

From Presence to Partnership: Implementing the Engagement Model in Supportive Housing Programs

Authors

Frederick Shack, LMSW^{1,4}

Mardoche Sidor, MD^{1,2,3}

Jose Cotto, LCSW^{1,5}

Karen Dubin, PhD, LCSW^{2,4}

Lesmore Willis Jr, MPA, MHA¹

Gary Jenkins, MPA¹

Affiliations

¹Urban Pathways, New York, NY

²SWEET Institute, New York, NY

³Columbia University Center for Psychoanalytic Study and Research, New York, NY

⁴Columbia University, Department of Social Work, New York, NY

⁵New York University, Department of Social Work, New York, NY

Correspondence concerning this article should be addressed to Mardoche Sidor, MD, Urban Pathways, at msidor@urbanpathways.org

Abstract

Supportive housing programs are uniquely positioned to address the intersecting challenges of homelessness, serious mental illness, substance use disorders, and trauma. Yet, engagement remains the critical determinant of outcomes. This article describes the implementation of the Four-Stage Engagement Model—Sitting, Listening, Empathizing, Collaborating—across supportive housing sites at Urban Pathways. Drawing on implementation science, motivational interviewing, and trauma-informed care, we analyze how presence (sitting) and partnership (collaborating) form bookends of a relational continuum. Case studies illustrate ongoing shifts in staff practice, which will be followed by measures evaluating reductions in resident crises, and improvements in housing stability. We provide practical recommendations for implementation, supervision, and policy to support replication across housing and community-based mental health systems.

Keywords

Supportive Housing, Engagement, Trauma-Informed Care, Motivational Interviewing, Corrective Emotional Experience, Implementation Science, Homelessness, Mental Health

Introduction

Supportive housing has been recognized as an evidence-based intervention for homelessness and psychiatric disability (Tsemberis, 2010; Rog et al., 2014). Yet, without strong engagement practices, housing alone does not guarantee recovery. Many residents disengage due to trauma, mistrust, or experiences of coercion (Padgett, Henwood, & Tsemberis, 2016). The Urban Pathways Four-Stage Engagement Model provides a structured approach for staff to cultivate trust, safety, and collaboration. This article focuses on its application in supportive housing programs, demonstrating how the model bridges the gap between presence and partnership.

Theoretical Framework

The Four-Stage Engagement Model in supportive housing is grounded in:

1. **Trauma-Informed Care:** Safety, trust, and empowerment as prerequisites for engagement (SAMHSA, 2014).
2. **Motivational Interviewing:** Collaboration, evocation, and autonomy support (Miller & Rollnick, 2013).
3. **Attachment Theory:** Corrective emotional experiences rebuild secure relational templates (Mikulincer & Shaver, 2016).
4. **Stages of Change:** Engagement strategies must align with level of preparedness (Prochaska & DiClemente, 1984).
5. **Implementation Science:** Leadership, coaching, and fidelity tools drive sustainable practice adoption (Fixsen et al., 2005).

Application/Analysis

Implementation at Urban Pathways supportive housing included:

- **Sitting (Presence):** Staff is learning to spend intentional time in communal areas, signaling availability without pressure. This is normalizing presence as an intervention and aiming to reduce crises.
- **Listening (Resident Goals):** Staff is learning to ask residents what a “good day” would look like, replacing compliance-driven conversations with resident-driven ones.
- **Empathizing (CEE + UPR):** Staff is learning to validate emotional pain, offer acceptance regardless of behavior, and model corrective emotional experiences.
- **Collaborating (Stage-Matched):** Staff is learning to use the Stages of Change to tailor actions, providing information in precontemplation, planning in preparation, and relapse planning in maintenance.

Composite Case Example: A resident with repeated hospitalizations is currently being engaged only after weeks of staff sitting in shared spaces. Over time, listening and empathizing are expected to lead to co-created relapse prevention planning, resulting in sustained housing stability and fewer crisis episodes.

Implications

- **Practice:** Staff presence and empathy ought to be recognized as core interventions, not “extra” work.
- **Supervision:** Supervisors are to integrate the Engagement Stage Self-Assessment Checklist into reflective supervision.
- **Training:** Ongoing coaching ensures fidelity to engagement principles across staff turnover.
- **Policy:** Housing metrics need to expand beyond occupancy and retention to include engagement, trust, and partnership indicators.
- **Systems:** Scaling the model can inform broader service delivery systems beyond housing, including shelters, drop-in centers, and outpatient clinics.

Conclusion

The Four-Stage Engagement Model demonstrates that supportive housing is most effective when rooted in presence and partnership. Early-stage implementation at Urban Pathways is showing that engagement can be systematically cultivated, and can lead to improved resident stability, reduced crises, and enhanced staff satisfaction.

References

- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). Implementation research: A synthesis of the literature. University of South Florida.
- Mikulincer, M., & Shaver, P. R. (2016). Attachment in adulthood: Structure, dynamics, and change (2nd ed.). Guilford Press.
- Miller, W. R., & Rollnick, S. (2013). Motivational interviewing: Helping people change (3rd ed.). Guilford Press.
- Padgett, D. K., Henwood, B. F., & Tsemberis, S. (2016). Housing First: Ending homelessness, transforming systems, and changing lives. Oxford University Press.
- Prochaska, J. O., & DiClemente, C. C. (1984). The transtheoretical approach: Crossing traditional boundaries of therapy. Dow Jones-Irwin.
- Rog, D. J., Marshall, T., Dougherty, R. H., George, P., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Permanent supportive housing: Assessing the evidence. Psychiatric Services, 65(3), 287–294.
- SAMHSA. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS Publication.
- Tsemberis, S. (2010). Housing First: The Pathways model to end homelessness for people with mental illness and addiction. Hazelden.