Stress and Homelessness

Implications for Practice with People in Crisis
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

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!
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!

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?