

SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF)

User Guide: Supervisors and Trainers

In small agencies, supervision is often an add-on responsibility for a staff who also has other duties such as intake or program management. Even in larger agencies, where supervision is a specialized job, supervision may be based on traditional case management roles. Supervisors may not have experience working in a short-term, housing-focused, emergency response program.

Yet staff will need particularly strong support and consultation from supervisors in all aspects of rapid re-housing and homelessness prevention programming. As in any emergency response program, the staff is immersed in crises that often do not have simple resolutions. Staff must intervene in conflicts between their participant and other tenants, the participant and landlord, etc. Frequent case consultation, role modeling, coaching and support must be part of the supervisor's job.

This User Guide summarizes training and supervision activities that can be undertaken by one person or be divided among several staff. The Guide is intended to be used with the SSVF Practice Areas and Standards, and is relevant for all staff responsible for staff training and/or staff supervision.

Training

Housing First. Many staff has training and experience in methods that are inconsistent with a Housing First philosophy. As a result, they may actively resist or passively undermine the program's approach to rapid re-housing and homelessness prevention. Some staff remain committed to the concept that participants must resolve "core issues" before they are ready for permanent housing. They may have been trained for a more therapeutic role, and may not be aware of key research that supports the Housing First approach with a variety of populations, including even people with severe mental illness and/or substance abuse. In particular, for those trained in traditional approaches to substance use disorders, Housing First strategies can be viewed as "enabling" and thus undermining participants' chances for meaningful recovery. Reframing is critically important in such situations. Housing First is not "enabling" the disorder; rather, it gives participants the opportunity to engage in treatment by first addressing the more basic need for safe, stable housing. Ending homelessness removes sources of trauma which prevent engagement in meaningful therapeutic interventions, even if the participant desires them.

There are a number of reasons why staff might have a bias against Housing First:

- **Early research on homeless families** identified a litany of personal problems that were more numerous and serious than those experienced by most families. These findings were widely used as a rationale to support the hypothesis that homelessness is the result of personal dysfunction. However, further research has now shown that this is not the case. In research comparing very low-income *homeless* families with very low-income *housed* families it was found that homeless families are more similar to other poor families than to homeless single individuals.¹ Similar research has shown that, once the effects of poverty were factored out, there was no association between family homelessness and education level, work experience, mental illness, depression, or criminal history. *Homeless* families were more poor, younger, more likely to be pregnant, more

likely to be from an ethnic minority, and less likely to have a housing subsidy.² Extensive research demonstrates that housing subsidies solve homelessness for the majority of families.³

- **The pervasive belief that disabilities cause homelessness** also influences, consciously or not, staff practice. In fact, people with disabilities are over-represented among the very low-income population--more over-represented than minorities or single parents.⁴ Thus, people who are disabled are similarly over-represented among people who experience homelessness or who are imminently at-risk of homelessness. In other words, their disproportionate experience of poverty causes them to also be disproportionately represented among homeless populations. It is important to actively consider employment options and not simply default to a reliance on entitlements for income.
- **Experience or training in treatment/rehabilitation programs** leads many staff to focus on longer-term goals, often related to child welfare, protective services and/or managing a personal problem or disability. This is the lens through which they are likely to view homeless or imminently homeless individuals and families. This perspective may cause staff to want to directly address a myriad of issues that may or may not be relevant to immediately obtaining and maintaining housing.

The SSVF University includes links to research and training materials that can be used to instruct staff on Housing First philosophy and practice.

Crisis Response. Staff may not have experience or training in crisis intervention theory or practice. While staff will not be providing therapy to homeless or imminently homeless households, they are providing a short-term intervention to people who are in the midst of acute or chronic stress. For people in crisis, stress limits their ability to make future plans. Without adequate background in crisis response and intervention, staff may not understand that their participant's inability to follow through on action steps may be due to the physiological effects of stress rather than lack of motivation. Areas to address when training staff on crisis response may include:

- The range of physical, mental and emotional responses to stress;
- How stress impacts short-term and long-term problem-solving behaviors;
- Assessing people's initial level of crisis and responding appropriately;
- Normal crisis "recovery" patterns;
- Indicators that the crisis is sufficiently resolved; and
- Stress management for the crisis responder.

Participant Choice. This concept is normally acknowledged by staff as a value, but staff may find it difficult to put into practice in rapid re-housing and homelessness prevention programs. Program participants may be unwilling or unable to follow through on the choices they appeared to have made. Alternatively, their choices may sometimes be unrealistic, unaffordable, or require assistance beyond what the program can offer. It can even be difficult to determine whether the choices are genuine;

some people will agree to multiple, significant life changes as an unconscious means of reducing stress, but be unable to carry out the action steps required.

Using participant choices to drive the development of Housing Plans may require close supervision and feedback provided through regular case consultation. Supervisors can also be extremely helpful by organizing periodic opportunities for staff to learn participant perspectives: hiring formerly homeless staff, surveys of current or former program participants, utilizing formerly homeless speakers or forming an advisory group of formerly homeless households. Formal and regular exposure to participant input should be part of ongoing quality improvement activities and shared with staff.

In addition to the core concepts, staff need locally-relevant training (and continuing education) on topics/issues included in the Practice Areas, such as:

- **Landlord-Tenant laws, rights and responsibilities.** Training is not designed to prepare staff to provide actual legal assistance; the program should have a relationship with a legal services provider for complicated tenancy issues. Understanding basic rights and responsibilities as established in federal, state and local laws are well within the scope of a staff member's duties.
- **Rental assistance resources.** Staff should know housing assistance resources, waiting lists, eligibility requirements, local application processes, etc.
- **Tenancy skills and tips on how to teach them "in vivo"** ("in life"—on site, in participant's housing, precisely where the skills will be utilized): paying the rent, care of the unit, control of noise/trash/guests/children, making or responding to a complaint, etc.
- **Federal and state income support programs,** including VA and Social Security disability benefits, pensions, unemployment benefits, worker's compensation, food supports, etc.
- **Public and private community resources** that offer assistance with training, job search and placement.
- **Other resources** the target population is likely to need and want for medical care, childcare, legal assistance, credit repair, etc.
- **The program's philosophy and mission, policies and procedures, etc.**

Staff Supervision

Once staff has been trained, supervision assists staff to transform lessons into practice. In a crisis response program, staff will need both ongoing and rapid access to a supervisor for help with issues such as:

- Understanding the "but for" criteria and review decisions on program screenings (acceptances and denials).
- Case consultation when the household has unusually high barriers or stress behaviors, or when the Housing Plan is not working;

- Problem-solving when a household is running out of time in the program, but is still at-risk of literal homelessness;
- Consultation or decision regarding when to close a case;
- Modeling and coaching approaches to negotiation with landlords or co-tenants/family members;
- Reviewing Housing Plans for consistency with the core concepts, reasonableness, and appropriateness for household's abilities/barriers;
- Resolving obstacles to successful referrals for community resources;

Supervision is also critical for assistance with role and boundary issues:

- Staff will have to rapidly engage and fairly rapidly disengage from their participants. This can be difficult for some staff. They may become too disengaged or too enmeshed in their participants' situations.
- Staff may want to provide more "holistic" or long-term assistance, particularly when this has been their prior training and practice—and they may defend the necessity of this approach.
- When hiring staff with a background that is similar to that of their participants, those staff may identify too closely with their participants. This may cause them to be overly involved, project their own experiences/emotions onto their participants, and either expect too little or too much progress.
- Staff with professional backgrounds may want to emphasize their assessment and counseling skills when a household may primarily need help with more mundane activities, such as identifying the proper volume for their television in response to other tenants' complaints.
- Goals like "crisis resolution" or "housing stabilization" are ambiguous. Without a clearly-defined end point, staff in a crisis response program may feel they have failed when households resolve the immediate housing crisis but remain very poor and struggle to pay housing costs on their own.
- Despite training in stress response, staff may feel their job is to change people's long-term behavior and become cynical when participants are unwilling or unable to do so during their time in the program.
- Staff may be so committed to their jobs that they need to learn and practice stress self-management

Suggestions for Use of Practice Standards and the SSVF University in Staff Training and Supervision

- Staff may review one or more of the Practice Areas in the SSVF University (including the associated research, training materials and tools) as a part of their baseline training or when a performance problem emerges.

- The content can be discussed in one-to-one supervisory sessions and in group staff meetings, to identify and address any areas where staff is more uncomfortable with the skills or philosophy.
- Staff may be asked to study a Practice Area and present the key content at a staff training session. Perhaps a staff with reservations about Housing First could be asked to make the presentation on Housing First to assure they are studying the material.
- Supervisors may reference these standards and the core concepts during case consultation. For example: How consistent is this participant's Housing Plan with the Housing First philosophy? How do one or more of the Standards on assessment compare to the timing and content of your assessment of this household? How can you empower this participant when the choices she has made so far are impossible to implement?
- Supervisors can observe and/or test staff knowledge of the concepts and standards as part of staff performance evaluation.
- Supervisors might ask one or more staff to critique specific program policies and procedures and recommend ways they could be improved to be more consistent with the Standards or core concepts.

Special Consideration: Recognizing Cognitive Dissonance

Some staff has strong values associated with the traditional approach to homelessness. In this model, the personal problems of people experiencing homelessness are viewed as the primary cause of their crisis and thus "core issues" that must be addressed before re-housing (i.e., ensuring a participant is "housing ready").

Teaching people about the compelling research on poverty as the primary issue in homelessness may lead to cognitive dissonance—the strong feelings of discomfort people experience when they simultaneously hold two conflicting ideas, beliefs, values or emotions at the same time. Since people have a motivational drive to reduce this discomfort, staff who do not share the values of Housing First may try to remove the discordance by:

- **Reducing the importance of information supporting the view they do not want to adopt.** Staff may misperceive or reject the information or research they are given on Housing First. They may try to persuade other staff to share their stance. By thoroughly rejecting Housing First, they may convince themselves that they can dismiss this approach in their everyday practice.
- **Seeking additional information/evidence consistent with the belief they wish to defend.** Staff may search for research that contradicts Housing First. They might collect anecdotes or data that supports their chosen position, until they feel they have enough evidence that their beliefs are correct.
- **Changing their beliefs/attitudes.** Staff may—slowly or quickly—change their opinions about Housing First as an effective approach to homelessness. This is the outcome supervisors in a Housing First program want to achieve. Through repetition of the data, observation of positive outcomes or client satisfaction, and acceptance of Housing First by peers and super visors, it is more likely that staff who experience cognitive dissonance will learn to accept approach.

¹ Shinn, M., Rog, D. R., & Culhane, D. P. (2005). Family Homelessness: Background Research Findings and Policy Options. Retrieved from http://works.bepress.com/dennis_culhane/16.

² Shinn, M., Weitzman, B. C., Stojanovic, D., Knickman, J. R., Jimenez, L., Duchon, L., & Krantz, D. H. (1998). Predictors of homelessness among families in New York City: from shelter request to housing stability. *American Journal of Public Health*, 88(11): 1651-1657. Retrieved from <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.88.11.1651>.

³ Shinn, M. (2009). Ending Homelessness for Families: The Evidence for Affordable Housing. Retrieved from http://b.3cdn.net/naeh/b39ff307355d6ade38_yfm6b9kot.pdf

⁴ Fremstad, S. (2009). Half in Ten: Why Taking Disability into Account is Essential to Reducing Income Poverty and Expanding Economic Inclusion. Retrieved from <http://www.cepr.net/documents/publications/poverty-disability-2009-09.pdf>