When working with developing tenant goals, we want to be mindful that at times tenants may come up with goals that we feel are unrealistic.

TRAINER ELICITS: WHAT KIND OF GOALS DO YOU USUALLY HAVE FOR TENANTS? [Expected responses:] medication compliance, shower, get sober

TRAINER STATES:

- Often, we say tenants are in denial or resistant when they don't want to work on the goals we set for them. Goals must be related to what the tenant wants or they will not be achieved.
- Even if a tenant's goal seems unrealistic the steps necessary to achieve it are often the same as what the worker wants. We can often work with people without saying whether or not we think the goal will be achieved. In this way we can help people to grow in a positive direction.

TRAINER NOTE: Example of this type of goal: A tenant wants to regain custody of her children who were taken from her nine months ago due to neglect. She is psychiatrically unstable, has poor hygiene and is unwilling to accept treatment of any kind. The goal of reunification at this time is big, but the worker can explore with the tenant what is needed in order to reunify with her family. The small steps that can emerge (for example: improved hygiene) must always relate to the tenant's goal. In this scenario a small agreed upon step might be that the worker can call child welfare to find out more information. The next agreed upon step might be that the worker helps the tenant to find and choose a lawyer. These are the kinds of steps that empower the tenant and build trust. Eventually, issues such as hygiene and psychiatric stability may be able to be worked on as they are connected to the person's long-term goal. The person may or may not eventually get her children back, but her self-esteem and mental health will be improved, and she will have a trusting relationship with someone who can help her work with some of her profound feelings of loss. This process is a long one and involves many steps, all of which are linked to the tenant's stated goals.

III.B: DEVELOPING GOALS AND OBJECTIVES (20-30 minutes)

TRAINER STATES: When discussing service plans, we often hear the words “goals” and “objectives”.

TRAINER ELICITS: WHAT'S A GOAL? WHAT'S AN OBJECTIVE? [Expected responses include:]

- **GOAL:** A goal is a statement of a desired intended general outcome.
- **OBJECTIVE:** Objectives are the observable and measurable steps to be taken by the person toward the completion of the goal.

TRAINER ELICITS: WHAT'S THE DIFFERENCE BETWEEN A GOAL AND AN OBJECTIVE? [Expected response includes:]

A goal is a general result (e.g., Tenant will maintain positive mental health). To achieve and maintain this, there are objectives, or stepping stones, the tenant must make (e.g., meet with psychiatrist monthly, take medication as prescribed daily, attend weekly mental health group, attend day program daily, meet with case manager weekly). For most of us changes are incremental.

TRAINER ELICITS: WHY IS IT IMPORTANT TO IDENTIFY OBJECTIVES WITH THE TENANT WHEN DEVELOPING GOALS? [Expected responses include:]

- Achieving small steps can be recognized as progress.
- Steps can be celebrated as successes independent of long-term goal.
- Obstacles can assist in re-thinking steps needed to achieve long-term goal and still maintain long-term goal.
- Process can assist in gaining insight as to the objectives needed.

BRIEF LECTURE:

Let's look at a Goal: “Tenant will find supportive employment in six months.” This is a realistic goal for some tenants. The type of employment will obviously depend on the tenant and his/her special needs and skills. But there are some basic objectives that apply to many tenants.

III.C: OTHER CONSIDERATIONS (10-20 minutes)

TRAINER NOTE: This section begins the discussion on maintaining case records. It is in this section because of its relevance to goals but can be moved into the next section of this curriculum. See **HANDOUT #12: USING A REFERRAL SYSTEM.**

BRIEF LECTURE:

A standard rule in setting goals with a tenant is to specify the INTENDED OUTCOME OR GENERAL CONDITION that will result from the accomplishment or maintenance of the goal, keeping the tenant as the subject.

- Phrase the goals accurately. Begin each statement with: The tenant will... (followed by what is to be done). The case manager should not be mentioned directly or implied in the goal statement. An example of a mis-stated goal is "to help the tenant acquire interviewing skills for employment." It implies that the case manager has the goal or objective. To re-state as tenant-directed goal, it can read: "(Name) will learn interviewing skills for employment."
- Identify only one goal and condition per statement. In developing goals, it is important to develop each one separately and not to compound goals.
- Focus on positives. When working with the tenant in developing goals, try to present them in positive terms whenever possible. This can change the whole perspective and motivation for the tenant in achieving them. Help the tenant restate the goal to something positive. Most problems are presented as a negative and tend to dominate most service plans.

TRAINER NOTE: "Tenant will not argue with his neighbor" (negative) vs. "Tenant will develop good relationship with his neighbor" (positive)

BRIEF LECTURE:

Some crucial things to remember about the process of goal setting are:

- It is a mutual task; tenant and case manager should act as a team. The case manager interventions are the strategies, methods or activities done with the tenant to help her or him reach her/his objectives.
- Exploration and listening skills are used throughout the process.

- It is an individual process. One person's short-term goal may be another person's long-term goal.
- The steps must be achievable. The idea is for the tenant to succeed.
- For each objective, try to determine if anything stands in the way. Any obstacles become another step and that step is now the short term goal.
- The plan should include a realistic time frame (One week, 3 days, etc.).
- If the goal is not reached, it should be framed as the fault of the goal, not the person. Gives us new information and opportunity to choose a better one.
- Achievement of a goal, no matter how small, should be positively reinforced.

BRIEF LECTURE:

When determining how goals and objectives will be met and supported, the case manager will assess if the service or support will be provided on-site or off-site. Ideally, a program is able to provide as many services as possible but still optimally use outside referral resources. Working in collaboration with existing community services is vital.

Some considerations regarding a good referral system:

- Share resources between staff. There is no reason to re-invent the wheel when using outside services. Often, other staff members have already found competent services that can be used as a referral agency. Staff should also share how effectively these agencies worked in the past.
- Integrating into the community can widen the availability of resources. Invite community representatives from the police, fire department, medical and mental health organizations to the building for community meetings. Get to know the mobile crisis teams in your area. Send literature on your housing to referral sites. If possible, offer community space to area agencies and organizations in need.
- Integrate resource sharing into the programmatic design at your site. This can include an in-house log of resources that staff maintains, a community rolodex with important numbers and contact persons, as well as tenant input on the quality of services offered by referral agencies.
- Be mindful that contact between your site and the referral site should be done only when a consent form has been signed by the tenant. Be sure to have releases (consents) signed by tenants for active and consistent communication between case management and referral site. A standard

IV. BUILDING MOTIVATION FOR CHANGE

IV.A: ASSISTING TENANTS IN MAKING CHANGE (10-20 minutes)

TRAINER NOTE: This section addresses helping tenants work toward change. The focus on developing a positive therapeutic connection and building trust is paramount, and when possible, link this back to engagement. See ***HANDOUT #13: ASSISTING TENANTS IN MAKING CHANGE.***

BRIEF LECTURE:

In helping people make changes, there are some basic tools that are useful in case management.

- **Build Trust:** Be consistent, trustworthy and honest.
- **Know the Person:** It is impossible to assist someone in reaching goals or making changes if we don't know them and what motivates them. Goals must make sense and be relevant to the tenant.
- **Assist in Cognitive Restructuring:** Help people recognize and identify self-defeating thoughts and messages.
- **Learn to Recognize and Identify Emotions/Physical Sensations of Anxiety (e.g., nausea, tightness in chest, and rapid heartbeat can be signs of anxiety and fear):** Identifying these emotions and feelings can help tenants learn to control them so they do not interfere with his/her ability to take risks.
- **Assist in Preparation:** Help people plan for and anticipate what to expect.
- **Teach Visualization Skills:** Help people imagine themselves completing steps and reaching their goals. Ask to visualize details of the situations – how they feel, what they are thinking, how they overcome obstacles along the way.
- **Assist in Goal Setting:** Help plan and anticipate steps, obstacles, feelings, resource needs and offer support during the process. Explore positive and negative effects of achieving desired goals and the steps to reaching them.
- **Provide Support:** Highlight coping skills that will help tenant through this process. Help develop coping mechanisms to deal with setbacks or losses. Acknowledge small steps. Celebrate accomplishments.
- **Establish a Contract or Agreement:** Services are designed to help people remained housed and stable, and to help meet their intended goals. It is helpful to spell out exactly what services you offer to assist in reaching their goals.

LEARNING POINTS: Trainees will have a better understanding of the importance of developing a trusting connection with the tenant. Trainees will understand the process of helping a person move toward change.

IV.B: WORKING WITH AMBIVALENCE AND RESISTANCE (10-20 minutes)

TRAINER NOTE: Trainer should have Reactance Theory definition and the list of tools to decrease resistance on a flipchart. See **HANDOUT#14: REACTANCE THEORY.**

BRIEF LECTURE:

Reactance Theory helps to predict how people respond to the perceived loss of valued freedom. Reactance Theory states that it is natural for people to try to maximize control and choice. Tenants are sometimes resistant to treatment and/or worker intervention because:

- They are afraid the worker will tell them what to do and use their power to make them do it.
- They do not want to be controlled or lose the right to make choices.
- We usually see resistance as negative and part of one's illness. These responses are actually understandable, not pathological. The person is trying to maintain their independence/freedom.

When working with a tenant who is resistant, there are some basic skills and tools that are useful. The worker may be able to minimize tenant resistance by:

- Avoiding telling the tenant what to do and, instead, present options. It is preferable to state the most positive option last.
- Exploring both sides of an issue. One-sided focus increases reactance.
- Presenting options for change in matter-of-fact manner so that the person does not feel like they need to react to your over-investment.
- Addressing one specific problem at a time.
- Working with the tenant wherever s/he may be at along the spectrum of change.
- Providing feedback in a non-judgmental "matter of fact" way (e.g., "Whenever you spend time with Joe, I notice you get down on yourself.").
- Avoiding the demand that a person be aware of the need to change.

- Helping tenant in a cooperative manner to set his/her priorities and timelines for addressing them. Avoid a hierarchical position in setting priorities.
- Assisting in integrating other in-place support systems into the tenant-driven priorities (e.g., family, friends, and day program).

LEARNING POINT: By understanding what motivates certain behavior we can become more effective at helping people to change. What is often seen as “resistance” may actually be a very understandable response to feeling a lack of freedom.

IV.C: ROADBLOCKS TO LISTENING

TRAINER NOTE: Trainer should have flipchart with the various roadblocks listed. Flipchart should not include definitions. Trainer can elicit these from trainees. See ***HANDOUT #15: ROADBLOCKS TO LISTENING; HANDOUT #16: ROADBLOCK EXERCISE.***

BRIEF LECTURE:

In order to understand where someone's ambivalence lies, we must listen. We don't want to push one side of the argument. We need to be very skilled at listening. It has been shown that good listening skills are the most effective way to help someone come to their *own* decision.

Often, we think we're listening but we are actually presenting our own viewpoint and setting up barriers to listening. Most of us, unknowingly, set up "roadblocks to listening." Specific "roadblocks" were identified by Thomas Gordon, in his book, *Parent Effectiveness Training* (PET). Let's look at some now and see how they cut off or block a person's exploration of their feelings, thereby inhibiting their ability to come to a decision and resolve their ambivalence. Review your handout titled "Roadblocks to Listening."

- **DIRECTING:** May give message that the tenant's own judgement or competence is not trusted. This discourages tenant's ownership to change (e.g., "Don't do it that way. It's better if you...what you need to do is...").
- **WARNING:** Creates fear or submission. Compliance is usually time-limited and the tenant can feel infantilized (e.g., "If you don't change, you'll suffer the consequences or end up dead.").
- **MAKING SUGGESTIONS:** May give message that the tenant is not competent or judgement is not trusted. It can also suggest that you don't understand the depth of their problem (e.g., "Why not give me your check, then we can budget your money?" or "What do you think about...?").
- **PROVIDING SOLUTIONS:** May suggest issues about tenant's own judgement or competence. The tenant may not want to hear solutions (e.g., "I've done this before, all you need to do is...").
- **PERSUADE WITH LOGIC:** What's logical to us may not be to the tenant (e.g., "You need to stop drinking. Studies show that alcohol damages your liver.").

- **SHOULD**S: People often know what they “should” do. Using “should” can be infantilizing and implies that the tenant’s judgement and competence is not trusted (e.g., “If you asked me, you should...” or “You should just...”).
- **LECTURING**: Like “shoulds”, lecturing can make a tenant feel like a child (e.g., “How many times do I have to tell you? Whenever you go out and get drunk you end up...”).
- **DISAGREEING**: It’s a natural response for disagreements to increase the “other side” of the argument. Remember the reactance theory (e.g., “You think what? I think you’re wrong! How did you arrive at that brilliant idea?”)?
- **APPROVING**: If we approve of something the person is ambivalent about, they may act out in the opposite manner (e.g., “Very good idea. I’m so proud of you!” or “You stayed sober the whole day!! That’s *my* client!!”).
- **SHAMING**: Shaming is never helpful; people resent labeling (e.g., “Look at you! You’re a mess! Do you really want others to see you like this...*again!*?”).
- **ANALYZING**: Giving an unsolicited interpretation can be tremendously invalidating (e.g., If tenant says, “I’m really tired.” a bad response may be: “I think that your fatigue is really a mask for something else.”).
- **REASSURING**: Helpful but can convince tenant they are not understood. Person may feel, “You wouldn’t say it’s OK if you know how scared I was.” (e.g., “Don’t worry, it will all work out. It may seem hard, but you can do it”).
- **WITHDRAWING**: Sometimes our own discomfort motivates us to withdraw. This sends the message to the tenant that we are not invested, and s/he may not bring us their feelings (e.g., “Let’s not talk about that now.” or “I have to go right now.” or “I can’t talk right now.”).

We are not saying that there are *never* situations that call for use of responses such as some of the “roadblocks” (e.g., directing, making suggestions). If a tenant requests information about obtaining a new Medicaid card, providing direction is obviously helpful. We *are* saying that when the focus of our work is to be *listening*, we do not want to use roadblocks. Remember to watch a person’s level of resistance: If going up, chances are, we’re using “roadblocks”.

TRAINER NOTE: Trainer may use the following exercise to illustrate “roadblocks”. Break into dyads. One person is the worker and the other the tenant. The tenant will talk about something s/he feels two ways about (ambivalent) from the handout list. The tenant will try to communicate to the worker the inner turmoil s/he feels around this decision-making process. The worker will use as many “roadblocks” as possible. Switch roles and repeat. Process feelings and find out if any trainees found some roadblocks coming “naturally”. This is usually a very funny exercise, resulting in a lot of laughter. Be sure that participants follow the request to use only roadblocks in their role play.

LEARNING POINTS: Roadblocks often mean that, instead of listening, we are keeping quiet long enough to think of a response (our “pearls of wisdom”). Roadblocks actually cause people to stop talking. This stops their own problem-solving process, as they have to formulate a response to our “stuff” (our thoughts, beliefs, opinions, feelings and values). Roadblocks can make a person feel shame, reduce self-esteem, defensive, anger and resentful.

IV.D: MOTIVATIONAL INTERVIEWING (10-20 minutes)

TRAINER NOTE: The following definition is from the book, *Motivational Interviewing: Preparing People to Change Their Behavior* by William Miller and Stephen Rollnick. See **HANDOUT #17: MOTIVATIONAL INTERVIEWING**.

BRIEF LECTURE:

Motivational Interviewing is a particular way to help people recognize and do something about their present or potential problems. It is particularly useful with people who are reluctant to change and ambivalent about changing. It is intended to help resolve ambivalence and to get a person moving along the path to change. There are five basic principles, including:

- 1. Express "Accurate Empathy": This is not the kind of empathy where we try to identify with the person; rather, we are trying to understand the specific meaning of what the person is saying, without judging, criticizing or blaming. Accepting and not judging does not equal agreement or approval. Feeling accepted builds an alliance. Acceptance lowers defenses and makes people more open. Trying to "make" people change creates resistance and refusal. Acceptance of who one is allows them to be free to change.

TRAINER NOTE: e.g., Tenant states that the only time he feels like he can speak up for himself is when he has been drinking. Accurate empathy might sound like, "So, the only time you feel comfortable sharing what you feel is when you drink."

- 2. Develop Discrepancy: By listening patiently, we can begin to help the person see the discrepancy between their present behavior and their goals. Gaining insight into discrepancy can help gain motivation to change. This takes time and it means having to remember what is said. In each meeting with the person, the case manager is working actively to create discomfort and discrepancy. Telling someone what we see does not make the insight theirs and will likely raise defenses. It should be the person him/herself who will begin to feel safe enough to voice the concern. We still provide feedback and advice where appropriate.

TRAINER NOTE: Tenant states she drinks because nobody in the building respects her. Developing discrepancy might include, "I'm not sure what you mean. Last month, when you remained sober for three weeks, you said that people in the building were friendly and treating you well. In fact, you stated how much better you felt treated." (This kind of dialogue should be non-judgmental or accusatory, but rather, concerned and puzzled.)

V. MAINTAINING CASE RECORDS

V.A: DOCUMENTING AND MAINTAINING CASE RECORDS (10-20 minutes)

TRAINER NOTE: Trainer should write feedback from trainees on flipchart and reference handout at end of section. See ***HANDOUT #18: MAINTAINING CASE RECORDS & DOCUMENTATION.***

BRIEF LECTURE:

When supportive housing was first piloted, the mission was to house individuals safely. The services were not clearly defined and have evolved as providers and funders learned more about the needs of this type of housing. One of the most significant areas service providers and funders needed to look at is documenting and maintaining case records.

TRAINER ELICITS: WHY IS DOCUMENTATION IMPORTANT? [Expected responses include:]

- Provides quick access to salient information relevant to tenant in case of crisis. Often a Xerox of a face sheet can provide crucial information for EMS, hospital or crisis staff.
- Assists with continuity of support service between all staff. When a tenant is provided services from more than one staff member, it's vital for each to have a current record to assist with optimal interventions.
- Allows for continuity of support when any given worker is not present. If a case manager is out sick or on vacation, back-up staff can quickly reference medication information, appointments and other important data.
- Acts as an official record of progress and accomplishments or lack thereof. Maintaining case records is an excellent barometer of movement toward accomplishing goals and objectives.
- Can be used as a tool to tailor support services to the needs of a tenant. Over a period of time, a case manager may be able to see patterns of ineffective interventions and support and better assess services needed.
- Can be used as an accurate history of crisis patterns. Often, tenants may experience crisis on anniversary dates, holidays and birthdays. Patterns can be easily detected if case records are maintained effectively.
- Enhances the quality of service delivery. With heavy case loads, referencing case records can assist case managers in the delivery of service.

V.B: DEVELOPING A SERVICE PLAN (20-30 minutes)

TRAINER NOTE: Trainer should write down the responses to the elicited questions on a flipchart. Trainer may decide to have a pre-written flipchart page with the most significant points of the service plan to review. Trainer also has the option of reviewing the Goal Setting Worksheet (handout) with trainees to illustrate the service plan concept. See ***HANDOUT #19: DEVELOPING A SERVICE PLAN; HANDOUT #20: INDIVIDUAL SERVICE PLAN SAMPLE; HANDOUT #21: GOAL SETTING WORKSHEET.***

BRIEF LECTURE:

Part of any case management plan is to document Goals and Objectives. Service Plans (a.k.a. Treatment Plans, Life Plans) are different for each tenant. Let's take some time out to look at how and why we develop service plans.

TRAINER ELICITS: WHAT IS THE PURPOSE OF THE SERVICE PLAN? [Expected responses include: an ongoing process of identifying Goals and Objectives to use as a guide for progress towards a positive and attainable life plan]

Some considerations in developing a service or treatment plan include:

- The Service Plan is an ongoing process throughout a tenant's stay in your housing program.
- The choices of the tenant are central to the Service Planning process. It is considered a tenant-driven activity.
- It is important to use tools to enable you to write the plan as such. Some of these tools include engagement techniques, listening, using tenant's own words, and helping to re-define success.
- The Service Plan identifies the needs forming the basis of the Goals and Objectives along with the methods/services that will be used to attain them.
- The Service Plan should indicate time frames and who will do what.
- The Service Plan indicates strengths and assets relevant to achieving the stated Goals and Objectives.
- The Service Plan identifies the extent of the tenant's desire and motivation to change.
- Be sure to check your regulations for requirements regarding service plans.

V.C: SERVICE PLAN CASE STUDIES (30-40 minutes)

TRAINER NOTE: Break trainees into groups of five or six each. Depending on time, each group can work on 1, 2 or 3 case studies. Each group should assign a recorder and reporter. At the end of the exercise, each group's reporter can present to the larger group. See **HANDOUT #22: SERVICE PLAN CASE STUDIES**.

BRIEF LECTURE:

Review the case study(s) assigned to your group and help determine what goals and objectives (Service Plan) you would develop for the tenant. List the goals and objectives or steps needed to attain these goals on flipchart. Obviously, if we had the tenant here, we would get input from them.

1. Bob has been living in his apartment for about a year. For the last six months, he's been drinking heavily and has been involved in several fights, some involving weapons, while intoxicated. When he's sober, he's an outgoing, intelligent man with an impressive work history as a plumber. Bob, a father of three, says he wants to have the right to visit his children again, a right taken away after he involved the children in a DWI car accident five years ago. He also wants to get back to work, but says he can't stand working for corrupt bosses anymore.
2. Jill does not want to live in supportive housing and shows contempt for the service staff. "Work with the crazies and leave me the hell alone." Jill wants to move into a luxury apartment building with celebrity tenants. Jill hasn't worked in more than fifteen years and spends the majority of her time involved in law suits against various landlords and people whom she says have wronged her. "I'll get a job as soon as I finish my legal work," she's been heard telling other tenants.
3. April, a new tenant in the building, tells her case worker she has no goals at all. She wants to be left alone to read and write and nothing more. April receives home relief benefits and has ignored notices about re-certification.
4. Ed has a number of medical conditions requiring a complex medication regime. It can take over an hour to take the morning dosages and many make him throw up. He's understandably tired of taking the medications, and despite his doctor's warnings, he says he's discontinuing everything. When he was feeling better, Ed enjoyed attending concerts, art shows, and other artistic events in the community. He once helped the residence set up an art show made up of both tenant and community artists' work.

Case Management Services

Participant Materials

Developed by Center for Urban Community Services

The work that provided the basis for this publication was supported by funding under an award with the U.S. Department of Housing and Urban Development to the Corporation for Supportive Housing. The substance and findings of the work are dedicated to the public. The author and publisher are solely responsible for the accuracy of statements and interpretations. Such interpretations do not necessarily reflect the views of the Government.

Case Management Services is part of the Supportive Housing Training Series. This training series currently includes eleven curricula providing best practices and guidance on supportive housing development, operation and services.

The full series is available for downloading from the Department of Housing and Urban Development website.

For more information:

U.S. Department of Housing and Urban Development: www.hud.gov

Center for Urban Community Services: www.cucs.org

Corporation for Supportive Housing: www.csh.org

AGENDA

I. INTRODUCTION

II. ENGAGEMENT AND OUTREACH

- A. Defining Case Management
- B. Overview of the Helping Process
- C. Creative Engagement
- D. Open-Ended Questions and Reflective Listening
- E. Finding Common Ground
- F. Group Exercise

III. INDIVIDUAL GOAL SETTING AND SERVICE PLANNING

- A. Whose Goal Is It?
- B. Developing Goals and Objectives
- C. Other Considerations

IV. BUILDING MOTIVATION FOR CHANGE

- A. Interventions to Assist People in Making Changes
- B. Working with Ambivalence and Resistance
- C. Roadblocks to Listening
- D. Five Principles of Motivational Interviewing

V. MAINTAINING CASE RECORDS

- A. Documenting and Maintaining Case Records
- B. Developing a Service Plan
- C. Service Plan Case Studies

VI. CONCLUSION

TYPES OF SERVICES IN SUPPORTIVE HOUSING

GENERAL SUPPORTIVE SERVICES

- New Tenant Orientation/Move-In Assistance
- Tenant's Rights Education/Tenant's Council
- Case Management or Service Coordination
- Individual Counseling and Support
- Referrals to Other Services and Programs
- Crisis Intervention
- Peer Mentoring
- Support Groups
- Recreation/Socialization Opportunities

INDEPENDENT LIVING SKILLS

- Cooking or Meal Preparation Assistance/Training
- Personal Hygiene and Self-Care Assistance/Training
- Housekeeping Assistance/Training
- Activities of Daily Living Assistance/Training
- Personal Financial Management Assistance/Training
- Entitlement Assistance

HEALTH and MENTAL HEALTH RELATED SERVICES

- Coordination of Services (visiting nurse, occupational therapy, dental, ophthalmology, HIV/AIDS, pain management, psychiatrist, programs)
- Medication Management or Monitoring
- Education (mental illness, medical conditions, nutrition, exercise, psychotropic or other medications)
- Individual Psychosocial Assessment
- Liaison with Doctor or Psychiatrist

SUBSTANCE ABUSE SERVICES

- Recovery Readiness Services
- Relapse Prevention & Recovery Planning
- Methadone Maintenance
- Harm Reduction Services
- Drug Testing
- AA/NA/CA
- Substance Abuse Counseling
- Sober Recreational Activities

VOCATIONAL SERVICES

- Job Readiness Training (pre-vocational, resume, interview, conflict management)
- Job Skills Training
- Job Development/Placement Services
- Job Retention Services (support, coaching)

ROLE OF THE CASE MANAGER

Case managers help residents identify and achieve their goals and meet their needs through the provision of various services. A case manager addresses the biological, psychological and social needs of the person and helps him/her to maintain housing.

Roles and responsibilities of a case manager might include:

- Providing support
- Assist tenants identify and achieve goals
- Offering educational services
- Offering vocational services
- Counseling (sometimes families as well)
- Supporting recovery from substance abuse
- Assisting with socialization and recreational activities
- Helping manage crisis
- Building Activity of Daily Living (ADL) skills
- Medication management
- Building community living skills

Additionally, a case manager will negotiate, advocate, inform, coordinate and relate to other professionals. Some of the linkages case managers use to help people meet their goals include education programs, vocational programs, medical providers, entitlement centers, advocacy groups, day treatment programs, psychotherapists and psychiatrists.

ENGAGEMENT STRATEGIES

CREATE THE PROPER ENVIRONMENT

- ✓ Make people feel comfortable and offer private spaces for talking
- ✓ Meeting areas should be clean, well lit and not too noisy
- ✓ Remember, this is where people live; it should not appear institutional

RESPECT, ACCEPT AND SUPPORT PEOPLE

- ✓ Always address tenants by name
- ✓ Be friendly and use eye contact when talking
- ✓ Be responsive to tenants' requests
- ✓ Don't turn people off by lecturing, demanding, or being too analytical

DEVELOP ACTIVE LISTENING SKILLS

- ✓ Focus attention on the speaker
- ✓ Tune into the speaker's feelings
- ✓ Avoid roadblocks to listening
- ✓ Reflect back what is heard
- ✓ Ask clarifying questions and explore for meaning

LET THE TENANT'S GOALS DRIVE THE SERVICES

- ✓ All services should help the person reach his/her intended goal
- ✓ Remember, there is no such thing as a "wrong" goal
- ✓ Reinforce all achievements along the way
- ✓ If a tenant hasn't reached a goal in a realistic time frame, it should be viewed as a problem with the goal or the steps towards it, not with the person
- ✓ Outline obstacles toward the goal and list them as steps in the process

HELP PEOPLE MAKE INFORMED CHOICES

- ✓ Engage people in choices about their lives and their homes
- ✓ Encourage tenants to make choices about rules, common spaces, etc.
- ✓ Establish committees or project work groups made up of both staff and tenants
- ✓ Discuss lack of choices in certain situations

BE CONSISTENT WITH REPEATED, PREDICTABLE PATTERNS OF INTERACTION

- ✓ This can be especially helpful with mentally ill tenants
- ✓ If a tenant does not want to talk and asks you to leave, remain polite, say goodbye, and let him/her know when you will return

ENGAGEMENT SHOULD BE NON-THREATENING

- ✓ Do not choose controversial topics during initial engagement attempts
- ✓ Do not agree or disagree with delusional content when working with mentally ill tenants; instead look for a shared reality

ENGAGEMENT PROCESS WITH PEOPLE WHO HAVE A MENTAL ILLNESS

- **DEVELOP A SHARED REALITY**

The base of reality can be different for a person living with serious and persistent mental illness. Developing a shared reality assists worker and resident to mutually agree upon service needs.

- **CONSISTENT INTERACTION**

Repeated and consistent interaction over time is key to developing trust. Interactions can also be informal and non-demanding. This helps the person to feel accepted and develop comfort with the worker.

- **RESIDENT MUST HAVE CONTROL**

Worker needs to strike a delicate balance between communicating an interest in and concern about the person without engendering fear or distrust. The consumer should be allowed to set limits and exercise control in the interaction.

- **DO NOT DENY OR "JOIN" DELUSIONS**

The worker attempts to engage the individual in reality-based areas of experience, avoiding a focus on delusional content. The worker neither directly confronts nor reinforces delusional content. Worker will attempt to respond to the feelings "behind" the delusion.

- **COMMUNICATE YOUR ROLE CLEARLY**

The worker states his/her role clearly and is specific about how he or she can help. Responding to the person's felt or physical needs is often a vehicle for engagement.

EXPLORATION AND OPEN-ENDED QUESTIONS

AN OPEN-ENDED QUESTION IS ONE THAT:

- Establishes an atmosphere of acceptance and trust by defining your role as one who listens.
- Encourages the speaker to do most of the talking.
- Encourages the speaker to explore her/his problem.
- Cannot be answered by a "yes" or "no" or other short answer.

EXAMPLES OF CLOSED-ENDED QUESTIONS:

- Would you like to...? (something specific)
- Can I...?
- Would it be better if you...?
- Don't you think you should...? (Leading questions can sound judgmental)
- Were you scared that...?
- Why don't you...?
- Do you like your new psychiatrist?

EXAMPLES OF OPEN-ENDED QUESTIONS:

- What's going on?
- What is the problem?
- How are you feeling about that?
- What is it that you would like to discuss?
- In what way might I be helpful?
- How do you feel about your new psychiatrist?

REFLECTIVE LISTENING

Reflective listening is a skill used to help motivate people. While “listening” involves keeping quiet and hearing what a person has to say, reflective listening involves listening and *responding* to what a person says in such a way as to clarify a person’s meaning. To do this well we must actively select what content we want to reflect with the goal in mind of building motivation for change.

WHY USE REFLECTIVE LISTENING SKILLS:

- Most statements have multiple meanings.
- Reflective listening is a way of checking, rather than assuming that you know what is meant.
- Reflective listening helps people think things through on their own.
- Reflective listening helps people feel understood.

HOW TO LISTEN REFLECTIVELY:

- When a person speaks, he or she is trying to communicate a meaning. This is coded into words, often imperfectly. The listener has to hear the words accurately and then decode their meaning.
- The listener forms a reasonable guess as to what the person means and gives voice to this guess in the form of a statement.
- It should be in the form of a statement rather than a question since questions can distance the speaker from his or her experience.
- Examples of clarifying statements include:
 - *I want to make sure I’m understanding this correctly.*
 - *I’m going to try and review the main points we’ve discussed so far.*
 - *It sounds like your primary concern is...*
 - *What I hear is...*
 - *Please correct me if I’m wrong.*
- The speaker then has the opportunity to validate, elaborate or change what he or she meant.

FINDING COMMON GROUND ROLE PLAYS FOR ENGAGEMENT

ARE THERE ANY AREAS OF COMMON GROUND? IF SO, WHAT ARE SOME OF THOSE AREAS? HOW DO YOU PROCEED FROM HERE?

1. Augusta enters your office and states that a man has been floating in her room nightly. She adds that he told her he is going to run over her with his car. She seems frightened.
2. Last year, James' mother passed away. Within the last three months, James has lost his two remaining brothers to AIDS. His hygiene has deteriorated and he refuses to shower. James tells you he feels very alone and has no hope.
3. Tara comes to your office with a black eye. She states that she got into an argument with her boyfriend and things got out of hand. Tara admits that she is afraid of him and doesn't know what to do but adds that they love each other and belong together.
4. Joel recently changed medication. He attends Bingo and towards the end of the group stands up and announces that his movements are being monitored by the Secret Service and then leaves. He returns a few minutes later asking you how long you've worked for the Secret Service.
5. Rita has just returned from Florida where she visited her family. She states that while in Florida, she was visited by aliens and taken to another planet. She says that she is very frightened and adds that her family did not believe her.
6. Ralph confides in you that as a boy he had no friends. He adds that his father, an alcoholic, brutally beat him and on one occasion threw him out of a moving car. Ralph says getting high makes him forget these feelings and begins to cry.
7. Elaine has repeatedly been seen intoxicated in the evenings. You request a meeting where Elaine tells you that in her youth she was a refined young lady and feels terrible about having to live in supportive housing.
8. Rachel has not paid rent for the last four months. She informs you repeatedly that she refuses to "feed the capitalist money machine." The management company is taking her to court.

ROADBLOCKS TO LISTENING EXAMPLES

- Directing - "Don't do it that way."
"Listen to me now."
"Do what your mother told you. She is right."
"Don't you think it would be better if you..."
"I've seen you do this before and it just doesn't work. What you need to do is..."
- Warning - "If you don't do what we are telling you, you will have to suffer the consequences."
"Someday, it will be too late to stop drinking. You'll be dead."
"Well, all I can say is, if you don't stop _____, you'll end up _____"
- Making Suggestions "How about if you give me your check and then we can figure out how to budget your money?"
"Do you think you *really* need to see your ex-girlfriend, *really*?"
"I think it would be best if you just..."
"What do you think about...?"
- Providing Solutions "Look, I've done this before. All you need to do is..."
"I'll call your PA worker for you and let you know what she says."
"Since it doesn't fit I'll take it back for you. I know that you are scared of going to the store."
- Persuading with Logic "I'm concerned about you. You need to stop drinking because studies show that alcohol damages your liver. I have pictures, here look."
"If you keep using crack then you'll get a weak heart. I'm only telling you a fact."
"The doctor told you that people who use drugs and take their medication could have a seizure and die."
- Shoulds - "Well, if you ask me, I think you should..."
"Don't you think you should..."
"You should just..."

- Lecturing - "How many times am I going to have to say this to you...?"
"Whenever you go out and get drunk, you end up in trouble. Last time it was your stomach, this time it was your falling down in the hallway, what will it be next time?"
"I don't understand. You're not a stupid person, are you? Let me remind you what I said last time about this..."
- Disagreeing - "I think you're wrong. The reality is..."
"Do you *really* think so?"
"You think *what!*? And just how did you arrive at that *brilliant* idea?"
- Approving - "That sounds like a *very* good idea. I'm *so* proud of you!"
track, "Now *there's* a plan I can live with. You're finally on the right
good going, *great* job!"
"You stayed sober the *whole* day!! Now that's *my client!*"
- Shaming - "Look at you! You're a mess! Do you really want others to see you like this...again!?"
"I can't believe you didn't stop and think about how this would make me feel, after all the work we have done together!"
"And what did your neighbor think about you getting high again? Is that the kind of person you want to be known as?"
- Analyzing - "Why do you think you did that?"
"I think that inside you are very scared, and that's why you haven't been able to stop using. If you tell me about how you really feel then I can help you figure it out."
"You really wanted to take your anger out on me, that's why you..."
- Reassuring - "Don't worry, it will all work out. Don't get yourself so upset."
"I know it may seem hard, but you can do it."
"Just don't think about it for a while, its not that important anyway."
"Oh come on, you'll do just fine. Sobriety's not so hard."
- Withdrawing - "Let's not talk about that now."
"I have to go right now, can't talk right now."
"This really isn't a good time for me. I'll catch you later."

INDIVIDUAL SERVICE PLAN

Name: _____ Plan Date: _____

Admission Date: _____ Review Date: _____

Goals	Objective to Achieve Goals	Responsible Party	Begin and End Dates	Outcomes (with date)

Individual Service Plan (cont.)

Name: _____ Plan Date: _____

Goals	Objective to Achieve Goals	Responsible Party	Begin and End Dates	Outcomes (with date)

Tenant Date

Case Manager Date

Supervisor Date

Tenant Comment: _____

GOAL SETTING WORKSHEET

GOAL	STEPS/BARRIERS	WORKER WILL	RESIDENT WILL:
<p>1. get a job by Jan., 2003</p>	<p>1. Prepare resume (8/02) 2. Find job leads (9/02) 3. Practice interviews (10/02) 4. Get interview clothes (10/02) 5. Difficulty getting up early in morning – consider impact of alcohol & address (ongoing)</p>	<p>1. Provide worker writing classes, review & evaluate (8/02) 2. Provide access to newspaper and assist in job lead search (9/02) 3. Conduct mock interview and videotape for review (10/02) 4. Refer to substance abuse services as needed, provide feedback regarding behavioral observations, be prepared to see resident each morning showered and dressed by 9:00 a.m.</p>	<p>1. Write & type resume (8/02) 2. ID and search papers & other resources for job leads (9/02) 3. Practice interviewing and work to improve interview skills (10/02) 4. Make effort to get up by 8:00 M-F starting next week. If unable to do so everyday, try to stop drinking by 8:00 p.m. the night before. (following week) If unable to do so, cease drinking and/or talk with a s/a specialist. (2 wks from today) Keep 9 a.m. appt. with worker each morning – arrive dressed & showered</p>

Prochaska, J.; DiClemente, C.; Norcross, J.: "In Search of How People Change." *American Psychologist*, September 1992

This article focuses on the "Stages of Change" model and explores addictive behavior. The authors offer an overview of each stage of change and the intervention tools necessary to motivate a person into the subsequent stage.

Savarese, M.; Detrano, T.; Koproski, J.; Weber, C.M.: "Case Management," in Brickner, et al., eds., *Under the Safety Net: The Health and Social Welfare of the Homeless in the United States*. W.W. Norton & Company, 1990

Case management has been defined in a number of ways: (1) a process to link, expedite, facilitate, access, integrate and coordinate services; (2) a method to affix accountability and responsibility for care; (3) a way to ensure that a community is maximally responsive to the client; and (4) a mechanism to provide direct care in the absence of alternatives. These descriptions suggest that case management is a technique that can be learned and applied in the provision of health care to achieve positive outcomes.

Swayze, F.V.; Lamb, H.R.; et al: "Clinical Case Management With the Homeless Mentally Ill: Treating the Homeless Mentally Ill." *American Psychiatric Association*, 1992

Provides an overview of clinical case management for homeless people with mental illnesses. The author contends that clinical case management encompasses a knowledgeable set of treatment strategies and clinical skills in which the case manager focuses simultaneously on treatment and environment. The goals, principles and strategies for engagement are reviewed and case vignettes are presented as examples.

Tsemberis, S.: "From Streets to Homes: An Innovative Approach to Supported Housing for Homeless Adults with Psychiatric Disabilities." *Journal of Community Psychology*, 27(2): 225-241, 1999

Describes a supported housing program. Following placement, Assertive Community Treatment (ACT) teams provide treatment, support and other services. Additionally, data from direct interviews with the supported housing tenants were used to identify factors that predicted client participation in, and satisfaction with, particular services received.

Wheeler Communication Group, Inc.: *I'm Still Here: The Truth About Schizophrenia*. (Video, 1996)

This 1996 hour-long documentary video focuses on the issue of Schizophrenia. People with schizophrenia describe their lives and researchers describe their challenges in this film. Wheeler Communications Group has an entire series of nonfiction film productions on the topic of schizophrenia.

National Alliance to End Homelessness (NAEH)

<http://www.naeh.org>

The National Alliance to End Homelessness (NAEH), a nationwide federation of public, private and nonprofit organizations, demonstrates that homelessness can be ended. NAEH offers key facts on homelessness, affordable housing, roots of homelessness, best practice and profiles, publications and resources, fact sheets and comprehensive links to national organizations and government agencies that address homelessness.

National Association of Social Work (NASW)

<http://www.naswdc.org>

This website is presented by the largest membership organization of professional social workers in the world, with more than 155,000 members. NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies. This website offers standards for Social Work Case Management and links to relevant sites.

National Clearinghouse on Alcohol and Drug Information (NCADI)

<http://www.health.org>

This site provides up-to-date information about new NCADI publications and campaigns. It also lists resources and referrals for those overcoming substance abuse problems. Research, surveys and statistical data, as well as forums, databases and an online calendar, are available.

National Resource Center on Homelessness and Mental Illness

<http://www.prainc.com/nrc/>

The National Resource Center on Homelessness and Mental Illness provides technical assistance, identifies and synthesizes knowledge, and disseminates information. Users can be linked to findings from Federal demonstration and Knowledge Development and Application (KDA) projects, research on homelessness and mental illness, and information on federal projects.

Office of the Assistant Secretary for Planning and Evaluation (ASPE)

<http://aspe.hhs.gov/>

The Assistant Secretary for Planning and Evaluation (ASPE) is the principle advisor to the Secretary of the U.S. Department of Health and Human Services on policy development, and is responsible for major activities in the areas of policy coordination, legislation development, strategic planning, policy research and evaluation, and economic analysis. This website links you to "A Review of Case Management for People Who Are Homeless: Implications for Practice, Policy, and Research". This paper explores in detail the case management model for working with mentally ill individuals.

Substance Abuse and Mental Health Service Administration (SAMHSA)

<http://www.samhsa.gov/>

This site offers information on drug abuse and mental health and provides links to other relevant Internet resources. A general profile of SAMHSA programs and services, as well as a weekly report, is provided. Also listed is a schedule of upcoming events and conferences.