Collaboration in Practice: Aligning Engagement with Resident-Led Goals

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, MHA[1]
Gary Jenkins, MPA[1]

Affiliations
[1]Urban Pathways, New York, NY
[2]SWEET Institute, New York, NY
[3]Columbia University Center for Psychoanalytic Study and Research, New York, NY
[4]Columbia University, School of Social Work, New York, NY
[5]New 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
Collaboration is the culmination of the Four-Stage Engagement Model, where staff and residents co-create meaningful goals and actionable steps. In supportive housing and community mental health, collaboration is often undermined when staff impose organizational or clinical priorities over resident preferences. This article explores how Urban Pathways is applying stage-matched collaboration rooted in motivational interviewing, the Stages of Change, and trauma-informed care. Composite case examples illustrate how aligning interventions with resident-led goals has the potential to enhance trust, reduce reluctance, and foster sustainable outcomes. We propose a framework for embedding collaborative practice across housing programs and beyond.

Keywords
Collaboration, Resident-Led Goals, Engagement, Motivational Interviewing, Stages of Change, Trauma-Informed Care, Supportive Housing, Co-creation

Introduction
Collaboration is widely cited as a principle of recovery-oriented practice, yet in practice, staff often unintentionally dominate goal-setting processes (Topor et al., 2011). For residents with histories of trauma, coercion, or homelessness, true collaboration requires a shift in power: residents are to be seen as experts in their own lives (SAMHSA, 2014). The Four-Stage Engagement Model situates collaboration as the final stage, building upon presence, listening, and empathizing. This stage integrates motivational and behavioral science to ensure actions align with both level of preparedness and resident-defined priorities.

Theoretical Framework
Collaboration is informed by:

- **Motivational Interviewing (MI):** Emphasizes partnership, evocation, and autonomy support (Miller & Rollnick, 2013).
- **Stages of Change:** Collaboration strategies need to be tailored to level of preparedness for change (Prochaska & DiClemente, 1984).
- **Trauma-Informed Care:** Collaboration restores choice and empowerment—key antidotes to trauma (SAMHSA, 2014).
- **Self-Determination Theory:** Autonomy, competence, and relatedness drive sustained motivation (Deci & Ryan, 2000).

Application/Analysis

At Urban Pathways, collaborative practice is operationalized by:

- **Resident-Led Goal Setting**: Staff ask residents what matters most ("Tell me what you would like to work on together this month?").
- **Stage-Matched Collaboration**: Staff align supports with level of preparedness (e.g., information in precontemplation; action planning in preparation).
- **Shared Accountability**: Staff follow through on commitments and review progress jointly with residents.
- **Composite Case Example**: A resident labeled "non-adherent" with medical appointments reframed collaboration by setting his own initial goal: reconnecting with his sister. Once staff supported that, trust grew, and he later initiated medical care on his own.

Implications

- **Practice**: Collaboration requires shifting from compliance to co-creation, validating resident expertise.
- **Supervision**: Supervisors can review case notes for evidence of resident-led goals and collaborative summaries.
- **Policy**: Funding structures need to incentivize shared decision-making and resident-reported satisfaction.
- **Research**: Studies need to measure the impact of resident-led collaboration on long-term housing stability and recovery outcomes.
- **Systems**: Collaborative practice needs to extend beyond housing into healthcare, education, and justice systems.

Conclusion

Collaboration is not merely the final step of engagement; rather, it is the embodiment of recovery-oriented practice. By aligning supports with resident-led goals, staff foster trust, autonomy, and sustainability. The Urban Pathways experience is demonstrating that collaboration, when stage-matched and resident-driven, has the potential to transform both relationships and outcomes.

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