

Pre-treatment Therapy

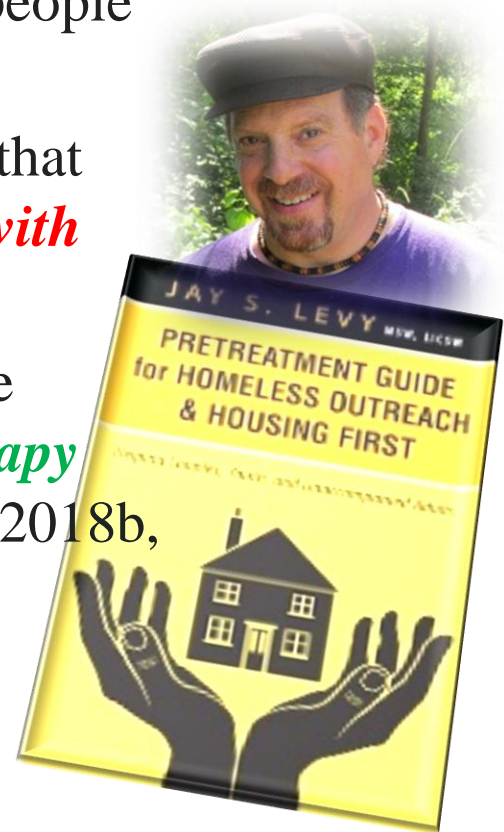


For Multiply Excluded Homeless People

Introduction



- * I lead a small **NHS counselling service** for homeless people in Westminster.
- * The experience of my colleagues and myself has been that homeless people find it extremely *difficult to engage with mainstream treatment programmes*.
- * **Pre-treatment Therapy**, based on Jay Levy(2013, see Appendix).but applied to **Counselling** and **Psychotherapy** *has emerged from this experience.*(Conolly, 2018a, 2018b, 2017, 2016, Conolly et al, 2016, Davies, 2017).



Pre-treatment Therapy

Mainstream Health Services assume that Homeless patients have :

- * **a fixed abode** - a private safe space in which to recuperate, relax, collect one's thoughts, problem solve etc...
- * **the psychological resources** to engage with and sustain a regular structured treatment relationship



Pre-treatment Therapy aims at:

- * Establishing or re-establishing **psychological resources** but ***taking into account the chaos of homelessness.***





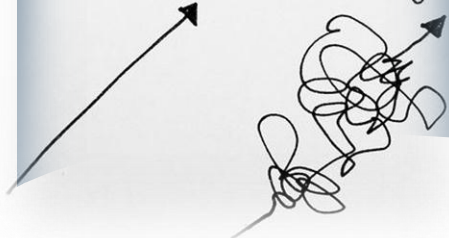
Treatment Options

1. **Drop in sessions** – recognises chaotic nature of homelessness
2. **Open membership Groups** adapted from **AA** and co-facilitated with Ex-service users
3. **Appointment** based regular sessions – to bring in structure - up to 20 (NICE, 2009), but renewable, as appropriate.
4. **All available concurrently** to same Patient **especially in times of crisis**, including telephone and email contact.

RECOVERY

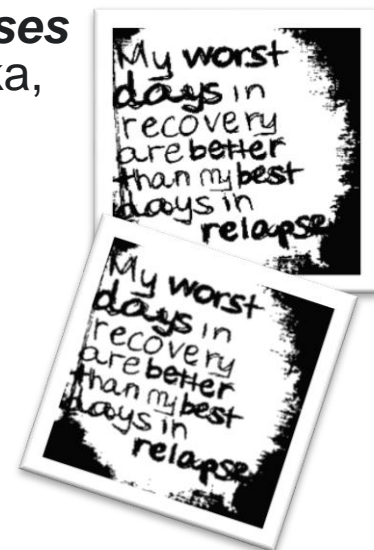
Expectations

Reality



Some Implications

1. **Boundaries** – where possible transparent, rationale explained-challenges to P explored and supported – **transgressions** not automatic reason for exclusion – to be explored and learnt from...
2. **Recovery/Discovery** – recognise not linear – **accept relapses and learn from them** ('Stages of Change Model', Prochaska, Norcross and **Diclemente**,2006).
3. **Patient choice** re treatment options & rate of progress – **implications for commissioning cycle, 2-5 YEARS?**
4. **Support** stabilisation of chaotic circumstances



Post Treatment

- * **Leavers groups** – to be used as and when
- * **Volunteer Group co-facilitators**
- * **Give testimony** at **Conferences, Publish**





References

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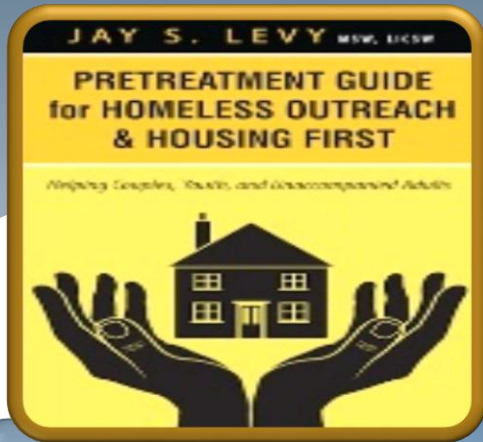
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Davies, D., 'Improving access to therapy for ex-street homeless and multiply-excluded clients living in hostel accommodation', 5th International Homeless and Inclusion Health Conference, London, March 2017.

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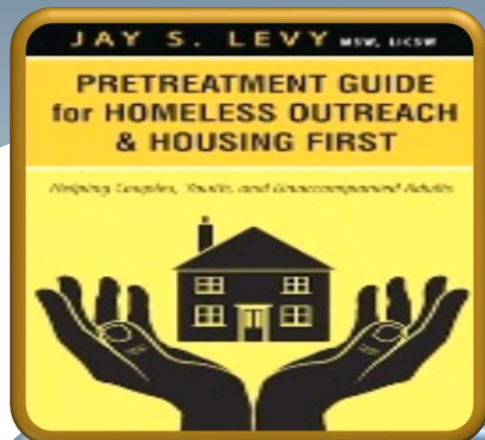
Prochaska, Norcross and Diclemente, ' Changing for Good', 2006, HarperCollins, New York

Pre-treatment Principles (Levy, 2013)



1. **Promote Safety** – crisis intervention, use opportunity for further work
2. **Develop relationship** – engage in a trust, safety and autonomy promoting manner while developing goals (Motivational Interviewing techniques, Person centred listening skills)
3. **Common Language Construction** – try to understand homeless person's world by learning meaning of his/her gestures, words, and actions – promoting mutual understanding and jointly defined goals

Pre-treatment Principles 4-5



4. **Facilitate and Support Change** – point out discrepancies, explore ambivalence, reinforce healthy behaviours and developing skills, as well as needed supports – use Change Model & Motivational Interviewing Principles.

5. **Cultural and Ecological Considerations** - Prepare and support homeless person for successful transition and adaptation to new relationships, ideas, services, resources, treatment, accommodation etc.