

Mid-America Library Alliance Workshop

Patrons Experiencing Homelessness and Mental Health Challenges

A Snapshot of Homelessness—

Much of the information on page 1, was taken from the National Alliance to End Homelessness website at www.endhomelessness.org.

Understanding homelessness requires a grasp of several social issues: poverty, affordable housing, disabilities and others.

- In January 2015, 564,708 people were homeless because they could not find affordable housing.
- Of that number, 206,286 were people in families and 358,422 were single individuals.
- About 15 percent of the homeless population-83,170 are considered to be “chronically homeless” individuals. Chronically homeless is defined as: persons experiencing homelessness for more than 1 year or 4 episodes in the last 3 years. The chronically homeless make up the smallest number of the homeless population but they are often the most vulnerable. This group of people often have the most severe health and mental health challenges, behavioral challenges, and often have substance abuse issues.
- About 2 percent-13,105 are considered “chronically homeless” people in families.
- About 8 percent of homeless people-47,725 are veterans.

These numbers come from the Point-in-Time Counts, which are conducted, community by community, on a single night in January every other year. The Department of Housing and Urban Development (HUD) requires communities to submit this data to homeless assistance funds. This data is collected in the Kansas City area by agencies who receive HUD funding on a yearly basis.

Factors that contribute to the experience of homelessness:

- *Families* typically become homeless as a result of some unforeseen financial crisis like a medical emergency, a car accident, as death in the family, that prevents them from being able to hold on to housing. Women and children are often homeless as they are fleeing domestic violence relationships. We occasionally see a member of a

family at Community Linc that has also experienced generational homelessness.

- *Youth* often become homeless due to family conflict, including divorce, neglect or abuse. Youth in the LGBT population are more vulnerable than heterosexual youth. I have also seen youth who have HIV as the most vulnerable group.
- *Veterans* often become homeless due to war-related disabilities, i.e. post-traumatic stress, physical disability, substance use as a coping tool, mental anguish and an increase in violent behaviors due to difficulty readjusting to civilian life. I recently went to a homeless conference in Los Angeles and it was shared the female veterans are often more vulnerable than their male counterparts.
- *Elderly*--at the same homeless conference in Los Angeles it was shared that the elderly are increasing in homeless numbers in the United States.
- *Chronic Homelessness* is often the public face of homelessness. This may be the persons that one see standing on the corner pan-handling, sleeping on a bench, sleeping under the overpasses, etc.

The face of those experiencing homelessness—

Are often resourceful, strong and able to survive the most challenging of circumstances.

People experiencing homelessness may feel:

- Ashamed, guilty, embarrassed.
- Afraid, victimized, have difficulty trusting others and feel isolated.
- May feel powerless and unable to make needed changes in their life.
- Feel marginalized by society and others who are not homeless.
- Feel that others look down upon them and see them as less than.

- Feel that they are bad, therefore they deserve for bad things to happen to them or that they deserve to be treated badly by others.
- May react to others as though they were the person who victimized them.

Trauma and its impact on vulnerable populations—

Homelessness like several other experiences is considered to be a traumatic event. We often see people experiencing homelessness who have also been exposed to several other traumatic events, i.e. various kinds of loss, adverse childhood experiences, death of a loved one, serious medical injury, natural disaster, witnessing or experiencing domestic violence, community violence, sexual assault, for children/youth--an absent parent due to incarceration, substance use, death or abandonment, etc.

When people are traumatized a change occurs in the functioning of the brain, therefore a change occurs in the way the person behaves. Persons who have been traumatized will often behave as follows:

- May be disoriented or disorganized in actions, thoughts and speech, have trouble focusing, have trouble making decisions and concentrating.
- May be hypervigilant, may appear fearful of others, have difficulty trusting others and be uncomfortable in open spaces.
- May be uncomfortable among persons of a particular profession or gender or anyone who looks like the person that they perceive caused them harm or one who actually caused them harm.
- May operate in “crisis” or “survival” mode. May be in “fight” or “flight” or “freeze” mode for protection, survival or response. May “fly off the handle” or “shut down” (often called numbing).
- May be easily irritated, overwhelmed or withdrawn. May appear defensive or angry or have mood swings.
- May have diagnosis like depression, PTSD, anxiety, schizophrenia and other diagnosis that impact their ability to function as others might expect.

Some of your patrons experiencing homelessness may behave in a variety of ways. Some may be more outspoken

and aggressive while others may be more passive and appear fearful. Be aware that you may see a spectrum of behaviors but this does not mean that the quiet or passive person is not dealing with mental health and trauma challenges just like the aggressive person.

Interfacing with persons experiencing challenges and traumas--

When mental health professionals see a person who is behaving as noted above, it is common to ask, “What has happened to this person?” instead of “What is wrong with this person?” There is an understanding that behaviors tell a story and tell others what might have occurred with the person they are observing. These behaviors also shed light on how to interface with a person with challenges and trauma.

When approaching a traumatized person:

- Do so with in a respectful way.
- Ask permission to call them by their name or use a title, i.e. sir, miss
- Do not touch the person, give the person plenty of personal space, do not hover over them.
- Talk calmly without accusing them of inappropriate behaviors.
- Invite the person to a quiet space but be sure it is not a closed in space and that you can get away quickly and easily. Make sure the space is not intimidating or threatening to the patron.
- For persons who are fearful be sure your eye contact and body language is not intimidating. For those who are more aggressive, be sure that your eye contact and body language is not confrontational.
- Remember that the patrons’ life circumstances have been overwhelming and that they may show extreme behaviors.

Many of the following tips taken from Critical De-Escalation Skills by Kim Olver, LPC, for patrons who demonstrate more aggressive behaviors.

Prevention Steps:

- *Recognize that anger is a choice* of a wide range of behaviors that could be used to get what one needs in a situation. Angry behavior has a benefit for its user. Anger can get people the attention they need, help them escape things they don't want to do, help them gain control over another person or situation or pump them up when they are feeling small and insignificant.
- When interacting with an angry person *identify your own emotion* at any given point in time. If the person helping is also experiencing anger, then that person will not be very effective assisting others to manage their behaviors.
- *Perform a quick assessment of the situation.* Ask yourself the following questions: Can I avoid criticizing and finding fault with this angry person? Can I avoid being judgmental? Can I keep from trying to control the other person into doing something they do not want to do or something that would help them feel uncomfortable? Can I believe that the people using anger have the right to make decisions and choices about how they meet their needs and that they have within them the ability to make those decision? Can I try to see the situation from the angry person's point of view and understand what need or needs he or she is trying to satisfy? Do not take their behaviors personally.
- *Recognize early warning signs.* Many incidents of anger could be prevented if those who are around a person notice subtle changes in the person's behavior. Paying attention to subtle changes and simply commenting on the change could help the individual talk about things so he or she wouldn't have to become angry. Watch for antecedent behaviors—verbal threats, pacing, yelling, cursing.
- *Active Listening* is the process of really attempting to hear, acknowledge and understand what a person is saying. It is a genuine attempt to put yourself in the other person's place. Listening means attending not only to the words the other person is saying but also the underlying emotion, as well as, the accompanying body language. Serving as a sounding board can diffuse a person's anger.
- *Acknowledgement* occurs when the listener is attempting to sense the emotion underlying the words a person is using and then comments on that emotion. The person may say something like, "You really sound angry right now" By acknowledging and really trying to understand what the angry person is feeling may help them to release a lot of the aggression.
- *Agreeing*—often when people are angry about something, there is at least 2% of truth in the angry person's tirade. Agreeing often takes away the resistance and consequently eliminates the fuel for the fires.
- *Sincerely apologizing* is a good de-escalation skill. It's simply a statement acknowledging that something occurred that wasn't right or fair. This can let the angry person know that the listener is sincerely sorry for what they are going through and they may cease to direct their anger at the person attempting to help.
- *Inviting criticism* is the final of the de-escalation skills. In this instance the listener would simply ask the other person to voice his or her criticism of the listener or the situation. The person intervening might say something like, "Go ahead. Tell me what has you upset". The purpose is to let them vent and emphasize with them.

Prevention goes a long way. However, there will still be times when you don't notice the early warning signs or when your first encounter with the person occurs when they are already in an angry state.

When any of these situations occur, the listener will need to employ one or all of the five de-escalation skills.

Intervention Steps:

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