CUSTOMER SERVICE TRAINING

NEW EMPLOYEES

Designed and Facilitated by:

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Fit2Balance, LLC

2020

OVERVIEW

- Understanding The Homeless Population in D.C. – Who are We Serving?
  - Local Statistics and Concerns
  - Impact of a history of trauma on this population
  - Authoritative vs. Supportive Role

- Ethics and Appropriate Boundaries
  - How do you handle Ethical Dilemmas in the work place?
  - Guidelines on how to maintain professional boundaries with the homeless population/consumers

- Professional Customer Service
  - Benefits of good customer services when serving this population
  - Three fundamental areas of customer service to meet program goals
    - Respect
    - Responsibility
    - Self-Care (Staff)

- Effective Communication
  - Four basic Components to Communications
  - Recognize the power of nonverbal communication
    - Obstacles to effective communication
      - Past Experiences
      - Cultural Differences
    - Techniques to improve communication and listening skills.

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Population Totals and Percent Changes, 2019-2020

| Household Type	2019	2020	% Change
Total Persons	6,521	6,380	-2.2%
Singles	3,875	3,947	1.9%
Single Adults	3,862	3,937	1.9%
Unaccompanied Minors	13	10	-23.1%
Family Members	2,646	2,433	-8.0%
Adults in Families	1,053	1,011	-4.0%
Children in Families	1,593	1,422	-10.7%
Family Units	815	768	-5.8%

D.C.'S 2020 POINT IN TIME (PIT) #S:

- At PIT 2020 (January 22, 2020) there were **6,380** persons experiencing homelessness in the District of Columbia.

- **653 of those persons were unsheltered, 4,526 were in an emergency shelter, and 1,201 were in a transitional housing program** on the night of the count.

- The total number of people experiencing homelessness has **decreased by 2.2% since the 2019 PIT count**.
  - This decrease is a smaller rate of decrease than in previous years.
  - Between the 2018 and 2019 PIT Counts there was a 7.6% decrease overall.
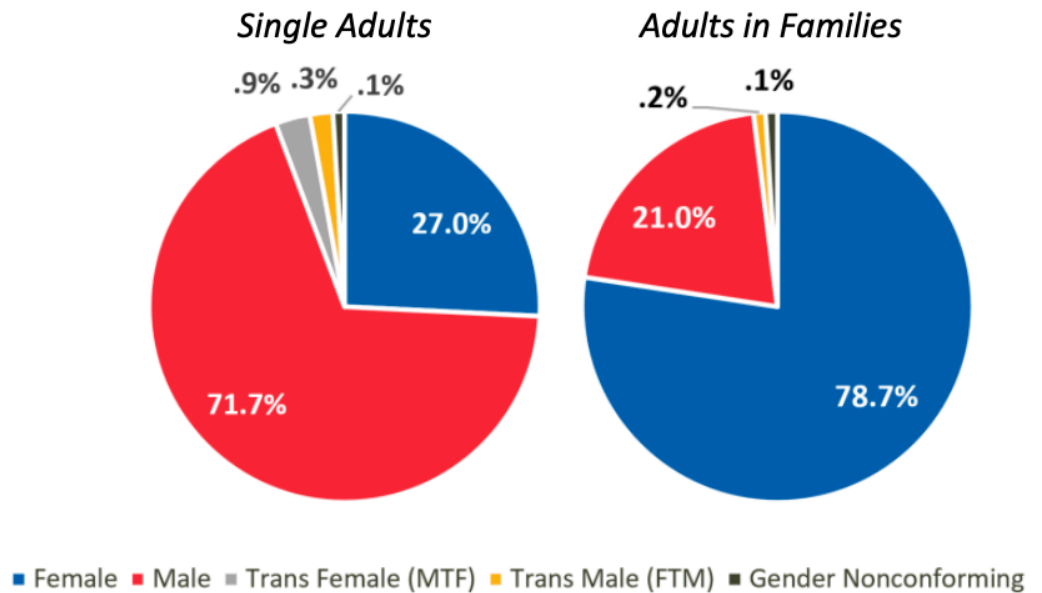
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D.C. 2020 PIT NUMBERS

Age Ranges of Single Adults & Adults in Families
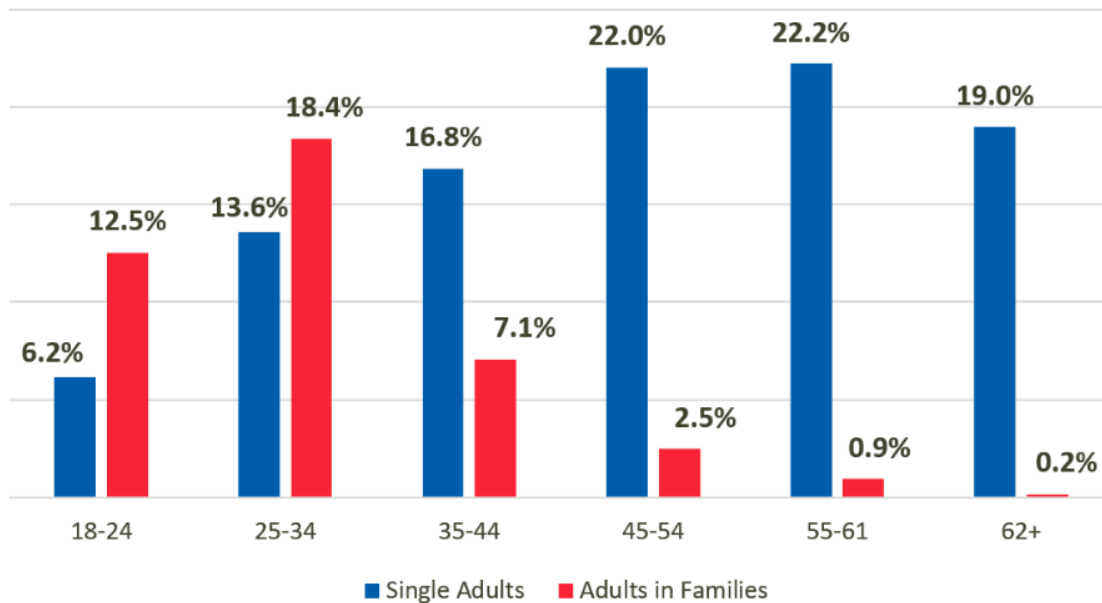
Gender of Single Adults & Adults in Families

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Disabling Conditions, Experiences, and Subpopulations

Type	Single Adults	Adults in Families	Total Adults
Substance Use & Mental Health	45.1%	13.2%	38.5%
Substance Use Only	9.3%	0.6%	7.5%
Mental Health Only	22.5%	11.3%	20.2%
Dual Diagnosis	13.3%	1.4%	10.8%
Chronic Health Problem	22.4%	1.8%	18.1%
Developmental Disability	5.6%	1.0%	4.6%
Physical Disablity	20.3%	3.0%	16.7%
Living With HIV/AIDs	2.3%	0.1%	1.9%
Chronically-Homeless	34.0%	4.8%	27.9%
Domestic Violence (DV) History	19.8%	29.7%	21.8%
Homeless Due to DV (subset of those with DV History)	35.5%	52.0%	40.1%
Formerly Resided in an Institutional Setting*	19.4%	13.8%	18.2%
Homeless at discharge from Institutional Setting (subset of Institutional Setting	41.2%	12.7%	39.2%
Formerly in Foster Care	9.9%	10.9%	10.1%
US Military Veteran	7.5%	1.5%	6.2%
Limited or No English Proficiency	5.1%	3.9%	4.9%
Chronically-Homeless	34.0%	4.8%	27.9%

*Persons living with a disabling condition, who have also been experiencing homelessness continuously for a year or more OR who have had four episodes of homelessness in three years (which total to 12 months of more).

D.C. 2020 PIT NUMBERS

- **55.1% of single adults and 75.9% of adults in families report receiving some kind of income** either from employment, benefits programs, or other means.

- **18.6% of all adults were employed at PIT.**

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CITY DYNAMICS – EQUITY

- Nationally, Black people comprise 40% of the homeless population, despite being only 13% of the general public.

- In the District, Black residents make up nearly 48% of the general population, but 88% of people experiencing homelessness.

- To many working to end homelessness, systemic racism is part and parcel to chronic homelessness.

- "We will not end homelessness without addressing racial equity. They are two sides of the same coin." – Rabinowitz, Street Sense

- "That's part of trauma recovery for any individual — until you feel safe you can't really focus on anything else, you can't really focus on housing or vocation or getting clean or getting the health issue taken care of that you've ignored," she said. "You have to feel safe before you can do anything else, housing is a part of that, but also the messages that you're getting from the world around you." CEO of N Street Village, Schroeder Stribling.

HX OF TRAUMA → MENTAL HEALTH ISSUES IN THE HOMELESS POPULATION

What Mental Health Issues are your consumers facing?

How has homelessness contributed to or hindered their mental health treatment?

How do your consumers self-medicate?

What efforts are being made at your facilities around harm reduction?

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DEFINING TRAUMA: WHAT IS A "TRAUMA"?

- Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA).

- "Psychological trauma in the unique individual experience of a [single] event, a series of events, or a set of enduring conditions, in which:
  - The individual's ability to integrate his or her emotional experience is overwhelmed, i.e.:
    - the ability to stay present
    - The ability to understand what is happening
    - The ability to tolerate the feelings
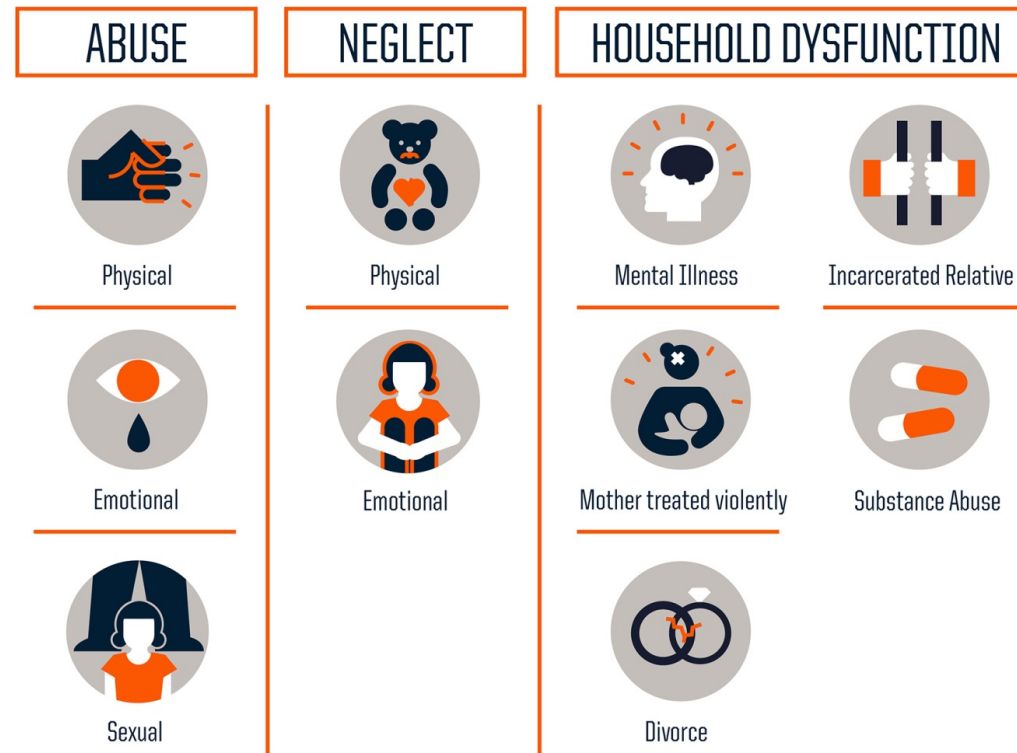   - The ability to comprehend the horror

    OR

  - The individual experiences (subjectively) a threat to life, bodily integrity, or sanity."

ADVERSE CHILDHOOD EXPERIENCES (ACE) STUDY

- Three Types of ACEs:

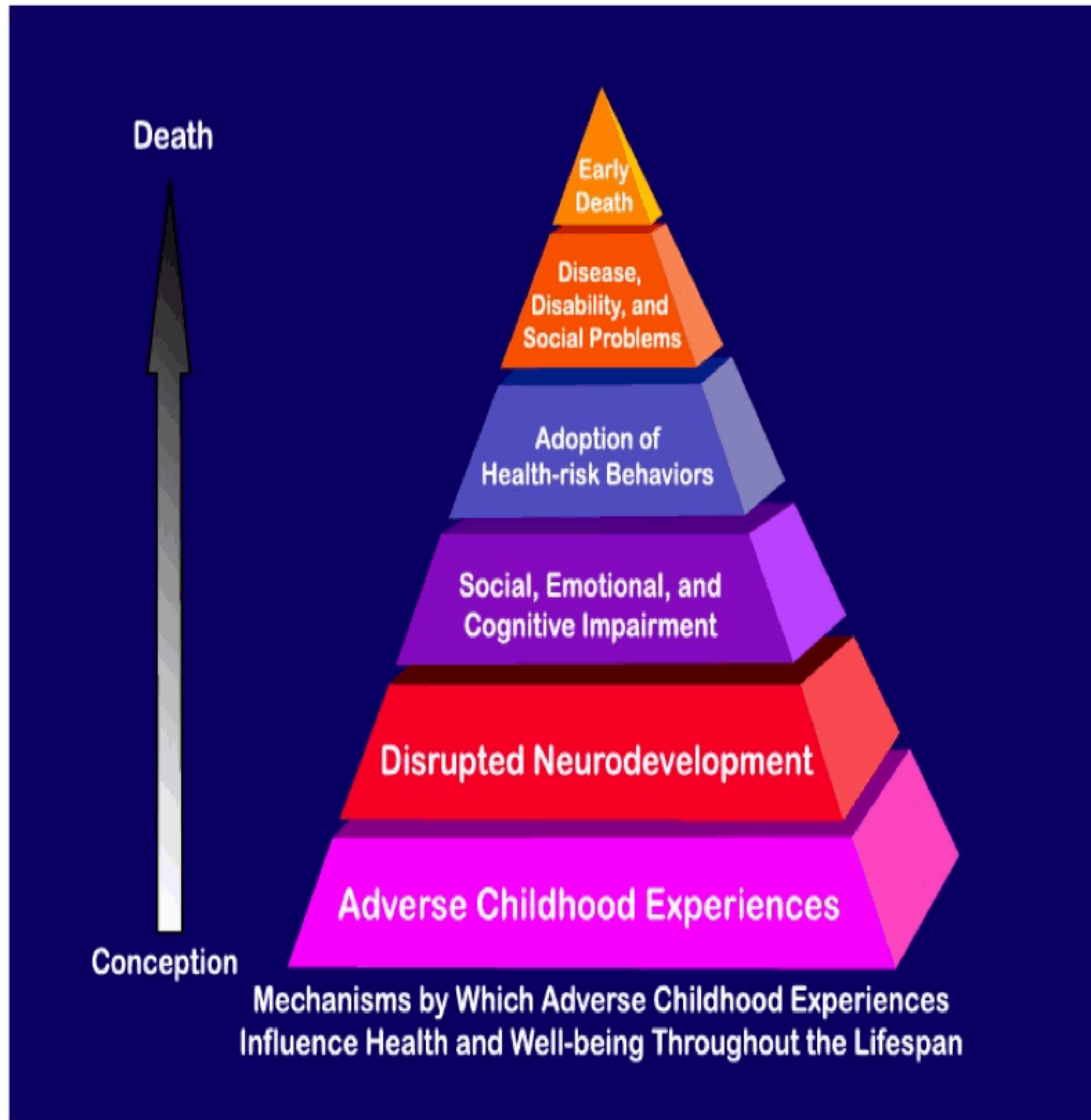| ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	

ACES INCREASE HEALTH RISKS

According to the ACE study, the rougher your childhood, the higher your score is likely to be and the higher your risk for various health problems later.

BEHAVIOR

Lack of physical activity | Smoking | Alcoholism | Drug use | Missed work

PHYSICAL & MENTAL HEALTH

Severe obesity | Diabetes | Depression | Suicide attempts | STDs

Heart disease | Cancer | Stroke | COPD | Broken bones

ACE STUDY: THE IMPACT

Death

Early Death

Disease, Disability, and Social Problems

Adoption of Health-risk Behaviors

Social, Emotional, and Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

Conception

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

- Findings showed that people who experienced **four or more** adverse childhood events had:
  - increased risk for smoking, alcoholism and drug abuse
  - increased risk for depression and suicide attempts
  - poor self-rated health
  - 50 or more sexual partners
  - greater likelihood of sexually transmitted disease
  - challenges with physical inactivity, and severe obesity

- Additional findings show that ACE Score is associated with:
  - likelihood of attempted suicide across the lifespan
  - increased risk for broken bones
  - heart disease
  - lung disease
  - liver disease
  - multiple types of cancer

- ACE Score is also correlated with: Impaired job functioning, homelessness, and criminal justice system.

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DEFINING: TRAUMA-INFORMED CARE (TIC)

- Trauma Informed Care is an organizational structure and treatment framework that involves:
  - understanding, recognizing, and responding to the effects of all types of trauma.

- Aims to avoid re-victimization.

- Appreciates that many problem behaviors began as understandable attempts to cope.

- Strives to maximize choices for the survivor and control over the healing process.

- Seeks to be culturally competent.

- Understands each survivor in the context of life experiences and cultural background.

- Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

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TRIGGERS & TRIGGERING

- The human body is self-protective: it automatically reacts to any cue indicating the **possibility** of danger.

- The brain is biased to respond to any danger signal it has known before:
  - times of day/days of the week
  - times of year
  - gender and age
  - facial expression
  - colors
  - smells or sounds
  - weather conditions
  - a tone of voice or body language
  - touch
  - even our own emotions and body sensations

- When we get triggered we experience sudden and overwhelming feelings, sensations, and impulses that convey, "I AM in danger – right now!" not I was in danger <u>then</u>"

AUTHORITATIVE VS. SUPPORTIVE ROLE

- Strength Based Approach to Customer Service
  - it recognizes the resilience of individuals and focuses on the potentials, strengths, interests, abilities, knowledge and capacities of individuals, rather than their limits.

- **Six Key Principles:**
  1. Every individual, family, group and community has strengths, and the focus is on these strengths rather than pathology
  2. The community is a rich source of resources
  3. Interventions are based on client self-determination
  4. Collaboration is central with the practitioner-client relationship as primary and essential
  5. Outreach is employed as a preferred mode of intervention
  6. All people have the inherent capacity to learn, grow and change

MASLOW'S THEORY OF MOTIVATION- HIERARCHY OF NEED
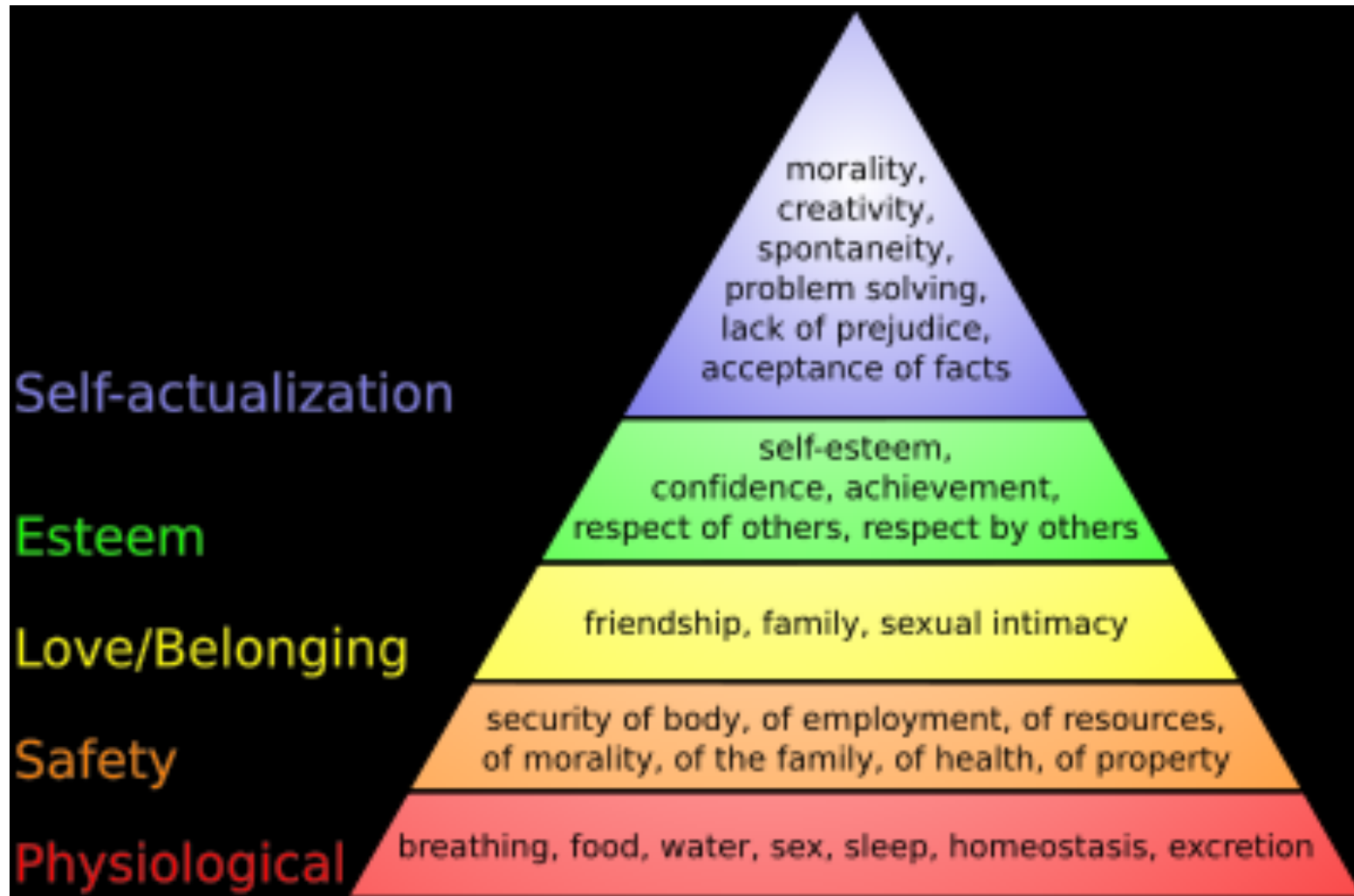
UNDERSTANDING CLIENT READINESS-PROCHASKA'S STAGES OF CHANGE

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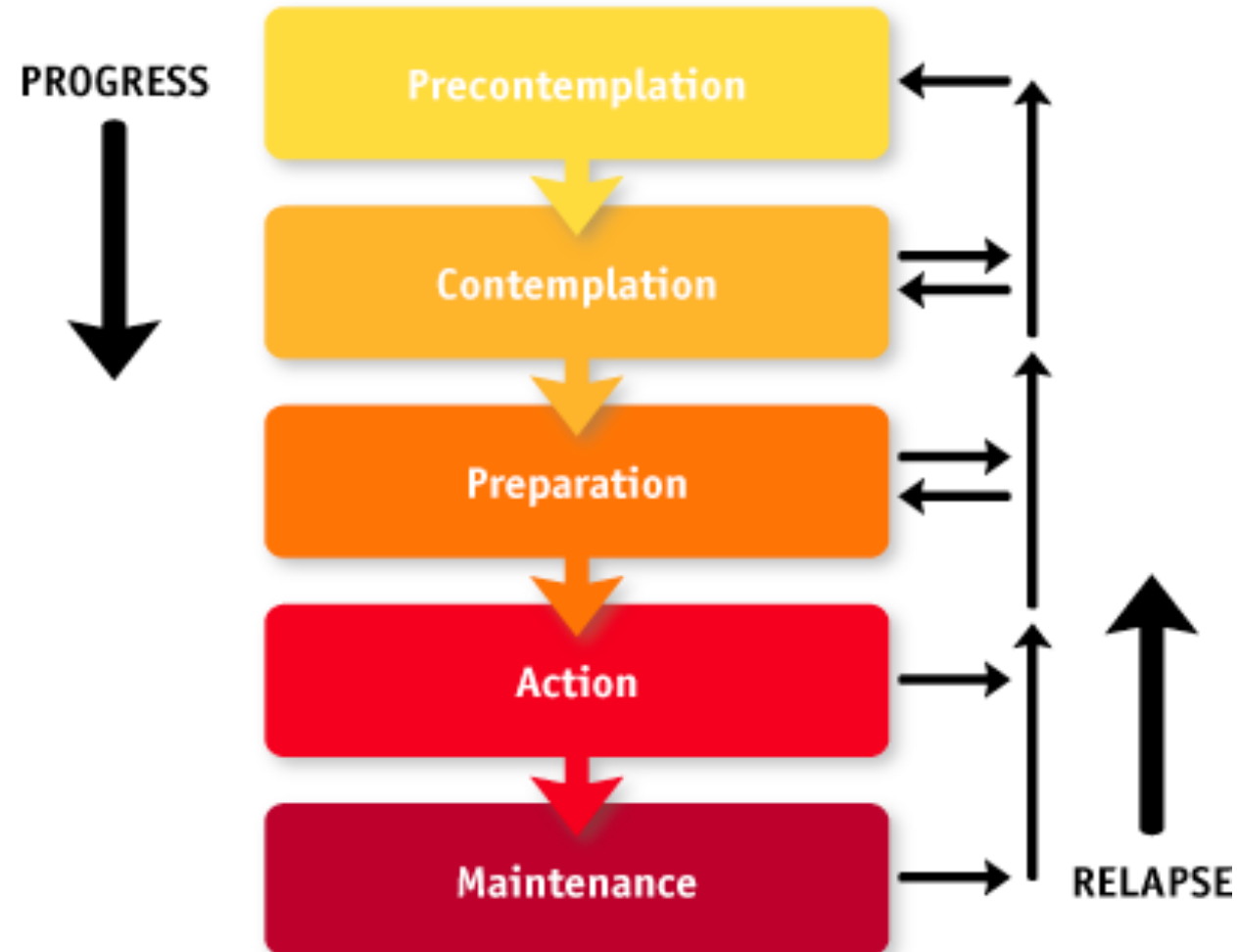
SIGNS OF UNHEALTHY BOUNDARIES

- **Signs that staff working with at-risk clients have unhealthy boundaries:**
  - Giving your home phone number to clients and/or telling them to call anytime
  - Giving intimate information about yourself to clients
  - Believing that only you can "save" this person(s)
  - Believing that the "system" doesn't understand, but only *you* do, therefore you *must* intervene.
  - Believing that colleagues don't understand when you discuss/defend your behavior with clients
  - Lending clients money
  - Physical abuse
  - Taking sides in an argument between clients
  - Considering yourself "part of the family" with clients
  - Experiencing stress induced illnesses such as asthma, angina, back pain, migraines, etc., when involved in interactions with clients

ETHICS (IN THE WORKPLACE)

- The application of moral principles, standards of behavior, or set of values regarding proper conduct in the workplace as individuals and in a group setting

- Ethics allow you to distinguish the difference between right and wrong

- Every agency is different but they all should take the following into consideration:
  - Trustworthiness
  - Respect
  - Responsibility
  - Fairness
  - Caring

- Ethics applies to any relationship between the following individuals:
  - Management/Supervisors
  - Colleagues/Employees
  - Consumers

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PROFESSIONAL CUSTOMER SERVICE

- *Three fundamental areas of customer service to meet program goals*
  - **Respect**
    - When clients enter the shelter facilities they bring all of their life experience with them.
    - Suspend assumptions, judgments, or opinions about a client or why they may currently be homeless.
  - **Responsibility**
    - A responsible professional understands there is a *power* relationship between themselves and their clients.
      - Never use that power for your own purposes or gain – only in service to the client.
  - **Self-Care (Staff)**
    - Staff who take care of themselves are better able to provide good customer service to clients
    - We know that serving clients who experience tremendous challenges and traumatic events can take a toll on the helping professional.
    - What are this signs of work related stress or "burnout"?

EFFECTIVE COMMUNICATION

- **Four Basic Components to Communications**
  - The Sender: The person communicating
  - The Receiver: The person being communicated to
  - The Message: Both words and body language
  - The Environment: Place and time where the communication took place

RECOGNIZE YOUR POWER IN MAKING AN IMPACT

- Be Conscious of your nonverbal communication

- What obstacles impact effective communication
  - Past Experiences
  - Cultural Differences

- Techniques to improve communication and listening skills
  - Active Listening
  - Reflective Listening
    - Try it when focused on harm reduction
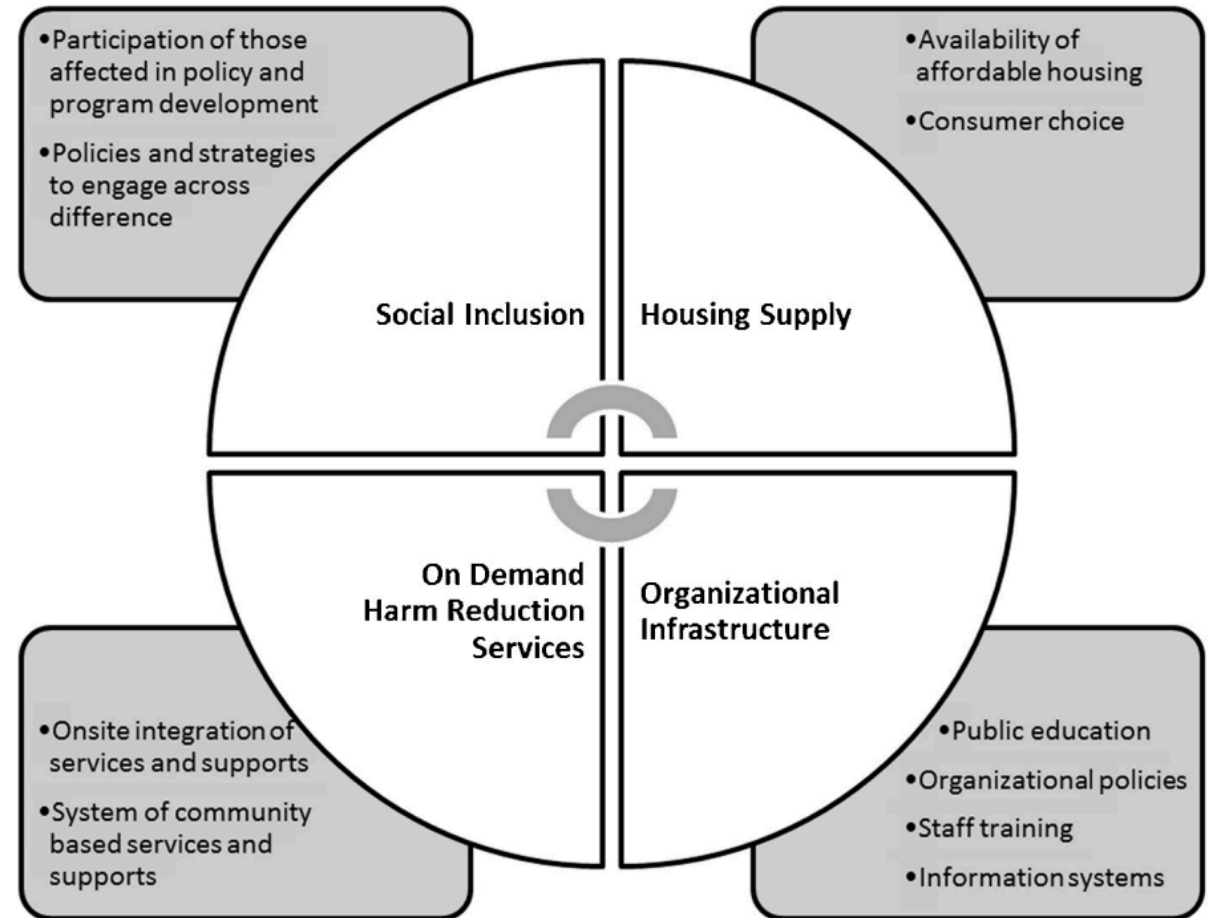
HARM REDUCTION TECHNIQUES

1. Accept and respond to improvement

2. Improvement includes any lessening of harms the person experiences

3. Humility (versus perfectionism) is a clinical skill

4. Anticipate and incorporate continued harms in therapy

5. Learning to take care of oneself is a skill, a value, and an attitude

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HARM REDUCTION

- Behavioral Health – Harm Reduction
  - Homelessness and drug use often overlap and the harms of substance use are exacerbated by homelessness
  - So we have to acknowledge that homelessness and poverty may be factors contributing to addiction
  - Law enforcement response to substance abusers

Systems level framework for integration of housing and harm reduction

- Participation of those affected in policy and program development
- Policies and strategies to engage across difference

Social Inclusion

- Availability of affordable housing
- Consumer choice

Housing Supply

- Onsite integration of services and supports
- System of community based services and supports

On Demand Harm Reduction Services

Organizational Infrastructure

- Public education
- Organizational policies
- Staff training
- Information systems

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"WHAT'S BETTER" QUESTIONS

- Often helping professionals begin meetings with clients with either a review of "task assignments" or a generic "how are you today" question. The "What's better" question seeks to uncover possible new exceptions by posing the question, **"What's happening in your life today that's better than yesterday or the last time you and I met?"**

- Not only do these questions allow the practitioner and client to possibly identify new exceptions from the previous meetings, but it also provides the practitioner with a quick gauge as to the client's present state of emotional well-being. Again, uncovering exceptions and linking strengths, go hand-in-hand.

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SOCIAL INCLUSION

- Participation of those affected by services and policies engaged in program development
- Policies and strategies to engage across differences
- Services should be catered to specific population at each site
- Modeling healthy interpersonal relationships

ENVIRONMENTAL: TRAUMA-INFORMED SPACES

- What does that look like to you?

- To what extent do the program's activities and settings ensure the physical and emotional safety of consumers/clients and staff?

- Consider the following:
  - Where are services delivered?
  - When are they delivered?
  - Who is present?
    - Other consumers? Security personnel?
  - Are doors locked or open?
  - Are there easily accessible exits?
  - Are the waiting rooms and interview rooms comfortable and inviting?
  - Are restrooms easily accessible?

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MANAGING STRESS

- You're in a high-risk profession in which workers may be confronted with danger, threats, or violence.

- You may empathize with the consumers' experiences; feelings of helplessness, anger, and fear are common.

- You may be a parent—or someone who has their own histories of childhood trauma—may be at particular risk for experiencing such reactions.

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MANAGING STRESS: WHAT YOU CAN DO!

- Request and expect regular supervision and supportive consultation.

- Utilize peer support.

- Consider therapy for unresolved trauma, which serving the homeless population may be activating.

- Practice stress management through meditation, prayer, conscious relaxation, deep breathing, and exercise.

- Develop a written plan focused on maintaining work–life balance.

2020

THANK YOU FOR ATTENDING

TCP Customer Service Training – New Employees and Shelter Staff

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