



Best Practices for Emergency Shelter Providers: Part 2

Introductions



HomeBase has been working with Continuums of Care and homeless service providers throughout the country for three decades on eradicating homelessness.



We help CoCs design and implement Housing First, Coordinated Entry, and other major system changes.



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Agenda

- Recap: What we learned in Best Practices Part 1
- Review of Case Management Tools and Practice
- Cultural Humility & Competency
- New Strategies
- More Practice

Recap



- Permanent housing is the solution to homelessness
- Housing first
- Problem-solving
- Case management tools:
 - Trauma informed care
 - Motivational interviewing
 - Strengths-based approach

Housing First: What does a Housing First System Look Like?

- **All programs** lower barriers – shelter, services, and housing
- Most vulnerable – **including those with complex service needs, disabilities, mental health and active substance abuse issues** – prioritized for and admitted to shelter and housing programs
- **Housing-focused** services and engagement begin immediately – on the street and in shelters
- Services are **client-focused and voluntary and targeted to individual needs**
- Programs engage in **evidence-based practices**: harm-reduction, trauma-informed care, motivational interviewing, and other evidence-based approaches
- **Client choice and voice** are engaged and respected

Problem-Solving - Basic Concept

Have supportive conversations with people to help them identify housing resources that already exist. Most people will not get housing through coordinated entry and some people do not need those resources.

Desired Outcomes

Permanently
back with family
or friends

Return to their
own residence

Temporarily
diverted while
they seek new
housing

Relocating
permanently to
a safe place
out of town

Reconnecting
to supports who
can provide
care

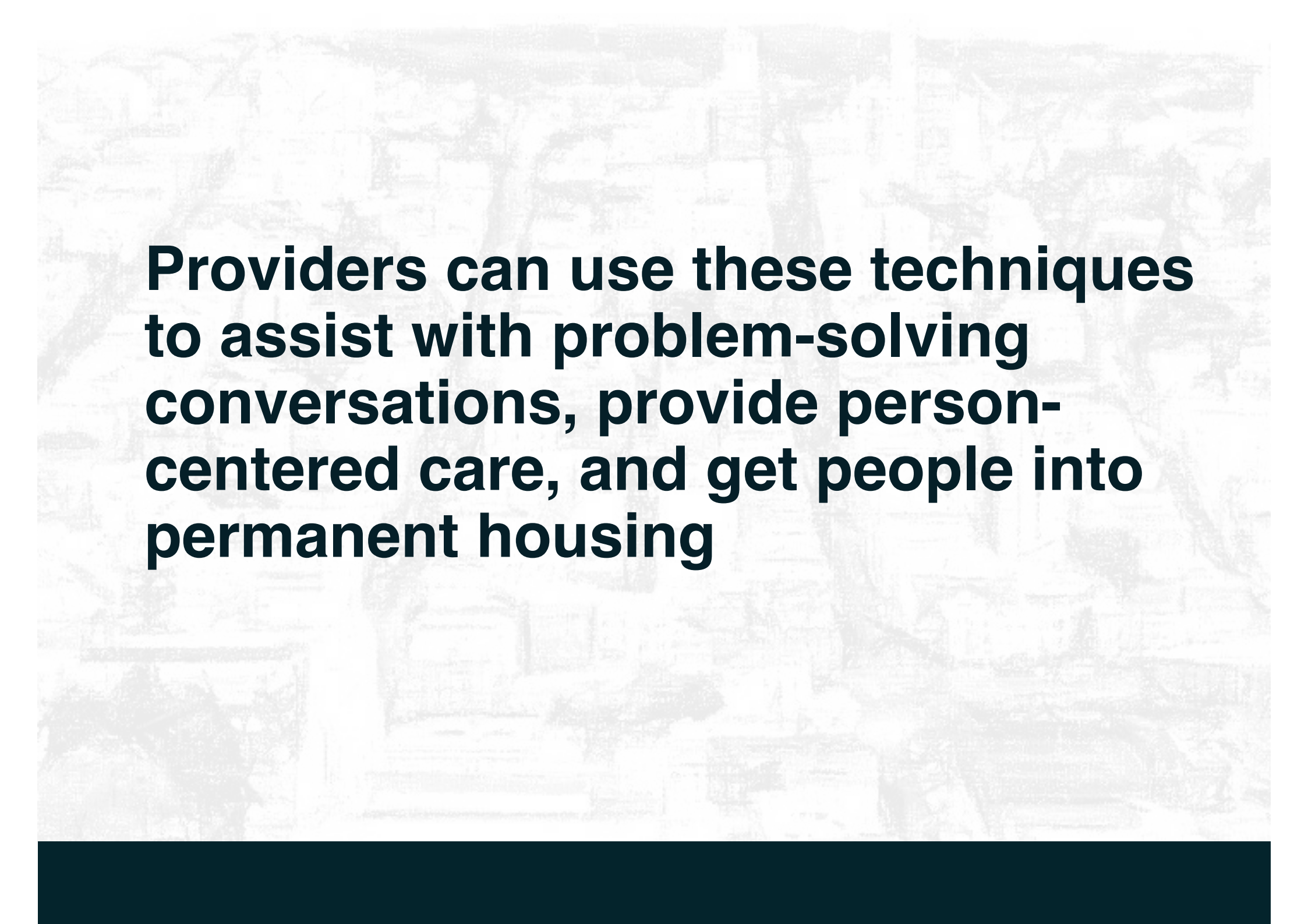
Problem-Solving Conversations

- **Start at Front Door:** Offer problem solving to all households without pre-screening using staff trained in available local supports
- **Introduce Goals:** Clearly explain role and goal to help identify a safe space to stay, either temporarily or permanently, and community connections that will help avoid or exit homelessness
- **Explore Needs and Options:** Have a realistic conversation about household's strengths, supports, and possibilities
- **Listen Actively:** Validate and acknowledge household's ideas, feelings and efforts and support them in finding solutions

Case Management Tools

- Trauma Informed Care
- Motivational Interviewing
- Strengths-Based Approach





Providers can use these techniques to assist with problem-solving conversations, provide person-centered care, and get people into permanent housing

Trauma-Informed Care

- Trauma-Informed Care (TIC) is an overarching structure and treatment attitude that emphasizes understanding, compassion, and responding to the effects of all types of trauma.
- Becoming “trauma-informed” means recognizing that people have many different traumatic experiences which often intersect in their lives.
- Well-meaning services providers can often unintentionally re-traumatize clients who need understanding, support, and individually conscious care.

Motivational Interviewing

- Motivational interviewing is a person-centered collaborative conversation style.
- Motivational interviewing encourages people to think and talk about their reasons to change.
- Motivational interviewing accepts that ambivalence about change is a normal human experience and often a necessary step in the process of change.
- Motivational interviewing aims to encourage a person's autonomy in decision making where the provider acts as a guide, clarifying a person's strengths and aspirations, listening to their concerns, boosting their confidence in their ability to change, and eventually collaborating with them on a plan for change.

Motivational Interviewing Techniques

- The goal is to facilitate and identify “change talk”
- Change talk is the client making statements that are in favor of change
- Staff goal is to elicit change talk from the client in a collaborative fashion and avoid opposing it
- Goal is to help the client identify and resolve ambivalence so they can move forward

What is Strengths-Based Approach?

- The strengths-based philosophy holds the core belief that all individuals have strengths and resources
- The focus of the practice is on a person's skills, interests, and support systems. Its simple premise is to identify what is going well, to do more of it, and to build on it

Let's Practice

Esther is 28 years old. She has some mental health and substance abuse issues that create barriers to communication. She will often lash out when she is frustrated. A few years ago she was able to keep a part time job as a server but was laid off for doing drugs at work. She has been staying with a friend, but her friend is frustrated that Esther stays in the apartment all day smoking and has a lot of friends over that don't respect the space. She has asked Esther to leave in the next week. Esther has some family but they don't live in the area.

How can you take a strengths-based approach to the conversation? Identify some strengths Esther has.

How could you use problem-solving to help Esther?

How could you use motivational interviewing and trauma informed care techniques in your problem-solving conversation?

Cultural humility and intersectionality



<https://www.youtube.com/watch?v=ViDtnfQ9FHc>

Terms and conversations

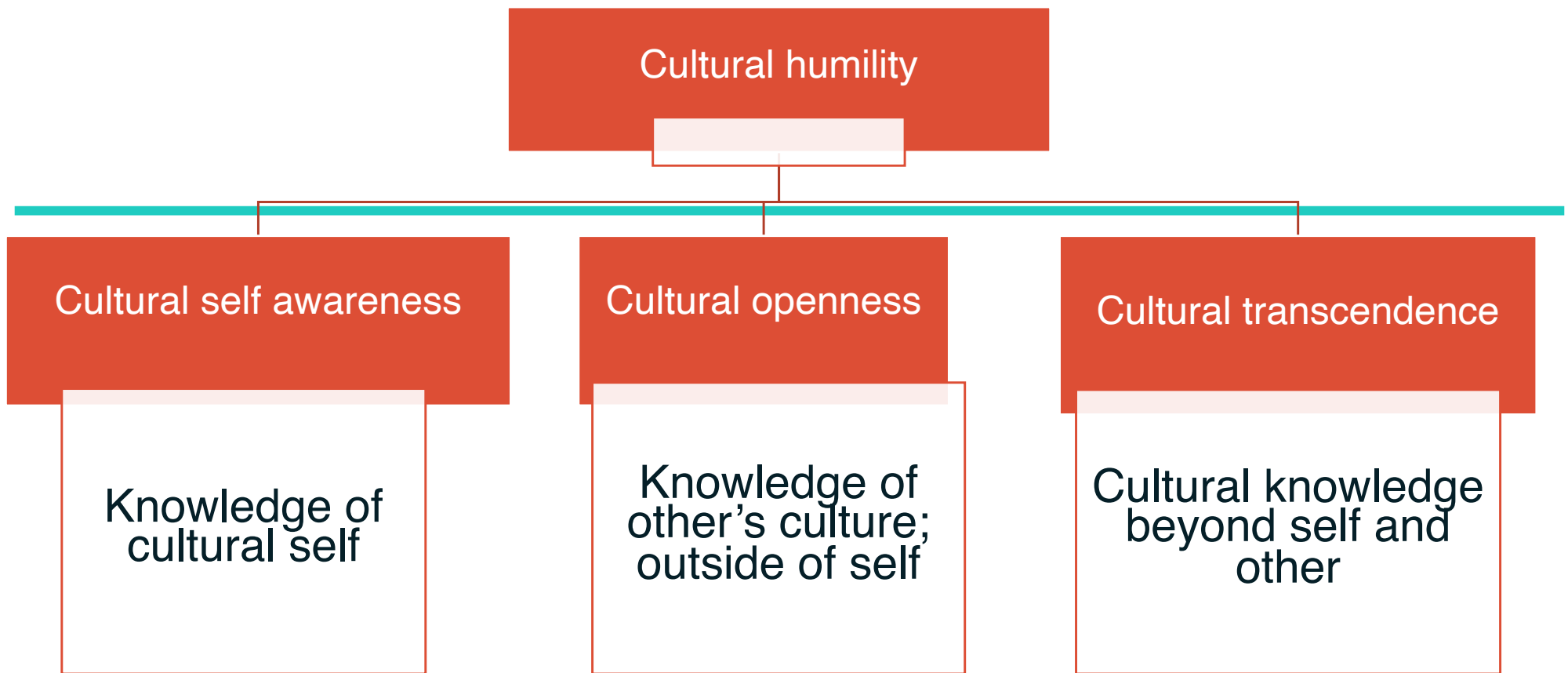
- Cultural competence - expert knowledge
- Cultural humility – learn from others, reserve judgment, self awareness
- Intersectionality – interconnected nature of social categorizations such as race, class, gender
- Vicarious trauma or secondary trauma – an occupational challenge for people working and volunteering in the field serving clients due to their continuous exposure to victims of trauma

Contextual and historical information

- Monterey County
- Context and historical background
- Services
- Who provides services
- Community perspective

Epistemic privilege

- How do we see our world
- Integrative services
- Discipline specific
- Personal bias
- Client's life experience



Through this lens we need to train ourselves to see what we do not see

We constantly need to assess about seeing things as they are or we see them as we are

Organizations culture and climate

- “The most important thing in communications is hearing what is not being said” or “read between the lines”
- Reflective practice

Identity and Intersectionality

- How do you identify yourself:
 - Race
 - Religion
 - Gender
 - Ability
 - Class
 - Parental status
 - Profession
 - Age
 - Ethnicity
 - Family role
 - Country of origin

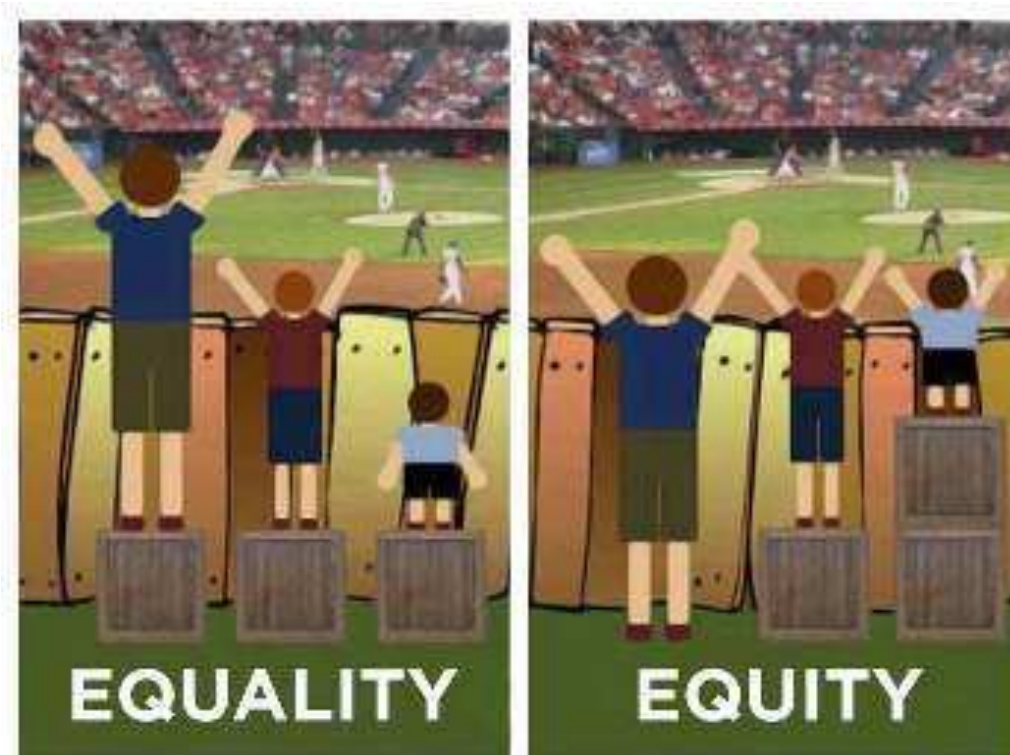
Tips to reach cultural humility

- Active listening
- Reflecting
- Reserving judgment
- Joining their world
- Encourage inquiry
- Recognize differences
- Recognize personal bias
- Acknowledge being uncomfortable
- Recognize control issues

Perceptions



Equity vs Equality



Vicarious trauma and self care

- What it is?
- Why is important
 - Unresolved trauma
 - Boundaries – client, family
 - Job stressors
 - Relationships
 - Burnout

Practice



Let's Practice: Trauma-Informed Care, Motivational Interviewing and Strengths-Based Approach

Paul is 62 years old and lives at the Chinatown encampment. He has a few medical conditions, substance abuse issues, and mental health disorders. He became homeless after his landlord died suddenly. After Paul lost his home, he stayed with family and friends for a few months. During this time, Paul went in and out of jail. The disruption changed his way of appreciating life impacting his mental health and became addicted to drugs and alcohol. Ultimately, his family and friends stopped offering their support. He ended up living in his car and different homeless encampments for more than ten years. Paul receives SDI subsidies and Cal fresh. He says that he wants to find stable housing. He is scheduled for case management every Tuesday at 2 pm, but he rarely attends.

- 1) How could you use trauma-informed care and motivational interviewing to strengthen Paul's own motivation and commitment to change?
- 2) How could you use a strength-based approach to help Paul identify solutions to problems that are important to him?



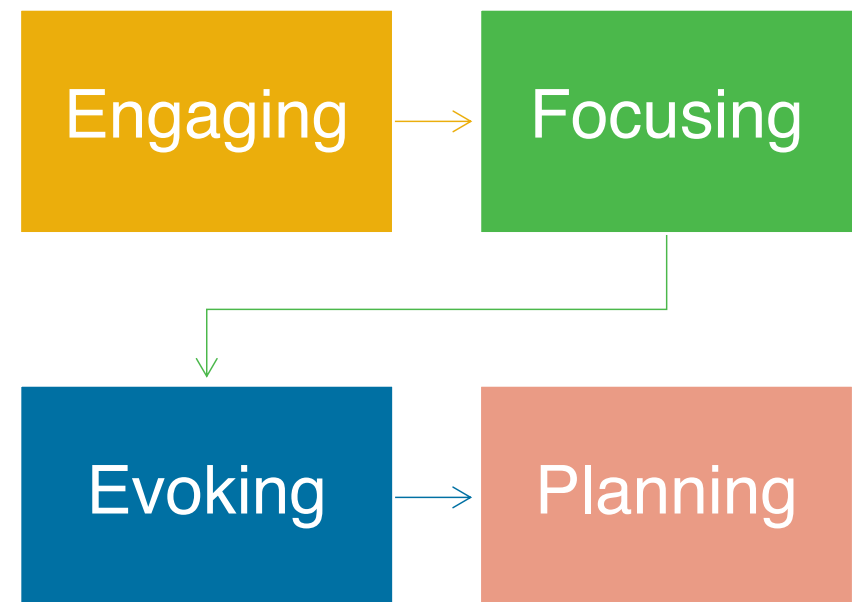
Trauma-Informed Care Approach

1. Trauma Awareness - Understanding how various symptoms and behaviors represent adaptations to traumatic experiences, and the vulnerability of staff to secondary traumatic stress.
2. Safety – Building physical and emotional safety for clients and providers.
3. Respect – Treating all individuals and families who are homeless with respect.
4. Control and Choice – Supporting the clients ability to rebuild a sense of efficacy and personal control over their lives.
5. Strengths-based Approach - Focus on the future and utilize skills building to develop resiliency.

(Miller, 2015)

Motivational Interviewing Process

- Engaging: The relational foundation
- Focusing: Guiding client to a target behavior that is important to them
- Evoking: Drawing out the client's intrinsic motivation and their own ideas for change
- Planning: The bridge to change



(Pietruszewski & Guroff, 2020)



MI for People with Trauma

- Ask closed and open questions
- Incorporate as many communication choices as possible to enable the client some control over how they prefer to communicate
- Use short sentences, simple language, concrete and clear.
- Check for understanding presenting information immediately after and after a short time delay.

(Pietruszewski & Guroff, 2020)

How to use MI for People with Trauma

Skills	Examples	MI for people with trauma during case management sessions
Open-Ended Inquiry	What are you feeling right now? How have you been coping?	Broad questions may be too vague. One question at a time. Avoid “why” questions. Allow extra response time.
Affirmations	You’ve been persistent in finding a solution. Forgiveness is important to you.	Concrete. Verbal and non-verbal affirmations. Don’t exaggerate. Growth comes from affirmations and recognizing successful experiences.
Reflections	You’re really frustrated with the process. A lot of things have happened and you want to be able to trust again.	Develops insight. Pause to allow processing. Helps client with organization and structure of language, helps to verbalize feelings
Summary	Sometimes the stress is too much. It’s been really hard to stay sober and you want your kids back. Where should we go from here?	Use frequently especially in between topics. Ask client to give summary

(Frielink, et al. J of Intel & Dev Dis, 2013)

Chinatown Encampment



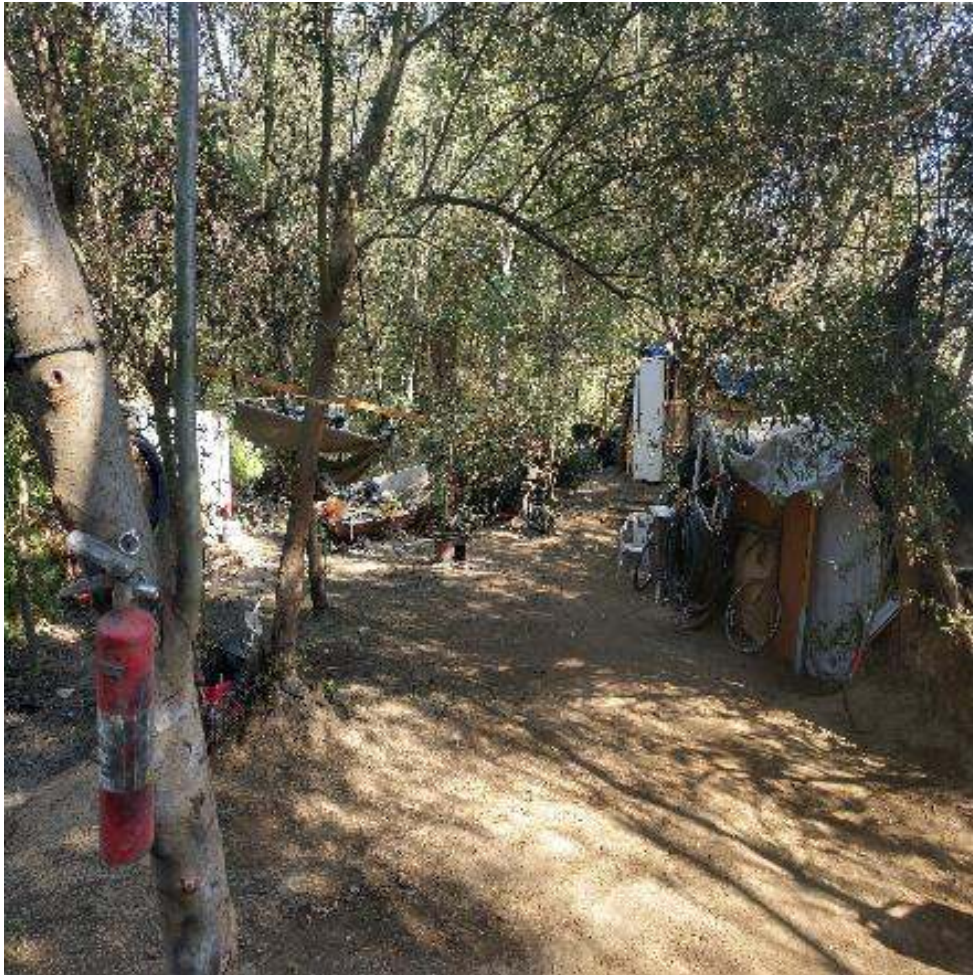
Soledad Encampment



Parajo Encampment



Parajo Encampment



King City Encampment





Let's Practice: Cultural Humility

Clara is 55 years old. She is bilingual but prefers to communicate in Spanish. She and her husband have a substance abuse issue, and they live in the King City encampment in a house they built with salvaged wood. Clara moved to the King City encampment five years ago to work on a local farm not far from the encampment. Clara reported that her husband had been arrested for domestic violence. She reported no mental health disorders but she tends to become nervous and withdraws from the conversation when sharing past experiences. Clara says that she wants to move from the encampment into permanent housing, but she does not want to abandon the house she built and the community she loves.

- 1) How could you use a cultural humility and a trauma-informed approach to establish a trusting relationship with Clara?
- 2) How could you use de-escalation techniques to help Clara regain control of her internal state when sharing a traumatic experience?



Thanks
Any Questions?
Gracias
Preguntas?





Resources

[https://www.integration.samhsa.gov/clinicalpractice/trauma#ACE Trauma PTSD Resources](https://www.integration.samhsa.gov/clinicalpractice/trauma#ACE_Trauma_PTSD_Resources)
<https://www.integration.samhsa.gov/clinical-practice/motivationalinterviewing>

<http://kate-thegirlwholived.blogspot.com/2011/11/trauma-theory.html>

<https://www.mappingthemaze.org.uk/wp-content/uploads/2017/08/ARTL-Hopper-Et-Al-TIC-Homelessness-2010.pdf>

[Miller, P. \(2015\) Trauma-Informed Care in Homeless Service Settings \(presentation\)](#)

<http://www.motivationalinterviewing.org/sites/default/files/Four%20Fundamental%20Processes%20in%20MI-REV%20w%20definition.pdf>

<http://www.motivationalinterviewing.org/sites/default/files/Teaching%20the%20Four%20Processes.pdf> https://www.integration.samhsa.gov/Handout_2_-_MI

https://www.nasmhpd.org/sites/default/files/MI%20Principles%20with%20People%20with%20SMI%20during%20Crisis%20Situations_FINAL.pdf [Principles and Techniques.pdf](#) 26 R

<http://www.fact.virginia.gov/wp-content/uploads/2017/11/FACT-ISSUE-BRIEF-TRAUMA-INFORMED-Homeless-Intervention-FINAL.pdf>