



Assertive Engagement: Tapping into the therapeutic alliance

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Housekeeping

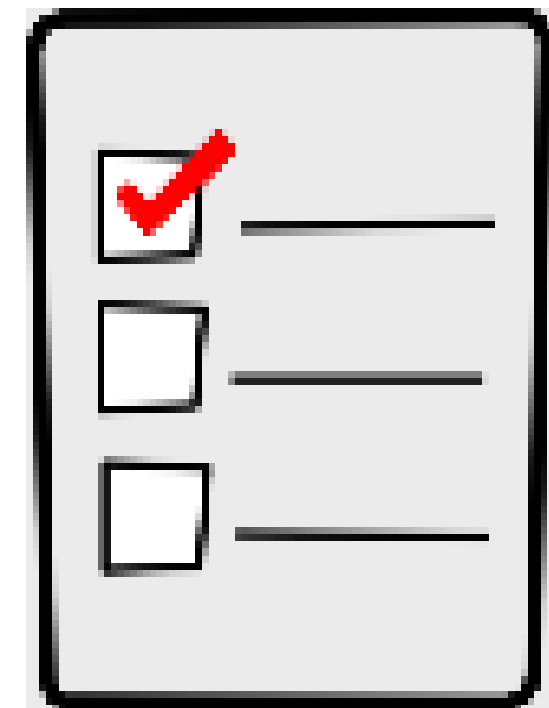
- We invite you to be present with us!
- Questions and comments welcome throughout
 - Please use the Q&A function for questions
 - Chat can be utilized for comments/discussion
- If you are seeking CEUs...
 - Stay for the duration of the training
 - Participate in discussion
 - Turn your camera on for the duration of the training
- Course evaluation is required to receive a certificate
- We will take a short break during the training
- Materials will be emailed following the training

Accommodations

- We asked for accommodation requests on the Zoom registration form and we have attempted to meet those requests!
- Closed captioning is available
- We can read aloud questions and comments from the chat
- We have attempted to provide high contrast text and backgrounds
- Please send a private chat to request any other accommodations

Today's Agenda

- The processes and specific barriers to engagement for individuals
- Historical & structural context of Assertive Engagement
- Defining Assertive Engagement
- Defining successful engagement
- The tools and processes of engagement
- Q&A



Learning Objectives

- Define the purpose and goals of engagement
- Articulate the importance of centering client needs
- Name three common barriers to care and three creative solutions to overcome those barriers



BARRIERS TO ENGAGEMENT

Why are people hard to engage?

What circumstances or characteristics have led to the most difficulty engaging individuals in your work?

- Personal experiences, preferences, and values
 - Psychological defenses
 - Symptoms
 - Active substance use

Processes of Disengagement

- Desire to be an independent and able person
- Lack of active participation and poor therapeutic relationships
- Loss of control due to medication and its effects
- Prior experiences in care settings
- Breached trust & disappointments
- Staff exercising boundaries & authority

“Carla”

- She resisted engagement for a long time and made physical threats at one point.
- She has a long history of homelessness and experiencing interpersonal violence.
- She becomes easily overwhelmed by paperwork, and the team worked on slowly building trust.
- She has been housed with Pathways long term and is thriving.



THE BACKSTORY

History

- This term came out of the move toward community treatment
- Arose with the development of Assertive Community Treatment
 - Multi-disciplinary teams
 - High worker to patient ratio (e.g. 10:1)
 - Home visits as central tool

Assertive Community Treatment

- Serves individuals with severe mental health & substance use needs
- Interdisciplinary team with shared caseload
- Low staff-to-participant ratio (1:10)
- Teams meet on a daily basis (1 hour)
- Intensive and frequent client contact
- 24/7 support in community
- No pre-determined time limit

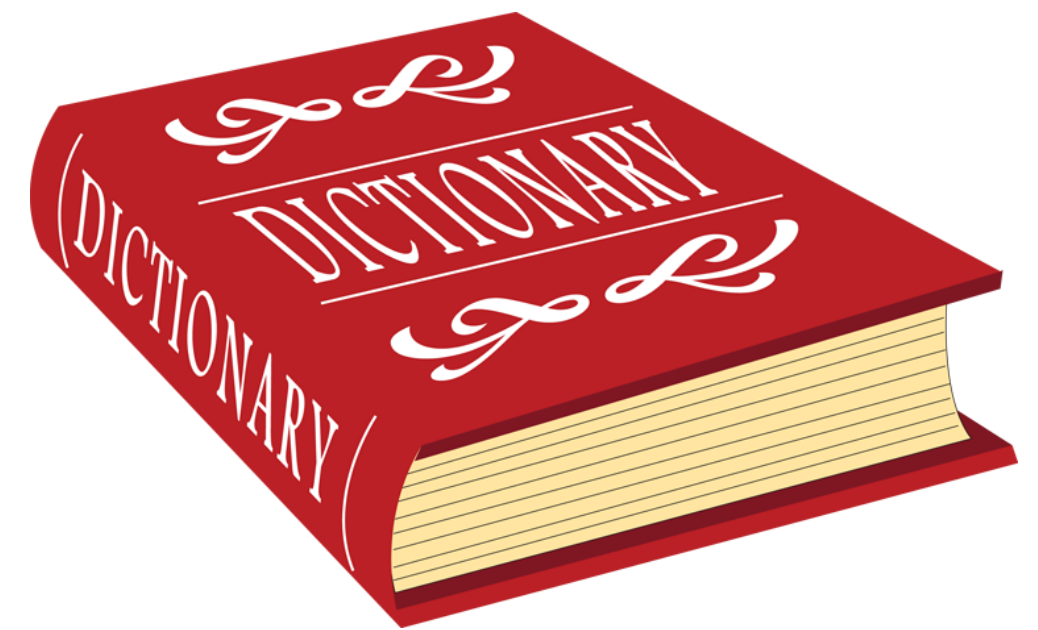
Advantages of the team approach



WHAT IS IT?

Defining Assertive Engagement

- Making environments and circumstances more conducive to change
 - Interpersonal skills + creativity
- Increasing high-quality, valuable contact
- Non-coercive!
- Support autonomy
- A dynamic throughout treatment, not just at the beginning



When is it most useful?

- People need to change something
- Professional support can be part of change
- Some circumstances and environments are more conducive to change than others
- Environmental conditions for people receiving Housing First services are not conducive to change!

The Three Sets

Mind Set

Strength-based practices

Approaching people as inherently capable

Identifying cultural strengths

Skill Set

Motivational Interviewing

Culturally responsive and specific tools

Heart Set

Understanding the impacts of trauma

Addressing our own biases and judgements

Unconditional positive regard

Tactics in Assertive Engagement

- Performing direct outreach to each person where they are geographically.
- Being useful to the patient (from their perspective).
- Becoming a consistent presence.
- Engaging patients in making informed choices about their lives.
- Discussing lack of choices in situations where warranted.
- Avoiding controversial topics at initial engagement.
- Allowing the patient to set limits and exercise control in the interaction.
- Communicating your role clearly.
- Responding to the patient's medical issues as a vehicle for engagement..

Approach in Assertive Engagement

- Building relationships through empathy.
- Identifying the patient's strengths and goals.
- Exploring what gives each person meaning and a guiding purpose.
- Honoring their choices.
- Demonstrating flexibility—if a person does not want to talk and wants to leave, remain polite, say goodbye, and ask if you may meet again.
- Engaging in a non-threatening manner.
- Striking a balance between communicating an interest in or concern about the person without engendering fear or distrust.

DEFINING SUCCESS

The Therapeutic Alliance

The quality of the interpersonal relationship between the client and therapist

- Trust
- Respect
- Genuine affection
- Collaborative, purposeful work

- Lowering Thresholds
- Neutral stance toward substance use
- Exploratory Approach
- Collaboration

*Key
Components*



Therapeutic success

Effective environments and circumstances

- When the will to change is present
- Safe environments
- Basic needs should be met
- There should be sufficient time
- There should be sufficient evidence that positive change can occur

Adjustments

- Help tweak motivation
- Create or find safe spaces (emotional and physical vulnerability)
- Helping meet basic needs
- Make limited time more valuable
 - Understand patterns of behavior to know where and when a client is going to be
- The impact of external stressors must be limited

Participant experiences & the processes of engagement



- Engagement is a process of gradual acceptance
- Trusting relationship and receiving benefits have the greatest impact
 - The partnership model
- Enduring involvement – staff showing up multiple times a week even if previously rejected
 - Time and commitment
- Sometimes social work can feel like policing (of participants' time, behavior, values, etc.)
 - No focus on medication

**“CAN WE TAKE A WALK
TOGETHER?”**

Trauma-Informed Care (TIC)

- Practices that promote a culture of safety, empowerment, and healing for individuals who have experienced trauma
- Realizes the widespread impact of trauma and understands potential paths for recovery
- Recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system
- Responds by fully integrating knowledge about trauma into policies, procedures and practices
- Actively resists re-traumatization



Motivational Interviewing (MI)



- Who's motivation is it anyway?
- Motivation is informed by willingness, readiness, and ability
 - Just because someone wants to change, doesn't mean that they're ready to, can, or will follow through
- Change is a process not an event
- When a behavior comes into conflict with a deeply held **value**, it is usually the behavior that changes

Meet where
the individual
feels most
comfortable

Clients will
prioritize their
own goals, not
the provider's
goals

Housing First
is a
community
mental health
program

Centering Client Needs

Clients know
what their
needs are and
have clear
preferences

Remain
flexible



Strength-based

- People have what is needed within
- Actively supporting and encouraging a person's autonomy
- Looking for assets and opportunities
- Helping people appreciate and use what they already have



First Impressions Count!



- Communicate your role clearly
- Convey true caring concern and compassion from the very first interaction
- Follow the client's lead
- Promote belief in the recovery of the individual in all interactions
- Remain consistent in a message of hope & possibility
- Display patience, reassurance, and acceptance

Making it count

- Real is better than perfect
- Identify ambivalence
- Ask, Offer, Ask
- Build 3 minutes of connection
- Act like you have all day
- Nurture hope



Non-judgement

- Reflect on your own state of mind.
- Adopt an attitude of acceptance, genuineness and empathy.
- Use verbal skills to show that you're listening.
- Maintain positive body language.
- Recognize cultural differences.

“Daria”

- Engaged by Pathways for 2 years
- Insisted on living in Center City
- Often stayed with her mom in West Philly
- We found a unit near her mom and near the MFL (easy access to Center City), convinced her to view it, but she wouldn't make a decision
- “I don't know...” vs “Let's just give a try”



Persistence!

Initiating Services



- Be **clear**
- Explain all services so there are no surprises
- Offer as many choices as possible
- Explain staffing structure, communication, grievance process, etc.
- Prioritize rapport-building over rigidly following program rules

Building Trust

- Forming trusting and respectful relationships with participants takes practice
- Start with the assumption that participants can find their own path
- Remove obstacles wherever possible
- Let participants set the pace
- Be consistent
- Be honest
- Pay attention



Accurate empathy

- An ability to understand and *feel with* what others are experiencing.
- Humans all have this, but it exists on a curve!
- A method for voicing and testing your guesses about what is being conveyed

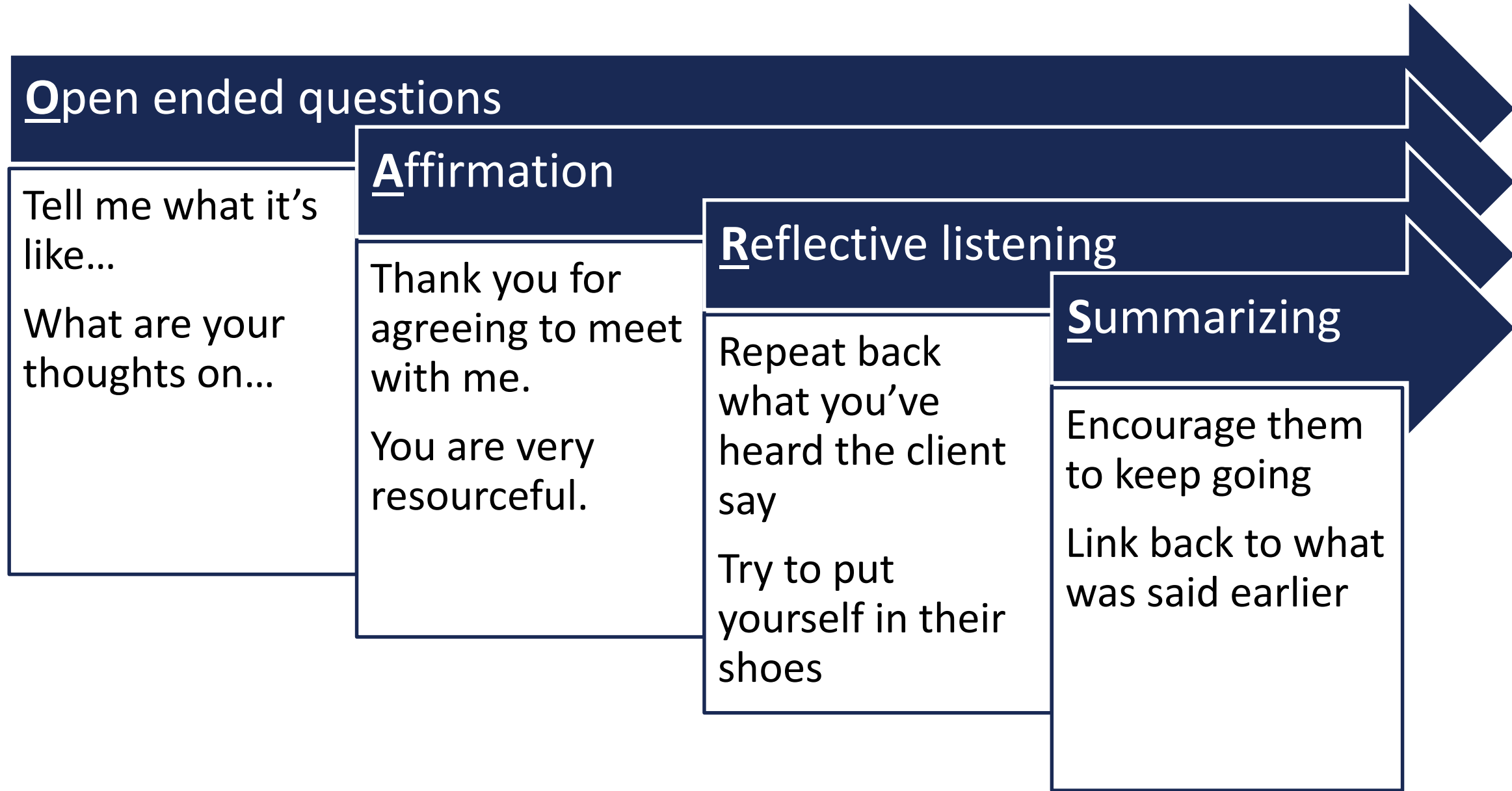


Listening well

- An attitude of curiosity
- Active interest in understanding the participant's experience *from their point of view*
- Complete and undistracted attention
- Nonverbal communication
- Mirroring



O.A.R.S.



The Power of Small Talk!

- It's easy to get into the routine of goal-focused tasks but the relationship suffers as a result
- Ask questions about their hobbies, daily plans, favorite TV shows, music, food, holiday, etc.
- Share commonalities as appropriate
- **Get to know the person**



“Alex”

- Alex is considered an “easy” participant.
- He is currently struggling with health issues and drinking.
- He engages with light banter, joking, and self-deprecating comments.
- The team is staying alert for opportunities to go deeper.
- We continue to follow his lead.



Be Creative!

Does the person love hot chocolate?

Take them out for a treat.

Do they like to walk or play basketball?

Incorporate physical activities into their visits.

Are they wanting to date?

Make an appointment to go with them to the barbershop/hairdresser or go clothes shopping.

Do they want a job?

Go to a job fair together or work on a resume.

Do they like to read and watch videos?

Take them to their local library.

Do they like art?

Bring art materials to your next visit.

CASES

“Ricardo”

- Street homeless since the 80s, consistently refused all shelter and housing
- Pathways engaged him consistently for close to 5 years, took a year before he accepted coffee
- Invited him to holiday party (fully expecting him to decline) and he attended
- Team capitalized on that moment to also invite him to see a nearby apartment



“Jeremy”

- Has been engaged by Pathways for over seven years
- Has a tent near the Schuylkill River, very resourceful
- Will not accept an apartment because of “the gasses” that he believes the government pumps through vents
- For years, would speak only minimally with the team
- One day, suddenly asked us to help him make an eye doctor appointment
- Now, lets us take him shopping, to the laundromat, and to regular medical appointments

“Jacob”

- We struggled to find him and often lost touch.
- He was skeptical that he would receive housing despite what we told him, and he felt undeserving of his own housing.
- Need for team to initiate.
- There was a delay in the housing process that impacted engagement.
- He moved in to an apartment in March 2022.



“Steve”

- Going into 3rd winter of engagement
- Isolated, no apparent supports, longtime street homeless
- First year of engagements, he would tell staff to go to hell, throw food/water in trash
- 1 year in: Started to accept food, stopped cursing sometimes
- 2 years in: “Hello, how are you?” – Major shift in rapport



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