

**CASE MANAGEMENT &
HOMELESSNESS-USING THE
STRENGTHS PERSPECTIVE AND
TRAUMA-INFORMED CARE TO GUIDE
YOUR WORK**

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WELCOME

- “Recovery is a process, a way of life, and a way of approaching the day’s challenges. It is not a perfectly linear process. At times, our course is erratic, and we falter, slide back, regroup, and start again. The need is to meet the challenge of disability and to re-establish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work, and love in a community in which one makes a significant contribution.”

- (Deegan, 1988, p. 15)



NATIONAL & LOCAL STATISTICS ABOUT HOMELESSNESS –ON A SINGLE NIGHT IN JANUARY 2013

THE 2013 ANNUAL HOMELESS ASSESSMENT REPORT (AHAR) TO CONGRESS (RELEASED NOVEMBER 22, 2013)

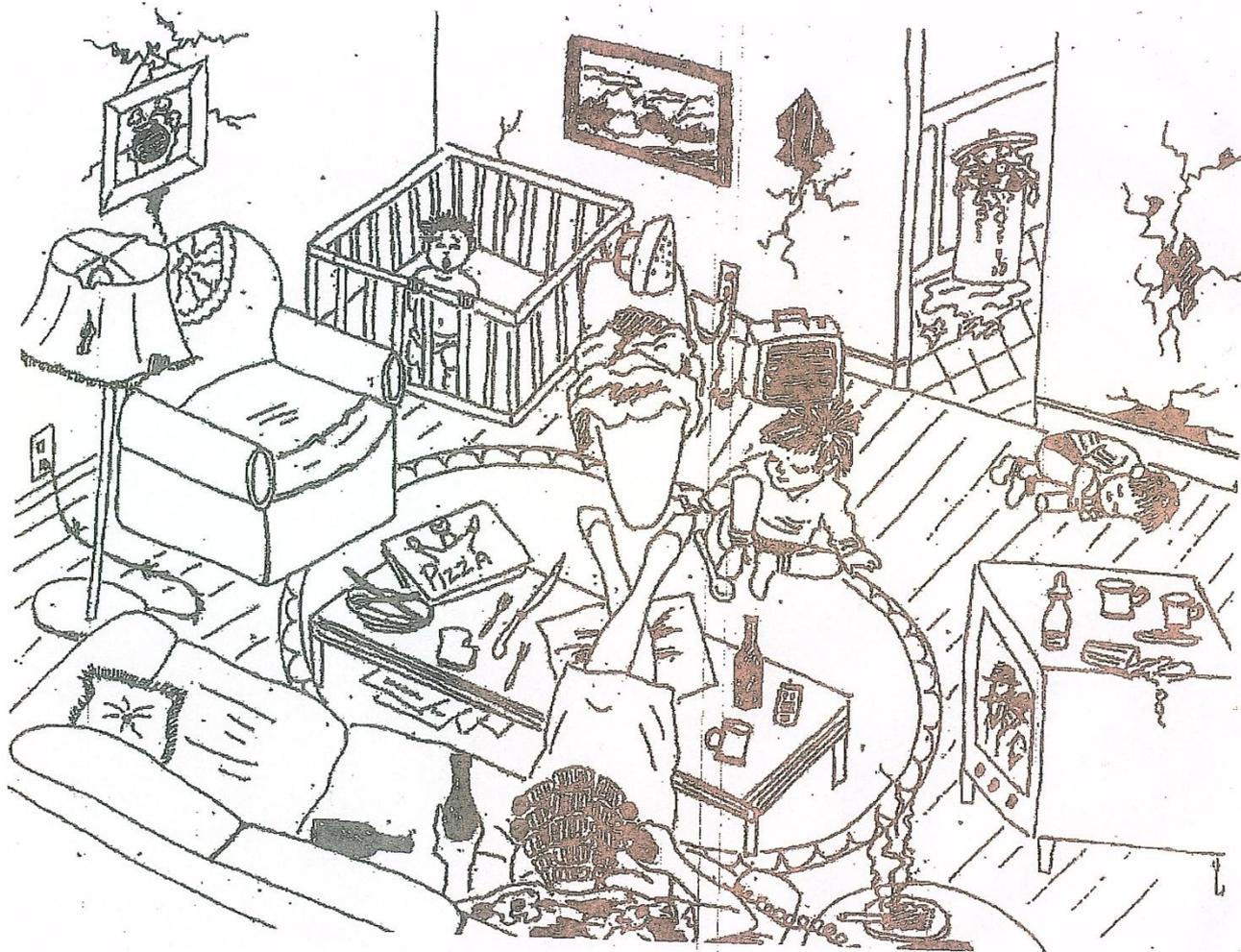
National Statistics

- 610,042 people were homeless
- 65% living in emergency or transitional housing programs
- 35% living in unsheltered locations
- 23% children under age 18
- 10% 18-24 years old
- 67% 25 years and older
- 64% are individuals

Kentucky Statistics

- 5,245 people were homeless
 - 86% living in emergency or transitional housing programs
 - 14% living in unsheltered locations
 - 22% children under age 18
 - 10% 18-24 year olds
 - 67% 25 years and older
 - 62% are individuals
- 

EXERCISE



PRINCIPLES OF STRENGTHS-BASED CASE MANAGEMENT



1. Clients can recover and reclaim their lives.
2. The focus is on strengths, rather than deficits.
3. The community is an oasis of resources.
4. The client is the director of the helping process.
5. The relationship is primary and essential.
6. The primary setting for this work is in the community.



KEY CONCEPTS OF STRENGTHS-BASED PRACTICE

- Every individual, group, family, & community has strengths.
- We do not know the upper limits of a person's capacity to grow and change.
- Every environment, even the most seemingly impoverished has resources and strengths.
- A person's behavior & achievement is often a function of the resources available to a person or perceived to be available.
- Strengths of the individual and environment can be used to help the person attain the goals that they set themselves.
- Generating options and alternative pathways to a goal is fundamental to strengths-based practice.
- Strengths include personal qualities, traits, talents, virtues, interests, and the person's knowledge of the world around them.
- We best serve by collaborating with them.



RESEARCH & STRENGTHS-BASED CASE MANAGEMENT



- The research shows that this model:
- Gives the client hope and motivates the client
- Helps build the client's self-esteem
- Keeps the case manager from being an adversary
- Empowers the client
- Looks at the whole person, not just the person's "label"
- Utilizes the resources that are readily available



TIPS FOR CONDUCTING A STRENGTHS-BASED ASSESSMENT

ADAPTED FROM SALEEBY, D. (1977). *THE STRENGTHS PERSPECTIVE IN SOCIAL WORK PRACTICE* (2ND ED.). NEW YORK: LONGMAN.

- Before you begin, ask yourself, are you expecting strengths, as well as challenges.
 - Make sure the meeting can be conducted in the person's preferred language.
 - Gather information conversationally.
 - Given primacy to the person's perspectives by eliciting their voice, hearing their stories, and taking their ideas seriously.
 - Discover what a person wants, their aspirations, goals, and dreams.
 - Elicit, point out, and record a person's talents, skills, and accomplishments in multiple life domains.
 - Avoid blaming, diagnosing, and labeling.
 - Have the person identify what unmet needs are most important to address first.
 - Identify successful coping and problem-solving strategies that the person has used in the past whenever possible.
- ***“Every great dream begins with a dreamer. Always remember, you have within you the strength, the patience, and the passion to reach for the stars to change the world.” Harriet Tubman***



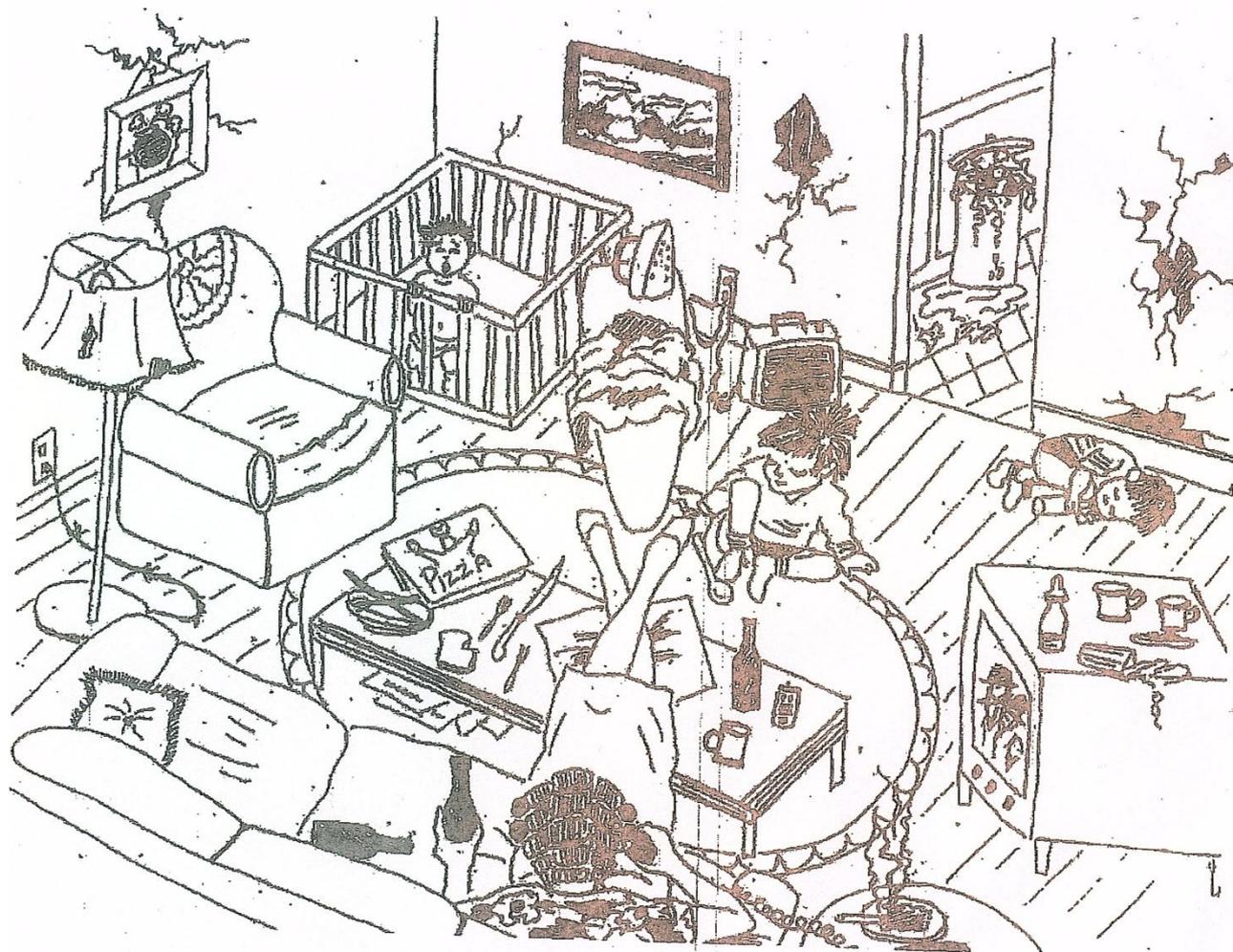
QUESTIONS TO ELICIT STRENGTHS

ADOPTED FROM THE NYC DEPT. OF YOUTH AND COMMUNITY DEVELOPMENT CASE MANAGEMENT STANDARDS

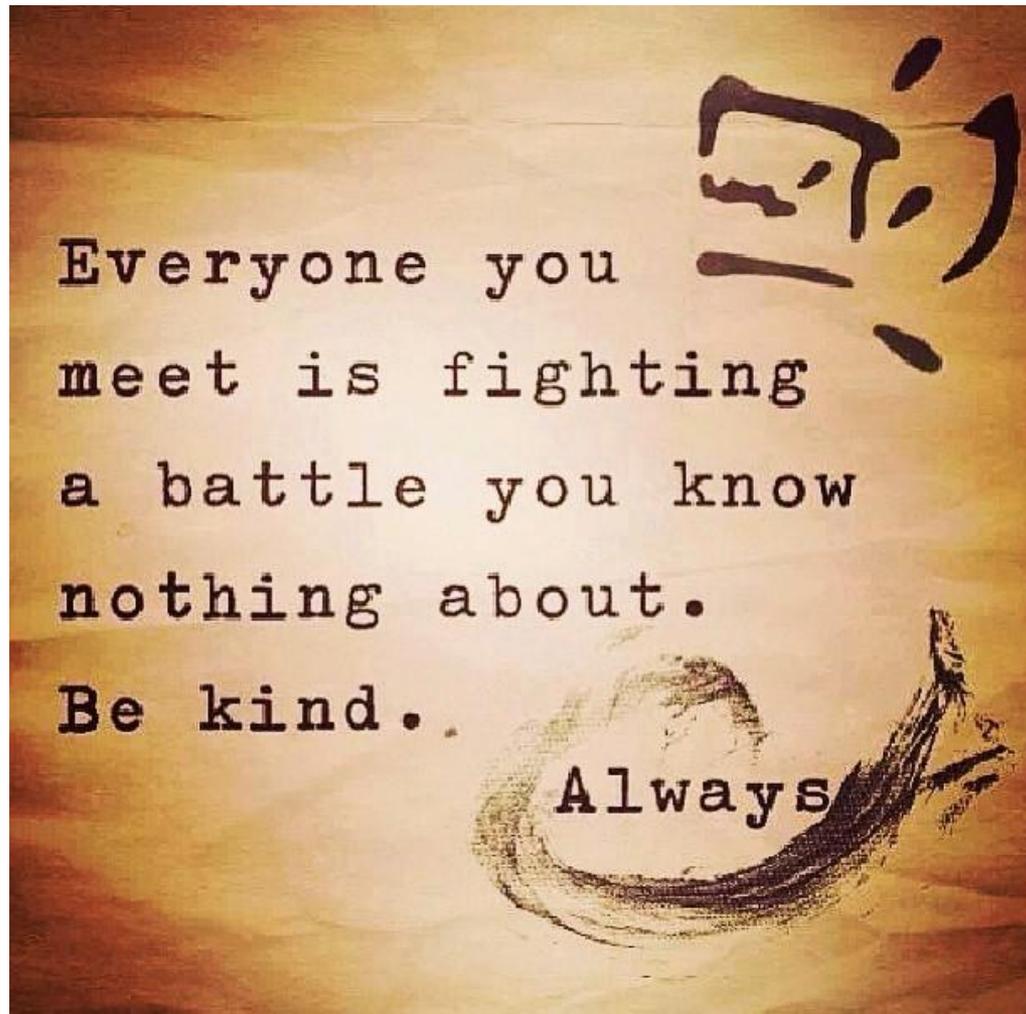
- 11 Questions to ask:
- How have you managed to overcome/survive the challenges that you have faced? What have you learned about yourself during those times?
- Who are the people that you can rely upon? Who makes you feel understood, supported, or encouraged?
- When things were going better in your life, what was different?
- What do you feel proud of? What positive things do other people say about you?
- What are your ideas about your current situation?
- What do you think is necessary for things to change? What could you do to make that happen?
- What do you hope to be doing in 5 years? 10 Years?
- Who helps you when you need help?
- What do you do to take care of yourself? Do you see a doctor or healer when you don't feel well?
- What gives you strength in difficult times?



EXERCISE FOLLOW-UP



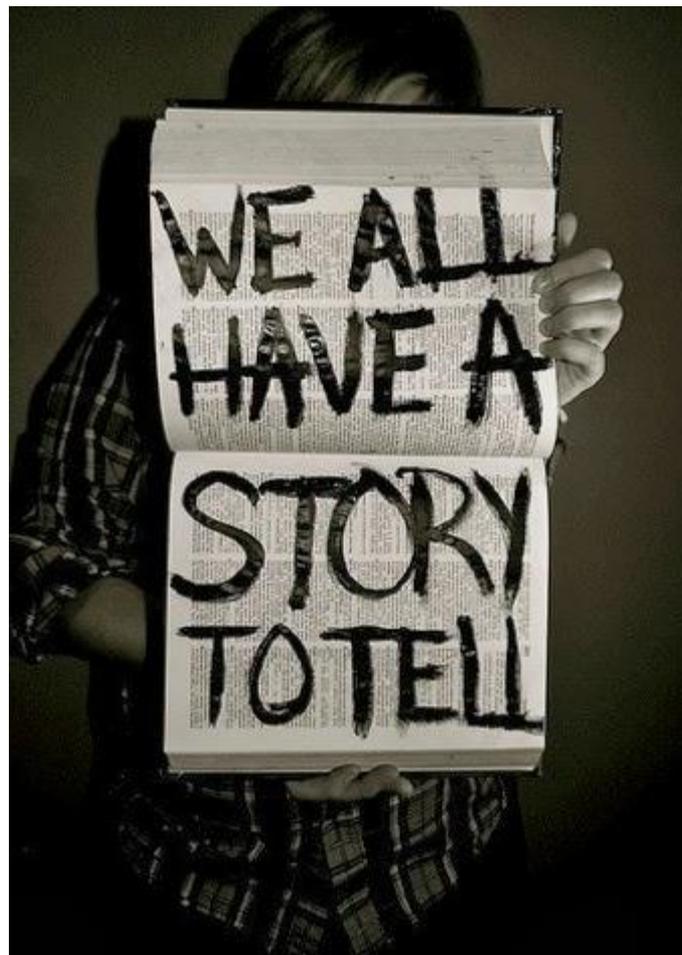
TRAUMA-INFORMED CARE



WHAT IS TRAUMA?

(NASMHPD, 2006)

- “The experience of violence and victimization, including sexual abuse, physical abuse, severe neglect, loss, domestic violence, and/or the witnessing of violence, terrorism, or disasters.”



STATISTICS ABOUT TRAUMA

- According to the U.S. Dept. Health & Human Services on Women's Health, 55-99% of women in substance use treatment and 85-95% of women in the public mental health system report a history of trauma, with the abuse most commonly having occurred in childhood.
- The Adverse Childhood Experiences (ACE) study conducted by the Centers for Disease Control and Prevention and Kaiser Permanente found that almost 2/3 of the study participants reported at least 1 adverse childhood experience of physical or sexual abuse, neglect, or family dysfunction, and more than 1 in 5 reported 3 or more such experiences.



TRAUMA AND HOMELESSNESS

KIM ET AL., 2010



- Individuals who are homeless have dramatically higher rates of trauma in their lives than the average population, and homelessness itself can be traumatic.
- 2010 study of 239 homeless men found:
 - 68% childhood physical abuse
 - 71% adulthood physical abuse
 - 56% childhood sexual abuse
 - 53% adulthood sexual abuse



THE EFFECTS OF TRAUMA

KIM ET AL., 2010 AND ANDA & FELITTI, 1998

- The higher a person's prevalence of past trauma, the more likely they are to:
 - Smoke
 - Have an alcohol abuse or dependence issue
 - Have cancer or heart disease
 - Have emphysema or COPD
 - Have attempted suicide
 - Have mental health and co-occurring disorders
 - Have contact with the criminal justice system

- The ACE study revealed that the economic costs of untreated trauma-related alcohol and drug abuse alone were estimated at \$161 billion in 2000.

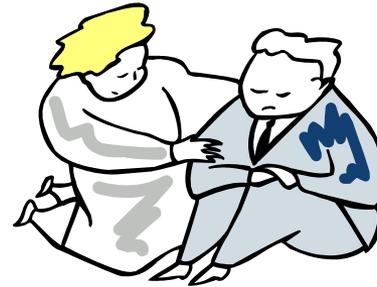
- The human costs are incalculable.



WHAT IS TRAUMA-INFORMED CARE?

HAPPERA ET AL, 2010

- “Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”



WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE?

- Recognition of the high prevalence of trauma
- Recognition of primary and co-occurring trauma diagnosis
- Assess for traumatic histories & symptoms
- Recognition of culture and practices that are traumatizing
- Power/control minimized-constant attention to culture
- Caregivers/supporters-focus on collaboration
- Address training needs of staff to improve knowledge & sensitivity
- Staff understand function of behavior as coping adaptations (rage, repetition-compulsion, self-injury)



TRAUMA-INFORMED SERVICES AND CASE MANAGEMENT

(DAVID W. FREEMAN, 2001)

- “Four clusters of values can differentiate traditional case management from trauma-informed services in an effective way”:
 - Power and Control
 - Authority
 - Goals
 - Language



POWER AND CONTROL

- Management vs. Empowerment
- Problems and Disabilities vs. Strengths
- Symptom Management and Reduction vs. Skill Building



AUTHORITY

- Expert Intervention vs. Psychoeducation
- Allocation of Resources Driven by the System vs. the Consumer

**It is the first
responsibility of
every citizen to
question authority.**

**- Benjamin Franklin
(1706 - 1790)**



GOALS



- Stabilization vs. Growth and Change



LANGUAGE

- Clinical Language vs. Everyday Language

Language

matters.

It shapes

thought.



SUGGESTED GUIDELINES FOR IMPLEMENTATION OF A TRAUMA-INFORMED APPROACH

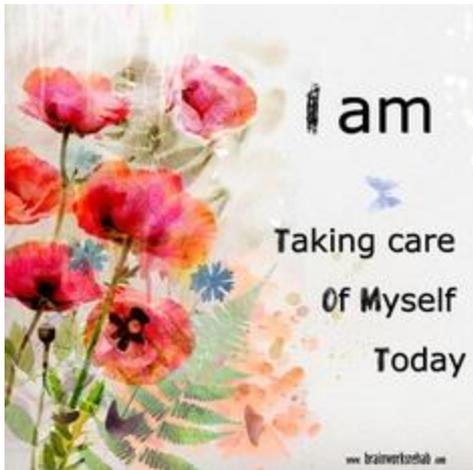
(SAMHSA, 2012)

- 1. Governance and leadership
- 2. Policy
- 3. Engagement and involvement of people in recovery, trauma survivors, consumers, and family
- 4. Cross sector collaboration
- 5. Services and interventions
- 6. Training and workforce development
- 7. Organizational and community multiagency protocols
- 8. Quality Assurance
- 9. Financing
- 10. Evaluation
- 11. Physical environment of the organization



HOW WELL ARE YOU TAKING CARE OF YOURSELF?

- What makes you feel better?
- What helps you when you feel stressed?



- Focused breathing exercises
- Take a “time out”-walk away
- Meditation or prayer
- Yoga
- Music
- Reading
- Talking to a supportive friend/family member
- Have a good laugh or a good cry
- Experiencing nature
- Exercise
- Journaling



CONCLUSION



- Question & Answer Session
- Thank you!

