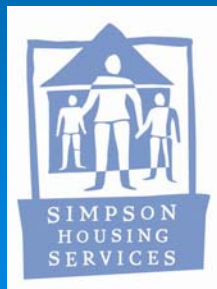



# The Journey Towards Harm Reduction in Family Supportive Housing

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Visible Child Conference  
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# AGENDA

- Introductions
  - Key Concepts
    - Harm Reduction, Housing First, Stages of Change, Motivational Interviewing
  - History
  - Lessons We Are Learning
  - Questions
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# Definitions of Harm Reduction

Harm Reduction is a model for policy and law, service delivery and behavior change. Where risk and harm cannot be completely eliminated (or such is not desired), it seeks to reduce risk and harm, in a dignified and non-judgmental manner. It is a process model, rather than an outcome model. The service provider follows a philosophy of unconditional love and respect for service consumers, and offers a full range of choices for intervention which seek to increase consumer' health, happiness and contentment with their lives as defined by consumers. Harm reduction believes that only consumers can come up with solutions to consumers' problems. Providers are consultants or facilitators in this consumer-driven model.

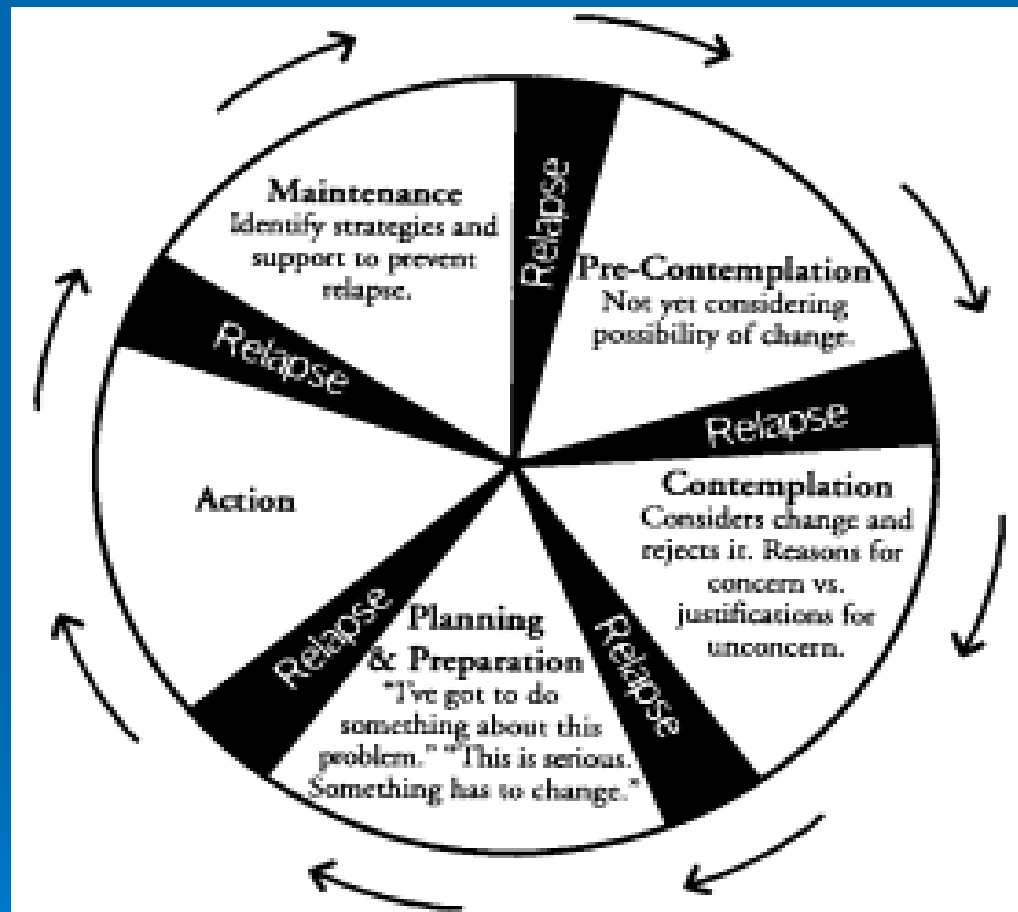
Edith Springer, 2001 CSH training

# Definitions of Harm Reduction

Harm reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself.

Harm Reduction Coalition  
([www.harmreduction.org](http://www.harmreduction.org))

# Stages of Change



Source: [http://www.phac-aspc.gc.ca/slm-maa/terry/i16\\_e.html](http://www.phac-aspc.gc.ca/slm-maa/terry/i16_e.html)

# Stages of Change

## Precontemplation:

There is no desire to change at all. People stay in this stage as long as they need to-sometimes forever.

## Contemplation:

People become aware of their behavior. Are thinking about change, but have not yet made a commitment to take action.

## Preparation:

People in this stage are intending to take action and are now getting ready. They may be making small changes towards their goal.

# Stages of Change

## Action:

The most difficult stage of change. Individuals modify their behavior, experiences, or environment. Action involves behavioral changes and requires considerable commitment of time and energy.

## Maintenance:

People work to prevent relapse and consolidate the gains attained during action.

## Relapse:

People may go through the stages of change multiple times regarding the same behavior.

Taken and modified from:

<http://www.uri.edu/research/cprc/TTM/StagesOfChange.htm>

# DEFINITION OF MOTIVATIONAL INTERVIEWING

Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

# Spirit of Motivational Interviewing

- ❑ Motivation to change is elicited from the client, and not imposed from without.
- ❑ It is the client's task, not the counselor's, to articulate and resolve his or her ambivalence.

# Spirit of Motivational Interviewing

- ❑ Direct persuasion is not an effective method for resolving ambivalence
- ❑ The counseling style is generally a quiet and eliciting one.
- ❑ The counselor is directive in helping the client to examine and resolve ambivalence.

# Spirit of Motivational Interviewing

- ❑ Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction.
- ❑ The therapeutic relationship is more like a partnership or companionship than expert/recipient roles

# Motivational Interviewing Behaviors

- Seeking to understand the person's frame of reference, particularly via reflective listening
- Expressing acceptance and affirmation
- Eliciting and selectively reinforcing the client's own self motivational statements expressions of problem recognition, concern, desire and intention to change, and ability to change

# Motivational Interviewing Behaviors

- Monitoring the client's degree of readiness to change, and ensuring that resistance is not generated by jumping ahead of the client.
- Affirming the client's freedom of choice and self-direction


Taken from: [www.motivationalinterview.org](http://www.motivationalinterview.org)

# A HOUSING FIRST PHILOSOPHY

- People who are homeless, who use drugs and/or who may live with a mental illness can successfully keep and maintain their housing.
- Housing is a right. No one should be denied housing for any period of time because of failure in treatment or for failing to choose treatment.
- People should be met where they are at and offered housing immediately.
- Harm reduction strategies are a valid way to work with long-term homeless populations.
- Housing and services are two separate areas with separate criteria for operation and evaluation. Housing should never be used to coerce people into services they would otherwise not choose.
- Full community integration will be a primary goal.
- Consumers make their own choices.
- Recovery from mental illness is possible.

# SHS FAMILY HOUSING PROGRAMS

## BELIEF STATEMENTS

- ❑ Every family has the right to a safe and affordable home.
  - ❑ Every family's culture has the right to be respected.
  - ❑ Every family has the right to shape its own path.
  - ❑ Every family has the right to a quality education.
  - ❑ Every family has the right to healthy relationships.
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# Simpson Housing Services History

- ❑ Men's shelter opened in 1982
- ❑ Transitional Housing began in 1984
- ❑ Women's shelter opened in 1999
- ❑ Housing program expansion 2001-present
- ❑ Current programs serve:
  - ❑ 150 families in transitional and supportive housing
  - ❑ 212 single adults in partnership with 3 other agencies

# Snapshot of Changes Transitional Housing Program



# Program Change

- ❑ Started as a program that exclusively served single women with children

**Transitioned to serve adults over the age of 18 with custody of children, can be two head of household families, single mother, or single father headed households.**

- ❑ Originally SHS held the leases on the majority of rental units.

**In 1998-1999, SHS transitioned to having the majority of leases directly between tenants and landlords. This removed the dual relationship aspect and allowed SHS advocates to focus more on providing service to families.**

# Program Change

- ❑ Each family worked exclusively with one advocate.

**In 1999, SHS hired Educational Support Advocates to focus on the needs of the children. This approach allows SHS to focus on the needs of the entire family.**

- ❑ Required 3 professional references before program acceptance or denial.

**Now check one professional reference that does not influence acceptance.**

# Program Change

- ❑ Required a minimum of 1 year of sobriety for entrance eligibility

**We no longer require any form of sobriety for eligibility. This change signified a shift away from considering if an applicant was “ready” for our program and/or housing.**

# Program Change

- ❑ Required drug testing/rule 25 evaluation and chemical dependency treatment participation if parent was suspected of abusing drugs or alcohol. Non-participation in a treatment program or failure to maintain sobriety could mean program termination.

**If a participant appears to be struggling with the use of alcohol or drugs, advocates provide resources and support to the participant. Advocates recognize that the participant may not be motivated or ready for change. Advocates use motivational interviewing techniques and discuss potential consequences of use.**

# Program Change

- ❑ Households suspected of having a partner live with them were sent violation letters.

**Advocates let participants know that partners are welcome to join the program at any time. If another adult appears to be living in the unit, advocates discuss potential consequences with lease and their MFIP grant.**

# Program Change

- ❑ Participants were occasionally asked to sign contracts agreeing to attend weekly meetings (parenting, domestic violence, counseling, etc.) with other community agencies.

**We no longer require the participation in community meetings.**

- ❑ Each family was required to attend a weekly Monday evening workshop.

**We currently offer 6 workshops per year. Attendance is voluntary.**

# Program Change

- ❑ Criminal history sometimes prevented acceptance into the program.

**SHS has not turned away a participant due to criminal history in several years. If safety of staff is a concern, a participant may be asked to come to the office for weekly visits or advocates may go out in pairs for visits.**

# Program Change

- ❑ Strictly enforced work and/or school requirement.

**SHS has moved towards ensuring that the participant directs goals in Individual Action Plan. Although the work/school requirement still exists, an alternative action plan is often put into place for participants who identify a need to focus on parenting, mental health, caring for an ill family member, physical health, etc. Participants with disabilities are exempt from this requirement**

# Program Change

- ❑ Sent violation letters any time a rule was broken.

**When a family appears to be struggling with housing retention, health, etc., a family support meeting is held with the family advocate, educational support advocate, and the transitional housing manager. This is approached as problem solving meeting where the participant largely creates the plan and SHS staff offers support towards that plan.**

# Program Change

- Family advocates served as the contact for landlords.

**In 2006, SHS hired a full-time housing specialist who serves as the advocate for the landlord. The housing specialist checks in with all landlords each month in an effort to resolve small problems before they become large problems. This position allows the family advocate to focus on the participant.**

Things that we still do in transitional housing that may not demonstrate the harm reduction philosophy

- We have a set of program rules that participants agree to when entering the program that includes required weekly meetings with family advocates.
- We sometimes still send out violation letters.
- We do not accept applications with level 3 sexual offenses into the TH program.

# Lessons We Are Learning



## Lessons Learned

- Moving toward harm reduction is a process that can take time: allow the team the time it needs to get on board
  - Send staff to training on harm reduction or do in house training
  - Discuss how it would work in the program and put it in the positive sense – “If we moved toward this philosophy, how would the families benefit?”
  - Discuss the differences between program-induced consequences and natural consequences.

# Lessons Learned

- Once the team moves towards this philosophy, keep talking about it. Ask questions like: Are we truly allowing this person the room to make his or her own choices?
- Know that we can't "protect" participants from natural consequences. Use these times as an opportunity to discuss choices.

# Lessons Learned

- Talk to the people being served about what they need and how they would like to receive services
- Think truly about strengths-based service. What makes this family strong? Ask them. Tell the parent or child what you think is strong about them often. Send a note when something is going well.

# Lessons Learned

- Communicate honestly with landlords and/or property managers. Be clear about what the program can and cannot do.
- Focus efforts specifically on the children.

# Lessons Learned

- Don't ask questions you don't need the answer to. For example, if you don't need to know at intake if someone was abused as a child, don't ask. The family will tell you on their own time.
- In case consultation meetings, remember strengths: what is going well for this family?

## Lessons Learned

- Don't dismiss alternative models. Housing First and Harm Reduction are about participant choice. Some families want to live in a sober environment, some want congregate settings, others prefer to live in their own apartment. Some want rules, others don't. The community needs a multitude of options to serve the variety of participant preference.

# Questions and Discussion



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