

VIRTUAL LEARNING CLASSROOM

Session 4: Implementation of Trauma Informed
Care (TIC), and Motivational Interviewing (MI)
Theories



Meet Your Facilitators



Nicole LaCorte-Klein, MA, CRC

Training Consultant at Atlas Research, Nicole brings years of experience providing job placement, vocational case management and direct service to individuals who are homeless. Nicole has provided technical assistance to HVRP, SSVF and other Veterans Administration staff for years, offering her experience as both direct service provider and trainer.



Cori Di Biase

NVTAC Project Director at the Manhattan Strategy Group, Cori has provided services and consultation to support veterans and civilians in employment for more than twenty years. Cori prides himself on serving the staff and leaders who have dedicated themselves to serving our country.



Cindy Borden

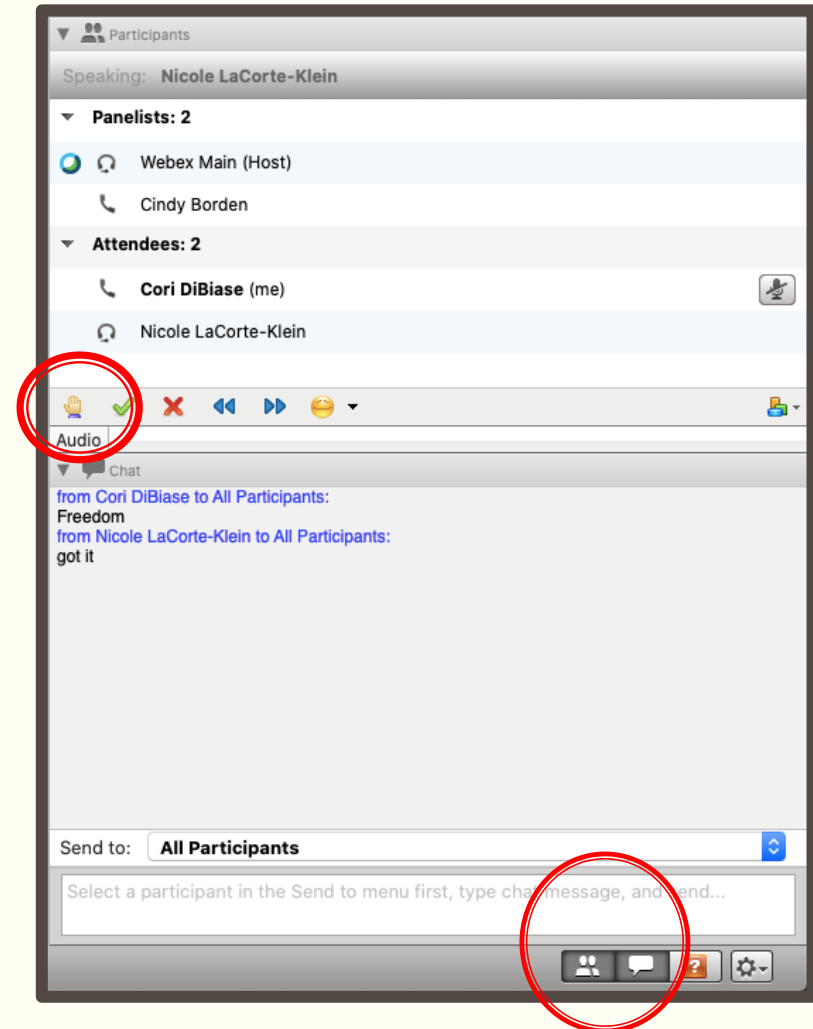
As the Director of Technical Assistance and Training for the National Coalition for Homeless Veterans (NCHV), Cindy conducts training, develops resources, and provides intensive coaching in program design and implementation to veteran service organizations. Cindy brings more than 20 years of experience in both direct service and technical assistance to help organizations increase capacity and improve services.



We want to hear from you! Mac Version

If you have a question, and want to speak, **raise your hand** to get your mic unmuted.

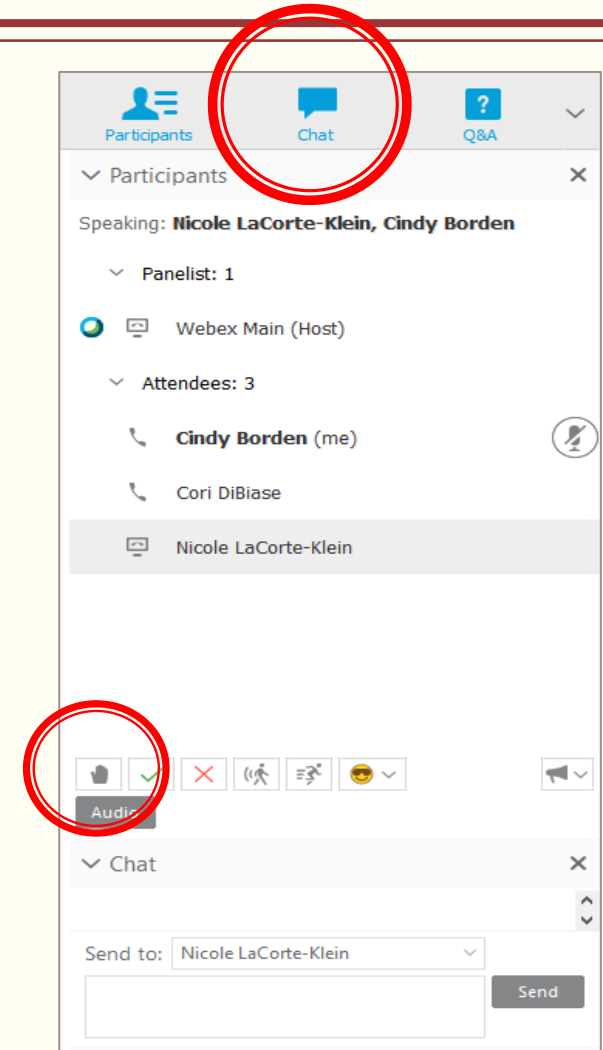
If you don't want to speak, **use the chat box** to share thoughts, question and observations with **all attendees!**



We want to hear from you! – PC Version

If you have a question, and want to speak, **raise your hand** to get your mic unmuted.

If you don't want to speak, **use the chat box** to share thoughts, question and observations with **all attendees!**



Housekeeping- New Registration Process

- Email Contact@NVTAC.org to be added to the VLC series listserv.
- You will receive an email from messenger@webex.com for each session
 - Link to Registration form
 - Calendar invite
 - Email reminders 24 and 1 hour prior to each session
- After filling out the form, you will receive another email with your session invite link, calendar invite, & instructions to sign on.
- Please reach out to Contact@NVTAC.org with any questions.

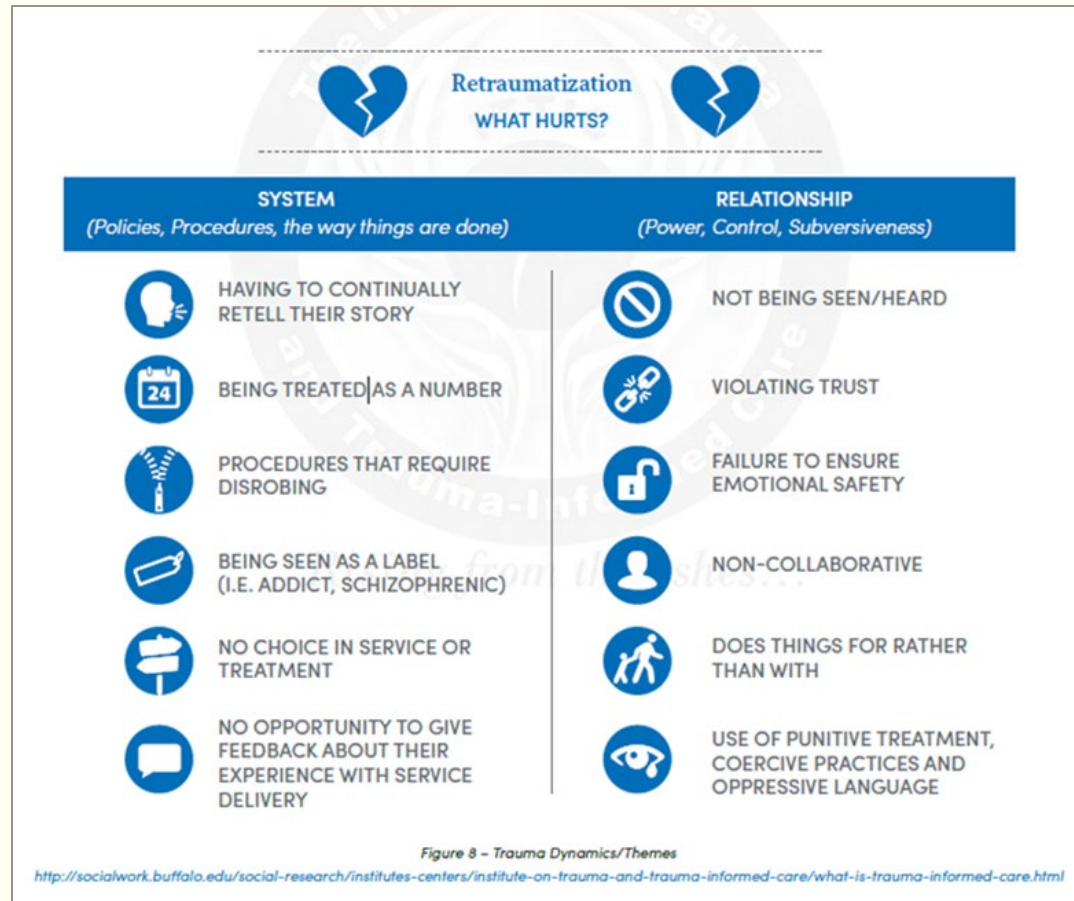




TRAUMA-INFORMED CARE

Review of Key Concepts

Retraumatization



Avoid policies, procedures, and behaviors that can re-traumatize veterans

Stages of Change – Quick Overview

Stage of Change	Description	Practitioner Response
Precontemplation	Unaware of the need for change; unable or unwilling to change.	Establish rapport; Explore risks & rewards of current circumstances; Meet immediate needs.
Contemplation	Ambivalent; Uncertain.	Weigh Pros and Cons; Talk about work, without forcing choices.
Preparation	Considering options; Asking questions; Expressing willingness to change.	Explore options; Set goals; Clarify roles – your role, and the veteran’s.
Action	Taking steps toward change.	Provide support and services; actively plan and assess; ‘Celebrate or Recalibrate’ as goals are met, or not.
Maintenance	Some goals have been met; Significant change has begun.	Review and revise goals, as needed; provide support, as agreed.

Pre-Contemplation Interventions

- Outreach Strategies
- First Impressions
- Immediate Value/Benefits to Veterans

Focus on building trust and relationships and making the veteran feel safe

Pre-Contemplation Interventions - Revisited

- Delayed Program Enrollment
 - Engage veterans over time
 - Refer to Other Services
 - Premature enrollment/service delivery can undermine the process

Immediate Value

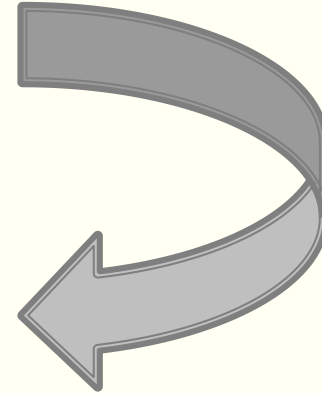
Outreach Strategies

First Impressions



Trauma-Informed Care After Enrollment

- Veterans who Relapse
 - Return to Pre-contemplation
 - Focus on trust-building
 - Explore cause without pushing
- Infuse TIC into programming
 - Tailor intervention/approach to SoC



MOTIVATIONAL INTERVIEWING: HVRP'S PUTTING INTO PRACTICE STRATEGIES

Motivational Interviewing: Review of Principles

Open Questions

Affirmations

Reflective Listening

Summaries

Motivational Interviewing is not a series of techniques for doing therapy but instead is a way of being with patients.”

-William Miller, Ph.D.

Principles of Motivational Interviewing:

1. Roll with resistance
2. Express empathy
3. Develop discrepancy
4. Support self-efficacy

Strategies

Rolling With Resistance...

Ambivalence:

"Lack of motivation" is often ambivalence; both sides are already within the person"...

- If you argue for one side, an ambivalent person is likely to defend the other
- As a person defends the status quo, the likelihood of change decreases
- Resist the "righting reflex" - to take up the "good" side of the ambivalence

Strategies

Expressing Empathy...

- Implement an attitude of acceptance
- Practice skillful reflective listening as it is fundamental to the Veteran feeling understood and cared about
- Recognize that Veteran ambivalence is normal; you should demonstrate an understanding of the Veteran's perspective
- Understand that labelling is unnecessary

Richard Rawson, Ph.D.

Strategies

Develop Discrepancies...

- Clarify important goals for the Veteran
- Explore the consequences or potential consequences of the Veteran's current behaviors
- Create and amplify in the Veteran's mind a discrepancy between current behavior and life goals
- Compare positives and negatives of behavior
- Use Decisional Matrix to develop discrepancies
- Acknowledge self-motivational statements

Richard Rawson, Ph.D.

Strategies

Support Self-Efficacy

- Remember that belief in the ability to change (self-efficacy) is an important motivator
- Emphasize that the Veteran is responsible for choosing and carrying out personal change
- Remind the Veteran that there is hope in the range of alternative approaches available
- Reinforce responsibility and ability to succeed
- Cultivate hope with menus of options

Am I Doing this Right?

- ✓ Do I listen more than I talk?
 - ✗ Or am I taking more than I listen
- ✓ Do I keep myself sensitive and open to this person's issues, whatever they maybe?
 - ✗ Or am I talking about what I think the problem is?
- ✓ Do I invite this person to talk about and explore his/her own ideas for change?
 - ✗ Or am I jumping to conclusions and possible solutions?
- ✓ Do I encourage this person to talk about his/her reasons for not changing?
 - ✗ Or am I forcing him/her to talk only about change?
- ✓ Do I ask permission to give my feedback?
 - ✗ Or am I presuming that my ideas are what he/she really needs to hear?
- ✓ Do I reassure this person that ambivalence to change is normal?
 - ✗ Or am I telling him/her to take action to push ahead for a solution?

Continued: Am I Doing this Right?

- ✓ Do I help this person identify successes and challenges from his/her past and relate them to present change efforts?
 - ✗ Or am I encouraging him/her to ignore or get stuck on old stories?
- ✓ Do I seek to understand this person?
 - ✗ Or am I spending a lot of time trying to convince him/her to understand me and my ideas?
- ✓ Do I summarize for this person what I am hearing?
 - ✗ Or am I just summarizing what I think?
- ✓ Do I value this person's opinion more than my own?
 - ✗ Or am I giving more value to my viewpoint?
- ✓ Do I remind myself that this person is capable of making his/her own choices?
 - ✗ Or am I assuming that he/she is not capable of making good choices?

Practicing Techniques

In your Breakout Rooms, review the homework scenarios utilizing the principles of MI. Group members will share their scenario and discuss the following:

- What stage is this individual in? Based on the identified stage of change, demonstrate examples of using open ended questions.
- Based on the challenges identified, give an example of how you can express empathy with the Veteran,

Scenario - Maria

Maria was referred to your program by a friend she met at a women veterans' support group at the VAMC. She is currently sleeping in her car but has no money for gas. Her friend told her that your program could help with that. When you talk about HVRP and the employment services it provides she says, "The only reason I lost my last job was because my car kept breaking down. I can get another job; I just need help with my car." Every time you try to talk to Maria about training or looking for employment she says she doesn't need your help with that, she can find a job on her own.

Scenario - Bill

Bill is new to your HVRP. He had been working as a chef when he experienced his first hospitalization. He lost his job, was evicted, and has been dealing with his mental health and homelessness for the past year and a half. At your first meeting Bill said: "If I just get back to work, everything will work itself out."

Scenario - Andrew

You have been working with Andrew for about 6 months. He comes to every appointment prepared and on time. He has experience in construction and seems eager to get back to work. A few months ago, you helped him interview and get an offer from a construction temp agency. On the day he was supposed to start, Andrew called in sick, and then never went back. He explained to you that when he called to tell the employer he was sick his boss was rude, and he just won't accept that. You have worked hard to find other opportunities for him and just last week he had an interview scheduled. The day after the interview Andrew called you to say he was sick and didn't go.

Questions?

E-mail questions to:

contact@nvtac.org



Continue the conversation at:

nvtac.org/nvtac-knowledge-network/

Contact Information

**Cori Di Biase-Dallas Region
Manhattan Strategy Group
cdibiase@manhattanstrategy.com**

**Cindy Borden-Atlanta, San Francisco and Philadelphia
Regions
NCHV
cborden@nchv.org**

**Nicole LaCorte-Klein- Boston and Chicago Regions
Atlas Research
nlacorteklein@atlasresearch.us**