Responding to APS Cases Involving Adults Experiencing Homelessness

Virtual Course

TRAINER MANUAL

Academy for Professional Excellence

APSWI
Adult Protective Services
Workforce Innovations

The Academy for Professional Excellence is a project of the San Diego State University School of Social Work

This training was developed by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division.

Curriculum Developer, 2021
Rachael M. Ferraiolo, LCSW

INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to **Responding to APS Cases Involving Adults Experiencing Homelessness Trainer Manual**, developed by Adult Protective Services Workforce Innovations (APSWI), a program of the Academy for Professional Excellence under a grant from the California Department of Social Services, Adult Programs Division.

The Academy for Professional Excellence, a project of San Diego State University School of Social Work, was established in 1996 to provide exceptional workforce development and organizational support to the health and human services community by providing training, technical assistance, organizational development, research, and evaluation. Serving over 20,000 people annually, the Academy continues to grow with new programs and a diversity of training focused on serving the health and human services community in Southern California and beyond.

The Academy is a project of San Diego State University School of Social Work (founded in 1963), which offers both a bachelor's and master's degree in Social Work. The School of Social Work at San Diego State University was founded in 1963 and has been continuously accredited by the Council of Social Work Education since 1966.

APSWI is a program of the Academy for Professional Excellence. APSWI is designed to provide competency-based, multidisciplinary training to Adult Protective Services professionals and their partners. APSWI's overarching goal is the professionalization of Adult Protective Services professionals to ensure that abused and vulnerable older adults and adults with disabilities receive high quality, effective interventions and services.

In partnership with state and national organizations, APSWI is developing a national APS Supervisor Core Competency Training Curriculum. This curriculum is developed, reviewed and approved by experts in the elder and dependent adult abuse fields.

APSWI's partners include:

- National Adult Protective Services Association (NAPSA) Education Committee
- California Department of Social Services (CDSS), Adult Programs Division
- County Welfare Directors Association of California (CWDA), Protective Services Operations Committee (PSOC)

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ACKNOWLEDGEMENTS

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. APSWI would like to thank the following individuals and agencies:

Agencies

California Department of Social Services, Adult Programs Division
Arizona Department of Economic Security, DAAS-Adult Protective Services
National Adult Protective Services Association

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HOW TO USE THIS MANUAL

This curriculum was developed as a virtual 3 hour workshop using the Zoom platform, paying close attention to virtual training best practices. It can be tailored to a different virtual platform (WebEx, GoTo Training, etc.), if necessary. It may also be trained in-person by modifying activity and engagement prompts as necessary.

The Participant Manual should also be sent ahead of time as a fillable PDF if using Adobe Acrobat or to allow participants to print a hard copy.

Trainer Notes are written entirely in bold text box and are provided as helpful hints.

Moderator Notes are written entirely in bold text box and are provided as helpful hints.

- Actions which the trainer takes during the training are written in **bold**.
- When there are both Trainer and Moderator notes on same page, Trainer and Moderator is **underlined**.
- Expected time per slide is provided next to slide number and topic on each page.
- The participant manual and trainer manual differ in page numbers. It's suggested you note the participant manual page number for activities and s to reference during training for ease.

Use of language: Throughout the manual, APS professional is used most often to describe APS line staff. The term client is used most often to describe the individual at the center of the APS investigation. However, if concept or material was directly quoted from copyrighted material, another term may be used.

He and she have been replaced with the gender-neutral they throughout this manual, unless quoted from copyrighted material. This should not be thought of as plural persons, but rather a gender-neutral term describing all humans.

Customizing the Power Point:

This manual is set up so that the trainer script/ background material is on the same page as the accompanying PowerPoint slide.

Hide a slide instructions:

1. On the Slides tab in normal view, select the slide you want to hide.
2. On the Slide Show menu, click Hide Slide.

The slide number will have a line through it to show you have hidden it.
NOTE: The slide remains in your file even though it is hidden when you run the presentation.

The course outline, provided in the next section of this manual, is the class schedule used for development of this curriculum. It can be used to help determine how much time is needed to present each section. However, times will vary based on the experience and engagement of the audience.

TRAINER GUIDELINES

It is recommended that someone with education in behavioral health or experiencing working in the behavioral health field facilitate this virtual workshop. Co-presenting with an APS professional is encouraged.

Suggestions for virtual training when possible:

- Have a moderator or co-host who can primarily focus on the virtual aspects of this training (e.g., monitoring chat box, launching polls, assigning breakout rooms, monitoring participant reactions, etc.).
- Test out the use of the breakout room feature prior to conducting this training.
- Log in at least 30 minutes prior to the training to ensure the virtual classroom is fully functioning and that you are comfortable navigating it.
- Your equipment and platform may dictate how you do some activities or discussion. There are times you may not be able to see everyone's faces, names or reactions (thumbs up, mute/unmute, etc.). There is a need for both verbal discussion and chat discussion. At such times, the moderator will fill a critical role monitoring those features you cannot. Practice during a run through how you will use the various functions for each section.
- The optimal size for this virtual training is 20-25 participants.

Teaching Strategies	The following instructional strategies are used: ○ Lecture segments ○ Interactive exercises (e.g., breakout rooms, chat box and live discussion, self-reflection) ○ Question/answer periods ○ PowerPoint Slides
Materials and Equipment	**The following materials are provided and/or recommended:** ○ Trainer Manual ○ Participant Manual (fillable PDF) ○ PowerPoint Slides ○ Headset with microphone ○ Computer

VIRTUAL TRAINING TIPS

Training and facilitation have always been an art. Virtual training is no exception. Below are some helpful tips to remember and implement when training in a virtual environment.

Assume nothing.

- Do not assume everyone has the same knowledge/comfort level with technology or has access to equipment like printers, video camera, headsets or even reliable Wi-Fi.

Distractions are everywhere.

- Participants have greater access to distractions (email, phone, others at home) which can take their focus away from the training. Therefore, explain everything and summarize before asking participants to complete an activity and check for clarification.

Over explain when possible.

- The virtual room doesn't allow for participants to see everything you're doing as they can in-person. Share as you navigate the virtual environment. If you are silent while looking for something or finding a screen, they may think something is frozen.

Mute with purpose.

- "Mute all" function can help ensure we don't hear conversations we're not supposed to. However, it can also send a message to the participants that they are a passive participant and may not make them feel comfortable taking themselves off mute when you want them to speak.

Two screens can be a lifesaver.

- This allows you to move your chat box or participant gallery view away from your presentation so you can see more of what's going on.

Rely on practice, not luck.

- Winging it during an in-person training or facilitation may work from time to time, but doesn't work in the virtual environment. In addition to covering the content, you have to manage all of the technology issues, learning styles in a virtual room, and it will show if you're not prepared.

Bring the energy.

- As trainers, we are no strangers to being "on," standing and moving around. However, some of the body language, subtle nonverbal skills we relied on the in-person training room do not translate well in the virtual environment. While this may make you more tired, it's important to up your enthusiasm, voice, and presence in order to engage with attendees.

Be mindful of your space.

- Training virtually brings an entirely new component of what we're willing to share with others. Learners can get distracted with what's in your background, whether what is physically there or if you set your video to use a virtual background.
- It's important to reflect on questions of privilege, diversity and equity when thinking of your training space.
- Are there objects in your background that can symbolize status, privilege and/or power? If so, consider removing them to dismantle any added power dynamics that already exist with you as the Trainer.
- Unknowingly, objects can come across as offensive or can activate unpleasant or traumatic memories, and can instantly discredit your rapport building. Think of neutral backgrounds that are not distracting and allow you to be the focus of what learners see.

EXECUTIVE SUMMARY

RESPONDING TO APS CASES INVOLVING ADULTS EXPERIENCING HOMELESSNESS

This is the **second workshop** in the series: "Effectively Working APS Cases for Persons Experiencing Homelessness". The series is designed to provide APS professionals with knowledge, practical tools, opportunities to build empathy and gain a better understanding of what many individuals who are homeless experience in order to work more effectively with this population.

The goal of this workshop is to build on the foundational concepts in Workshop #1 and provide opportunities to broaden APS professionals' skills when working with people who are experiencing homelessness. These cases are often complex and this workshop allows participants to understand more about this complexity and see the intense reality they may endure when out in the field. Working through expected challenges in training, moves APS professionals towards confidence and critical thinking with these cases in their day-to-day work. Throughout this workshop, participants will take best practices from the field of Homelessness Outreach, tailor and apply them to the purpose of Adult Protective Services.

Virtual Training:

- The following virtual instructional strategies are used throughout the course: short lectures (lecturettes), interactive activities/exercises including breakout rooms, chat box discussions, large group discussions, and self-reflection. PowerPoint slides are used to stimulate discussion.

- Participants will need access to a computer with video conferencing capability and be able to connect to the virtual platform being used to deliver this training. A headset or earbuds with microphone and a video camera are highly encouraged. Participant Manual is a fillable PDF if using Adobe Acrobat. Participants are encouraged to either print a hard copy or ensure access to Adobe Acrobat to allow for highlighting, typing in comments and filling out worksheets.

Course Requirements:

- There are no course requirements, but it is recommended that participants have some experience interviewing clients. It is highly encouraged to have attended Workshop #1 prior to attending Workshop #2.

Continued

Target Audience: This workshop is intended for new or experienced line staff.

Learning Objectives:

After completion of this workshop, participants will be able to:

- Summarize the unique traits, challenges and needs experienced by people who are at risk of or are experiencing homelessness
- Identify effective methods and plan for challenges when conducting outreach and engagement
- Apply practical techniques when completing the initial assessment with individuals experiencing homelessness
- Develop their own personal plan to encourage self-care and build resiliency as an APS professional

COURSE OUTLINE

CONTENT	MATERIALS	TIME
WELCOME, INTRODUCTIONS, & COURSE OVERVIEW		20-25 minutes
Course Goal and Learning Objectives		
Individual Reflection: My Why		
CULTURE OF POVERTY & HOMELESSNESS		10 minutes
Considerations		
Length of Homelessness		
SAFETY		15 minutes
Strategies	Handout #1	
OUTREACH		35-40 minutes
Activity #1- Outreach with Iris (Large Group)	Handout #2	*5 minutes*
Strategies and Challenges	Handout #3	
Activity #2- My Own Motto (Individual and Breakout Rooms)		*10-15 minutes*
ENGAGEMENT AND ASSESSMENT		25-30 minutes
Strategies	Handout #4	
Psychoeducation		
Tasks		
Activity #3- Engagement with Iris (Individual and Large Group)		*8-10 minutes*
CONSIDERATIONS & INTERVENTIONS WHEN WORKING WITH SUB POPULATIONS		20-25 minutes
Health Concerns		
Recovery Model		
Activity #4-Applying Recovery Model to Iris (Individual and Large Group)	Handout #5	*8-10 minutes*
SELF-CARE		25 minutes
Vicarious Trauma and Burnout		
Mitigating Compassion Fatigue and Burnout		

Activity #5- Compassion Satisfaction (Individual)	Handout #6	*5-7 minutes*
Activity #6- Vicarious Resiliency (Individual, Large Group)		*3 minutes*
WRAP-UP AND EVALUATIONS		15 minutes
Workshop Takeaways		
TOTAL TIME (NOT INCLUDING BREAKS)		**3 hours**

WELCOME, INTRODUCTIONS AND COURSE OVERVIEW
Time Allotted: 20-25 minutes

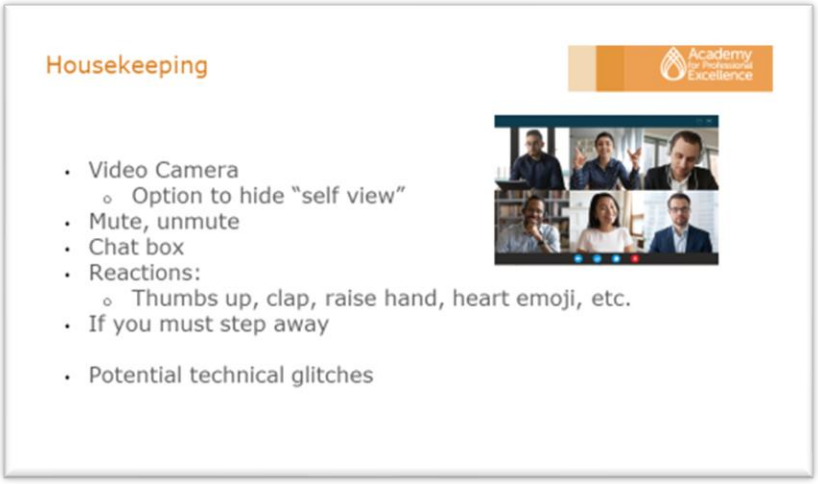
Slide #2: SDSU School of Social Work (1 minute)

Explain that the Academy for Professional Excellence is a project of San Diego State School of Social Work. Its mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.

Slide #3: About APSWI and the Academy (1 minute)

Explain that Adult Protective Services Workforce Innovations (APSWI) provides innovative workforce development to APS professionals and their partners. APSWI is a program of the Academy for Professional Excellence along with others listed on the slide.

Slide #4: Housekeeping (1 minute)



Allow for a few minutes for participants to settle in and **cover** housekeeping items.

- Muting self
- Ensure display name is correct
- Use of video
    - Zoom feature allows you to hide "self view" where you no longer see yourself, but you're still on camera.

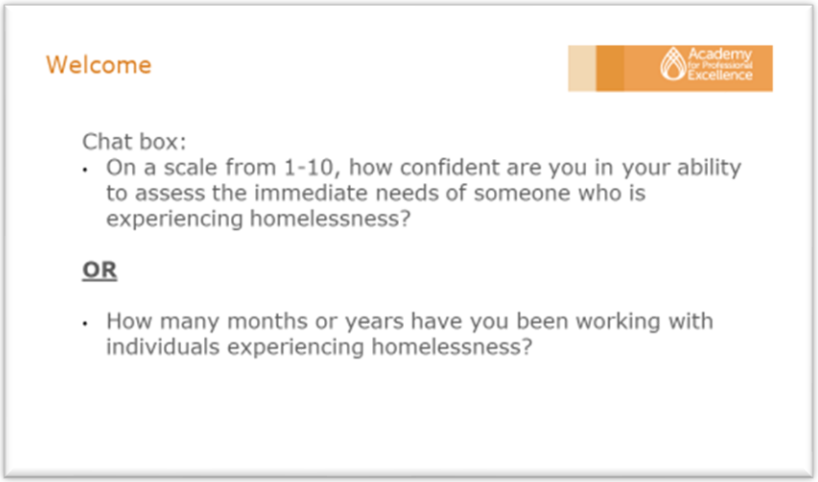
Explain that technical glitches are inevitable on both your end and the participants and **encourage** all to be patient and forgiving as you navigate them.

Share the following:

- We have many ways for you to participate today, including chat, polling, live discussions, breakout rooms and reactions. We know that people come to training for many reasons and like to participate in different ways.
- Some of you will take yourself off of mute and speak, some would rather use the chat function. When participants share verbally there is a break from hearing one voice. We truly appreciate the time used to be present.

Please participate in the way that works for you. There will be pauses at times to give everyone a chance to share and allow for silence.

Slide #5: Welcome (5 minutes)



Chat Box:

Ask participants to type in their names, titles, and counties (or APS programs) for attendance purposes.

Ask participants to answer either question in the chat box as well:

#1: On a scale from 1-10, 1 being not confident, 10 being extremely confident, how confident are you in your ability to assess the immediate needs of someone who is experiencing homelessness.

#2: How many months or years they've had working with individuals experiencing homelessness.

Introduce yourself and briefly highlight your interest in this topic and relevant experience with the subject.

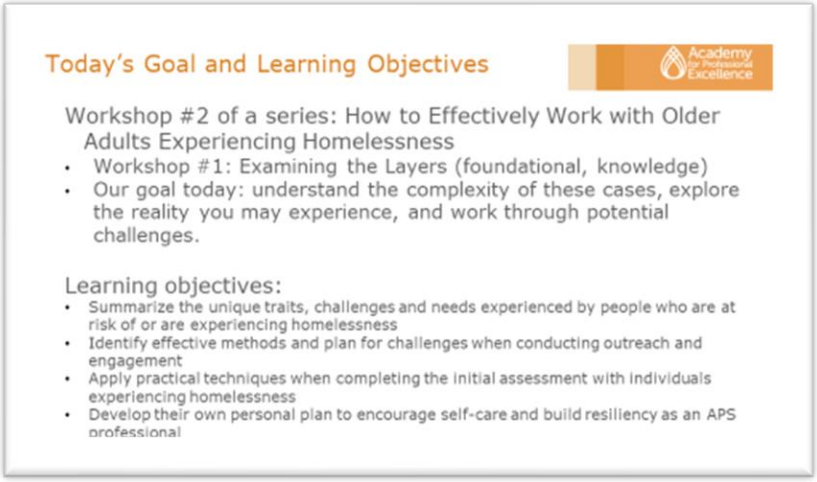
Introduce moderator(s) or **ask** moderator(s) to introduce themselves.

- **Describe** moderator's role—monitor the chat box, assign breakout rooms, handle any administrative issues, etc.

Highlight information from chat box such as number of counties participating and their answers to the prompts on their confidence level and experiencing working with individuals experiencing homelessness.

Slide #6: Goal and Learning Objectives (3-4 minutes)

Trainer Note: This slide is animated.



Trainer Note: It can be helpful to take a quick poll of who attended Workshop #1 to inform you and each other of the audience's knowledge and experience.

Share the following in order to provide learners a road map and purpose of this training.

- This is workshop **two of a series** on how to effectively work with older adults experiencing homelessness. The entire series is designed to provide APS professionals with knowledge, practical tools, and opportunities to build empathy and gain a better understanding of what many individuals who are homeless work through in order to work more effectively with this population.
- Workshop #1: *Homelessness in Older Adults, Examining the Layers* was a knowledge/awareness training that focused on:
    - Understanding risk and contributing factors to becoming homeless and identify protective factors.
    - Identifying our own implicit and explicit bias with those who experience homelessness and recognize how those biases impact the way APS professionals work with others.
    - Understanding the Principles of Trauma Informed Care and how they complement APS Guiding Principles and Values in order to apply them when working with those who are risk of or are homeless.
    - Workshop #1 was developed to provide a foundation on the culture of homelessness to prepare APS professionals for the skill-building workshops.

Continued

The goal of this workshop is to build on the foundational concepts in Workshop #1 and provide opportunities to broaden APS professionals' skills when working with people who are experiencing homelessness.

- These cases are often complex and this workshop allows participants to understand more about this complexity and see the intense reality they may endure when out in the field.
- Working through expected challenges in training, moves APS professionals towards confidence and critical thinking with these cases in their day-to-day work.

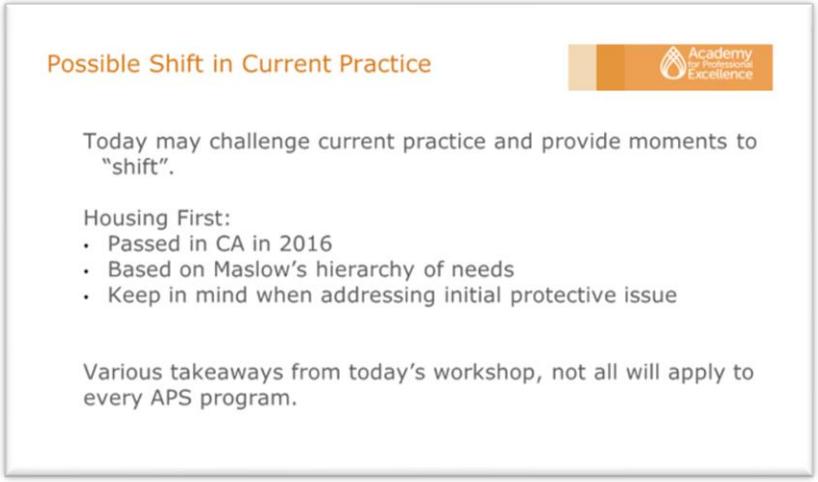
Share that content in this workshop may evoke strong emotions from participant's fears, their interactions with clients as well as any experience they may have had in their own life with homelessness.

Review the Learning Objectives:
After completing the workshop, participants will be able to:

- Summarize the unique traits, challenges and needs experienced by people who are at risk of or are experiencing homelessness
- Identify effective methods and plan for challenges when conducting outreach and engagement
- Apply practical techniques when completing the initial assessment with individuals experiencing homelessness
- Develop their own personal plan to encourage self-care and build resiliency as an APS professional

Share that participants may have heard the term "houseless" in reference to unsheltered individuals. The terms can be used interchangeably, but the term "homeless" will be used throughout this workshop.

Slide #7: Possible Shift in Current Practice (2 minutes)



Share that this workshop may challenge some participant's past or current experience working as APS with people experiencing homelessness as many APS programs only saw individuals who were homeless maybe once or twice and then closed the case. This workshop takes evidence-based and best practices from the field of Homeless Outreach and Housing First Theories and applies to APS practice.

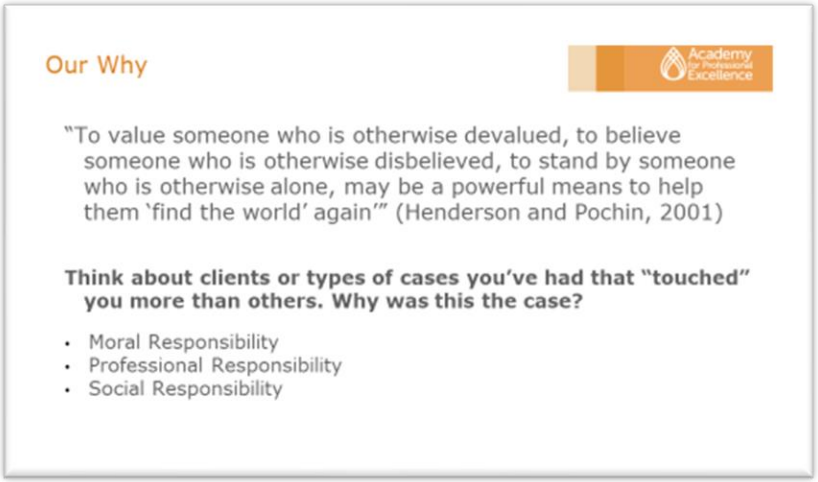
Housing First was discussed in Workshop #1, but **point out** the following:

- 2016, CA passed a bill that requires all housing programs to adopt a housing first model.
- Housing First is based on Maslow's hierarchy; meeting basic needs allows a person to advance their life.
- APS can keep Housing First model in-mind when also addressing the initial protective issue that comes with APS referrals.

Explain that with changes from CA Assembly Bill 135 and California's Master Plan For Aging, some APS programs will adapt new programs to work with those experiencing homelessness and possibly have long-term case management and some may not. This workshop is an attempt at "addressing the middle ground".

Slide #8: Our Why (6-8 minutes)

Trainer Note: This slide is animated.



Share the quote on the slide and **acknowledge** that this is a large sentiment of the Workshop Series.

> "To value someone who is otherwise devalued, to believe someone who is otherwise disbelieved, to stand by someone who is otherwise alone, may be a powerful means to help them 'find the world' again'" (Henderson and Pochin, 2001)

Explain that when working with those who are homelessness, there can sometimes be a disconnect in our society, and even within ourselves, about the "why" when working with this population. This is often connected to lifestyle choices or the reasons that led individuals to become homeless. As APS professionals you are asked to assist clients that face stigma and bias, however, you also recognize that humans deserve to be treated with dignity and given opportunities, despite the challenges they face. Below are some reasons you may feel compelled to help this unique group of clients.

Review the following:

- Why should we care? (National Health Care for the Homeless Council [NHCHC], 2019)
  - Moral responsibility
    - What is your "why" and reasons for wanting to be a part of the solution/movement
    - Code of ethics
  - Professional responsibility
    - Changes to APS laws will increase interaction with homeless

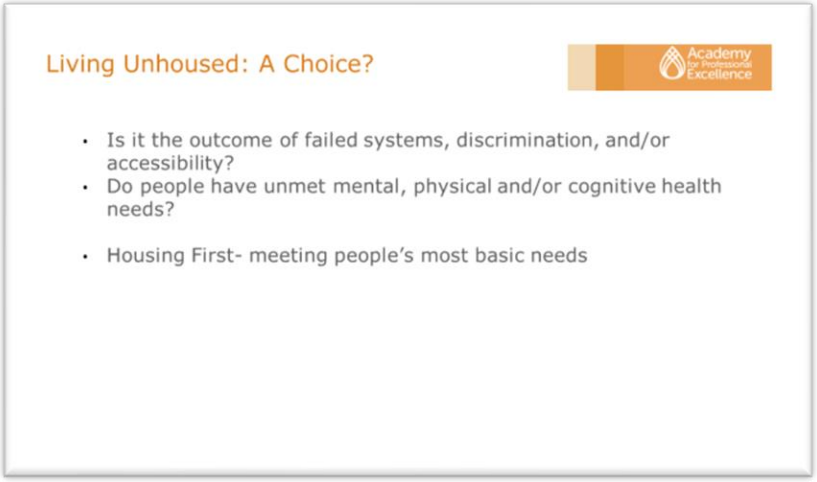
Continued

        - CA Assembly Bill 135- the bill states that it is the intent of the Legislation to enable the program to provide longer term case management for those with more complex cases (CDSS All County Letter No. 21-138)
        - Repeated visits will allow APS professionals to identify and address protective issues such as medical self-neglect, lack of housing and social support.
    - Relief of suffering
        - APS has the opportunity to change the course of someone's life
    - Excess morbidity and health care utilization
- Social responsibility
    - "Epidemic" that continues to worsen/increase
    - No longer can ignore the problem
    - Community building
    - Finding alternatives, such as specialized collaborative courts, other than utilizing criminal justice system to "solve" the problem

Explain that if participants keep these "why's": Moral, Professional, Social responsibilities in mind while participating in this workshop, it may better support the transfer of learning to their day-to-day work.

Slide #9: Living Unhoused: A Choice? (2 minutes)

Trainer Note: This slide is animated.



Cover the following:

There can sometimes be this widely accepted thought based of some experience either personally or professionally that people choose to be homeless, and some clients may even verbally share this.

Explain that we can't go into this as much in this workshop, but that you want to challenge this acceptance that it's a choice and **ask** the following questions:

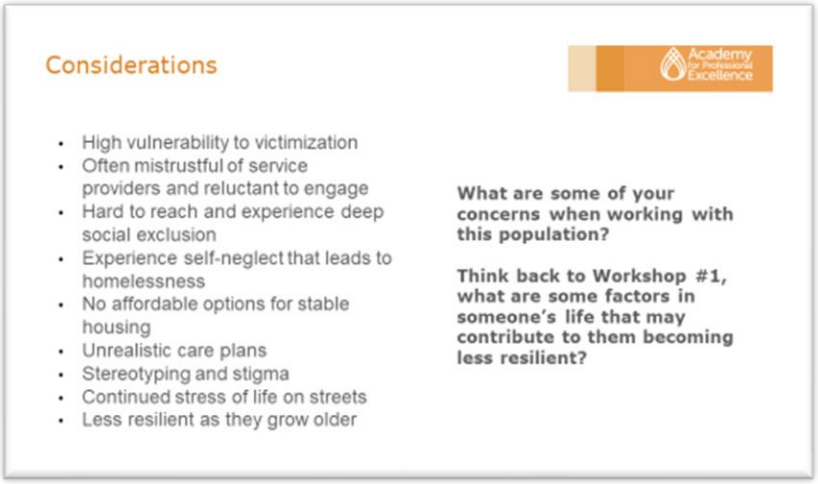
- "Is it a choice or the reality that there are systems in place that allow the streets, or a van, to be more appealing?"
- "Is it that they have unmet mental, physical, cognitive health needs that allow them to think living unhoused is better than permanent housing?"

Share that if we adapt the Housing First model (i.e. meeting people's most basic needs) we can really reframe this thought of it being a choice and fulfill some of that moral, professional and social responsibility previously mentioned.

CULTURE OF POVERTY AND HOMELESSNESS
Time Allotted: 10 minutes

Slide #10: Considerations (5 minutes)

Trainer Note: This slide is animated.



Explain that before we get into the skill-building portion of the workshop, we're going to briefly go over some considerations when working with people experiencing homelessness. Some of these are review from Workshop #1. The content in today's workshop will help you address some of the challenges that come up with these considerations.

Review the following:

- Considerations when working with older adults who are homeless:
  - High vulnerability to victimization
  - Often mistrustful of service providers and reluctant to engage
  - Hard to reach and experience deep social exclusion (i.e.: attempts to hide in order to stay safe)
  - Experience self-neglect that leads to homelessness
  - No affordable options for stable housing
  - Less resilient as they grow older
  - Many of the care plans formulated in hospital and clinic settings are unrealistic for the homeless population
  - Older adults are living in a vastly changed society with little relevance to that of their youth (Shinn et al., 2007)
  - Stereotyping and stigma based on age and homelessness
  - Some are "too young" to qualify for certain benefits and housing options (e.g., Social Security benefits)
  - Continued stress of life on streets adds 10 to 20 years to their psychological age (Shinn et al., 2007)

Ask: "Knowing these considerations, what are some of your concerns when working with this population?"

Continued

Allow participants to type in chat box or share verbally.

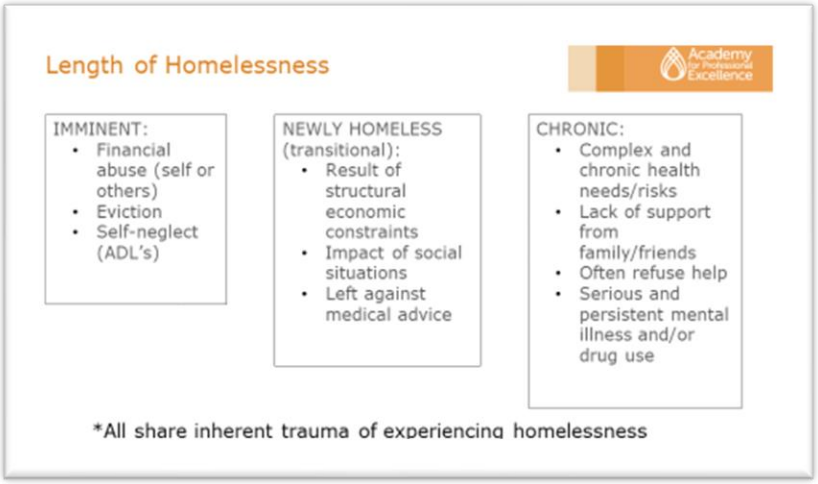
Highlight the "Less resilient as they grow older" and **ask**, "Think back to Workshop #1, what are some factors in someone's life that may contribute to this?"

Possible answers can include:

- Age when homelessness occurred (before 50 vs. after 50)
- The lack of safety while experiencing homelessness- constant flight, flight or freeze leads to detrimental impact on mental and physical health
- Stigma and lack of support can contribute to motivation levels

Slide #11: Length of Homelessness (5 minutes)

Trainer Note: This slide is animated.



Explain that though we often use "this population" or "those experiencing homelessness", it's always important to remember that people experience it differently, at different times and for different lengths of time. **Cover** the following Causes and Considerations when it comes to when and how long someone is houseless.

- **Imminent risk of homelessness**
  - Financial abuse
    - ❖ Family/friends/caregiver
    - ❖ Life choices (gambling)
  - Eviction
  - Self-neglect (activities of daily living, basic needs)

- **Newly (transitional) homeless in old age**
  - A few weeks or months to less than a year
  - Result of structural economic constraints
    - ❖ Fixed incomes coupled with inflation, lack of resources, stigma
  - Impact of social situations
    - ❖ Death of partner
    - ❖ Healthcare catastrophe depletes savings
      - Released from incarceration
        - ❖ Lack the skills needed to survive without structure
  - Left against medical advice from skilled nursing facility
    - ❖ In need of specialized medical care (associated with high costs)

Continued

- ❖ Prescribed multiple medications with likelihood for adverse interactions
- ❖ Deteriorating health exacerbates problems once the person is homeless

- **Chronically homeless older adults**
  - Survivors of long-term and multiple episodes of homelessness
  - Personal risk factors accumulated over a lifetime and "enculturation to street or shelter" (Shinn et al., 2007)
  - Complex and chronic health needs/risks
  - Lack of support from family/friends
  - Often refuse help
  - Often this group requires interventions that are attractive to clients, like housing, to engage
  - Serious and persistent mental illness or substance use
    - ❖ Complex PTSD (physical/emotional abuse and abandonment)
    - ❖ Trauma experienced while homeless
      - Inherent trauma of experiencing homelessness
      - Survival mode- constant state of flight/freeze/fight
      - Theft, assault

SAFETY
Time Allotted: 15 minutes

Slide #12: Safety Strategies Prior to Meeting (8-10 minutes)

Trainer Note: This slide is animated.

Ask participants to share in the chat box ways in which they practice safety while visiting any one they interview (people in homes, alleged perpetrators, collateral contacts, etc.)

Moderator to theme out some answers.

Refer participants to **Handout #1- Tip Sheet** to follow along as you review the next section.

It's almost imperative (and some counties required) to go out in teams when meeting with people experiencing homelessness. **Share** that it might be a shift from normal practice, especially with veteran staff or when busier than normal.

- Teams
    - Go in pairs whenever possible especially when working outside fixed outreach sites or when entering unknown areas. Coordinate with your partner early on to ease potential scheduling conflicts.
    - Develop a contingency plan for worst-case scenarios or dangerous situations with your partner and supervisor before leaving the office.
    - Determine a "code word" before approaching a client/group that can be used to indicate a safety issue or level of discomfort. If a partner uses the "code word" the pair will exit the situation as soon as possible, no questions asked.

Continued

    - Conduct regular gear up/debrief with team and/partner to review plan and lessons learned

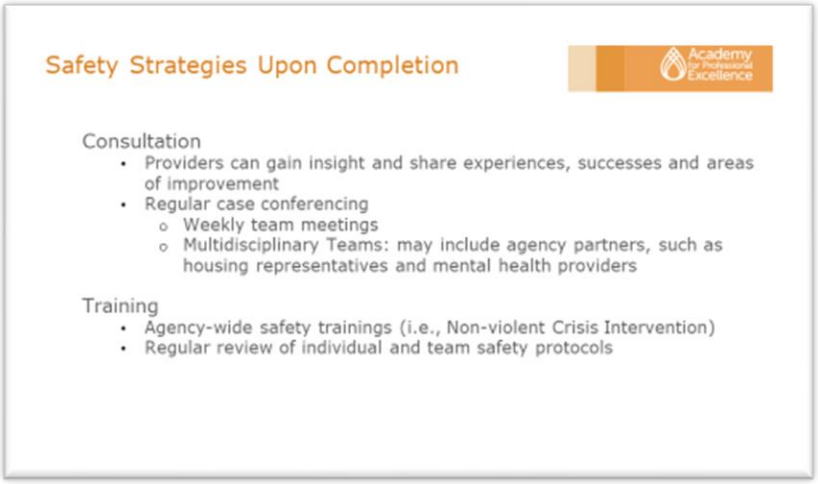
- Strategies (Health Care for the Homeless Clinicians' Network, 2011)
    - Always let your supervisor(s) know your location
    - Do not plan outreach for areas in which you believe are inherently dangerous (examples: high crime or gang presence, secluded area away from the public)
        - If the person you're trying to reach has a working cell phone and you can reach them, request to meet in public space that is convenient for you both.
    - Don't approach people who are "giving signs" that they don't want to be approached
    - Be aware of gang areas and their colors. To be safe, do not wear red, blue, green or purple while conducting outreach.
    - Always carry business cards and identification with you including lanyard that is clasped, if using a lanyard.
    - Bring appropriate PPE: Googles, Gloves, Mask, bring extra masks and hand sanitizer, booties
    - Never enter clients' cars, homes, or any enclosed area
    - Never wake a sleeping client
    - Never peek into tents. Consider calling the client's name to let them know you are approaching, but be cognizant of confidentiality.

Slide #13: Safety Strategies While Engaged (3 minutes)

- Strategies (Health Care for the Homeless Clinicians' Network, 2011)
  - Introduce yourself and inform people of what you are doing and why
  - Do not stand and argue with someone who does not agree with what you are doing
  - Do not carry valuables or other personal possessions such as jewelry, large amounts of money, etc. If carrying incentives, arrange to hold these in a secure place. Take the least amount of items on you.
  - Don't interrupt sales of drugs or sex. Leave the area immediately without drawing attention to yourself or others.
  - If you suspect that your client is under the influence, consider rescheduling and visiting on a different day.
  - Do not accept or hold any type of controlled substance
  - Refrain from petting dogs/animals that may belong to your client or "community"
  - In an emergency, call, or have another person call 911. Do not separate from your partner unless you feel that staying would increase your danger.

Slide #14: Safety Strategies Upon Completion (2 minutes)

Trainer Note: This slide is animated.



- Consultation
    - Regular case conferencing (e.g. Multidisciplinary Teams) helps to resolve differences, clarify issues and show common ground
        - AB 135 expands the MDTs to include additional individuals, such as housing representatives. APS professionals can connect with these individuals and welcome them to the table.
    - Providers can gain insight and share experiences, successes and areas of improvement
- Training
    - Advocate for agency-wide trainings focused on safety (i.e., crisis management, Non-violent Crisis Intervention)
    - Review individual and team safety protocols on a regular basis

Ask if participants have any other safety tips not covered here or on the tip sheet to feel free to share.

HANDOUT #1 - TIP SHEET
Safety Strategies When Working with Clients Experiencing Homelessness

BEFORE MEETING WITH INDIVIDUAL
• Document your location and make sure another staff/supervisor is aware   ○ Note any potential risks or dangers in the location (e.g. gang activity, isolated area, crime) and take precautions
• Work in teams if possible and conduct gear-ups and debriefs
• Always carry identification
• Create a "code word" amongst the team that can be used to indicate a safety issue. Ensure everyone knows it and that it feels realistic to the situation.
DURING THE MEETING
• Never sneak up on or corner someone
• Never wake a sleeping client or peek into their tent/home
• Don't interrupt sales of drugs or sex work
• Listen to your gut/intuition and never hesitate to leave an unsafe situation
• If you're concerned person is under the influence, consider rescheduling appointment if you believe they are unable to constructively participate in a discussion, taking into account when they might be more sober than not.
• Maintain the confidentiality of your client as best as possible
• Refrain from petting animals/dogs, these are family and maybe "security".

OUTREACH
Time Allotted: 35-40 minutes

Slide #15: Meet Iris (5 minutes)

Trainer note: This slide is animated.

Activity #1 - Outreach to Iris (5 minutes)
Large Group

Introduce participants to **Handout #2: Iris Case Study**
Ask for a volunteer to read about Iris out loud.
Share that we'll be referring back to Iris throughout the rest of the workshop.

Ask participants to think back to the safety discussion we just had and planning for outreach specifically with Iris.

- What are some things you would want to do to prepare or think about before meeting Iris, knowing some of her situation as pertains to safety and planning for outreach?
- **Ask** for a few volunteers to take themselves off mute and share verbally.

Possible Answers:

- Research the area you will be visiting and note any possible dangers or things to look out for
- Work in teams if possible, especially on the first visit
- Gather as much information about Iris as possible before going out (e.g. intel from reporting party/referral source; past history/interaction with other service providers)
- Prepare items for outreach (e.g. identification, PPE, hygiene items)

HANDOUT #2 - IRIS CASE STUDY

You are assigned to work with Iris, in her late sixties, who has been homeless for five years.

She was referred to APS by the County Homeless Outreach and Engagement (O&E) Team.

O&E recently noticed her in a park they regularly visit when conducting outreach.

Iris typically stays alone near the park benches, but often visits the local Senior Center which provides meals.

She has a prepaid cell phone and one bag of personal belongings.

O&E contacted APS reporting self-neglect because Iris reports she has diabetes and a large wound on her left foot, but she has not sought medical treatment in several months.

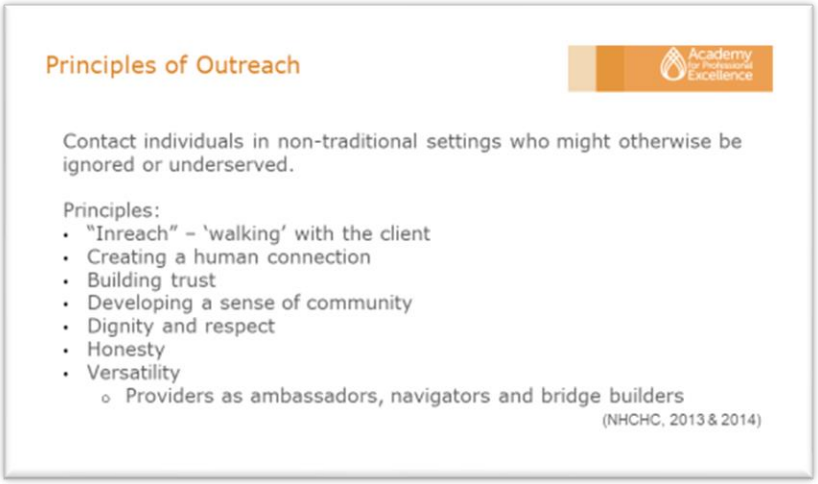
The referring clinician reports that Iris is friendly but may have some untreated mental health issues.

She receives a monthly disability check and is a MediCal/Medicare recipient.

Safety:

Outreach:

Slide #16: Principles of Outreach (3-4 minutes)



Share the following:

- Contact individuals in non-traditional settings who might otherwise be ignored or underserved
- On a client level, outreach has been described as the "front door" to an agency (NHCHC, 2013)
    - "Inreach" – 'walking' with people to the services they need- Outreach and Inreach go hand-in-hand.
- Principles of outreach:
    - Creating a human connection
    - Building trust
    - Developing a sense of community
    - Dignity and respect
    - Honesty
- Versatility required in outreach (NHCHC, 2014)
    - Providers serve as agency ambassadors in the community by establishing positive first impressions
    - Providers serve as a bridge to agency services by facilitating referrals
        - APS is skilled in doing this with all clients. Workshop #3 of this Effectively Working APS Cases for Persons Experiencing Homelessness will focus specifically on APS' role in referrals, resource awareness and usage, use of MDT
    - Providers serve as navigators by "helping clients overcome system complexities and access appropriate services."

Slide #17: Outreach Strategies (5-7 minutes)

Refer participants to **Handout #3-Tip Sheet.**

Share the following, **allowing** for questions as they arise.

- Strategies for approaching clients (NHCHC, 2013)
  - Your initial approach and first impression are major factors in the individual accepting or refusing services
  - Determine the "right" time of day to visit a client. During meal/shower time is not ideal. Individuals who are unsheltered tend to be less active in the morning due to the fact that many are sleeping because they were awake at night for safety purposes. Scheduling appointments later in the day (e.g. after lunch) may be more productive.
  - Never sneak up or corner someone
  - There are distinct hierarchical constructs in the homeless community. Consider building relationships with "gatekeepers" in the homeless community. These individuals often influence the larger group and have more leverage and pull in conversations with outsiders. This also includes forming relationships with staff at homeless services centers where the client visits.
  - Respect the individual's "three homes"
    - Providers must respect the three homes of a person experiencing homelessness: the individual's personal space, the physical space where they live, and the community in which they live. (San Diego County, 2019)
  - Clearly identify yourself and your agency

Continued

- Be yourself and adopt a "laid back, open-ended approach" without pushing agenda. This helps to establish a human connection.
- Let the person know your first goal is getting to know them as a human
- Actively listen and reflect
- Respond, don't react
    - APS is used to going into homes where there are undesirable smells, animal or human feces in common areas, etc. and often interact with people who we may disagree with their behaviors or lifestyle. If we react, we show our judgement and it's not relevant to the work being done. Reacting is not person-centered, responding is. Examples of situations you may need to respond to:
        - Client continues to insist you aren't helping them
        - Client may be under the influence when you meet
        - Client either misses or is late to appointments
        - Client has not followed through on any tasks
        - Client feels that their friend should get help before they do
- Be culturally responsive and trauma-informed when asking questions
    - Cultural Responsiveness:
        - According to the National Center for Culturally Responsive Educational Systems (NCCREST), is "the ability to learn from and relate respectfully with people of your own culture as well as those from other cultures
    - Trauma-informed Care:
        - Safety, Choice, Collaboration, Trustworthiness, Empowerment
- Let the client decide if they want to proceed with the discussion
- Tell clients approximately when you will be back and how you can be reached
- Give clients your business card
- Repeat visits are necessary to build rapport and trust
- Carry emergency items such as hygiene kits, water and snacks, incontinence products, if available through your agency
- Keep initial conversations somewhat brief to avoid overwhelming the client

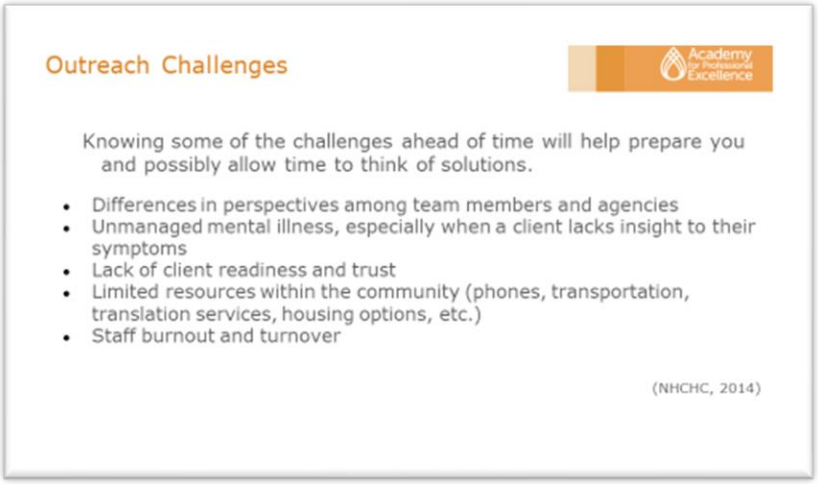
HANDOUT #3 - TIP SHEET
Outreach Strategies When Working with Clients Experiencing Homelessness

BEFORE MEETING WITH THE INDIVIDUAL
• Attempt to form relationships with key community members (e.g., gatekeepers, staff at Senior Centers/Churches)
• Schedule appointments when the client is most active and motivated (i.e. avoid mornings and meal times)
DURING THE MEETING
• Be open to making in person "warm handoffs" with other providers
• Respect the client's "three homes": their personal space, the physical space where they live, and the community in which they live.
• Clearly identify yourself and agency
• Be yourself, actively listen and ask open-ended questions
• Initial goals are getting to know the person as a human and assessing for safety   ○ Examples: "Have you eaten today?" "How do you plan to get your next meal?" "Where do you normally sleep?" "How do you keep yourself safe on the streets?" "Are there people out here that you trust or consider a friend?"

• Don't push an agenda, especially in the beginning
  ○ Let the client lead and move at their pace. (i.e. "How can I best help you?"
  ○ Keep initial conversations brief

• Carry and use emergency items such as hygiene kits, water, incontinence products, if available
• Respond, don't react. Think about what needs to happen in order for you to "meet" them where they're at
• Ask questions using a culturally responsive and trauma-informed lens
• Encourage the client to set goals and work collaboratively towards small steps
• Tell the client when you'll be back and how to reach you
• Repeat visits build trust and rapport
• Follow up and follow through, only commit to things you know you can complete and that are within your control.
• Don't be afraid to use creative and unconventional ways to connect and present information (i.e. use of written material or pictures, create a binder to hold important documents)

Slide #18: Outreach Challenges (3 minutes)



Explain that is with many interactions, there will be challenges when working with people experiencing homelessness. Knowing what some of these may be ahead of time allows you to accept when they happen and possibly have a work around.

Review the following Challenges from NHCHC, 2014

- Differences in perspectives among team members and agencies
- Unmanaged mental illness, especially when client lacks insight to their symptoms
- Lack of client readiness and trust
- Limited resources within the community (phones, transportation, translation services, housing options, etc.)
- Staff burnout and turnover

Slide #19: Developing Your Personal Outreach Style (15-20 minutes)

Trainer note: This slide is animated.

Explain that in order to work through challenges and inevitably, work effectively with those experiencing homelessness, it's imperative that APS professionals develop their own outreach style based upon best practices and research, experience, and cultural responsiveness.

Activity #2- My Own Motto (10-15 minutes)
Individual and Breakout Rooms

Ask that each participant silently reflect on their own style when engaging with clients, alleged perpetrator and collaterals.

- What is at the core of their work and how they interact with people?
  - If people are newer to APS, what did they do in their previous work that they will continue to use when working with individuals who are homeless
  - People can also share attributes/characteristics they have seen in colleagues that they want to try with clients.
- Take 3-5 minutes to write it/type it down in their participant manual, focusing on their strengths when working with complex cases, before going into breakout rooms where you will share with each other.

Allow for 2-3 minutes for this individual activity.

Moderator to put participants into breakout rooms of 3-4.

Explain that when they get into their breakout rooms, they can each go over a few characteristics of their style and note any similarities or

Continued

differences within their group. **Encourage** that group members allow for sharing from everyone. There is no report out of this activity.

Moderator: **launch** breakout rooms for 10 min.

- **Provide** a 3 min warning before time is up.
- **Close** breakout rooms and welcome everyone back.

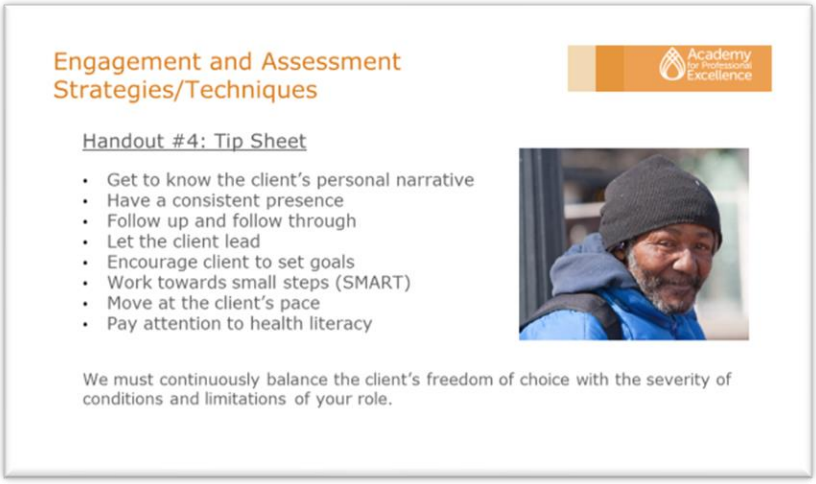
Review the following and acknowledge that what they came up with individually and within their groups may be similar.

- Characteristics of an effective outreach worker
    - Flexible, non-judgmental, relaxed, resourceful, patient, calm, assertive, team player, tactful, cautious, alert (San Diego County, 2018)
- Switch staff/approach
    - If one staff does not "click" with a client, utilize another team member that may be a better match (not a one size fits all approach)

ENGAGEMENT AND ASSESSMENT
Time Allotted: 25-30 minutes

Slide #20: Engagement and Assessment Strategies/Techniques (7-9 minutes)

Trainer Note: This slide is animated to allow you to discuss each strategies



Refer participants to **Handout #4 - Tip Sheet** in their participant manual.

- Once the provider has made initial contact with potential clients, they must "build engagement, so these individuals are comfortable and well-equipped to access services and resources." (San Diego County, 2019)
- Strategies and techniques (NHCHC, 2013)
    - Get to know the client's personal narrative
        - Collect info in laid-back, open-ended manner that builds trust and rapport
        - Show empathy and understanding without pushing agenda
        - Expressing appreciation for survival skills as strengths and coping mechanisms
    - Have a consistent presence in the community
        - Build a solid reputation and increase approachability through visibility
        - Establish a consistent, predictable and regular schedule
            - May be difficult but there are ways to adapt to meet the specific needs of this group
            - Individuals who are homeless are often very mobile. If you can find out and understand how they move within the community (e.g. do they

Continued

have a bike, a shopping cart, a car, a scooter and where do they go throughout the day- bathroom to wash up, parking lot or park, area where they ask for $) you can adapt your time to their schedule.

- Continuity of providers helps build trust and familiarity and also prevents client from having to re-tell their story (trauma informed)

- Follow up and follow through
  - Especially important in the early stages of engagement
  - If you say you're going to complete a task, always follow through. This means knowing your limitations and boundaries before engaging with the client.
    - Example: If you inform the client that your next step is to talk to someone at HUD to figure out when you need your id by, make sure to complete those tasks before you meet with them and report back. If a task isn't complete, communicate clearly and with dates in mind.
- Let the client lead
  - Client readiness is an important indicator of successful engagement
  - High probability that the client is not ready to engage due to fear, mistrust, mental illness, etc.,
  - There is a need for a give and take (negotiation) relationship
  - Share resources and guidance, but allow the clients to follow through
  - Your consistent support and presence will build trust, but you must be patient. This is not necessarily a linear process.
- Encourage clients to set goals
  - This is the most effective way to build engagement
  - Have a conversation about their short and long-term goals
  - Refrain from imposing your own or agency's goals
  - Decide how you can help the client achieve these goals and develop a collaborative action plan
    - Include action steps for client and provider in the plan
- Work towards small steps
  - Power in achieving small steps. It provides a sense of

Continued

accomplishment and empowerment which is supported through the client-provider relationship
        - Utilize Motivational Interviewing (MI) when appropriate and goals that are SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) to create a plan that highlights the client's strengths and honors their current capabilities/motivation
        - Once a client believes that they can move forward, you can be there to help them keep the momentum and stay focused
    - Move at the client's pace
        - Although it is tempting to address all the client needs in the initial phases, most homeless clients desire a "gradual process"
        - A client tends to disengage (i.e., stop showing up for appointments) when they feel overwhelmed. This usually happens when a worker stops listening to what the client wants/needs.
        - Having an open dialogue regarding pacing should happen each time you meet with the client, especially in early engagement.
    - Pay attention to health literacy (i.e. the client's ability to read and level of understanding). Be open to presenting information in unconventional ways.

Share that these strategies may not new to APS as they do most or all of this with clients. However, applying them to those experiencing homelessness can be new.

Keeping these strategies (Follow up and follow through, Let client lead, Work towards small steps, Move at their pace) in mind, we must continuously balance the person's freedom of choice (right to self-determination) with the severity of conditions and limitations of your role (safety and well-being).

HANDOUT #4 - TIP SHEET
Engagement and Assessment Strategies When Working with Clients Experiencing Homelessness

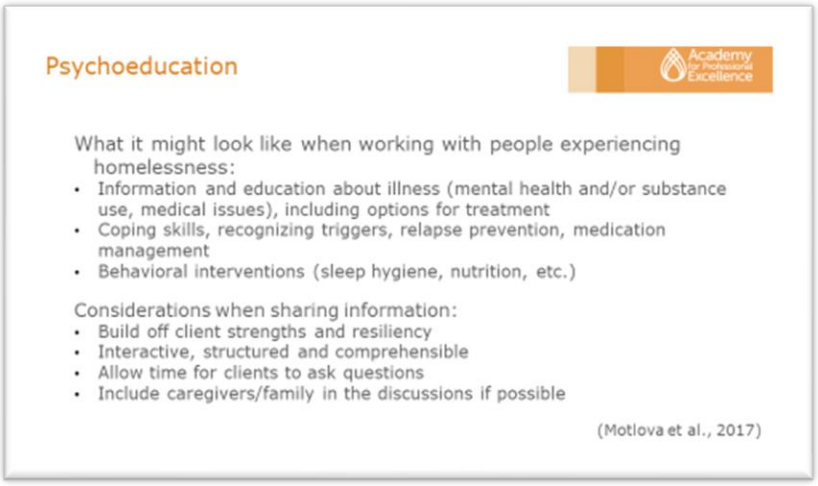
Get to know the client's personal narrative (i.e. "What were some factors that brought you to the place you are now?"
Express appreciation for survival skills as strengths and coping mechanisms. How have they survived living unhoused?
Have a consistent and predictable presence in the community.
Follow up and follow through. Know your boundaries as a professional before making promises or offering specific help.
Encourage clients to set goals.
Let the client lead. This involves the process of negotiation and is often not linear.

Work towards small steps
• Utilize SMART goals (Specific, Measurable, Achievable, Relevant, and Time-Bound) and Motivational Interviewing
  ○ Example of a goal that is too broad: *Get a job*
  ○ Example of a SMART goal: *APS professional and client to call DMV on Tuesday to schedule an appointment to obtain identification card.*

Move at the client's pace. Talk to clients about pacing. If a client disengages, they may be overwhelmed or feeling dismissed.

Slide #21: Psychoeducation (5 minutes)

Trainer note: This slide is animated.



Share that psychoeducation is a large part of what APS does within their investigations and interventions. This component is where you might spend a lot of your time when working with people experiencing homelessness.

Highlight the following:

- Psychoeducation (Motlova et al., 2017)
  - Providing information and educating clients about their illness and options for treatment improves health outcomes
    - Less relapses
    - Better quality of life
    - Better treatment adherence
    - Increases active engagement with providers
  - Share info in a comprehensible, interactive and structured way
    - Mental health/substance use/medical issues: teach about coping skills, triggers, warning signs of decompensation, medication management
    - Allow time for client to ask questions
    - Include family/caregiver in discussions if possible
    - Psychoeducation builds off client's strengths and resiliency
    - Include behavioral interventions such as promoting healthy activities in daily living (e.g., sleep hygiene, nutrition). This allows for a teaching opportunity.

Slide #22: Engagement Case Study (8-10 minutes)

Trainer note: This slide is animated to allow participants to share before covering possible answers. If most were shared, you could move to next slide.

<u>Activity #3: Engagement with Iris (8-10 minutes) Individually and Large Group</u>

Ask participants to locate **Handout #5: Iris Case Study Continued**

Share that everyone individually will take about 3-5 minutes to reflect on the following, which they will share out loud in a moment:

- Think of your own skills and attitudes you would use/have with Iris depending on the phase of engagement/ where you are in the case. What elements would you consider exploring in regards to completing a biopsychosocial assessment specifically with Iris?
    - Think: initial contact, assessment, service planning and linkage, follow up, getting ready to close case.

Allow 3-5 min for this individual activity and then **call** on a few volunteers to share verbally.

Possible Answers:

- Rapport building outreach methods: introduce self and purpose; demonstrate empathy and respect; reflect the client's feelings and message; ask open-ended questions and allow the client to tell their story; consider using incentives
- Allow time for the client to ask questions
- Complete biopsychosocial assessment and safety evaluation
- Identify client strengths/coping skills, limitations, goals
- Offer concrete assistance based on client's needs and preferences and available/appropriate community resources
- Service coordination with local clinics, housing agencies, etc.

HANDOUT #5 - IRIS CASE STUDY CONTINUED

You are assigned to work with Iris, in her late sixties, who has been homeless for five years.

She was referred to APS by the County Homeless Outreach and Engagement (O&E) Team.

O&E recently noticed her in a park they regularly visit when conducting outreach.

Iris typically stays alone near the park benches, but often visits the local Senior Center which provides meals.

She has a prepaid cell phone and one bag of personal belongings.

O&E contacted APS reporting self-neglect because Iris reports she has diabetes and a large wound on her left foot, but she has not sought medical treatment in several months.

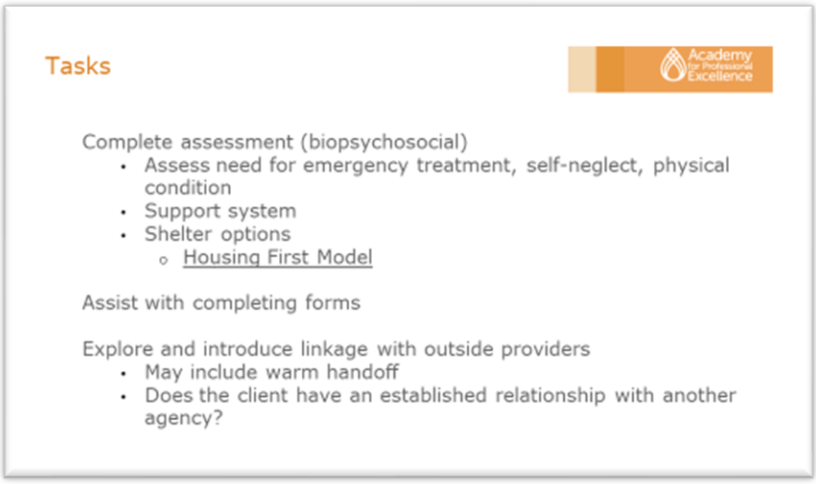
The referring clinician reports that Iris is friendly but may have some untreated mental health issues.

She receives a monthly disability check and is a MediCal/Medicare recipient.

Activity #3- Skills and Attitudes During Engagement (at each phase):

Activity #4 (for later use) Using Recovery Model:

Slide #23: Tasks (5 minutes)



Explain that each allegation and every person is different which means there is no one-way to engage and assess someone. However, we'll cover some general ideal steps to complete when you meet with someone.

- Complete global assessment (biopsychosocial)
    - What are my top priorities as APS?
        - Is emergency medical treatment necessary- do we need to involve authorities for an involuntary hold (5150) or call paramedics?
        - Assess physical condition, ability to take care of self, finances
            - Against Medical Advice (AMA)?
            - This will determine placement
        - Ask questions in an attempt understand their story
        - Do they have a support system?
            - This could be anyone- dig deep as to who they interact with, even if not recently.
        - Ask where the client receives their mail and if they have access to email
        - Offer shelter options depending on level of need and appropriateness
            - Housing First:

Continued

        - This model can be effective for people who don't meet conventional criteria for 'housing readiness' (San Diego County, 2018)
        - Can be an intensive and overwhelming process for APS professional and client
        - Clients may be disinterested or hesitant. APS professional to stay focused on their role and utilize engagement principles.
    - Alternatives such as hotel, Room and Board
- Offer to assist client with completing forms to facilitate linkage and access to services
    - IHSS applications, benefit enrollment
    - If the client has plans to attend an appointment, the APS professional may want to ask if there is someone they trust to watch their belongings. The client may want to take one bag that contains their valuables (including documents, identification, etc.).
- Explore and introduce possible linkage with outside providers (case management services)
    - Outreach and collaboration with other community agencies heavily impacts the continuity of care. Get to know providers within your referral network and offer to introduce your client in a face-to-face meeting.
    - Mental illness: this includes referrals to intensive, field-based programs such as Assertive Community Treatment
        - Crucial to build a relationship with mental health providers to ensure continuity of care
        - Client may already be or was previously linked to services, so initiating contact with those providers is important
        - Includes warm handoff in field or transporting client in a County vehicle if available

CONSIDERATIONS AND INTERVENTIONS WHEN WORKING WITH SUB POPULATIONS
Time Allotted: 20-25 minutes

Slide #24: Addressing Peoples Health Concerns (3 minutes)

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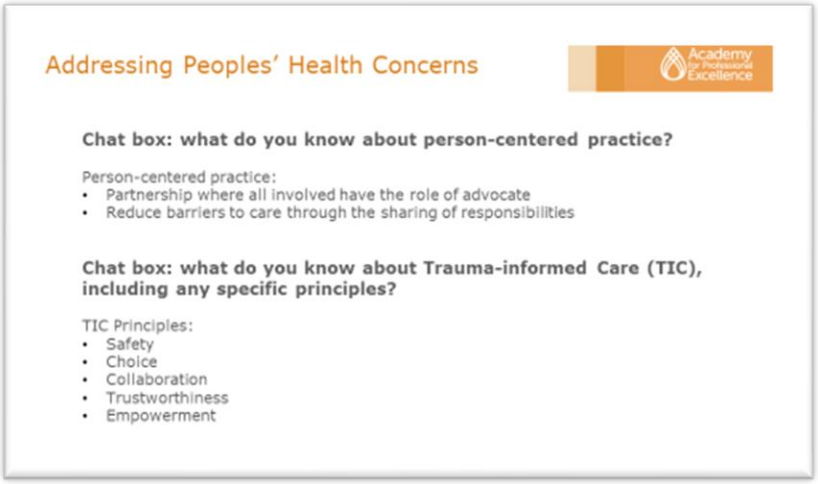


Using person-centered, Trauma-Informed and Recovery Model-based principles is especially important in order to work effectively with Special populations: i.e.: Substance Use, Mental Illness and Cognitive Impairment

Workshop #1 covered some aspects of Person-Centered and Trauma informed, so here is a quick review. However, we will spend a bit more time on Recovery Model-based principles.

Ask if participants can share in the chat box what they know about person-centered practice and **note** a few themes.

Share the following

- Person-centered practice
    - Reducing barriers to care through the sharing of responsibilities
    - Practice based on the partnership where all involved have the role of an advocate
    - "…promotes a person's right to have a choice and control over the process of exiting homelessness and is an effective strategy to empowering people." (San Diego County, 2018)
    - Inviting the client to take part in, "…all decision making supports their right to autonomy, develops their living skills and capacity to live independently." (San Diego County, 2018)

Ask if participants can share in the chat box what they know about trauma-

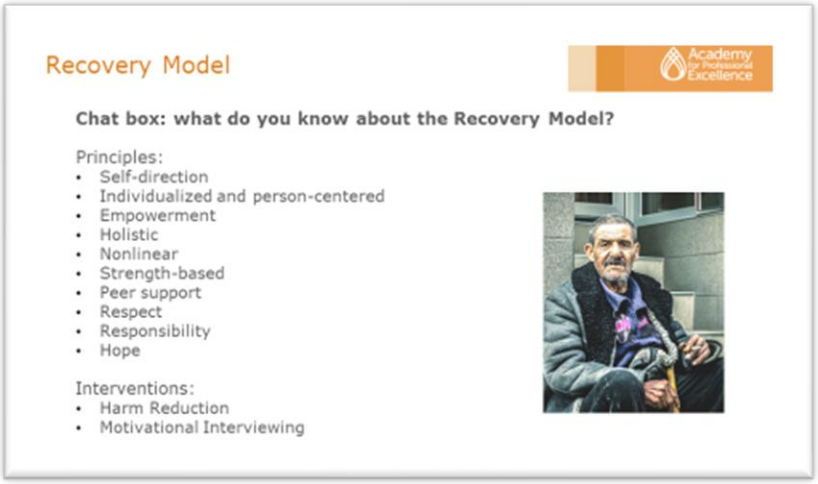
Continued

informed care, specifically if they know or remember any of the principles and **note** a few themes.

- Trauma-informed care
    - To reduce the likelihood of re-traumatization, providers needs to understand a person's previous exposure to trauma and how these experiences influence their current way of living
    - Must be careful not to retraumatize client while trying to engage them and build the relationship.
    - TIC Principles include: Safety, Choice, Collaboration, Trustworthiness, Empowerment

Slide #25: Recovery Model (5-7 minutes)

Trainer note: This slide is animated.



Ask if participants can share in the chat box what they know about the Recovery Model and **note** a few themes.

Share the following:

The Recovery Model encompasses several concepts and themes related to Trauma Informed Care, which has been discussed throughout this workshop series. This person-centered approach also shares principles with Motivational Interviewing, Harm Reduction philosophy and cultural responsiveness. Although these concepts may not be new to you, it is important to review the Recovery Model as it is nationally recognized as becoming the standard model of mental health care.

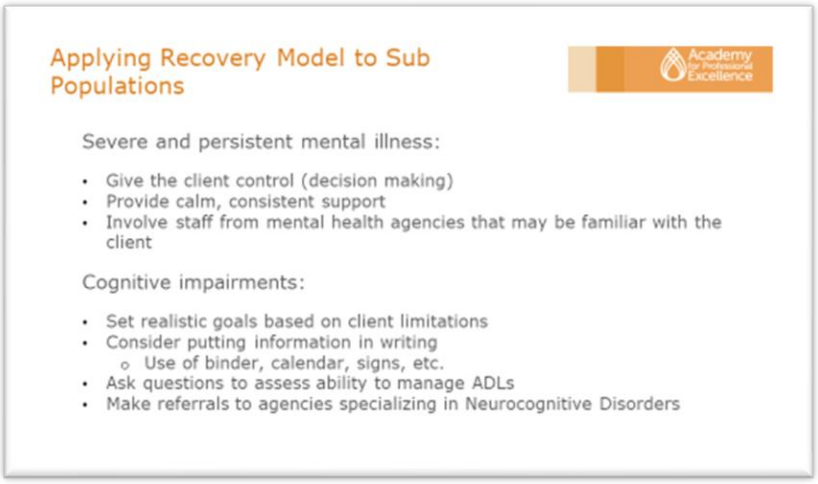
- Recovery Model (American Psychological Association, 2012)
  - Principles
    - Self-direction: Consumers determine their own path to recovery
    - Individualized and person-centered: There are multiple pathways to recovery based on individuals' unique strengths, needs, preferences, experiences and cultural backgrounds
    - Empowerment: Consumers can choose among options and participate in all decisions that affect them
    - Holistic: Recovery focuses on people's entire lives, including mind, body, spirit and community
    - Nonlinear: Recovery isn't a step-by-step process, but one based on continual growth, occasional setbacks and learning from experience

Continued

        - Strengths-based: Recovery builds on people's strengths
        - Peer support: Mutual support plays an invaluable role in recovery
        - Respect: Acceptance and appreciation by society, communities, systems of care and consumers themselves are crucial to recovery
        - Responsibility: Consumers are responsible for their own self-care and journeys of recovery
        - Hope: Recovery's central, motivating message is a better future, that people can and do overcome obstacles
- Interventions:
    - Harm Reduction
    - Motivational Interviewing

Ask: What Principles from Recovery Model are similar to what you know and what are new to you"?

Slide #26: Applying Recovery Model to Sub Populations (3-5 minutes)



Acknowledge and **validate** that the sub populations we discussed (people living with SUD, severe mental illness, cognitive impairment) is an area APS often ask about. Here we can apply the Recovery Model when working with individuals.

Severe and persistent mental illness

- Give the person as much control as possible, for example, in decision making
- Provide calm, consistent support, especially if the client is exhibiting symptoms
- Involve case manager/staff from mental health agencies that may be familiar with client if appropriate

Cognitive impairments

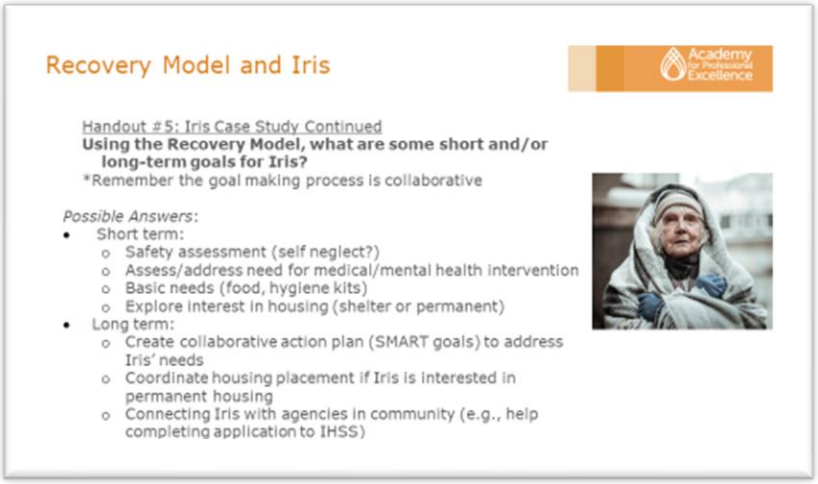
- Set realistic goals and put everything in writing so the client does not have to rely on memory
  - Consider creating a binder that the APS professionals bring to every appointment. Note that a homeless person may have difficulty keeping track of their documents/belongings, so the APS worker may decide to be the keeper of the binder.
  - Write appointments down on calendar (kept in the binder and a copy is given to the client)
  - Use calendars, watches and signs
- Ask questions to assess for client's ability to manage ADLs

Continued

- Make referrals to clinics/providers specializing in Neurocognitive Disorders (dementia) or cognitive impairments

Slide #27: Recovery Model and Iris (8-10 minutes)

Trainer note: This slide is animated.



Activity #4: Recovery Model and Iris (8-10 minutes)
Individual and Large Group

Ask participants to refer to **Handout #5: Iris Case Study Continued.**

Explain that participants will have 2-3 minutes to individually complete the following and then share out loud:

- Using the Recovery Model and SMART goal format, what are some short and/or long-term goals for Iris, keeping in mind the need to be collaborative when creating these goals
- ***Remind*** *participants to think about specific providers (names/agencies/offices, etc.) they may want to collaborate with and how they would facilitate that linkage and to note these in their Participant Manual.*

Allow for 2-3 minutes for participants to do this individually and then **call** on a few volunteers to share.

Possible Answers:

- Short term:
  - Safety assessment (self-neglect?)
  - Assess/address need for medical intervention
  - Assess/address need for mental health intervention
  - Basic needs (food, hygiene kits)
  - Explore interest in housing (shelter or permanent)
- Long term:
  - Create collaborative action plan (SMART goals) to address Iris' needs

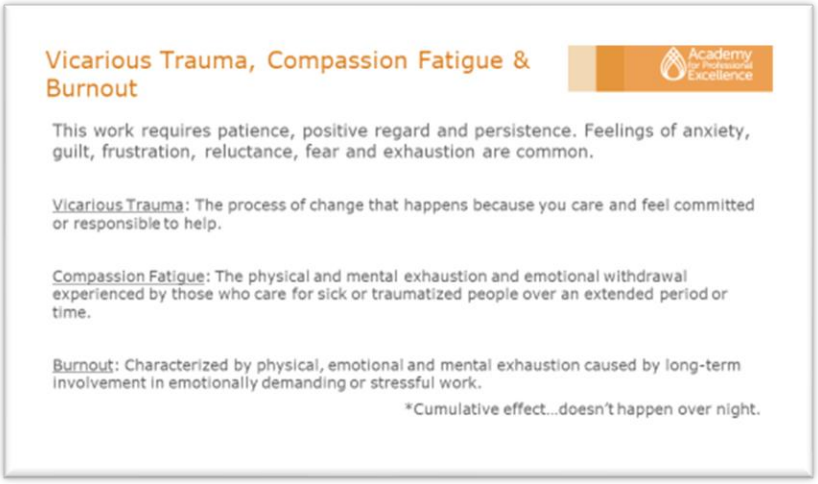
        - SMART goal example: make an appointment with the DMV to obtain identification so client can eventually complete a housing application. APS professional to assist them with transportation to appointment (i.e. offer a bus ticket, coordinate a ride from an outreach team, etc.)
    - Coordinate housing placement if Iris is interested in permanent housing
    - Connecting Iris with agencies in community (e.g. help completing application to IHSS)

Thank participants for their thoughts and focus on working with Iris in the various activities. **Ask** if there are any questions on content covered so far as we're going to switch focus in this last section.

SELF CARE
Time Allotted: 25 minutes

Slide #28: Vicarious Trauma & Burnout (4 minutes)

Trainer note: This slide is animated.



Share that up to this point, this workshop has centered on specific considerations, interventions and tools when working with individuals who are experiencing homelessness.
Explain that if we're going to truly practice trauma-informed care, we need to also focus on ourselves and our health. The final section of the workshop will focus on personal wellness and allow you to develop a plan for self-care as an APS professional.

Highlight the following:

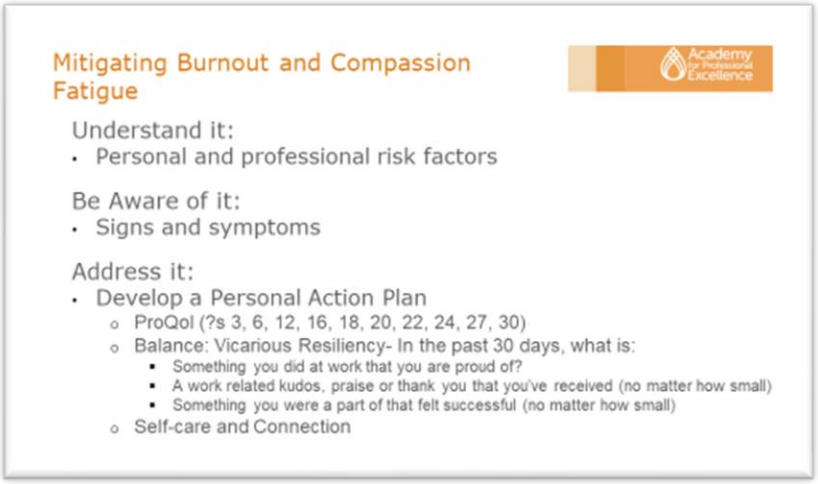
- Working with those who are unhoused can be very stressful and require a lot of patience, positive regard and persistence. Feelings of anxiety, guilt, frustration, reluctance, fear and exhaustion are common.
- It is crucial to recognize these signs and symptoms of burnout and learn to ask for help in order to manage these feelings and stressors.
- Vicarious trauma
    - The process of change that happens because you care about other people who have been hurt and feel committed or responsible to help them
    - Over time this process can lead to changes in your psychological and physical well being
        - Cumulative effect
        - Role of empathy in the workplace and expectations we set for ourselves as helpers
            - High expectations of yourself can, over time, lead to feeling burdened, overwhelmed and hopeless
- Compassion fatigue and burnout

Continued

    - Compassion fatigue: The physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatized people over an extended period of time
    - Burnout: Characterized by physical, emotional and mental exhaustion caused by long-term involvement in emotionally demanding or stressful work
- Over time, this can impact helpers psychologically and physically

Slide #29: Mitigating Burnout and Compassion Fatigue (15-20 minutes)

Trainer Note: This slide is animated to cover each section at a time.



Share that in order to mitigate compassion fatigue, burnout and vicarious trauma, we need to:

- Understand it, Be Aware of It and Address It

Understand it:

- Personal and professional risk factors (coping style, personal history, social support, work style, etc.)

Be aware of it:

- Signs and symptoms (questioning your skills, problems in relationships, loss of meaning or hope, difficulty feeling connected, etc.) We'll touch more on this with the Address It piece.

Address it:

- Develop a Personal Action Plan
  - Awareness
    - Be mindful and aware of what you're doing while you're doing it
    - Professional Quality of Life Scale (ProQol)

Continued

Activity #5 - Compassion Satisfaction (5-7 min)
Individual

Refer participants to **Handout #6: ProQol**. **Ask** participants to take about 5 minutes to complete just the Compassion Satisfaction questions based on the last 30 days: 3,6,12,16,18,20,22,24,27,30. On the 3rd page of the handout is the scoring section for Compassion Satisfaction.
After 5 min **discuss** the following with any volunteers:

- What areas did you find most surprising?
- What can you do to improve your quality of life at work and at home?
- **Encourage** participants to complete the ProQol after training, and reach out to a trusted colleague, Supervisor, EAP, etc. for support if there are concerns.

Explain that another important piece to developing a Personal Action Plan is to incorporate balance:

- Balance
  - Balance between work, rest, play
  - Resiliency (The process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress)s
    - Resiliency helps you get through difficult circumstances and empowers you to grow and even improve life along the way

Activity #6 Vicarious Resiliency (3 min)
Individual

Ask participants to take 2-3 minutes to think about the past couple of weeks at work and identify one of the following:

- something they did at work that they are proud of
- a work related kudos, praise, or thank you that they've received, no matter how small,
- something they were a part of that felt successful, no matter how small

- **Ask** that they write down (or type in their participant manual) and that you will call on 2-3 volunteers to share, but no one is expected to share.
- **Ask** for 2-3 volunteers to briefly share verbally. If group is shy, share one from yourself to model this!

Continued

Explain that our Personal Action Plan needs to include Self-care and Connection.

Encourage participants to think of the following and if time allows, ask for volunteers to share their answer to one of them.

- What are the differences between self-care and rewards?
- What are your self-care strengths?
- What are some forms of self-care you would like to try?
- How do you maintain nurturing relationships and meaningful contact with family, friends and colleagues?

Explain that self-care, compassion satisfaction and mitigating burnout is an on-going, reflective process and something we need to dedicate time to.

HANDOUT #6 PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often

	_____ 1.	I am happy.
	_____ 2.	I am preoccupied with more than one person I *[help]*.
★	_____ 3.	I get satisfaction from being able to *[help]* people.
	_____ 4.	I feel connected to others.
	_____ 5.	I jump or am startled by unexpected sounds.
★	_____ 6.	I feel invigorated after working with those I *[help]*.
	_____ 7.	I find it difficult to separate my personal life from my life as a *[helper]*.
	_____ 8.	I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
	_____ 9.	I think that I might have been affected by the traumatic stress of those I *[help]*.
	_____ 10.	I feel trapped by my job as a *[helper]*.
	_____ 11.	Because of my *[helping]*, I have felt "on edge" about various things.
★	_____ 12.	I like my work as a *[helper]*.
	_____ 13.	I feel depressed because of the traumatic experiences of the people I *[help]*.
	_____ 14.	I feel as though I am experiencing the trauma of someone I have *[helped]*.
	_____ 15.	I have beliefs that sustain me.
★	_____ 16.	I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
	_____ 17.	I am the person I always wanted to be.
★	_____ 18.	My work makes me feel satisfied.
	_____ 19.	I feel worn out because of my work as a *[helper]*.
★	_____ 20.	I have happy thoughts and feelings about those I *[help]* and how I could help them.
	_____ 21.	I feel overwhelmed because my case [work] load seems endless.
★	_____ 22.	I believe I can make a difference through my work.
	_____ 23.	I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
★	_____ 24.	I am proud of what I can do to *[help]*.
	_____ 25.	As a result of my *[helping]*, I have intrusive, frightening thoughts.
	_____ 26.	I feel "bogged down" by the system.
★	_____ 27.	I have thoughts that I am a "success" as a *[helper]*.
	_____ 28.	I can't recall important parts of my work with trauma victims.
	_____ 29.	I am a very caring person.
★	_____ 30.	I am happy that I chose to do this work.

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job. (Alpha scale reliability 0.88)

Burnout_____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If you score above 41, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern. (Alpha scale reliability 0.75)

Secondary Traumatic Stress_____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

If your score is above 41, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional. (Alpha scale reliability 0.81)

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section,** total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

3. ____
6. ____
12. ____
16. ____
18. ____
20. ____
22. ____
24. ____
27. ____
30. ____

Total: ____

The sum of my Compassion Satisfaction questions is	And my Compassion Satisfaction level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about the effects of helping when you are *not* happy so you reverse the score

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

*1. ____ = ____
*4. ____ = ____
8. ____
10. ____
*15. ____ = ____
*17. ____ = ____
19. ____
21. ____
26. ____
*29. ____ = ____

Total: ____

The sum of my Burnout Questions is	And my Burnout level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

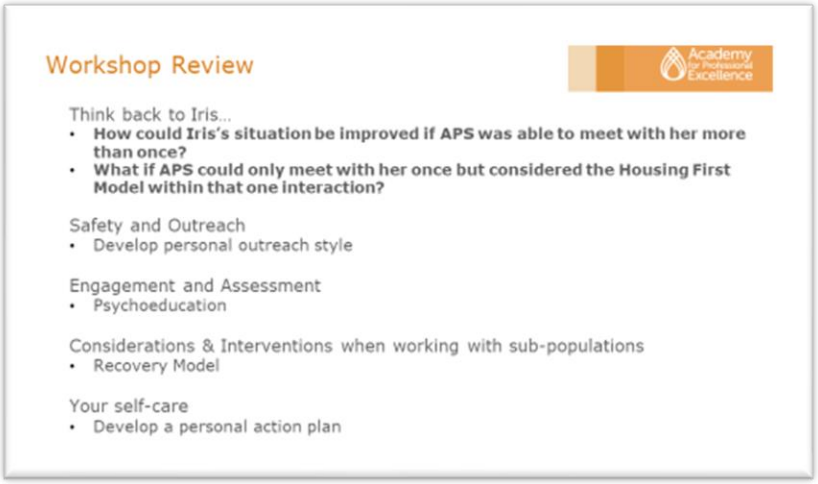
2. ____
5. ____
7. ____
9. ____
11. ____
13. ____
14. ____
23. ____
25. ____
28. ____

Total: ____

The sum of my Secondary Trauma questions is	And my Secondary Traumatic Stress level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

WRAP-UP AND EVALUATIONS
Time Allotted: 15 minutes

Slide #30: Workshop Review (3-5 minutes)



Acknowledge that APS is used to investigating difficult cases and are often having to be creative in the way they engage with people and interventions they plan for. Working with people experiencing homelessness, especially if seeing the person more than once, adds a layer of complexity.

Ask the class to think back to Iris. Whether meeting with Iris just once, multiple times, or for long-term case management, how could you tailor your conversation with Iris to meet her specific needs based on the information given in today's workshop?

- What if APS could only meet with her once but considered the Housing First Model within that one interaction?

Review the following that was covered in this second workshop of the series:

- Safety and outreach
  - Various strategies and challenges related to safety and outreach when working with homeless individuals
  - Development of personal outreach style
  - Iris: Discussed ways APS professionals would prepare for the first meeting with Iris
- Engagement and Assessment
  - Various strategies and tasks associated with the engagement and assessment process
  - Importance of psychoeducation in your role as APS professional
  - Iris: Discussed what skills and attitudes APS professional would want to use/have during their interactions

Continued

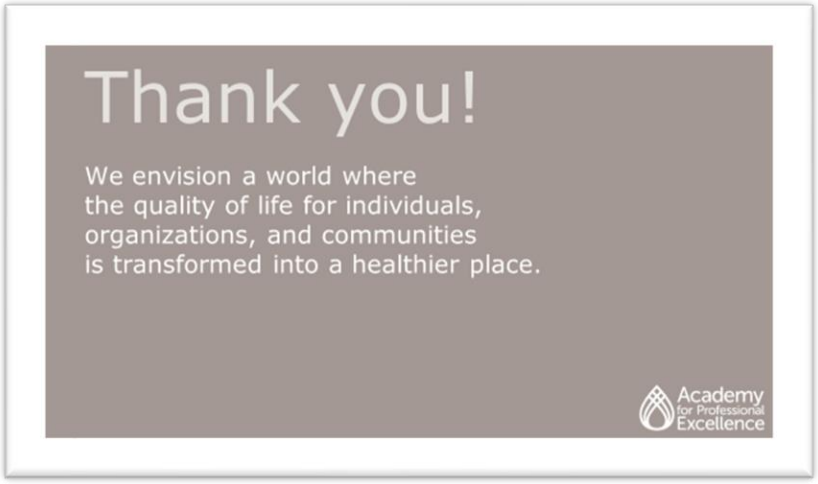
- Considerations & Interventions when working with sub- populations
    - Importance of utilizing person centered practice and the recovery model when working with homeless individuals, especially those with severe and persistent mental illness, substance use disorders and/or cognitive impairments
    - Iris: Discussed some short and long-term goals that APS professionals and Iris may want to collaboratively agree upon and work towards

Slide #31: Takeaways and Evaluations (10 minutes)

Ask participants to type in the chat box one thing they learned today that they will use in their practice when meeting with those experiencing homelessness.

Explain that feedback is important and to please complete evaluations as applicable.

THANK YOU SLIDES



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