

RAPID RE-HOUSING: A Training Series for Direct Service Providers | Training 2

Stress and Homelessness

Implications for Practice with People in Crisis

[Click here to view with audio.](#)

First encounter

What do you see?

- Homeless man, age 52: late to appointment, complaining, irritable, suspicious of your questions, argumentative, defensive, cynical, smells of liquor.
- Homeless woman, age 25: showing sadness, helplessness, hopelessness, panic, crying, worrying.
- Homeless mother of three, age 21: apathy, difficulty concentrating, forgetful, poor personal hygiene.

What are your initial observations?

Did any of these words come to mind when you read these descriptions?

- Mental illness
- Substance abuse
- Traumatic brain injury
- Domestic violence
- Post-traumatic stress disorder (PTSD)

Activity #1: Accounting for stress

Think about a time in your life when:

- You faced a very difficult situation.
- It was critically important.
- You didn't feel you had much (or any) control.
- The problem(s) continued for more than a month.

Try to remember how you felt and acted.

Count the number of words that describe *your thoughts and feelings* during your crisis

- Anger
- Irritability
- Anxiety
- Lack of direction
- Apathy
- Mood swings
- Cynicism/pessimism/doubt
- Nightmares
- Defensiveness
- Panic
- Depression
- Feeling of impending doom/danger
- Restlessness
- Feelings of insecurity
- Sadness
- Helplessness
- Suspiciousness
- Hopelessness
- Worthlessness

Add the number of words that describe your *behavior* during your crisis

- Angry outbursts
- Increased complaining
- Avoiding social activities
- Increased crying
- Being late
- Increased smoking
- Increased use of drugs or alcohol
- Changes in religious practices
- Change in sleep patterns
- Increased use of sick time
- Decreased interest in sex
- Inability to enjoy activities you used to like
- Difficulty concentrating
- Neglecting responsibility
- Excessive worrying
- Nervous twitch or habit
- Forgetfulness
- Overeating
- Impatience
- Poor job performance
- Increased arguing
- Poor personal hygiene
- Increase in accidents or injuries
- Procrastination

How many words did you count?

- During in-person training sessions, only a few attendees circled fewer than five words.
- Many more circled 10 to 15 words.
- The highest number (so far) was 24.
- People vary greatly in their response to severe stress.

What do these words have in common?

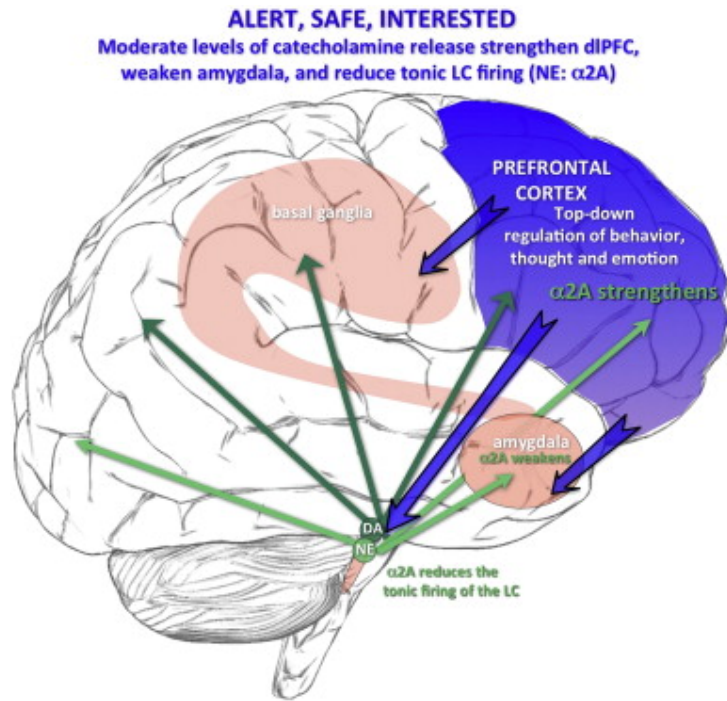
- Each is a sign or symptom of possible stress overload*
- Among people experiencing homelessness, these signs and symptoms **will generally self-resolve** — partially or completely, slowly or quickly — **once people are safely housed**.

People's homelessness crisis ends through obtaining and retaining permanent housing. Ending the crisis allows people to recover and continue their lives, making their own choices about what to do next.

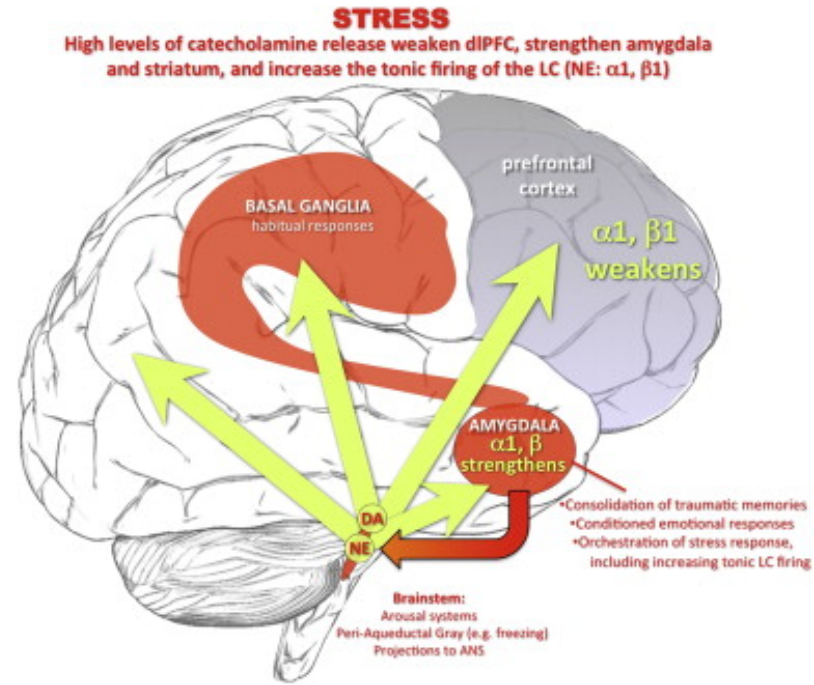
*Source: Mayo Clinic

This is your brain...

Your brain, feeling good



Your brain on stress



Source: "The Effects of Stress Exposure on Prefrontal Cortex," Arnsten et al (2014)

The impacts of stress

- Stress affects executive function.
- Executive function includes neurocognitive processes that enable us to:
 - Solve problems
 - Modify behavior in response to new information
 - Follow through with plans
 - Override impulsive behaviors and emotions to engage in goal-directed behavior
 - Remember and retrieve important information
- The cognitive abilities we need to resolve a crisis are the same abilities that are diminished during that crisis!

Stress and vulnerability

- People who have medical issues or disabilities may find that **their condition is exacerbated by stress.**
- So...you will not necessarily know about a medical concern or disability when you meet a new client. But you do know you are working with a person dealing with a severe crisis. And **housing is particularly important for people who may have:**
 - A mental illness
 - A substance use disorder
 - A developmental disability
 - A medical condition such as diabetes or HIV/AIDS
 - Frailty associated with being elderly

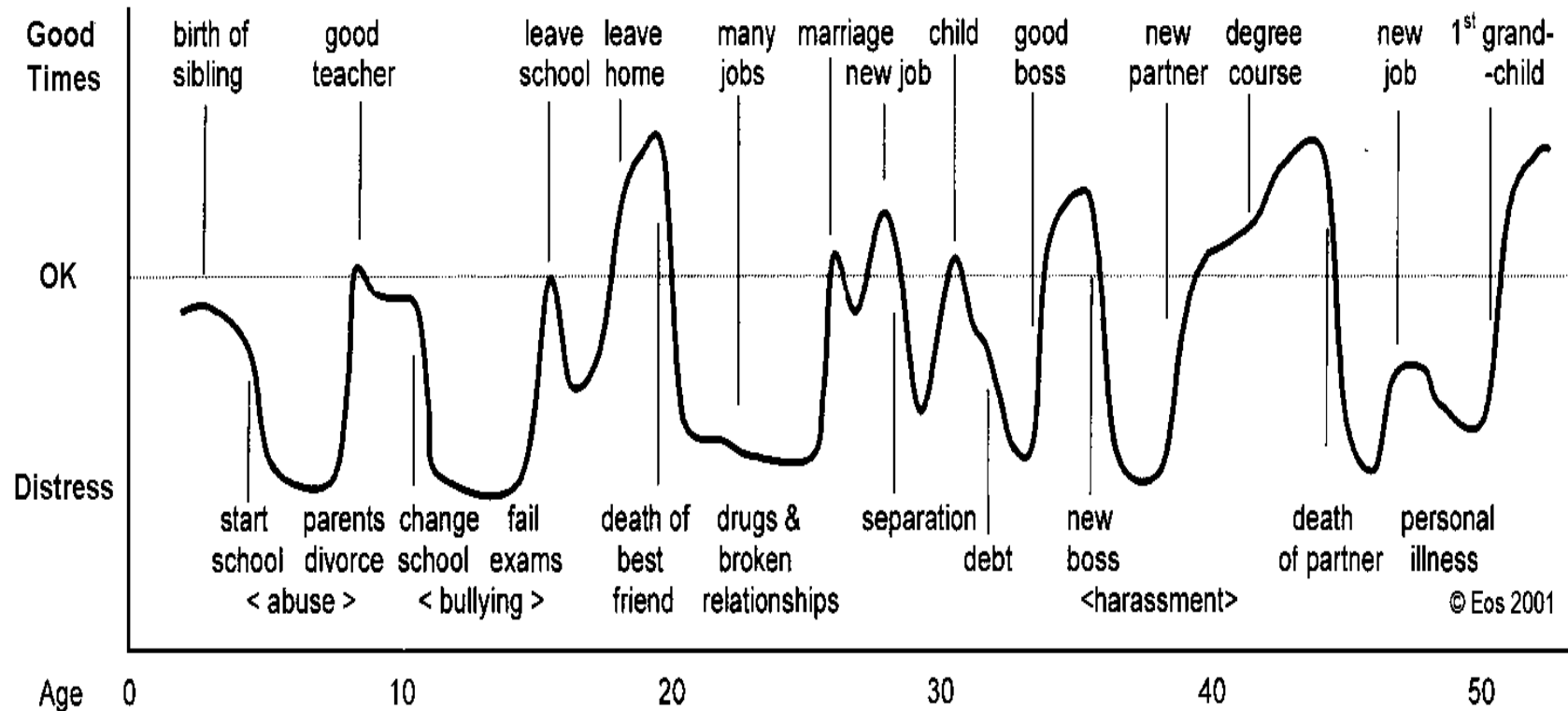
It's even more complicated!

Life is filled with stressors and each person's ability to cope and recover is based on many factors:

- Their genetic predisposition
- Their experiences — good and bad
- Their health
- Their support system(s)
- The number, duration, and severity of stressors

No one avoids stressors!

Figure 3: Composite lifeline illustrating traumas, unsuccessful transitions and recovery points



Source: Dai Williams, Eos Life-Work Resource Center

What Helps?

- Remove the stressor.
- Avoid additional stresses (relax, recuperate).
- Reduce the perceived importance of the situation.
- Increase perceived control over the situation.
- Prioritize, plan, and pace yourself; make lists, take notes.
- Improve diet, exercise, sleep, breathing, relaxation, music, do something that makes you happy; be careful of overuse of alcohol, drugs.

These strategies will work for *you*, as well as for your program participants!

First encounter, revisited

Remember your initial observations about these three people?

- Homeless man, age 52: late to appointment, complaining, irritable, suspicious of your questions, argumentative, defensive, cynical, smells of liquor.
- Homeless woman, age 25: showing sadness, helplessness, hopelessness, panic, crying, worrying.
- Homeless mother of three, age 21: apathy, difficulty concentrating, forgetful, poor personal hygiene.

Every one of these descriptors is a symptom of possible stress overload.

Now what do you see?

Activity #2: Don't make it worse

How can you make sure your own style and practice in rapid re-housing reduce — or avoid increasing — clients' stress overload?

- What should you *do* when assisting someone who is in crisis and may be experiencing stress overload? What can help reduce their stress?
- What should you *not do* when assisting someone who is in crisis and may be experiencing stress overload?

Make a list: “Notes to Self”

- Is my office (or interview room) calming, or is it chaotic?
- How do I engage with new clients in ways that make them feel safe and relaxed?
- How can I recognize when a program participant is stressed?
- What should I say and do (or avoid saying/doing) when my client expresses thoughts, feelings, or emotions that may indicate stress overload?
- How do I keep track of my own stress levels?

Checklist for stress overload

- Be observant — watch for signs and symptoms of stress overload.
- Pay attention to the person's ability to recall, to make plans, and to carry out plans. Start with easy assignments.
- Simplify or offer more direct assistance if action steps appear to be too ambitious.
- Write down a list of the agreed-upon action steps, next appointment, etc. and give it to them at the end of each meeting.
- Consider appointment reminder calls if the person appears overwhelmed.

Question:

What will you do differently next week?