

***Rep Payee Services
for persons engaging in high risk
behaviors***

*Applying Harm Reduction to
Money Management
9-13-13*

Matthew Silver, MA, CADC

*Family Service of Winnetka-Northfield
Psychotherapist / Director of Operations*

Phone: (847) 446-8060

email: ms@familywnservice.org

Agenda

- 11:30 Introduction
- 11:45 Money, Budgets, and Meaning
- 12:00 Representative Payee Services
- 12:30 Break-out exercise / Q & A

Course Goal

- ❖ To offer an introduction to using the principles and practice of harm reduction as an effective means of providing money management services for persons who engage in high risk behaviors.

Money Has Many Names & Many Meanings

**Money, Cash, Dough, Scratch, clams, Bread, Mullah,
Green Backs, Benjamins, Skrilla, Bones, Cabbage,
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MONEY

- ❖ What does money mean to *You*?
- ❖ What meaning did money have in *Your Family*?
- ❖ What are *Your Values* around money?
- ❖ What is *Your Experience* like with money?
- ❖ Do you consider yourself *Good* with money?

Budget

- ❖ Have *You* ever made a Budget?
- ❖ What was *Your Experience* like with Budgets?
- ❖ Did *Your Family* make Budgets?
- ❖ Did *Your Family* discuss Money Matters?
- ❖ Do you talk about *Your Money* with anyone?

Economies

- ❖ What economy(s) does your payee participate in?
- ❖ The informal vs. formal Economy vs. mixed
- ❖ Where does your payee demonstrate self-efficacy?
- ❖ What is the meaning & impact of economic exchanges on your payee's relationships?

Social Work Ethics/Values and Harm Reduction

- ❖ Commitment to Clients: Social workers primary responsibility is to promote the well-being of clients.
- ❖ Self-Determination: Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.

(NASW, 2000)

Social Work Ethics/Values and Harm Reduction

- ❖ Core Beliefs (Weick, 1987)
 1. The inherent capacity of human beings to transform themselves.
 2. The complexity and interdependence of human relationships and processes.
 3. The role of the professional relationship in the process of change.

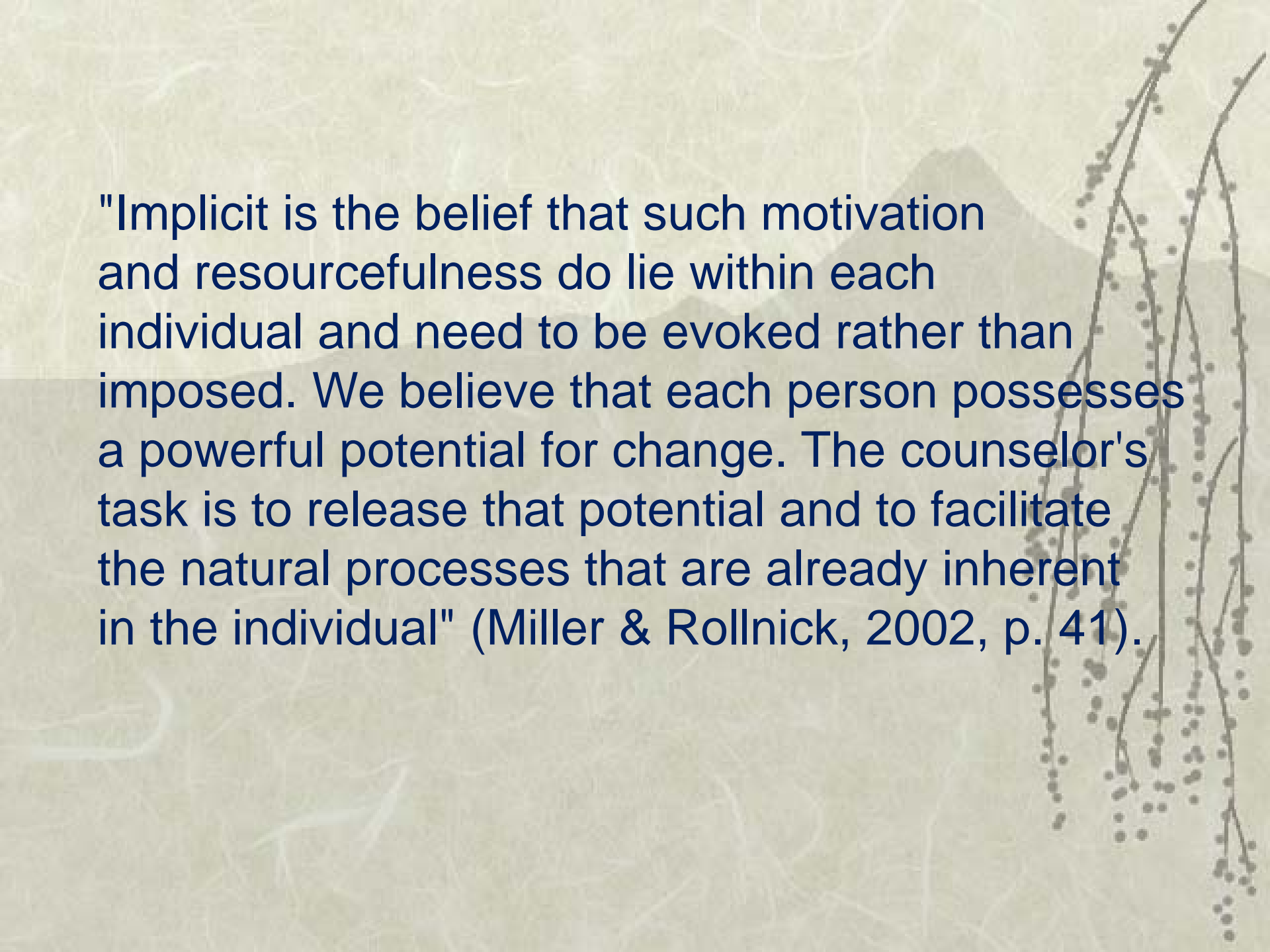
Our Values and Beliefs

“Sorting through our own beliefs about the morality of getting high on drugs is imperative if we are to avoid a countertransferential mire of reflected negative judgments and basic misunderstandings of our patients”
(Denning, 2000. P. 15)



Dealing With Our Values and Beliefs (Imhof, 1995)

- ❖ The Therapist's Therapy
- ❖ Clinical Supervision
- ❖ Clinical Training and Continuing Education
- ❖ Personnel Standards
- ❖ Responsible Professional Literature

The background of the slide features a soft, muted landscape. In the upper portion, there are silhouettes of mountains under a pale, hazy sky. On the right side, a thin, dark branch of a tree or shrub hangs down, adorned with small, dark, round berries. The overall color palette is composed of light beige, cream, and muted earth tones, creating a calm and naturalistic atmosphere.

"Implicit is the belief that such motivation and resourcefulness do lie within each individual and need to be evoked rather than imposed. We believe that each person possesses a powerful potential for change. The counselor's task is to release that potential and to facilitate the natural processes that are already inherent in the individual" (Miller & Rollnick, 2002, p. 41).

Recommended Tool Kit

- ❖ Harm Reduction
- ❖ Motivational Interviewing/Enhancement
- ❖ Substance Use Management
- ❖ Patience
- ❖ Creativity

Defining Harm Reduction

- ❖ User's decision to use is accepted (pragmatism)
- ❖ User is treated with dignity
- ❖ User expected to take responsibility for his/her own behavior
- ❖ Users have a voice
- ❖ Reducing harm not necessarily consumption
- ❖ No pre-defined outcomes

Principles of Harm Reduction

(Denning, 2000)

- ❖ Development of a Needs Hierarchy
- ❖ Active Drug Users Can and Do Participate in Treatment
- ❖ Success is Related to Self-Efficacy
- ❖ Drug, Set, and Setting
- ❖ Any Reduction in Drug-Related Harm is a Step in the Right Direction

The five Principles of Motivational Interviewing

- ❖ **Express empathy**
- ❖ **Develop discrepancy**
- ❖ **Avoid argumentation**
- ❖ **Support self-efficacy**
- ❖ **Roll with resistance**
- ❖ Motivation is elicited from client, not you
- ❖ Client articulates and resolves ambivalence
- ❖ Avoid persuasion
- ❖ Partnership, not expert/recipient role

Reflective Listening

“There are many clinical skills that are helpful when one is [doing this work]. But the most important skill to develop, in practicing harm reduction work, is that of listening to our clients. They will tell us what they need (Little, 2001, p. 31).”

Readiness Ruler

- ❖ Willing: The importance of change
- ❖ Able: Confidence for change
- ❖ Ready: A matter of priorities

Willing



Ready

Able

Substance Use Management

- ❖ Substance Use Planning (Tatarsky, 2002, p. 28)
- ❖ “...[M]aximize the positive value of using substances for the client while minimizing the negative impact of using *to the point where the client is presently ready to go.*”

Harm Reduction Money Management

- ❖ What SSA expects?
- ❖ Who's money is it anyway?
- ❖ First Things First: Tools for Fair Trade
- ❖ The Four "T's"
 - Teller
 - Training
 - Treatment Linked Spending
 - Tertiary Prevention

What SSA expects of a Rep-Payee

- ❖ Housing / utilities
- ❖ Food
- ❖ Medical / dental
- ❖ Personal care items
- ❖ Clothing
- ❖ Rehabilitation expenses (if the recipient is disabled)

What SSA expects of a Rep-Payee

- ❖ Your main obligation is to ensure that the current needs of the beneficiary are met. Once that has been done, the beneficiary has the right to have some discretionary spending money, even if you do not approve of all of his or her choices. In the case of drug or alcohol abuse, you may want to give the beneficiary only small amounts of spending money, or purchase food to give to the beneficiary, rather than giving him or her cash. If you think the beneficiary is spending his or her money on illegal or dangerous items and activities then you should seek help from a social service agency.
- ❖ Available On-Line: (<http://www.ssa.gov/payee/faqrep.htm>)

What SSA expects of a Rep-Payee

“The beneficiary for whom I am payee wants to spend money on things that do not meet my approval (alcohol, cigarettes, lottery tickets, candy, etc.)”.

“What is my responsibility?”

Quote : Available On-Line: (<http://www.ssa.gov/payee/faqrep.htm>)

The Big Question: Whose Money Is It Anyway?

- ❖ What are the workers attitudes and beliefs about money disbursed by SSA?
- ❖ What are the participants attitudes and beliefs about money?
- ❖ Particularly about money received from SSA

The Five Noble Questions

1. What do participants want from rep payee services?
2. What do the worker and program want from being a rep payee?
3. What problems do the participants have with the rep payee program?
4. What problem does the program have with administering rep payee services?
5. What attitudes about drug use or hi-risk behavior influence the rep payee relationship?

First Things First

Tools for Fair Trade:

- The Reliability of the administrative functions are the bedrock & most fundamental function for the “system” to master.
- Administrative Problems are Shared Problems:
Share them and Make Changes As Needed

First Things First

Tools for Fair Trade:

- Build on the Relationship
- Check your Transference/Countertransference
- Your 1st task is to understand the participant's relationship with their money.

First Things First

Tools for Fair Trade:

- Doing a decisional balance with a participant can go a long way towards demonstrating how the relationship could proceed and what staff's attitudes are toward the Participant's high risk behavior.

A Decisional Balance Sheet

Budget for AODU

Benefits

1. True collaboration
2. Open and honest communication
- 3.
- 4.

Costs

1. Agent to possible harm
2. Participant “blames” worker for adverse outcome(s)
- 3.
- 4.

Don't Budget for AODU

Benefits

1. Status quo
2. Client's perception that worker can only assist with abstinence goals
- 3.
- 4.

Costs

1. Promoting dishonesty
2. “Don't Ask Don't Tell”
3. Missed opportunity
- 4.

Tools for Unfair Trade

- ❖ Ordering, directing or commanding
- ❖ Warning or threats
- ❖ Persuading with logic, arguing or lecturing
- ❖ Insisting client takes your advice
- ❖ Moralizing or preaching (“shoulding” on people)

Based on Miller WR, Rollnick S. (1991). Motivational Interviewing: Preparing people to change addictive behavior. New York: Guilford.

The Four T's of Rep Payee Services

1. Teller Function
2. Training Function
3. Treatment-Linked Spending
4. Tertiary Prevention

Teller Function

- ❖ An Administrative function
- ❖ Provides a Minimum control by limiting access to funds
- ❖ Normalizing

Training Function

- ❖ A Set of Clinical interventions
- ❖ Develop skills and attitudes leading to financial independence
- ❖ Match to participant stage of change
- ❖ Opportunity to address multiple domains of functioning
- ❖ Promote safety, self-efficacy, personal growth, self-determination

Treatment Linked Spending

- ❖ Needs Assessment
- ❖ Routine feedback loop: Daily, Weekly, Monthly
- ❖ Assessing successful and unsuccessful interventions
- ❖ Relationship to treatment planning (e.g., housing, employment, Symptoms management, substance use management).
- ❖ Reduction of drug-related harm

Tertiary Prevention

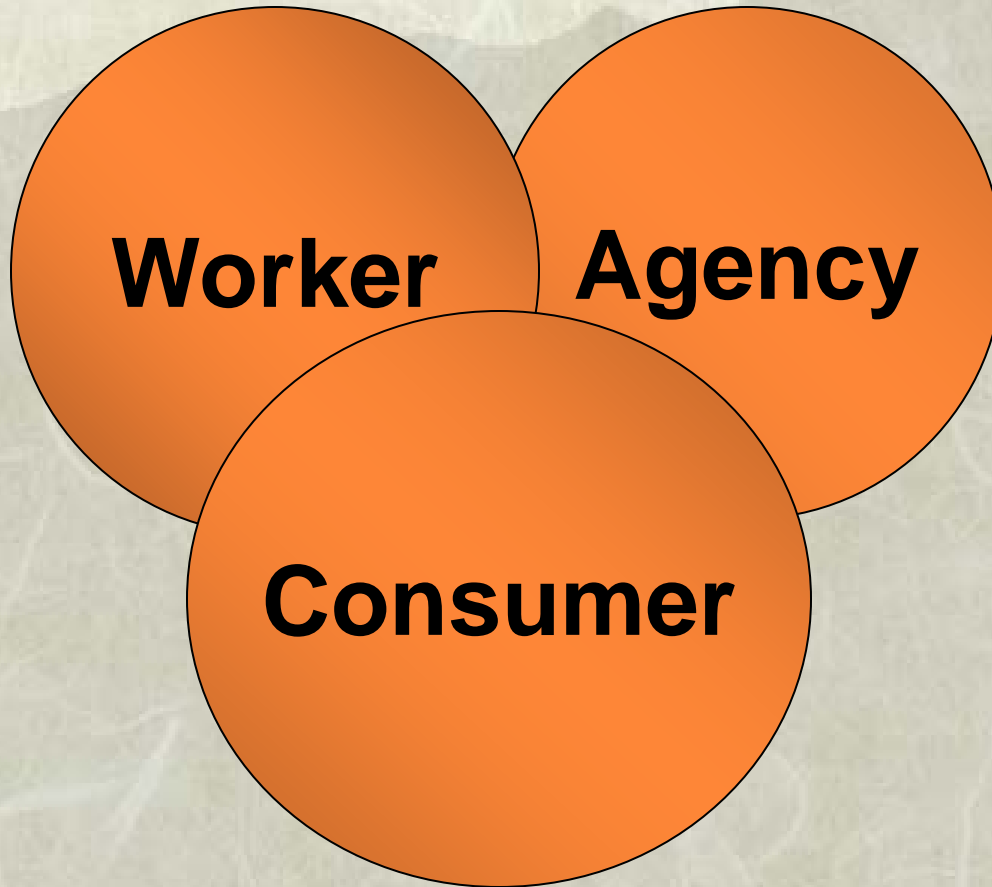
- ❖ In accordance with SSA expectations
- ❖ Preventing the most adverse outcomes

Group Exercise

Rep-Payee Scenarios



The Collaborative Model



Closing and Evaluation

