



Case Studies: Finding Common Ground and Engagement Strategies

This tool provides several sample cases that can be used as a training tool for supportive housing staff.

Please discuss the following questions for each case study:

- What are some potential areas of “common ground” for the identification of goals with this tenant?
- What are some of the engagement challenges and opportunities with this tenant? How would you engage this tenant?
- How would you proceed from here?
- How does the services philosophy of your agency influence or shape your answers to these questions?

CASE STUDY #1 - CELIA

Celia is a 53-year-old articulate woman referred by a Transitional Living Community (TLC), who has been living in your permanent housing residence for about four 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 three months.

CASE STUDY #2 - SARAH

Sarah is a 61-year-old woman who has been living in your residence for three 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.

Note: This document is included within the *Supportive Services* section of CSH’s *Toolkit for Developing and Operating Supportive Housing*, which is available at www.csh.org/toolkit2. This document has been adapted from the HUD-funded curriculum *Case Management Services*, which is available at www.csh.org/training.

CASE STUDY #3 - JOSEPH

Joseph was referred from a church shelter and moved into your housing program four weeks ago. He was referred with little documentation, and during intake he shared minimum information about himself. He did, however, state that he has had really bad luck with social workers. Joseph has avoided meeting with staff and missed many of his appointments. As part of your program policy, you must begin to develop a psychosocial but have minimal documentation. When Joseph finally does come meet, you ask him if he would mind if you asked him some questions about his life history. Joseph says that all he needs is help with his Medicaid Card, which he states is inactive.

CASE STUDY #4 - MICHAEL

Michael is a 40-year-old man, new to your housing program, who was referred by a Transitional Living Community. His hygiene is poor and in the short time he has been at your site, he has gotten into two verbal conflicts with other consumers. He will only spend five minutes with you at a time, is very polite, and declines any offer of services, saying: "Thank you so much, dear, but as soon as I get my problems straightened out at Columbia University, I'll be fine." He believes that he is President of the University as well as a physics professor. He is very frustrated that the security guards there will not allow him to use the library so that he can do the reading he needs to do to prepare his lessons.