

FAMILY SELF-SUFFICIENCY PROGRAM: HOLISTIC APPROACH TO CLIENT ENGAGEMENT



Professional Development

National Association of Housing and Redevelopment Officials

630 I Street NW • Washington, DC 20001-3736

Toll Free: (877) 866-2476 • Email: professionaldevelopment@nahro.org • www.nahro.org

AGENDA

FSS Program Review

Client Assessment

Goal Setting - Individual Training & Services Plan

Effective Case Management



HOW MANY FAMILIES DO YOU HAVE ON YOUR FSS PROGRAM?

Poll



- a) 1-25
- b) 26-50
- c) 51-100
- d) 101-250
- e) 251+
- f) We currently don't have a FSS program/Not sure

HOW LONG HAVE YOU BEEN WITH FSS ?

Poll



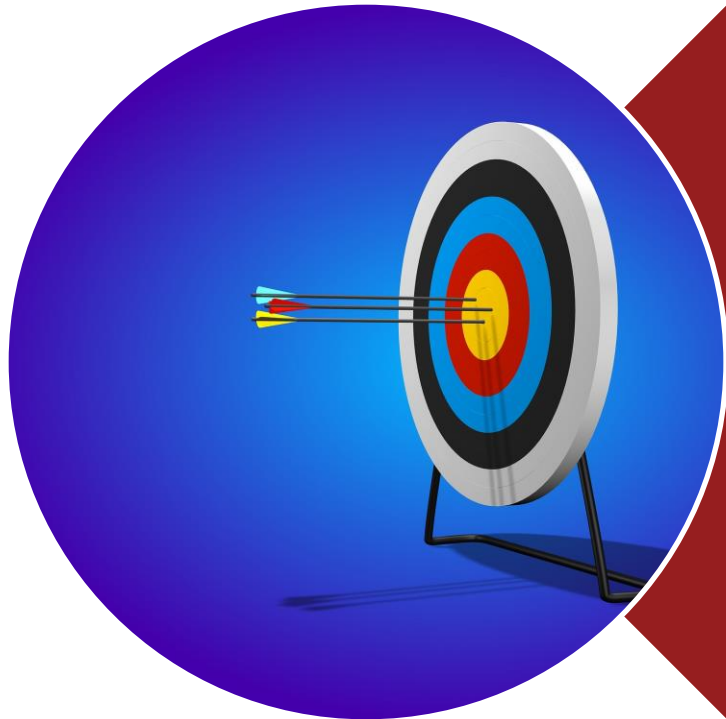
- a) Less than 1 year
- b) 1-2 years
- c) 2-5 years
- d) 5-10 years
- e) More than 10 years
- f) Not currently employed at FSS

FSS Program Overview

- ✓ **Goals**
- ✓ **Objectives**
- ✓ **Action Plan**
- ✓ **PCC**



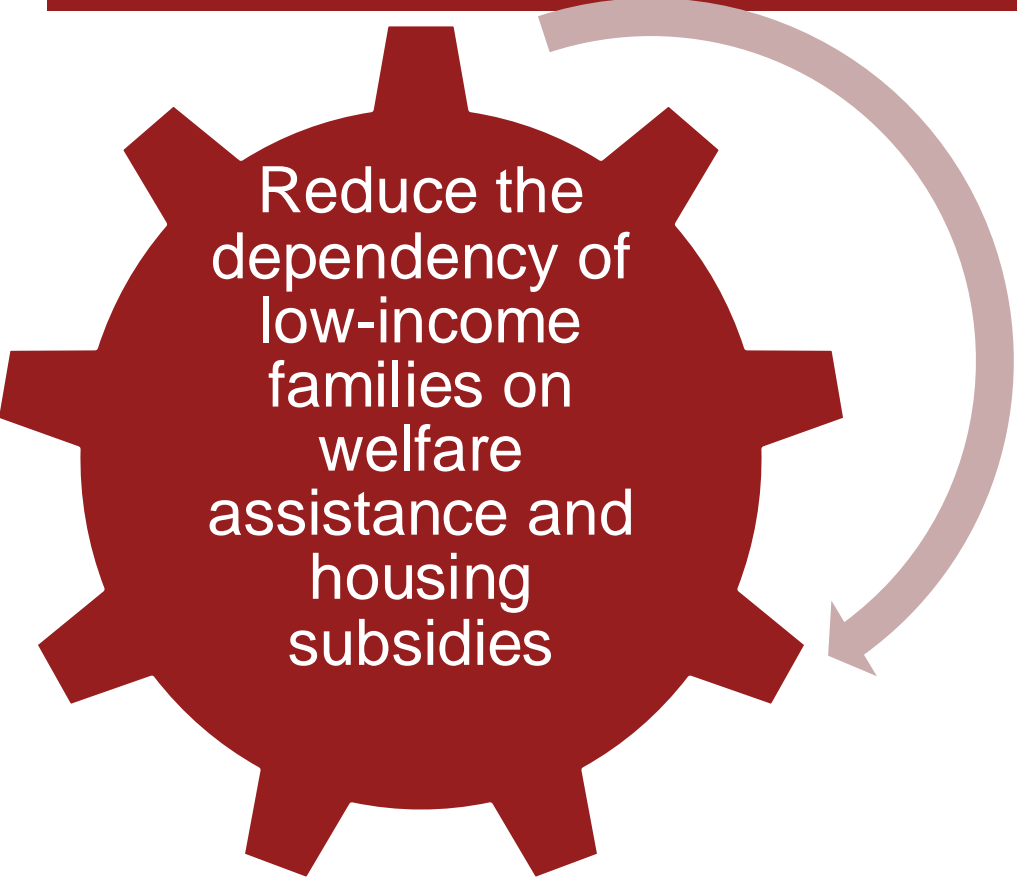
FSS PROGRAM GOAL



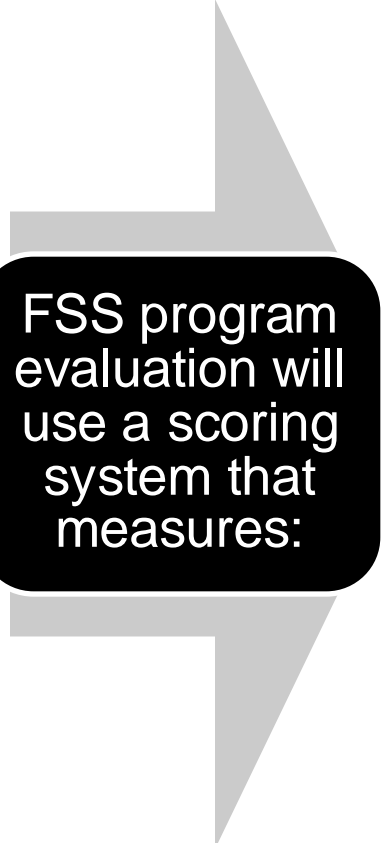
The program's goal is to enable participating low-income families to:

- ~ increase their earned income
- ~ achieve economic stability
- ~ reduce or eliminate their need for government assistance

PROGRAM OBJECTIVE:



Reduce the dependency of low-income families on welfare assistance and housing subsidies



FSS program evaluation will use a scoring system that measures:



Graduation from the program

Increased earned income

Program participation

Details: Federal Register November 2018



A PHA or owner must have a HUD-approved Action Plan in compliance with requirements



The purpose of the FSS action plan is to establish policies for the family self-sufficiency program

- Consistent with HUD requirements
- Outlines local goals & objectives
- Supporting Document to PHA Agency Plan
- Available for public review
- Is an Active document and FSS Coordinator should have a copy and know what it says

PROGRAM COORDINATING COMMITTEE (PCC) FUNCTIONS (24 CFR § 984.202)



**Assist the PHA in
securing commitments
of public and private
resources**

**Assistance in developing
the Action Plan**

**Assistance implementing
the program**



PCC REQUIRED MEMBERSHIP

May use the same PCC for Public Housing and HCV



- Representatives of the PHA including FSS Program Coordinator(s)
- One or more participants from each HUD rental assistance program served by the PHA's FSS program.

QUESTIONS?





RECRUITMENT

- ✓ **Marketing**
- ✓ **Informational Sessions**
- ✓ **Client Education**

OPPORTUNITIES TO MARKET

Providing Information at Initial Occupancy

- Briefings and orientations
- Marketing in new resident's welcome packet
- Speak about FSS at orientation meetings

Annual reexamination meetings and other individual meetings with residents

- Discuss benefits of the FSS program in terms of building escrow
- Residents who are receiving welfare assistance
- Full-time students are potential candidates
- Individuals on Unemployment

MARKETING STRATEGIES

Peer Representatives

Introducing potential FSS enrollees to current program participants or successful graduates

Current or graduated FSS participants can speak at group meetings, be listed as a resource on promotional materials, or be matched one-on-one with potential enrollees.

Some FSS programs have successfully employed FSS program graduates as FSS program coordinator staff.

practice training
knowledge skill learning ability
lesson **Mentor** education
inspiration development potential instruction

MARKETING STRATEGIES

Mass Communication

Printed Brochures,
Newsletters, Mass
Mailings, Post Cards



Social Media:
Facebook, Instagram,
Twitter



Stories of success using
newsletters or videos,
on PHA or owner
websites, or even
published in the local
press.



Email blasts & Text
Messages



INFORMATIONAL MATERIALS CONTENT



A description of the FSS program:

- Voluntary program, participants can complete their goals and graduate from the program sooner



The FSS Process:

- Participant assessments,
- Development of Individual Training and Services Plans,
- Pursuit of suitable employment



Benefits of the FSS program

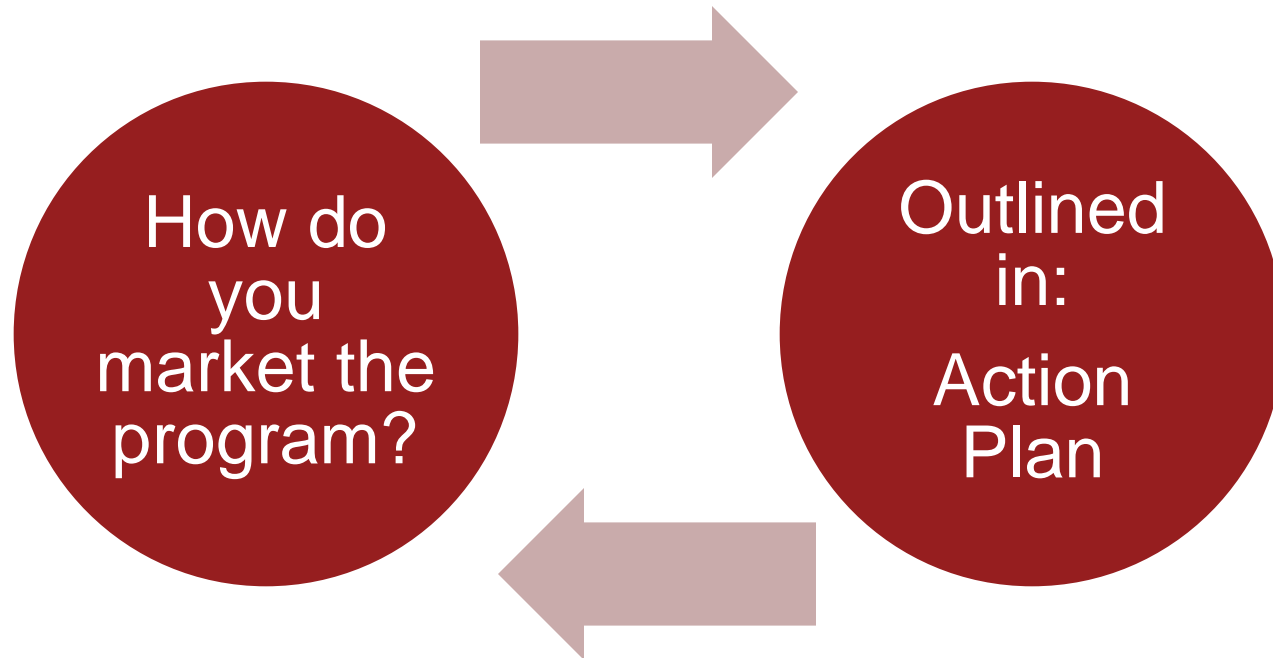
- Automatic savings through an escrow account.
- Sample escrow calculation highlighting growth in earnings leading to escrow.
- Support and guidance, Resource linkages, List of services and supports



Successful FSS program graduates

- Illustrate in an accessible story form the potential of the program.
- Remember! Get permission and include first names or initials or use a pseudonym.

MARKETING & RECRUITMENT



Share:
What are some of your most successful ways of recruiting?

TOOLS:

QR Codes

Scheduling Apps

Text messaging



OPTION: NAMING YOUR PROGRAM

GOALS,
Home Forward in Portland, Oregon

AYBL (Achieving Your Best Life), District of Columbia Housing
Authority

Assistance Plus Program, Arlington TX

PATHWorks (Personal Achievement Through Housing Works) at
Central Oregon Regional Housing Authority



CLIENT EDUCATION

Briefing

- Program Purpose
- Vision
- Roles & Responsibilities
- Invite to PCC
- ITSP/Contract
- Interim withdrawal policy
- Goals/Changing/Interim & Final Goals
- Graduation
- Escrow/Interim Withdrawals & Policy
- Documentation: Verifying goal completion & more



CLIENT EDUCATION

Escrow Education



What is escrow?

When is escrow earned?

How to qualify for the escrow funds

Myths and Misconceptions



Every dollar increase is escrow

Need to leave the program to qualify for escrow

How to graduate

CLIENT COMMUNICATION

Meet clients where they are comfortable, offer multiple methods to communicate, engage and receive information.

Newsletters/Email Blasts

Program Updates

Resources

Graduates

Articles

Job Leads

New Programs

Reminders

Motivational Articles



What are some of your strategies to engage clients?

PARTICIPANT ASSESSMENT



Screening

Tools

Barrier Identification

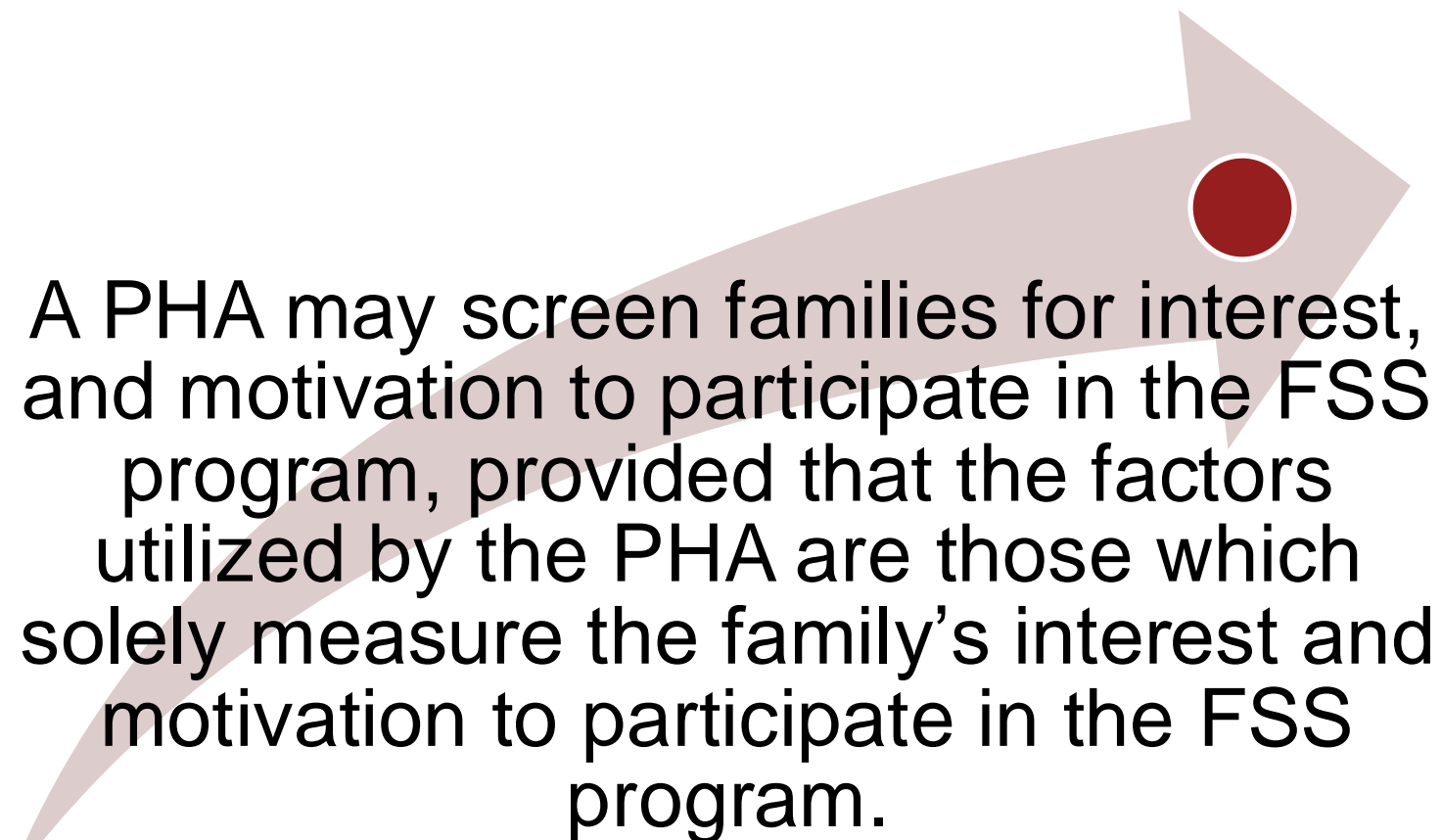
Monitoring, Resource Development

MOTIVATIONAL SCREENING



- a) Prohibited**
- b) Permissible**
- c) Not sure**

PARTICIPANT SCREENING



A PHA may screen families for interest, and motivation to participate in the FSS program, provided that the factors utilized by the PHA are those which solely measure the family's interest and motivation to participate in the FSS program.

PARTICIPANT SCREENING §984.203



Reasonable accommodations and modifications must be made for individuals with disabilities, including, e.g., mobility, manual, sensory, speech, mental, intellectual, or developmental disabilities, consistent with applicable Federal civil rights and nondiscrimination laws.

The PHA may screen for motivation

- Requiring attendance at FSS orientation sessions or interviews;
- Assigning tasks which indicate willingness to undertake FSS obligations
 - contacting job training
 - following up on referrals

PARTICIPANT SCREENING

Prohibited motivational screening factors.

educational level	educational or standardized motivational test results	previous job history or job performance	credit rating	marital status	number of children	other factors, such as sensory or manual skills
--------------------------	--	--	----------------------	-----------------------	---------------------------	--

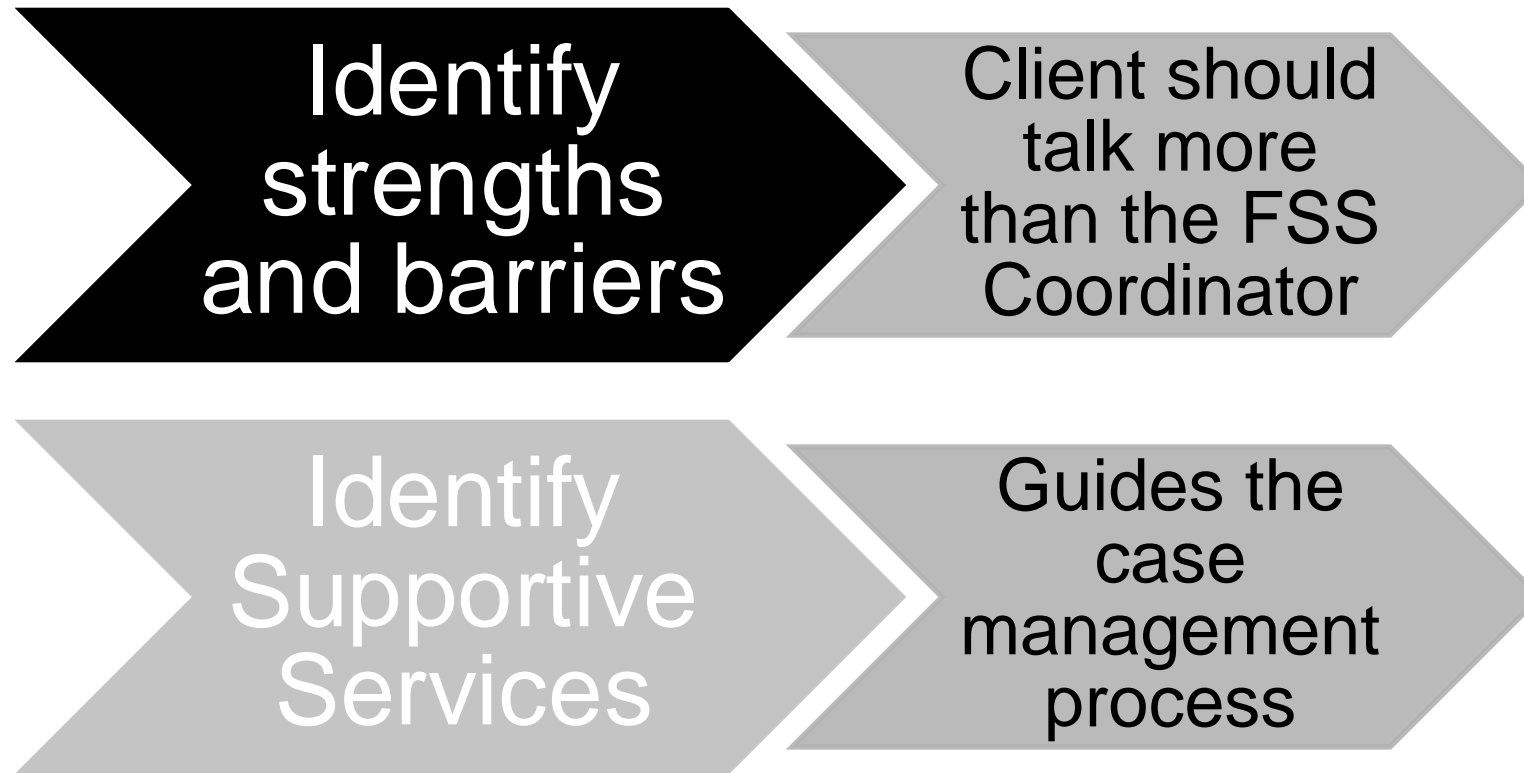
Any factors which may result in the exclusion, application of different eligibility requirements, or other discriminatory treatment or effect on the basis of:

Race, color, national original, sex (including actual or perceived gender identity and sexual orientation), religion, familial status, or disability

CLIENT ASSESSMENT



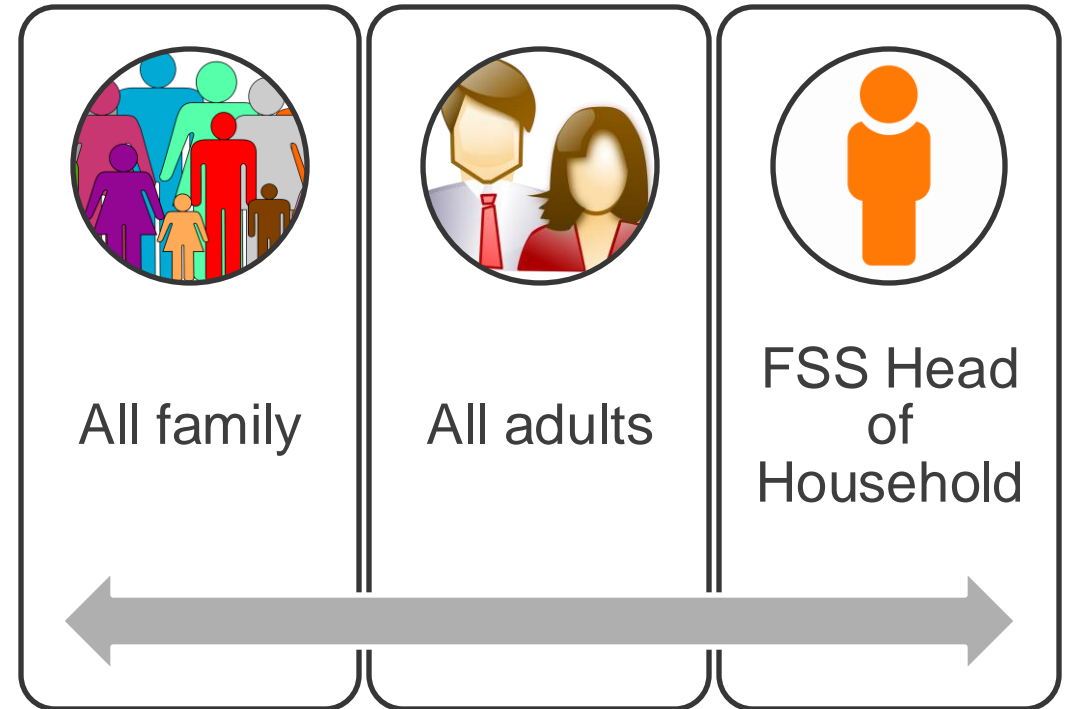
CLIENT ASSESSMENT



WHO SHOULD BE INCLUDED?

FSS Head of Household

- Any adult member of the FSS family may execute the FSS contract
- Does not need to be head of household for rental assistant purposes



ASSESSMENT

At minimum you should assess for the following:

Link: [50058 Family Report](#)

OMB Approval Number 2577-0083 (Expires 09/30/2026)

17. Supportive Services Programs (SSP)

17a. Participate in special programs? 17a.

17b. SSP report category: (check no more than one) Enrollment Progress Exit

17c. Effective date (mm/dd/yyyy) of SSP action

17d. PHA code of PHA administering FSS contract (FSS only)

17e. PHA code of PHA that is managing the rental assistance for this FSS participant (May be different from 17d) (FSS only)

17h. General information (HoH = FSS HoH for FSS participants)

(1) Current employment status of head of household. Check the box to indicate the head of household's employment status at the time addendum completed. 17h(1).

(2) Date (mm/dd/yyyy) current employment began

(3) Benefits in current employment: (check all that apply) 17h(3).

(4) Years of school completed by the head of household. Enter the highest grade of education or years of formal schooling the head of household completed at the time Addendum is submitted. (0-25)

(5) Assistance currently received by the family: (check all that apply) 17h(5).

(6) Number of children receiving childcare services

17i. Family services table

	(1) Need (Y or N)	(2) Need Met Through Participation in Program (Y or N)
Education/Training		
GED/high school		
Post secondary		
ESL		
Employment Supports		
Job search/job placement		
Job retention		
Vocational/job training		
Job Readiness		
Transportation		
Child care		
Personal Welfare		
Health services		
Alcohol and substance use prevention and treatment services		
Mental health		
Dental		
Health insurance		
Financial Empowerment		
Homeownership and Housing counseling		
Connected to Banking Services at a Mainstream Financial Institution (Checking or Savings)		
Financial Empowerment/coaching		
Digital Inclusion Activities		
Elderly/Persons with Disabilities		
Other		

17j. FSS Contract Information (FSS Only)

(1) Start date (mm/yyyy) of contract of participation (FSS enrollment report only) 17j(1).

(2) Initial end date (mm/yyyy) of contract of participation (to be entered on the first Progress report after the effective date of the CoP) 17j(2).

(3) Contract date extended to (mm/yyyy) (if applicable) 17j(3).

(4) Number of family members with Individual Training and Services Plan 17j(4).

17k. FSS escrow account information (FSS Only)

(1) Current FSS account monthly credit 17k(1).

(2) Current FSS escrow account balance 17k(2).

(3) FSS account amount disbursed to the family (cumulative as of end of reporting period) 17k(3).

17m. FSS exit information (FSS Exit Report only)

(1) Did family complete contract of participation? (Y or N) 17m(1).

(2) If (1) is Yes, did family move to homeownership? (Y or N) 17m(2).

(3) If (1) is No, primary reason for exit (choose one): 17m(3).

P: Public Release; E: Edit; B: Blank; O: Other

Form HUD-50058 (01/2024)

ASSESSMENTS: NEEDS

Needs
Assessment:
Written?
Verbal?

Are you using a
standard tool or did
you create one?
Pro's and Cons?

Does it ask the
“right” questions for
your population?

Have you tweaked
it since you started
using it?

Does it ask
duplicative
questions?

Have you tried
filling it out
yourself?

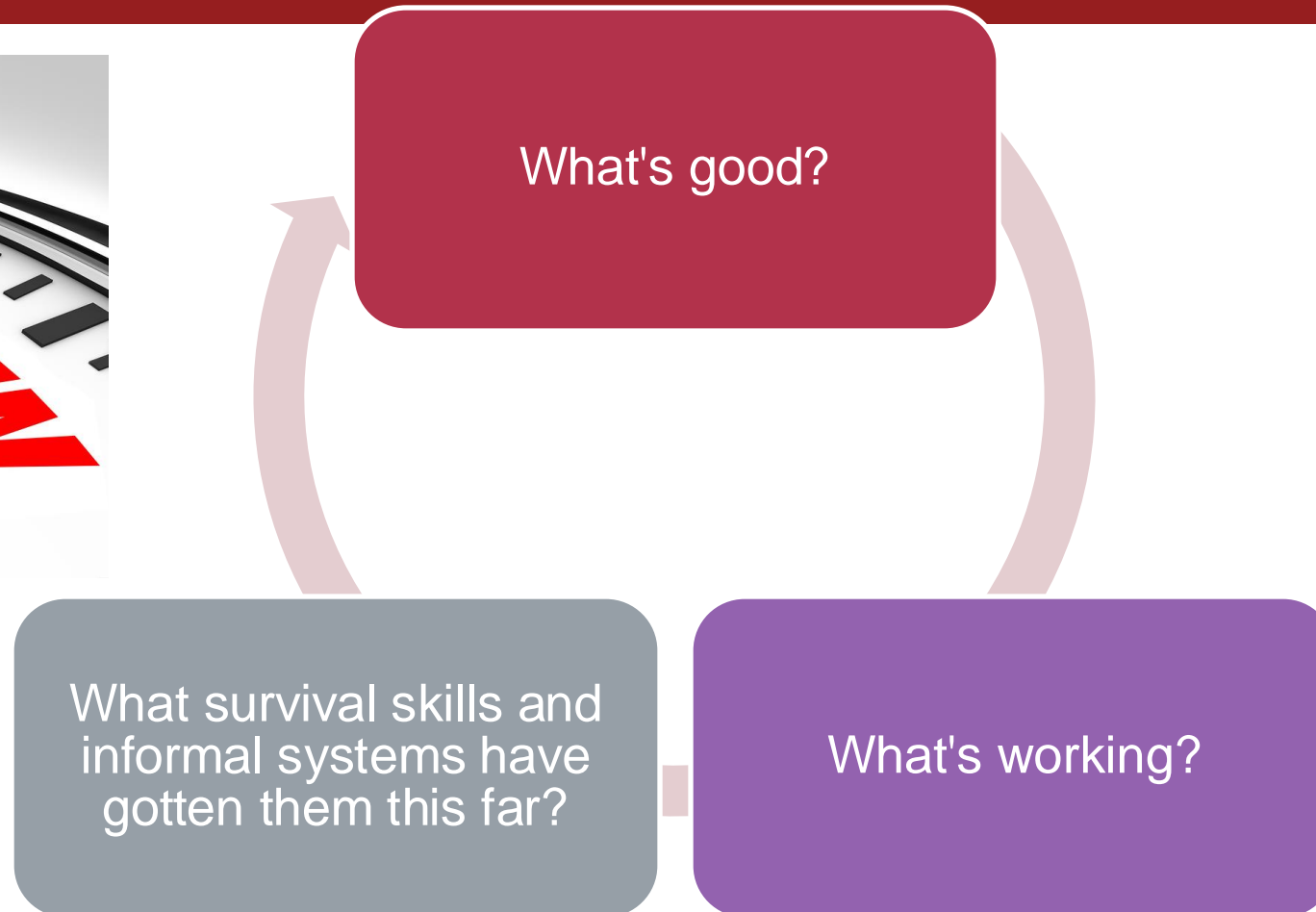
DISCUSSION

Building
successful
client
relationships

- What do you think you need to create this?



ASSESSMENTS: STRENGTH BASED



ASSESSMENT: IDENTIFYING STRENGTHS

**Your clients' strengths are like a force of nature.
Help them free up and focus the forces that are already there.**

Potential Client Strengths

- Employment
- Past experiences
- Personality Traits
- Skills
- Support Network

Can you think of others?



STRENGTHS BASED APPROACH LOCAL AREA COORDINATION (LAC)

LAC is a strengths-based approach to social work that focuses on relationship building and developing community networks

-The Local Area Coordination Network, 2019

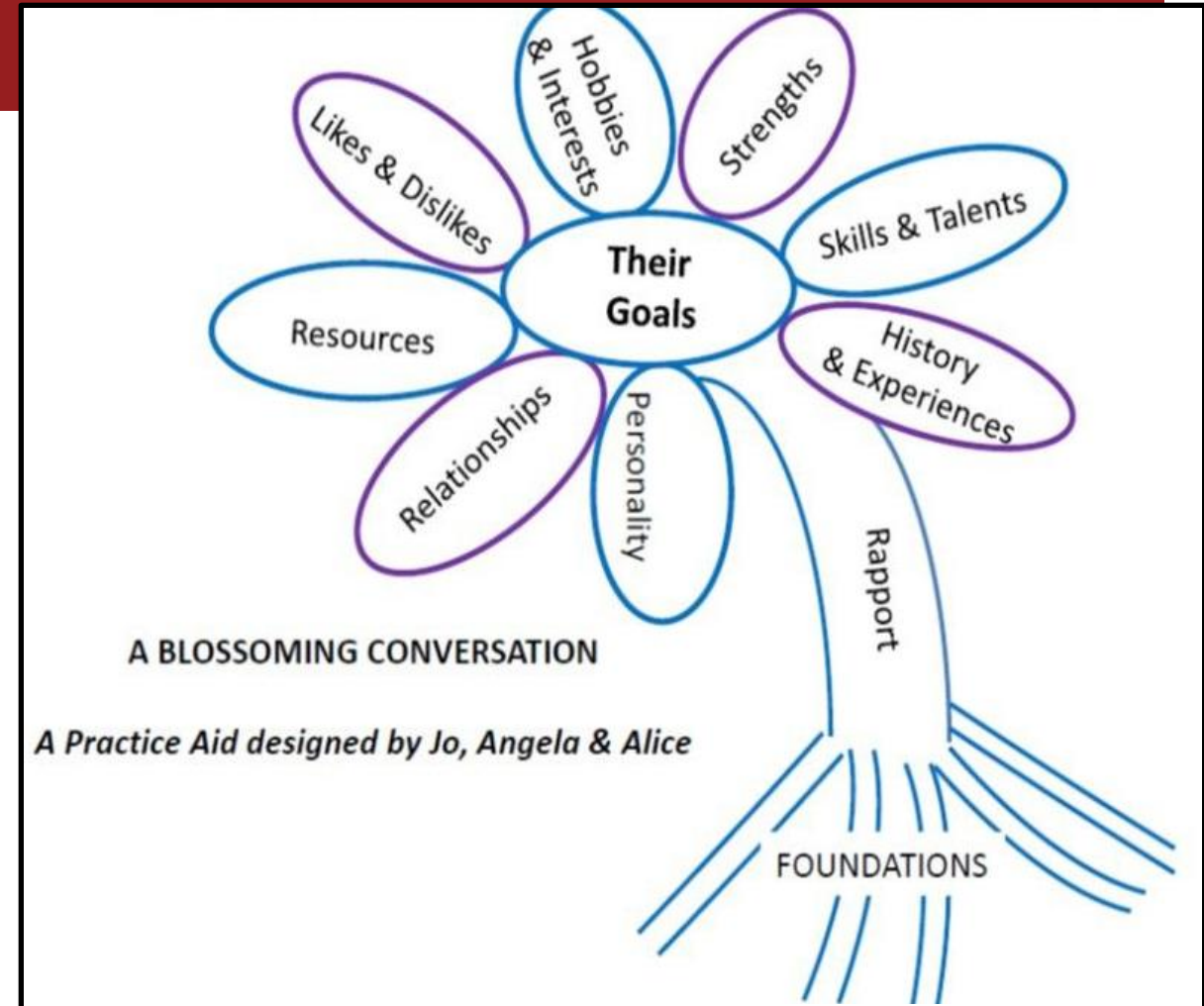
1. Citizenship for all
2. Relationships matter
3. People have natural authority
4. Lifelong learning for all
5. Information is power
6. People need choice and control
7. Community creates opportunity
8. Everyone can contribute
9. Working together is powerful
10. Services should complement people's goals

STRENGTH BASED APPROACH

First, explore people's needs and identify their sources of personal, family, and community support.

Second, assess risk and any crisis interventions that may be needed and establish provision.

Third, discuss long-term outcomes and planning based on a client's vision and how to mobilize the resources needed, including budgetary needs and drawing on personal and community strengths.



Source: [City of Wolverhampton Council](#) (2017, p. 17).

SELF-ASSESSMENT



Have you done a “strengths assessment” on yourself?



Mapping your own assets may increase your confidence as a counselor, and help you help your clients identify their strengths.



ASSESSMENT: BARRIER/STRENGTH IDENTIFICATION



ACTIVE LISTENING



“The practice of engaging closely with what a speaker is saying and indicating understanding, typically by asking relevant questions, using gestures, and summarizing.”

Dictionary.com

TOOLS: ACTIVE LISTENING

Verbal:

- Positive Reinforcement
- Remembering
- Reflection
- Clarification
- Summarization

Non-Verbal:

- Eye Contact
- Posture
- Mirroring
- Distraction

TOOLS: MOTIVATIONAL INTERVIEWING

Motivational interviewing (MI) is a collaborative conversation style for strengthening a person's own motivation and commitment to change.

Encourages you to help people by discovering their interest in making a change in their lives.

MOTIVATIONAL INTERVIEWING

Four pillars:

Engaging

- Building a relationship based on empathy and active listening

Focusing

- Establishing which behaviors the client would like to change and identifying obstacles and struggles blocking such change

Evoking

- Drawing out the client's motivation for change and their ideas about how they could make changes by drawing on their strengths, assets, and resources

Planning

- Collaborative action planning that provides a bridge to change

MI: AM I DOING THIS RIGHT?

Do I seek to understand this person?

Or am I spending time trying to convince them of my ideas?

Do I encourage this person to talk about his/her reason for not changing?

Or am I telling him/her to take action and push ahead for a solution?

Do I summarize for this person what I am hearing?

Or am I summarizing what I think?

CASE STUDY

Max is a burly, tattooed man. His visits consist complaining and excuses. He sporadically returns phone calls, when he appears at the office your heart sinks.

Max has 2 kids and he is very close to one son. This relationship motivated him to sign up for FSS. Unfortunately, he has been unable to make any progress on his goals and maintain employment.

After struggling with his case for months, you finally take the time to ask him about his life. He is surprised, as he has never been asked about his upbringing. He was abused as a child, left home at age 14, lived on the streets, and worked as a laborer before joining street gangs.

Adapted from Purkey, E., Patel, R., & Phillips, S. P. (2018, March). *Trauma-informed care: Better Care For Everyone*. Canadian family physician / Medecin de famille canadien. Retrieved November 15, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5851387/>

CASE STUDY

After this conversation, your rapport changes dramatically.

You start to talk about the potential link between childhood trauma and his current struggles.

He is open to this conversation and you talk about resources for him to address this trauma.

When he visits, you listen to him with care, and when you discuss the need for services, he is willing to participate and offers less complaints and excuses.

Now you both smile when you greet each other, and you are surprised to discover that you look forward to seeing him and hearing about his progress.

Adapted from Purkey, E., Patel, R., & Phillips, S. P. (2018, March). *Trauma-informed care: Better Care For Everyone*. Canadian family physician Medecin de famille canadien. Retrieved November 15, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5851387/>

MI: AM I DOING THIS RIGHT?

Do I listen more than I talk?

Or am I talking more than I listen?

Do I keep myself sensitive and open to this persons issues

Or am I talking about what I think the problem is?

Do I reassure this person that uncertainty to change is normal?

Or am I telling him/her to take action and push ahead for a solution?

HOW TO ADDRESS ISSUES WITH CLIENTS

Timing is everything

Be genuine and honest

Start with strengths

Normalize the challenge

Expect resistance

Provide options

Low pressure

Respect their autonomy

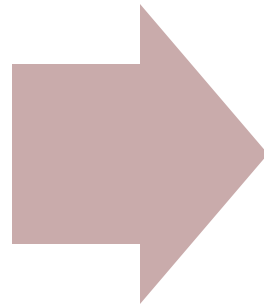
Reassure and uplift



Valuing the client's ideas can increase self-worth and encourage independence problem solving

EXPLORING THE MOTIVATION TO CHANGE

Stable housing
gives people a
foundation to
succeed.



The way you
respond to and
interact with
participants can
positively
influence their
future success.

EXPLORING THE MOTIVATION TO CHANGE

Do I explore the other persons thoughts and exchange ideas about what to do next?

- Or am I stuck in my own ideas?

Do I recognize small steps as progress and acknowledge that change is hard?

- Or am I expecting a big change or full resolution right away?

Do I think about this person's thoughts and feelings?

- Or am I just focusing on his/her behavior?

EXPLORING THE MOTIVATION TO CHANGE

Do I pause and notice my reaction to this person and situation?

- Or am I letting my emotions get the best of me?

Do I listen and genuinely try to understand the person?

- Or am I just waiting for a chance to restate my position?

**It's not just
about
behavior**

GOALS

- ✓ **Individual Training and Services Plan**
- ✓ **Interim Goals**
- ✓ **Final Goals**
- ✓ **Goal Setting**



HUD FSS COP

Individual Training and Services Plan (ITSP) is attached

- Lists services and activities
- Interim goals
- Final goals
- Pages 4-5 of HUD form 52650

**Family Self-Sufficiency Program
Individual Training and Services Plan** Attachment _____

Name of Participant _____ Social Security Number _____

Final Goal _____

Interim Goal Number _____

Date Accomplished _____

Activities/Services _____ Responsible Parties _____ Date/s _____

Comments _____

Signatures:

Family _____ (Participant)	Housing Agency _____ (Signature of HA Representative)
_____	_____
(Date Signed)	(Date Signed)

Previous editions are obsolete Page 1 of _____ form HUD-52650 (08/2017) ref. Handbook 7420.8

14

MANDATORY GOALS (OLD RULE)

1. Free of Welfare:

- Must establish as a final goal for each FSS participant that every member of the family become independent from welfare assistance **12 months before** the expiration of the term of the CoP, including any extension.

MANDATORY GOALS (NEW RULE)

1. Free of Welfare:

- Must establish as a final goal for each FSS participant that every member of the family become independent from welfare assistance before the expiration of the term of the CoP, including any extension.

COP WELFARE REQUIREMENT (NEW RULE)

Family must be independent from welfare at time of graduation of FSS

Does not need to be independent for a specified period of time beforehand

MANDATORY GOALS

2. Employment obligation

- Only the head of the FSS family shall be required under the CoP to seek and maintain suitable employment during the term of the contract and any extension.

MANDATORY GOALS: EMPLOYMENT

Minimum requirement

- All members of the FSS family may seek and maintain suitable employment during the term of the contract
- Only the head of FSS family shall be required under the CoP to seek and maintain suitable employment during the term of the contract and any extension.

Seek employment

- Means searching for jobs, applying for employment, attending job interviews, and otherwise following through on employment opportunities.

MANDATORY GOALS: EMPLOYMENT

Determination of suitable employment

- A determination of suitable employment shall be made by the PHA or owner, with the agreement of the affected participant, based on the skills, education, job training, and receipt of other benefits of the household member, and based on the available job opportunities within the jurisdiction served by the PHA or in the community where the PBRA property is located.

MANDATORY FINAL GOAL

Employment Goal: to seek and maintain suitable employment during the term of the contract and any extension.

- *24 CFR 984.303(b)(2)* indicates “Aside from the goals specifically required in this section, PHAs or owners must work with each participant to establish realistic and individualized goals and may not include additional mandatory goals or mandatory modifications of the two mandatory goals.”

INDIVIDUAL TRAINING AND ASSESSMENT PLAN (ITSP)-HUD FORM 52650

Exercise: Lets start filling in this ITSP.

Family Self-Sufficiency Program
Individual Training and Services Plan

Final Goal _____

Intention Goal Number _____

Date Accomplished _____

Activities/Services	Responsible Parties	Date/s

Comments _____

Signatures:

Family	Housing Agency
(Participant) _____	(Signature of PHA/Owner Representative) _____
(Date Signed) _____	(Date Signed Title) _____

Previous editions are obsolete. Page 4 of 5

Family Self-Sufficiency Program
Individual Training and Services Plan

Final Goal _____

Intention Goal Number _____

Date Accomplished _____

Activities/Services	Responsible Parties	Date/s

Comments _____

Signatures:

Family	Housing Agency
(Participant) _____	(Signature of PHA/Owner Representative) _____
(Date Signed) _____	(Date Signed Title) _____

Previous editions are obsolete. Page 5 of 5

Final Goals:

- All family members be independent from welfare assistance before the expiration of the term of the CoP, including extensions
- FSS HOH: Seek and maintain suitable employment during the term of the contract, and any extensions.
- All family members with ITSPs must successfully complete their agreed upon goals.

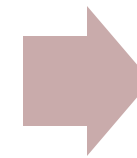
GOAL SETTING



Goal setting involves the development of an action plan designed to motivate and guide a person or group toward a goal.^[1]



Goals are more deliberate than desires and momentary intentions.



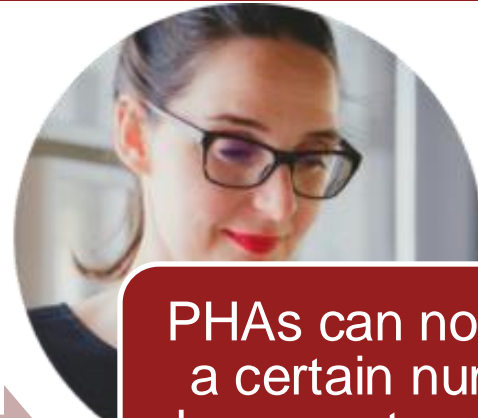
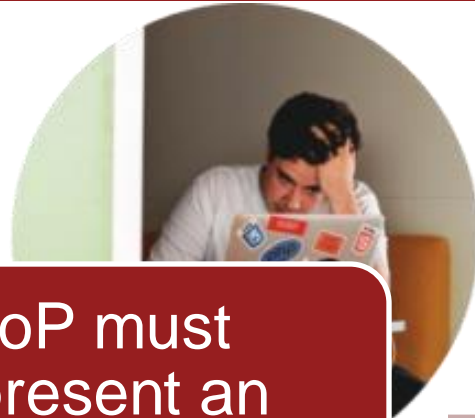
Setting goals means that a person has committed thought, emotion, and behavior towards attaining the goal.

Grant, Anthony M. (September 2012). "An integrated model of goal-focused coaching: an evidence-based framework for teaching and practice" (PDF). *International Coaching Psychology Review*. 7 (2): 146–165 (149).

INTERIM GOALS

Must be specified along with the activities and services needed to achieve them.

GOAL SETTING



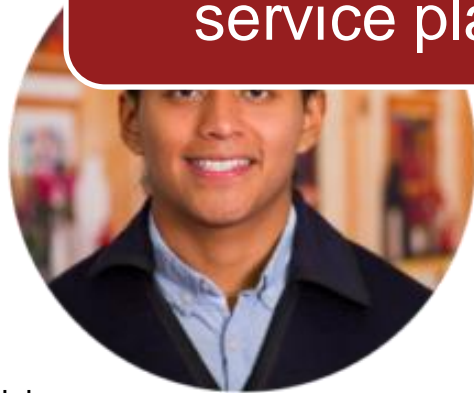
Should not add additional required activities that must be completed by every participant



CoP must represent an individualized training and service plan



PHAs can not require a certain number of hours, rate of pay, or other mandatory requirements that apply across the board



CASE MANAGEMENT ESSENTIALS

Holistic Case Management

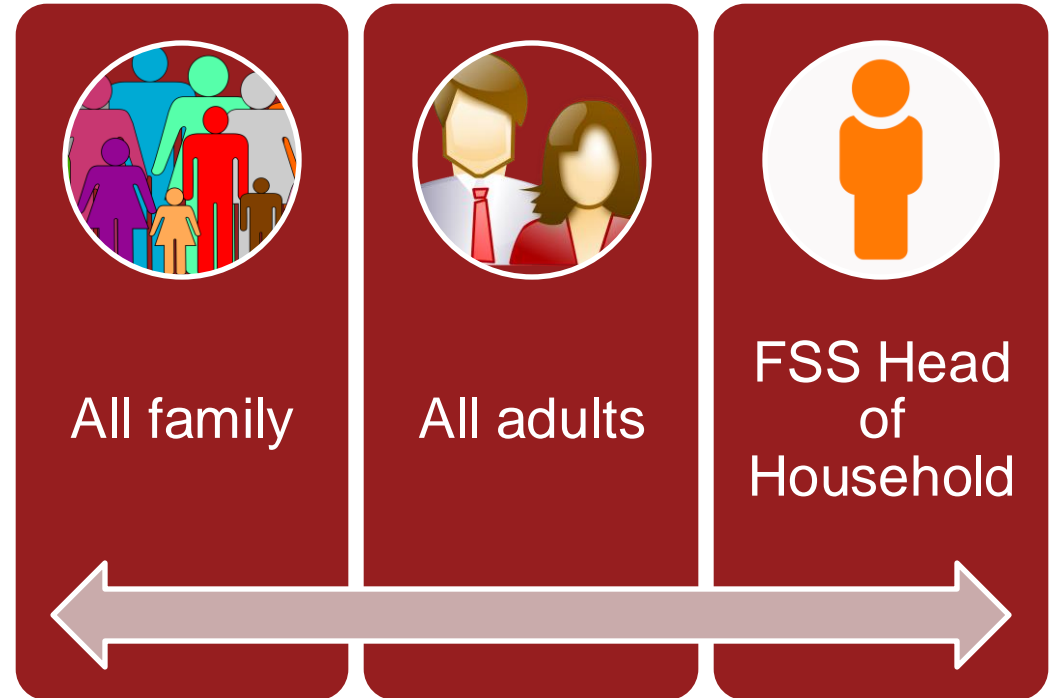
- Financial
- Health
- Employment
- Education
- Training



WHO SHOULD BE INCLUDED?

FSS Head of Household

- Any adult member of the FSS family may execute the FSS contract
- Does not need to be head of household for rental assistant purposes



INDIVIDUAL V. FAMILY GOALS

Goals should always have a desired outcome.

Each goal should be measurable and observable.

In Family Self Sufficiency we work with the individual - but to create generational change working with the family is a must.



CHAT

Let's talk about how you as a caseworker can incorporate individual goals and family goals to make a more holistic approach!

HOLISTIC GOAL SETTING



SMART GOALS



Specific – target a specific area for improvement.

Measurable – quantify or at least suggest an indicator of progress.

Achievable – Attainable and not impossible to achieve.

Relevant/Realistic – state what results can realistically be achieved, given available resources.

Time-related – specify when the result(s) can be achieved.

GROW MODEL



G	Goal	The Goal is the end point, where the client wants to be. The goal has to be defined in such a way that it is very clear to the client when they have achieved it.
R	Reality	The current Reality is where the client is now. What are the issues, the challenges, how far are they away from their goal?
O	Obstacles	There will be Obstacles stopping the client getting from where they are now to where they want to go. If there were no Obstacles the client would already have reached their goal.
	Options	Once Obstacles have been identified, the client needs to find ways of dealing with them if they are to make progress. These are the Options.
W	Way Forward	The Options then need to be converted into action steps which will take the client to their goal. These are the Way Forward. The "W" of GROW can also include When and by Whom and the Will (or intention or commitment) to do it. ^[1]

BACKWARD GOAL SETTING/PLANNING


Reverse Engineering

Requires planning through intermediate steps and determining benchmarks to reach a final goal.

Some version of this planning is critical in determining achievable interim goals and appropriate final goals.

BARRIER IDENTIFICATION

barrier

[ˈberēər] 

NOUN

barriers (plural noun)



- a circumstance or obstacle that keeps people or things apart or prevents communication or progress.

"a language barrier" · [\[more\]](#)

synonyms: obstacle · obstruction · hurdle · stumbling block · bar · block · impediment · hindrance · snag · catch · drawback · hitch · handicap · deterrent · [\[more\]](#)

BARRIER IDENTIFICATION

Potential Client Barriers

- Employment
- Education
- Support
- Mental Health
- Addiction
- Child Care

Can you think of others?



GOALS

Common Goals

- Complete a specific job skills training or obtaining a license/certificate
- Obtain a GED or high school equivalency credential
- Obtain an associate degree or bachelor's degree
- Complete homeownership preparedness training
- Develop a budget
- Obtain a promotion/wage increase
- Complete a financial education course

SAMPLE ITSP GOALS- EXERCISE I



What's Missing?

What can we add to these goals to make them Holistic and more specific?

GOAL: Graduate From Community College with an Associate Degree	
Activities/Services	Timeline/Target Date
Contact the college's financial aid office for assistance in applying for financial aid	Six months from enrollment
Enroll in classes each term and provide class schedule	One year from enrollment
Continue enrollment at least 1/2 time (6 credit hours on a 12-credit system)	Each semester while enrolled
Maintain at least a 2.0 average in all classes and submit grades to FSS coordinator at the end of each semester	Each semester while enrolled

SAMPLE ITSP GOALS- EXERCISE I

15

Exercise:
Lets finish
filling in this
ITSP

Family Self-Sufficiency Program
Individual Training and Services Plan Attachment _____

Name of Participant _____

Final Goal

Interim Goal Number _____

Date Accomplished _____

Activities/Services	Responsible Parties	Date/s

Comments

Signatures:

Family	Housing Agency
_____ (Participant)	_____ (Signature of PHA/Owner Representative)
_____ (Date Signed)	_____ (Date Signed Title)

Previous editions are obsolete Page 4 of 5 HUD

Family Self-Sufficiency Program
Individual Training and Services Plan Attachment _____

Name of Participant _____

Final Goal

Interim Goal Number _____

Date Accomplished _____

Activities/Services	Responsible Parties	Date/s

Comments

Previous editions are obsolete Page 5 of 5 HUD

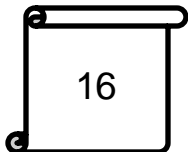
SAMPLE ITSP GOALS: EXERCISE 2



What's Missing?

What can we add to these goals to make them Holistic and more specific?

GOAL: Complete Homeownership Preparation Activities	
Activities/Services	Timeline/Target Date
Obtain a credit report	Two months from enrollment
Pay off current debts. No late payments.	Ongoing
Complete homeownership counseling class	By end of year 2
Obtain mortgage pre-qualification	By end of year 4



MOTIVATIONAL INTERVIEWING

Motivational interviewing (MI) is a collaborative conversation style for strengthening a person's own motivation and commitment to change.

The overall style of MI is one of guiding, which lies between and incorporates elements of directing and following styles.

MOTIVATIONAL INTERVIEWING

Ambivalence,
Uncertainty,
Unsureness, Doubt,
Indecision

- is a normal part of preparing for change and a place where a person can remain stuck for some time.

Using a directing style and arguing for change with a person who is unsure--it naturally brings out the person's opposite arguments.



People are more likely to be persuaded by what they hear themselves say.

MOTIVATIONAL INTERVIEWING - VIDEO



■ [Link](#)

CASE MANAGER--ONGOING LEARNING

- ❑ Books
- ❑ Talks/Podcasts
- ❑ Classes/Training Opportunities
- ❑ Program Coordinating Committee



EFFECTIVE CASE MANAGEMENT



- ✓ Communication
- ✓ Building Successful Client Relationships
- ✓ Overcoming Challenges and Building Resilience
- ✓ Providing Crisis Intervention, Transition Support

CASE STUDY/APPLICATION

Ms. Anne is a 55-year-old female who lives alone on one of your properties.

After working with Ms. Anne for the past three years, you have noticed that in recent months she has been

- isolating herself more often,
- missing important appointments,
- and has stopped taking part in activities that she used to enjoy, such as speaking over the phone with friends and going for walks.

You have an appointment to complete housing paperwork, so you show up to her apartment and notice Ms. Anne has lost a lot of weight. She then says that she has only been sleeping for about three hours per night.

How would you best bring up mental health services with Ms. Anne?

DISCUSSION - ADDITIONAL CONCERNS

Stigma

Not wanting to come off as accusing

Don't want to damage the relationship

Personal bias

WHAT IS STIGMA?



Stigma is when there is a negative attitude shown or an act of discrimination done to a person because of one of the person's characteristics.



“A mark of shame or discredit associated with a particular circumstance, quality, or person.”

OVERCOMING CHALLENGES/BUILDING RESILIENCY

“ The strength perspective, also known as the resiliency perspective,

focuses on understanding the personal and social processes that help individuals maintain a positive level of functioning (i.e, productivity and healthy lives) despite the environmental challenges they face.

The strength perspective is based on the belief that human beings have the inherent capacity to grow and change, even under adverse conditions”

Kulis, Marsiglia, 2016

PROVIDING CRISIS INTERVENTION, TRANSITION SUPPORT:



How do you help clients transition from being in a program with case management for 5-7 years to being independent?



- Teaching Clients to Pivot
- Case Management Approach - Trauma Informed Care

ESSENTIAL CASE MANAGEMENT

Communication

- Two way open communication, give clients multiple ways to connect
- Use different strategies to connect with clients
- Note their preferences—email, text, letter, face to face

Cultural Diversity/Competency

- Understand and interact effectively with people from different cultures, backgrounds and experiences
- Respect each other's differences
- Identify and respond to any cultural barriers
- Recognizing your own cultural beliefs, values and biases

ESSENTIAL CASE MANAGEMENT

Critical Thinking

- In case management can help us Organize and analyze information
- Determine what information is relevant
- Better understand the narrative of the person we support
- Gain a better understanding of how change can happen
- Be more mindful of the complexity of people's lives.
- Find meaning in interactions, being more mindful of one's own bias in thinking
- Be more open to potential errors in thinking
- Look for structural causes that challenge the status quo and challenge inequality

TEACHING CLIENTS TO PIVOT

To move in a different direction when something doesn't work out and still move forward.



Discussion:

What are the critical skills needed to successfully pivot?

How can we help our families develop these skills?

CASE MANAGEMENT APPROACH - TRAUMA INFORMED CARE

Understanding the presence and effect of past trauma on current behavior, circumstances and situations.

Effect may present itself during assessment or during case management experience.



TRAUMA INFORMED CARE

Shifting the focus from *“What’s wrong with you?”* to
“What happened to you?”

Trauma-
informed
care
seeks
to:

Realize the widespread impact of trauma and understand paths for recovery;

Recognize the signs and symptoms of trauma in patients, families, and staff;

Integrate knowledge about trauma into policies, procedures, and practices; and,

Actively avoid re-traumatization.

TRAUMA INFORMED CARE - SAFETY



When interacting with your agency do your clients feel physically and psychologically safe?

TRAUMA INFORMED CARE



Decisions are made with transparency, and with the goal of building and maintaining trust.

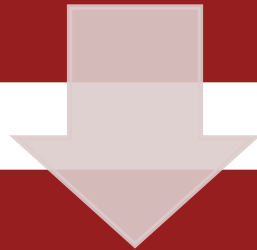
TRAUMA INFORMED CARE - PEER SUPPORT



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

TRAUMA INFORMED CARE - COLLABORATION

Power differences
are leveled to
support shared
decision-making



Allowing open
collaboration
between staff and
clients and among
organizational staff.



TRAUMA INFORMED CARE - EMPOWERMENT

Client and staff strengths
are:

recognized

built on

validated



Belief in resilience and the
ability to heal from trauma.

TRAUMA INFORMED CARE – RETRAUMATIZATION

System

- Policies, procedures, “the way things are done”



- Having to continually retell their story
- Being treated as a number
- Being seen as their label (ie. Homeless, disabled)
- No choice in service
- No opportunity to give feedback about their experience with the service delivery

TRAUMA INFORMED CARE-RETRAUMATIZATION

Relationship

- Power, control, subversiveness



- Not being seen/heard
- Violating trust
- Failure to ensure emotional safety
- Non-collaborative
- Does things for rather than with
- Use of punitive treatment, coercive practices and oppressive language

ACES

- Adverse childhood experiences (ACEs) refer to the abuse, neglect, and traumatic experiences in childhood that directly affect long-term adolescent and adult health.



unus-
observation
experience. no
practical cor
knowledge
ing and

MENTAL HEALTH V. MENTAL ILLNESS

Mental health

- reflects our emotional, psychological, and social well-being, which in turn affects how we think, feel, and act.
- Mental health has a strong impact on the way we interact with others, handle problems, and make decisions.

Mental illness

- refers to conditions that affect a person's thinking, feeling, mood, or behavior.
- These can include (but aren't limited to): depression, anxiety, bipolar disorder, and schizophrenia.

CHAT

How do you take care of yourself while you are busy taking care of others?





WHAT YOU DO NEXT IS CRITICAL

THANK YOU!

Questions? Contact us at
professionaldevelopment@nahro.org

For more professional development opportunities, please
visit www.nahro.org/professionaldevelopment