

Psychological First Aid for Families Experiencing Homelessness



Fostering Resilience Among Displaced, Traumatized Families



NCTSN

The National Child
Traumatic Stress Network

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Research suggests that many families facing homelessness — especially women and their children — have experienced traumatic events including physical, emotional and sexual abuse. In fact, many families who enter shelters have experienced multiple traumatic events.

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Homelessness & Trauma

- Research suggests that many families facing homelessness—especially women and their children — have experienced traumatic events, including domestic, interpersonal, and community violence and have been victims of physical, emotional/psychological, and/or sexual abuse. In fact, many families who enter shelters have experienced multiple traumatic events.
- Traumatic events can pose a serious risk to families’ functioning and well-being. Distress caused by traumatic events can interfere with parenting, attachment, and children’s healthy development.
- People exposed to traumatic events may have difficulties sleeping and/or eating. They may be unable to concentrate or complete everyday tasks. They may be overwhelmed by reminders of the event or may attempt to avoid any circumstance that reminds them of the traumatic event. Even things as simple as a smell, sound, or a place can evoke distressing memories of and reactions to the event. These common reactions can be greatly reduced through the support of others.
- Homelessness may make children and their caregivers even more vulnerable to mental health problems that arise in the wake of trauma, such as depression, anxiety, posttraumatic stress disorder (PTSD), and school or vocational difficulties.
- Many children facing homelessness experience significant psychological losses. In addition to losing their home and belongings, they may change schools, separate from friends, and miss out on activities. They also suffer the many stresses associated with homelessness, such as frequent illnesses and hunger. The difficult emotional responses and unstable moods that staff members see can be signs of intense grieving.
- Providing assistance to families can be challenging in shelters where there are limited resources and high staff turnover.
- Although providers work hard to connect homeless families to resources (housing, mental health, and school-related services), families’ life experiences and traumatic responses may interfere with accessing and utilizing these services.
- Experiencing homelessness complicates recovery from trauma because having a regular, predictable routine and an organized environment is both comforting and beneficial in helping families to heal.

By following the steps listed here, shelter providers can help families in crisis to feel safe and to connect to services—the first step to long-term stability. *Psychological First Aid for Families Facing Homelessness* provides a framework and an intervention model for shelter providers to use to meet the needs of this highly traumatized population. It is our hope that every shelter will find these Psychological First Aid principles helpful.

The Role of Shelter Providers

Shelter staff and advocates provide stability, safety, and continuity of services to families in crisis coming to a shelter. Shelter providers welcome families and help them to:

- Settle in and learn about living in the shelter community.
- Get necessary belongings: personal hygiene items, clothing, school supplies, and work interview clothes.
- Find childcare resources and help kids get organized for school.
- Navigate available services: healthcare, housing, jobs, education, legal support, and training.
- Develop safety plans.
- Feel empowered to support and nurture their children even under the most difficult conditions.
- Learn about the effects of trauma on adults, children, and families and explore with them ways they can begin to heal in their current living conditions.

Shelter staff should be aware of the ways in which trauma reactions affect individuals, and provide assistance when these reactions are in violation of shelter rules. For example, a caregiver's trauma reactions might lead to breaking noise rules and policies, such as when a caregiver's intense emotional reactions result in the family being asked to leave the shelter.

- Help families cope with intensive emotional reactions before they violate rules.
- Talk to a supervisor to share your concern that a family is under stress and may need some extra support. Extra support could be as simple as finding a space for the caregiver to calm down in the midst of (or prior to) an emotional outburst.
- Gently approach the parent and say something like, "This is a really hard. Would you like a quiet place for a few minutes? I can watch your kids."

Sometimes help is as simple as a quiet place without kids for a few minutes



1. Contact & Engagement

When you first **contact** a family facing homelessness, greet them warmly. **Engage caregivers and their children in a welcoming way**, help them feel calm and safe, and provide introductory information.

Help families who face homelessness feel safe, important, and worthy of attention by doing the following:

- Keep in mind that community living may not be familiar to most families. Most people have not lived with the rules, the regulations, and the structure of shelter life.
- Keep in mind that the regular rules or procedures of your facility may be very unfamiliar to a new family. Describe rules in a clear and matter-of-fact way. Help families understand that the rules are in place to keep them and the other families safe. You may need to repeat this occasionally.
- Take a few minutes to greet new families who have moved into the shelter since your last shift. Introduce yourself and describe your role at the agency.
- Be warm, respectful, and non-threatening.
- Listen openly and do not judge.

You may have to repeat information several times. As families become more comfortable, they may want to hear more of what you have to offer.

- Address both the caregiver and children kindly. Bend down to greet young children so that they can meet you at their eye level.
- Acknowledge parents for their commitment to keeping their children safe, despite all of their challenges. Specifically name the ways in which they do this.

- Explain the resources that you have to offer (e.g., snacks/refreshments, parent or child groups, laundry facilities) and say that you are available for questions.
- Do not push or probe, if some families are reluctant to talk to you. Instead, ask if you or another staff member can check in on them later.
- Create a central communication board or other way to let the next shift know when a family has arrived.

Sample Welcome:

“Hi Rita, I’m Crystal. We haven’t met before. (Kneel for a moment and say hi to the children). I would like to show you around and help you to become familiar with our setting. Have you lived in a setting like this before, with other people? Let’s go to a quieter place where I can tell you a bit more about our shelter, my job, and how to help you get the things you need.”

2. Safety & Comfort

Many families without homes come to our agencies in a state of crisis. The more successful we are in helping them feel **safe and comfortable**, the more likely they are to begin the healing process and use services to regain stability.

- Shelters can provide safe and stable housing—even if only temporary—which is critical for children’s recovery and healthy family functioning.
- If possible, assign a specific worker for each family. This helps the family build rapport with a point person and can give them a sense of security.
- Safety can mean different things to different families. A safe environment includes one where families are welcome and where there is space available with games and activities for children of all ages to play safely.
- Some families may be fleeing dangerous or threatening situations. Planning for safety and referrals to services are critical functions of shelters.
- Some families come from environments that are dangerous, and they may return to similar situations. Make sure both parents and children have safety plans on how to handle these situations. If any family member discusses being in a violent domestic situation and being worried about her safety, talk with your supervisor about whether your shelter has the level of security necessary for this client.
- Some parents and children may be hyper-alert and vigilant—feeling constantly “on-edge.” Such behaviors have helped them in previous threatening circumstances. It may be difficult for these families to relax, even in the most comfortable environment. Offer these families age-appropriate activities to help calm them. Provide such opportunities whenever possible, but respect families’ right to say no.

Wrong Way:

“Quiet down now! You’ll have to keep your kids quiet at all times. Remember—out of control behavior results in expulsion from the shelter!”

Right Way:

“We realize this is an unfamiliar setting for you and your family. Sometimes when people have experienced change or something scary, they can be reminded of the event. We want you to feel safe and secure here. How can I help you to feel more comfortable and safe right now?”

If the parent states that it is too noisy, help her find a quieter place to sit.

2. Safety & Comfort *continued*

- Parents and children may be reminded of traumatic events while they are in the shelter. They may hear or see something that makes them feel scared or vulnerable. Prepare families for this by sharing information about trauma and helping them identify potential reminders and ways to cope with them.
- Some families have experienced considerable loss and may be grieving. Provide support and comfort by actively listening. Help family members understand that there is no one right way to grieve and that each individual may react to the losses differently.



Despite our best efforts, families may not feel safe in our shelters.

What might prevent families from feeling safe/comfortable at your shelter or agency?

How might you and your agency improve on ways to provide emotional and physical safety for parents and their children?

3. Calm & Orient

Families are coping with so many things when they are in our settings. They may seem disorganized, disagreeable, and unsettled. Sometimes, they might not use their best parenting skills and might not even be aware of their children's needs at the moment. Children may seem anxious or upset and might engage in power struggles or testy behavior. These behaviors often are common reactions to the many changes in their lives or to traumatic events.

You will want to **calm and orient** both parents and children as part of creating a safe environment.

- Enlist help from other parents, especially those who are familiar with the shelter and could provide positive support.
- Empathize with parents and ask how you can help. Although they may not know, you can offer some concrete suggestions, such as "Would you like to take a short break or take your family to a quiet corner to talk?" Remind them that all parents need breaks, so they will not feel like bad parents for not being able to manage their children. If they do not want help in that moment, offer to check back with them later.
- Do not forget to follow up if you make a commitment to do so.
- Remain calm, quiet, and present when dealing with agitated parents and/or their children. Telling parents to calm down or telling them to calm their child does not work. Instead, focus on specific behaviors, such as helping them to calm their breathing by take several slow deep breaths, counting to five, or encouraging them to take a walk with you to help reduce the agitation. Some individuals may need a few minutes alone first—tell them you will be available to help when they are ready. Stay close by and check in on them after a few minutes. Let them know you understand it is hard and that you are available if they would like help.
- When they are ready, find a safe place for the parent(s)/ family, or suggest that they take a walk, or demonstrate how breathing deeply can be calming. Help them recognize that intense emotions may come and go in waves.

Wrong way:

"Mary—you're going to have to get your children to stop fighting. We can't have kids screaming in this shelter!"

Right Way:

[Take a few deep breaths yourself—Moving slowly, adjust your body so that you no longer directly face the agitated parent/family.] "It's really hard when the kids need you and you have your own needs. Would you like a little break? There's a spot over there where you can be alone. [pause] Maybe I can play a quick game with the kids while you rest?"

Telling a parent to calm down or telling them to calm their child does not work.

4. Information Gathering

Part of engaging families is to **gather information** about their immediate needs and then to help address them. Conduct interviews in a private area of the shelter and keep all information confidential.

- Listen openly and without judgment. Families' life circumstances have been overwhelming; they may show extremes in behavior due to the life stresses as well as the stress of communal living arrangements.
- Families have often experienced losses, challenges, and traumatic events prior to walking through our doors. Some may want immediate assistance and ask for services quickly. Other families only want a safe place to be for the moment and are not interested in or ready to share any information with you. Over time, as families feel safer and more connected, parents/children may be willing to state their current needs and concerns. Always follow the families' lead.
- Learn to recognize when families need professional help or expertise. Do this by listening carefully and observing for signs of distress. For example, if a caregiver appears completely preoccupied and unable to respond to his/her children's needs, talk to a supervisor or mental health professional to assist him/her with getting help.
- We can gather the appropriate information to help with families' most immediate needs by saying, "You've gone through so much and really want to address so many things. What's one thing you want to start working on for your family today?"
- Use appropriate structured and standardized intake questionnaires and procedures developed by your agency to gather information about schooling, transportation, healthcare, previous violence, and current social supports. If these are not available, ask your supervisor for guidance.
- Parents may have difficulty thinking about next steps. Ask them a few concrete questions to help them focus and identify their family's needs (e.g., health, schooling, homework, teachers, and contacting friends).
- Some parents may need assistance in providing information about their children's needs. To help, ask them questions based on the child's age and developmental stage (e.g., young children have difficulties putting events in order and do not always know the difference between fact and fantasy; adolescents still need check-ins and monitoring).



Addressing Immediate Needs

List important things to know about caregivers' needs:

What are some important questions to ask about children's needs?

List your agency's policies on assisting children (e.g., groups; child care services; game/activity room):

What questions might you ask to help caregivers identify the family's most immediate needs?

5. Practical Assistance

Providing **practical assistance** to families in shelters—especially those who have experienced violence or other trauma or who have considerable losses—can provide a sense of hope and control.

Traumatic events can impair parents' abilities to plan effectively, to follow-through on plans, and to coordinate activities in a structured, safe way. Families may need help developing strategies to keep their children safe; to enroll them in school, afterschool, or childcare; to navigate healthcare, transportation, and housing systems; and to connect them to appropriate mental health services.

- Summarize the needs identified by parents. Help them to prioritize those needs (e.g., “Hmm . . . there’s a lot here, and it might take a while to address everything. If you had to choose, what are the three most important things to take care of?”).
- Reflect with parents on the services that are available to help them with the immediate needs. You can use a “think-out-loud” process when considering the services that best match their needs. This demonstrates that you were really listening and allows you to make sure that you correctly understood the parents. For example, “You need to get your child into the doctor, but don’t have a car... huh, let’s see...the shelter has a bus that stops 2 blocks from the doctor’s office, but you have to sign up and check-in for the transportation at least one hour ahead. If we did that right now, you could go.”
- Promote partnerships among shelters and community agencies. Help coordinate the various systems serving families facing homelessness (e.g., housing, child welfare, income maintenance, education, and health/mental health). You might, for example, help parents enroll their children in school, arrange for transportation to the school and the after-school care, and locate centers that have adult recreation opportunities.

Weekly Goal Plans

Structure plans so that the family can achieve goals in specific, incremental steps. Help parents address specific weekly goals, based on their needs.

For example, goals for Week 1 may be:

- (1) enroll the children in school,
- (2) apply for financial assistance,
- (3) address immediate safety needs (change phone numbers and speak with school personnel and other providers about keeping such information confidential), and
- (4) meet medical needs, such as obtaining medications.

Week 2 goals might include identifying housing and employment resources. To make sure tasks get done, have parents mark on a calendar when they will do each step.

- Once the family has identified and prioritized their needs, suggest creating an **action plan** to address what could be done today. First, identify and list the steps to take to complete that task. Do not take on all the tasks yourself. Family members will benefit from doing some of the work themselves. Take on some tasks yourself (e.g., calling the school and asking about enrollment procedures) and delegate others to the parents (e.g., arranging for transportation to appointments). After you have planned today’s tasks, you can next list the steps to address other issues.

6. Connect with Social Support

Social supports provide a crucial buffer to families in the face of the stress of homelessness.

- Help disconnected families engage in family-friendly activities with other families at the shelter, especially those who use positive, safe coping strategies.
- Hold parent support groups, fun “coffee hours,” or “chat groups” at the agency or link parents to community events at other local agencies, such as family nights at the YMCA/YWCA. Provide childcare for parents who attend these events.
- Arrange for safe, developmentally-appropriate activities at the shelter. Children and adolescents have been separated from their peers, neighbors and family. They may need time to engage fully again in play and feel that it is OK to have fun.
- Be a source of support. Parents and their children may not have had the opportunity to develop positive and appropriate relationships with others. Engaging with an advocate will help them develop skills to form more positive and appropriate relationships with others—skills that are important for children and necessary for parents when interacting with schools and other services.
- Set respectful, responsive boundaries. Since you may be the families’ primary source of support, it is critical to understand your agency’s rules concerning boundaries and communicate these clearly to families—especially to their children, who may want to be close to you. Maintaining appropriate relationships at all times not only protects you, the parents, and their children, but also provides an appropriate model for other relationships.



7. Information on Coping

Staff members need to be prepared for the challenges of working with highly stressed families and to offer supportive ways for families to enhance positive coping skills. Here are guidelines for giving parents **information on coping**:

1. Tell parents and children about common stress reactions.

- When parents first arrive at the shelter, they may have difficulties paying attention. They may neglect to follow through on tasks, be forgetful with their children, miss appointments, or lose track of what others are saying. Kids may misbehave, ignore or refuse parents' requests, act "fidgety" or "spacey."
- Adults and children may have high arousal (fast or irregular heart rate, clammy or sweaty palms, nervous inappropriate laughter, difficulty sleeping) or feel like the danger is still present. They may seem jumpy, jittery, or nervous. They may startle easily at loud noises, physical touches, or certain smells. They may seem "on the look-out" or highly distrustful.
- Adults and children may have difficulties putting away their painful memories of the traumatic experience (called **intrusive reactions**). For example, adults and children may have repeated mental images (or flashbacks) or nightmares related to the event. Both adults and children may be frequently reminded about the event by sights, places, smells, or other triggers.
- Many people do not want to think about, talk about, or remember the traumatic event (called **avoidance reactions**). Adults may not want to go anywhere, prefer to stay in their rooms, and avoid anything that reminds them of the traumatic event. They may want to keep their children close by and in sight. Children may begin to detach and withdraw from their friends or be too clingy with their parents.

2. Help families find ways to cope positively with these reactions.

- Talking to friends/other parents/spiritual leaders
- Engaging in activities they like (sports, reading, drawing, listening to music, sitting/playing with their children, watching funny movies)
- Participating in support groups, counseling
- Writing in a journal
- Breathing techniques
- Humor

Help parents identify how they and their children have been coping so far. For example, they may have found watching some funny or uplifting TV helped, but watching shows with violence made things worse.



8. Link with Collaborative Services

Often families have more needs than a single agency can meet. You will want to link them with local agencies to help them get the additional services they need.

Shelter staff can play a key role in providing referrals to community agencies where families can get care once they leave the shelter. In some cases (when families remain in the geographical area), services can begin while the family is in the shelter and continue throughout the duration of their search for stable housing, offering the family continuous support as they transition through difficult circumstances.

When making referrals:

- Check with the agency to make sure they have experience providing services to families who are homeless and families who have suffered trauma. Make certain that their services cover individuals who do not have a permanent address.
- Inform the families of the requirements of the other service agencies. For example, let them know the agency's policy on cancellations or being late. Help the parents make a list of needed documentation (e.g., child's immunization information or a driver's license or state ID card). Write down for the parents all the important information: the names of the referrals, addresses, telephone numbers, directions, and contact persons. Ask the parents what further help they will need to access these other resources.

Wrong Way:

"When's your appointment with Dr. Jones? Well, whenever it is—don't be late. They won't let you reschedule, and your lateness gives our agency a bad name!"

Right Way:

"I'm so glad that we could work together to get Jamie's doctor's appointment scheduled. Medical visits can be hard to organize, especially from a shelter. The appointment is scheduled for Tuesday? Would you like me to note that down so I can remind you and check-in to see if you need transportation?"

Day before: "The doctor's office called to remind you about the appointment. Do you have transportation worked out? Is there anything I can do to help? If you'd like, we can go to my computer and map the directions. When you enter the building, the doctor's office will be on your left. They'll need your medical insurance card number. Do you have that? They'll also ask you to fill out some forms to get Jamie's medical history, since he is a new patient. And then the nurse will take you both into an examination room to do things like take his temperature and his blood pressure. After that, the doctor will see Jamie."

9. Patience

Working with homeless families can be rewarding, but extremely challenging. You may not understand why some families act or behave in certain ways nor will you agree with all of the decisions they make. Be **patient** with yourself and the families you serve.

Families who come to our shelters often have been living in chaos for a long time; some may be in shock or disbelief, while others are tired and hungry. They are likely to show many different, strong emotions. With all of our hard work trying to help them, we can feel insulted when parents or their children treat us with disrespect. We may also feel responsible or feel like “the system failed” when parents are unable to engage in the services we have worked so hard to get for them.

- Recognize and try to accept that change happens very slowly for some families. We may provide the entry point to services and the start of positive changes in their lives, but we may never see the outcomes of our efforts.
- Trust that our efforts to engage families, connect them with services, and provide a safe environment make a difference in the lives of parents and their children.
- Remind yourself that having a safe place to put one’s head (or having a safe place to put one’s children to bed) for even one evening may be the best experience your family has had in weeks, months, or even years.
- Trust that our compassionate gestures, such as giving a smile or saying hello—even when met with apparent disdain—are important elements of healing and surviving.



10. Manage Personal & Professional Stress

Shelter providers who work directly with highly traumatized families are vulnerable to high levels of work stress and burnout. **Secondary traumatic stress**, also called compassion fatigue or indirect trauma, is a type of occupational stress that can come from working with large numbers of traumatized families and hearing their stories of abuse, loss, abandonment, and victimization.

All staff members need to take care of themselves to prevent work stress and burnout. Although staff vary in how they take care of themselves, effective and popular ways include:

- Exercising
- Engaging in a hobby
- Knowing your limits
- Taking a time out during a difficult situation
- Seeking support from co-workers, friends, and family
- Taking vacations when you can
- Humor
- Spiritual support

Your agency may also offer services to help staff cope with stress at work. This can include vacation days, short-term counseling through employee assistance programs (EAPs), clinical supervision, and training in stress management practices.

Helpful:

- Take time out for yourself (exercise, hobbies, reading, sitting quietly, slow deep breathing).
- Go outside and look around. Notice objects or people.
- Use imagery to manage stress. Visualize the stress in your body as block of ice. Imagine the sun shining on you and feel it gradually melting away the stress.

Not Helpful:

- Ignoring it.
- “Working it away”—feeling too guilty to take a break.
- Focusing only on others.
- Using alcohol to cope.



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