Understanding Structural Barriers to Engagement

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**www.HousingFirstUniversity.org**

Housekeeping

- We invite you to be present with us!
- Questions and comments welcome throughout
  - Please use the Q&A function for questions
  - Chat can be utilized for comments/discussion
- If you are seeking CEUs…
  - Stay for the duration of the training
  - Participate in discussion
  - Turn your camera on for the duration of the training
- We will take a short break during the training
- Course evaluation is required to receive a certificate
- The slides and other materials will be emailed after the session!

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A program of Pathways to Housing PA

Accommodations

- We asked for accommodation requests on the Zoom registration form and we have attempted to meet those requests!
- Closed captioning is available
- We can read aloud questions and comments from the chat
- We have attempted to provide high contrast text and backgrounds
- Please send a private chat to request any other accommodations

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Today's Agenda

- Summarize the historical reasons for mistrust for BIPOC individuals
- Explore the social and systems contexts in which people receive care
- Examine the structural factors that contribute to homelessness and challenging engagements
- Explore the traumatic effects of experiencing structural marginalization
- Begin to understand the approaches needed to support people who are difficult to engage

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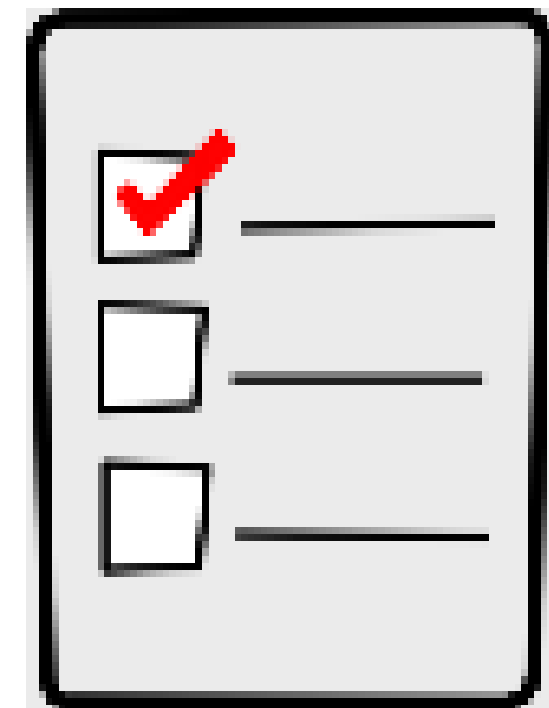
Learning Objectives

- Explain key structural and individual factors that disproportionately impact marginalized groups
- Summarize the role of stigma as a barrier to trust-building for people experiencing homelessness
- Describe the key factors that promote therapeutic alliance with Black and Brown service recipients

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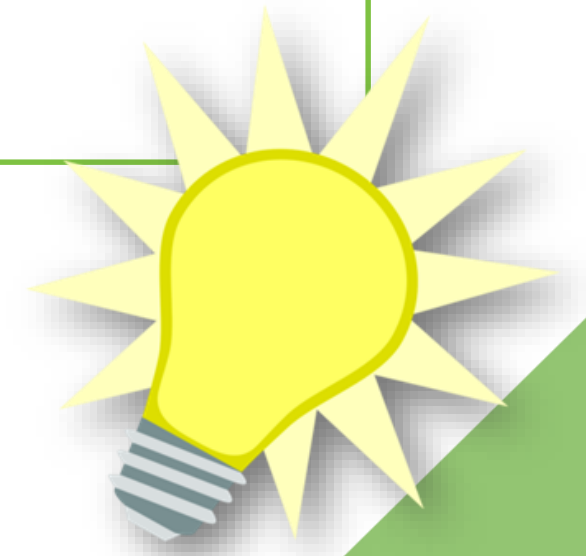
WHAT DO WE KNOW?

A History of Mistrust

- Black & Brown individuals do not seek mental health support at the same rate as White Americans

- Laws, psychology, and science have been skewed and used to justify non-equitable treatment.
  - Tuskegee Syphilis Experiments
  - Henrietta Lacks

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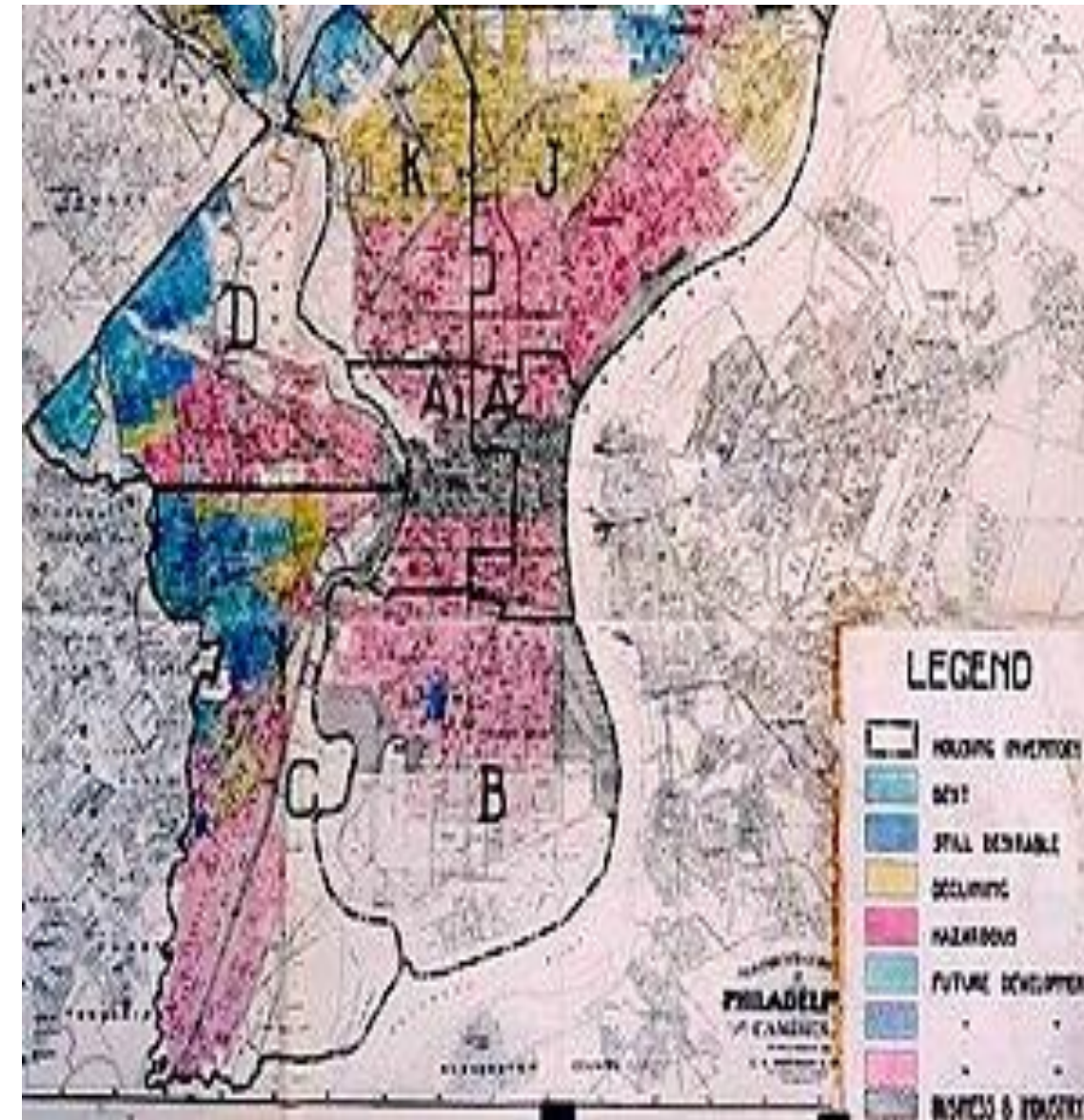
Opioid Death Disparities

"Systemic racism fuels the opioid crisis, just as it contributes mightily to other areas of health disparities and inequity, especially for Black people. We must ensure that evidence-based interventions, tailored to communities, are able to cut through the economic and social factors that drive disparities in substance use and addiction, to reach all people in need of services."

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Nora D. Volkow, MD
Director of the National Institute of Drug Abuse

How We Got Here

- The United States had a biased view of mental healthcare for Black Americans for Centuries.
  - 1840 Census
- One of many examples in history that contributed to what we now call **structural racism**
  - Tools used to reinforce discriminatory beliefs, values, and distribution of resources
- These ideas impact decision making and treatment regimens in the helping profession.
  - Perception of Black v. White pain in 2016

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HOW DOES IT WORK?

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Defining Terms

Racism

- "A system of advantage based on race that is created and maintained by an interplay between **psychological factors** (i.e., biased thoughts, feelings, and actions) and **sociopolitical factors** (i.e., biased laws, policies, and institutions)."

- "A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity."

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Bricks in a wall

What words come to mind when you think about racism?

Implicit Bias

Microaggressions

Stigma
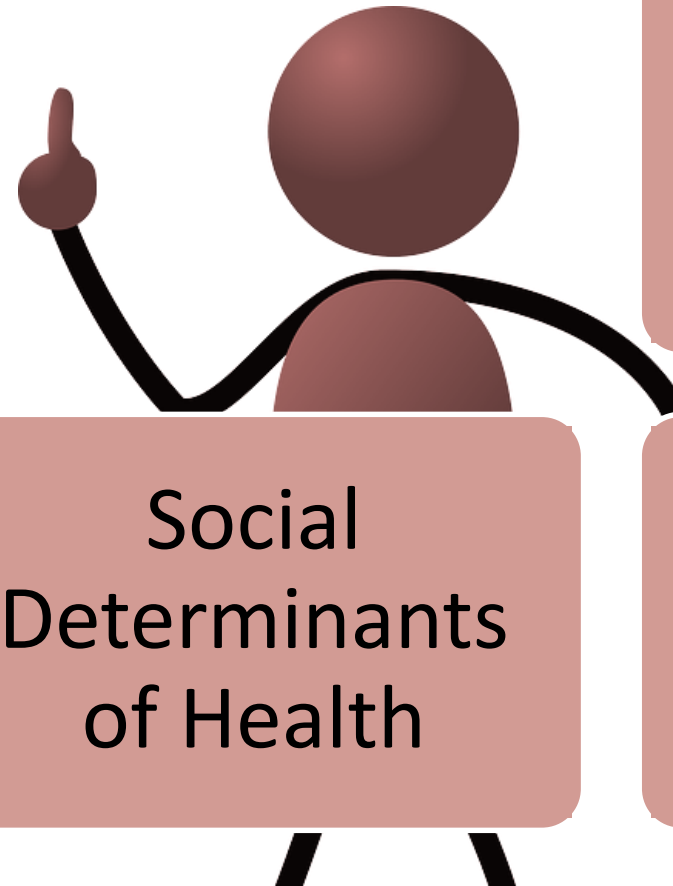
Institutional

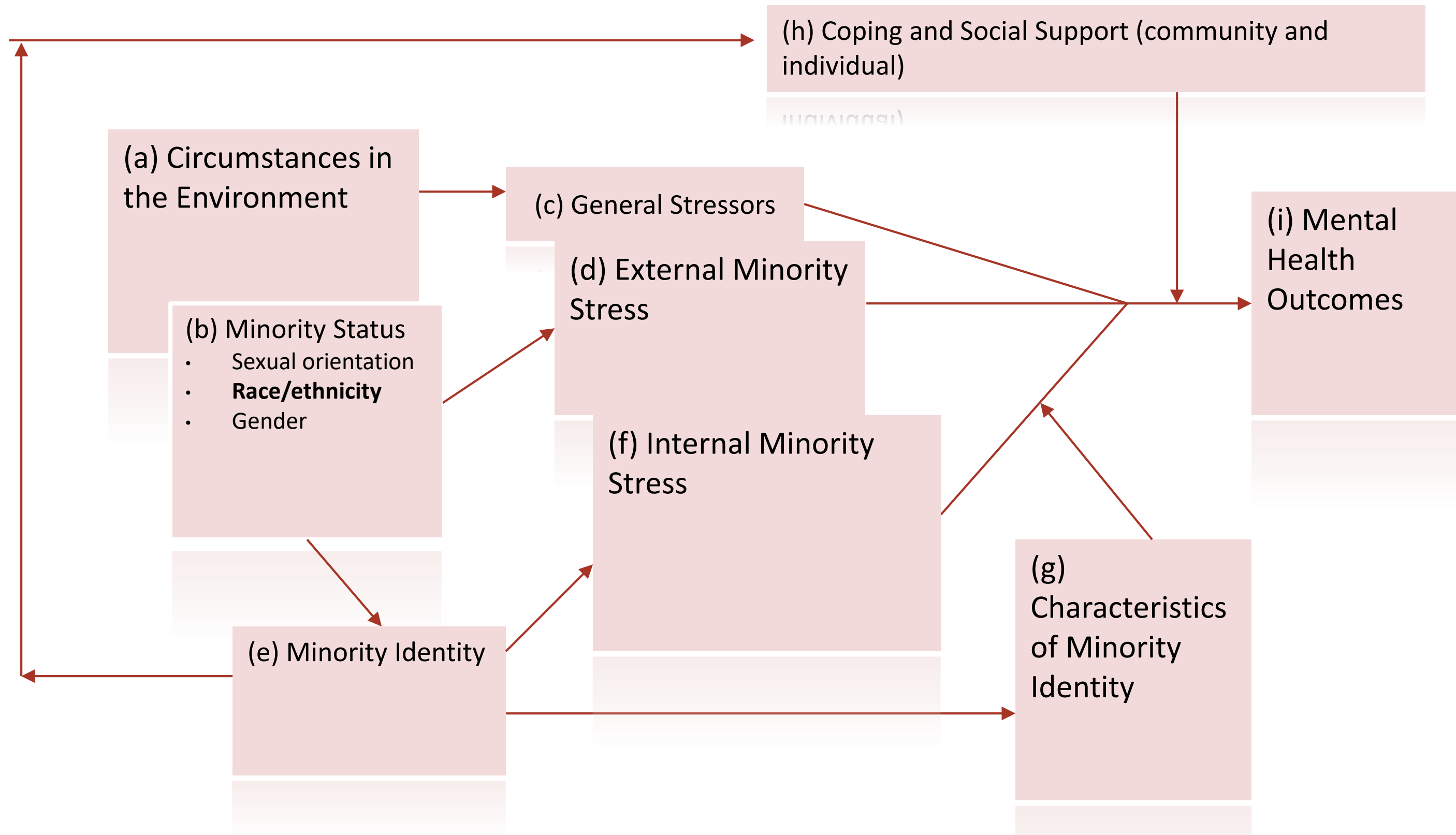Systemic

Social Determinants of Health

Minority Stress Model

Racism

Social Determinants of Health

Built Environment

Economic stability

Health & Healthcare

Education

Social & Community Context

Meyer Minority Stress Model

Change that requires forced adaptation = stress!

The Homeless Service System

- Colorblind approach to addressing homelessness
- Multi-system involvement is common
- Institutional racism and discrimination

"There is no such thing as a nonracist or race-neutral policy. Every policy in every institution in every community in every nation is producing or sustaining either racial inequity or equity between racial groups."

\- Ibram X. Kendi

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STRUCTURAL FACTORS

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Barriers to Engagement

- What happens when participants refuse to engage in services?
- Why might participants have reservations?

Consider…

Attachment history, fear, trauma history, sources of self-esteem, substance use, psychiatric histories and triggers, being un-medicated, staff turnover, social connections/domestic partners

- Engagement can last months or even *years*
- **Follow through is KEY!**

Defining Implicit Bias

- im•plic•it bi•as /im `plisit `bīas/: Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

    – Positive or negative

    – Activated involuntarily

    – Without awareness or intentional control

    – Everyone is susceptible
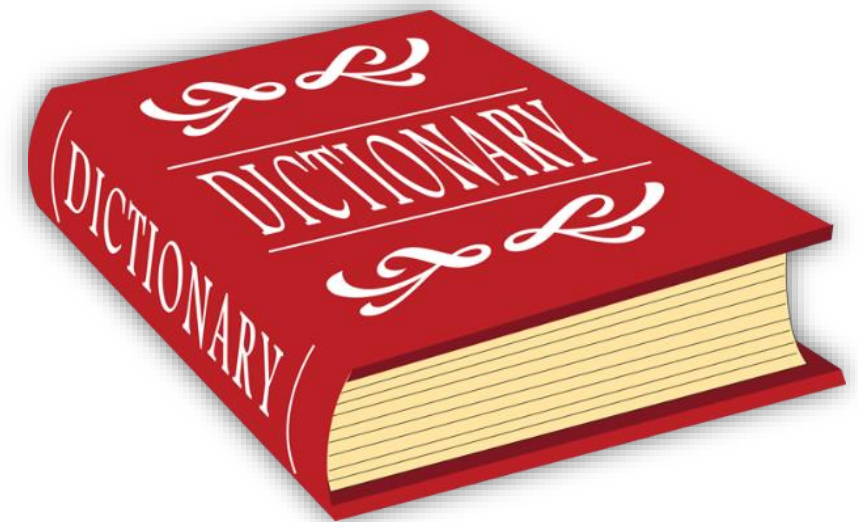
Implicit Bias Across Domains

- Criminal legal system

- Education

- Employment

- Housing

- Healthcare

Stigma

Label + Stereotype = Stigma

The Purpose & Impact of Stigma

Difference → *Keep people out*

Danger → *Keep people away*

Discrimination → *Keep people down*

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- Adapted from National Harm Reduction Coalition

Racial Stigma

- Perceived stigma can cause psychological distress and impair health
- Cultural stereotypes and prejudice can impact the development of the self-concept and identity of individuals
- Where people encounter racism they are less likely to engage with services
- This stacks with related but distinct homelessness stigma

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Microaggressions

- Verbal, behavioral and environmental indignities
- Communicate hostile, derogatory or negative slights and insights
- Intentional or unintentional
- Brief and commonplace, daily
- Microassaults, microinsults, microinvalidations

You're so articulate!

You speak really good English.

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Poverty

|		
Racial Wealth Gap	Employment Discrimination	Credit Market Discrimination
Incarceration vs. Family Stability	Low levels of social benefits and low wages	Housing subsidies

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Income Inequality

- It's not poverty alone!
- Homeownership vs the racial wealth gap
- Insurance rates
- Increased likelihood of homelessness
- Increased cost and decreased stock of "affordable housing"
- Typically mitigated by taxes and benefits

Housing

- Housing affordability

- Segregation

    - Redlining

    - Exclusionary zoning

    - Rental market

- Native American forced relocation
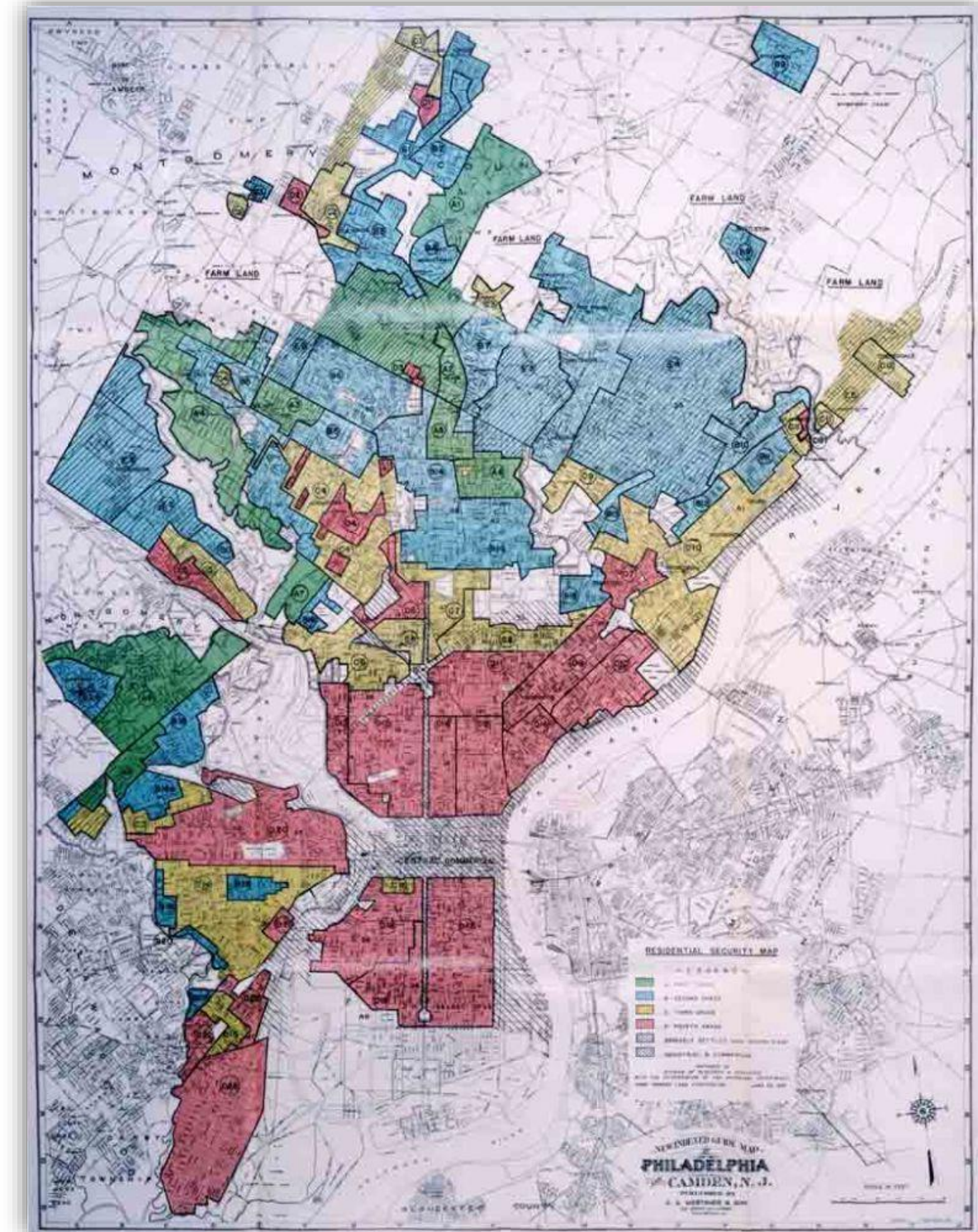
Education

- Redlining impact
  - Individual schools & entire districts in historically redlined "Red" areas are serving primarily low-income & black/nonwhite students
  - Less district per-pupil revenue
  - But highest need due to income status
- Less Revenue = Less opportunity
  - Extracurricular activities
  - Individualized learning
  - Future & higher education planning resources

Access to Quality Health Care

- POC more likely to lack health insurance than white people

  - Risk factor for homelessness

- Mental illness does not vary by race, but access to treatment does


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How does homelessness impact health?

- Compared to the general housed population, people without homes have been and are now more severely impacted by SDOH, leading to increased mortality, chronic health conditions, mental illness, substance use, and risky health behaviors.

- They are more likely to face extreme poverty resulting in an inability to obtain and maintain housing, pay for health services, and afford basic daily necessities like food and clothing.

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Incarceration

- POC are incarcerated at higher rates
  - Homeless POC report higher incarceration histories
- Formerly incarcerated people are 10x more likely to become homeless
  - Destabilizes family finances, decreased eligibility for welfare and public housing
  - Decreased eligibility for public benefits and public housing
  - Can't pass background checks for housing or employment
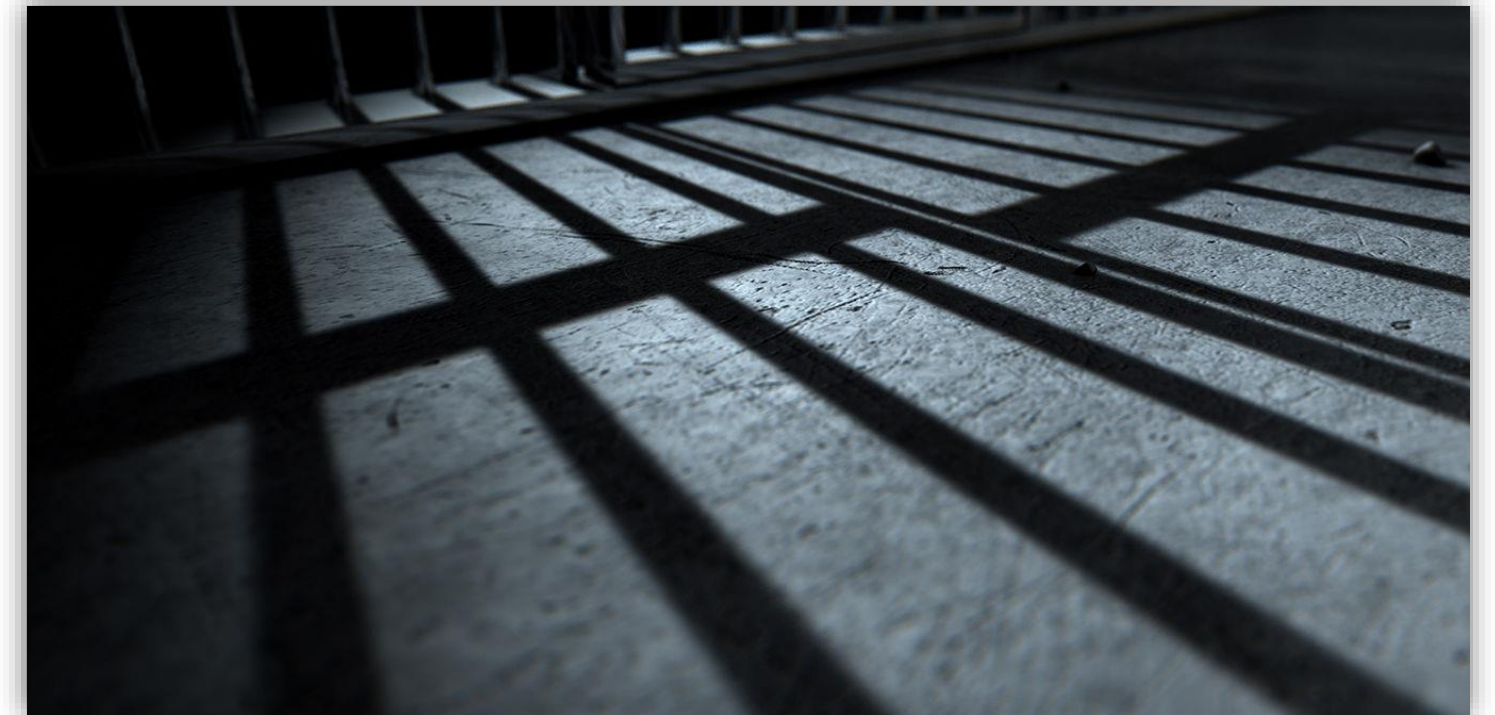
Ingroups & Outgroups

- People tend to favor people who exist in similar groups as them
- Ingroup *favoritism* plays a bigger role in discrimination than outgroup *hostility*
- Dominant culture

Self-actualization

Esteem

Belonging

Safety

Physiological

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Power as a barrier

- Prejudice

- Stereotype

- Discrimination

- Assimilation vs Acculturation

- Marginalization

- Microaggression

THE EFFECTS

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Symptoms and Responses to Trauma

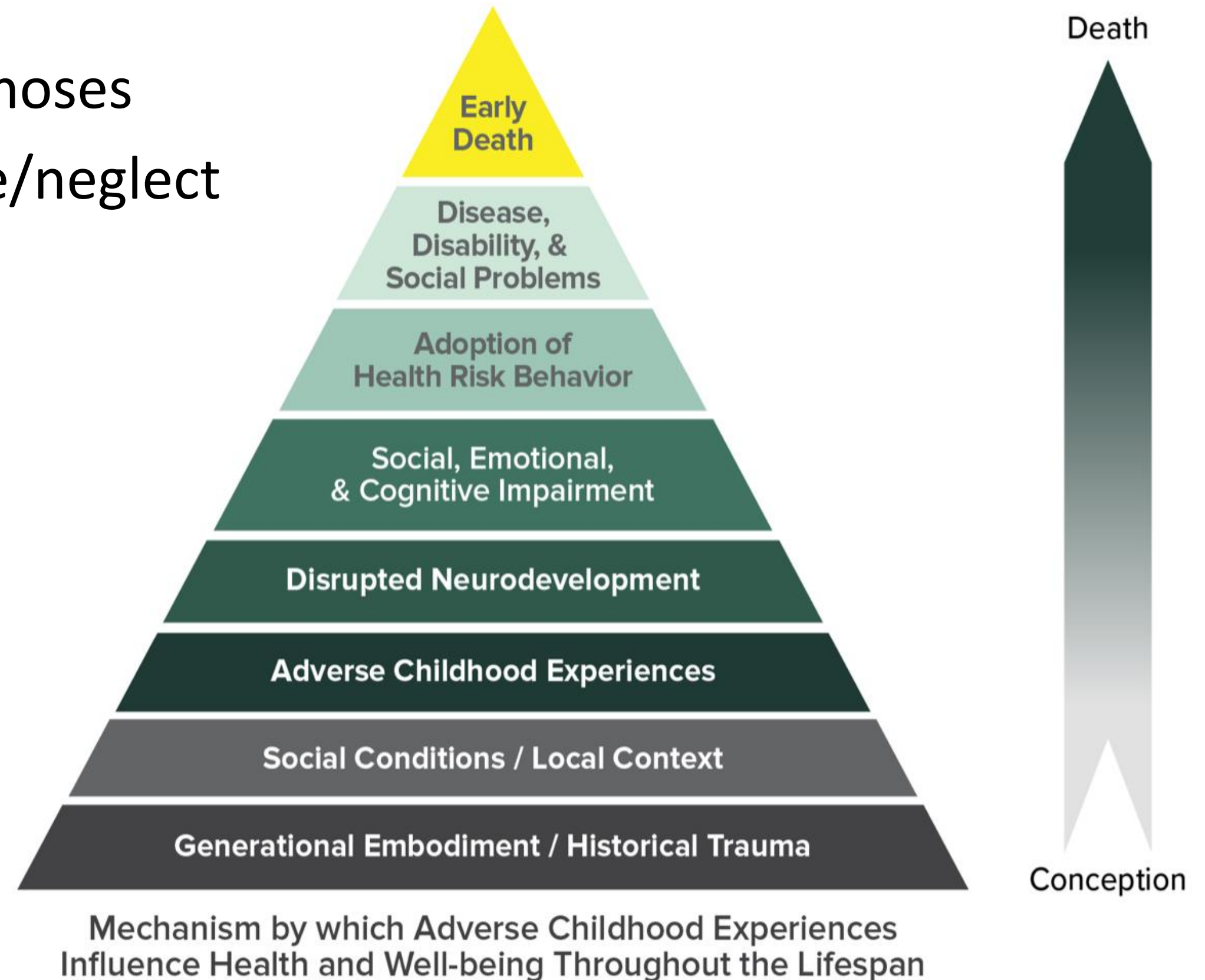|			
Agitation & anxiety	Extreme startle reflex	Social withdrawal	Anger, rage, & mood swings
Feeling numb or disconnected	Dissociation & blunted affect	Aches & pains	Racing pulse & high BP
Chronic health conditions related to stress	Exhaustion or persistent fatigue	Confusion	Sadness/ depression
Continuous distress without periods of calm or rest	Intense, intrusive recollections	Flashbacks	Insomnia, night terrors, & other sleep disorders

Risk & Trauma

- A traumatic event is one in which a person feels terrified **(a loss of safety)** and helpless **(a loss of control)**

- There is a relationship between exposure to traumatic events, and subsequent health risk behaviors

- Unaddressed trauma significantly increases the risk of mental and substance use disorders

- Cycles of shame & stigma create a need for hiding

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Trauma & ACEs
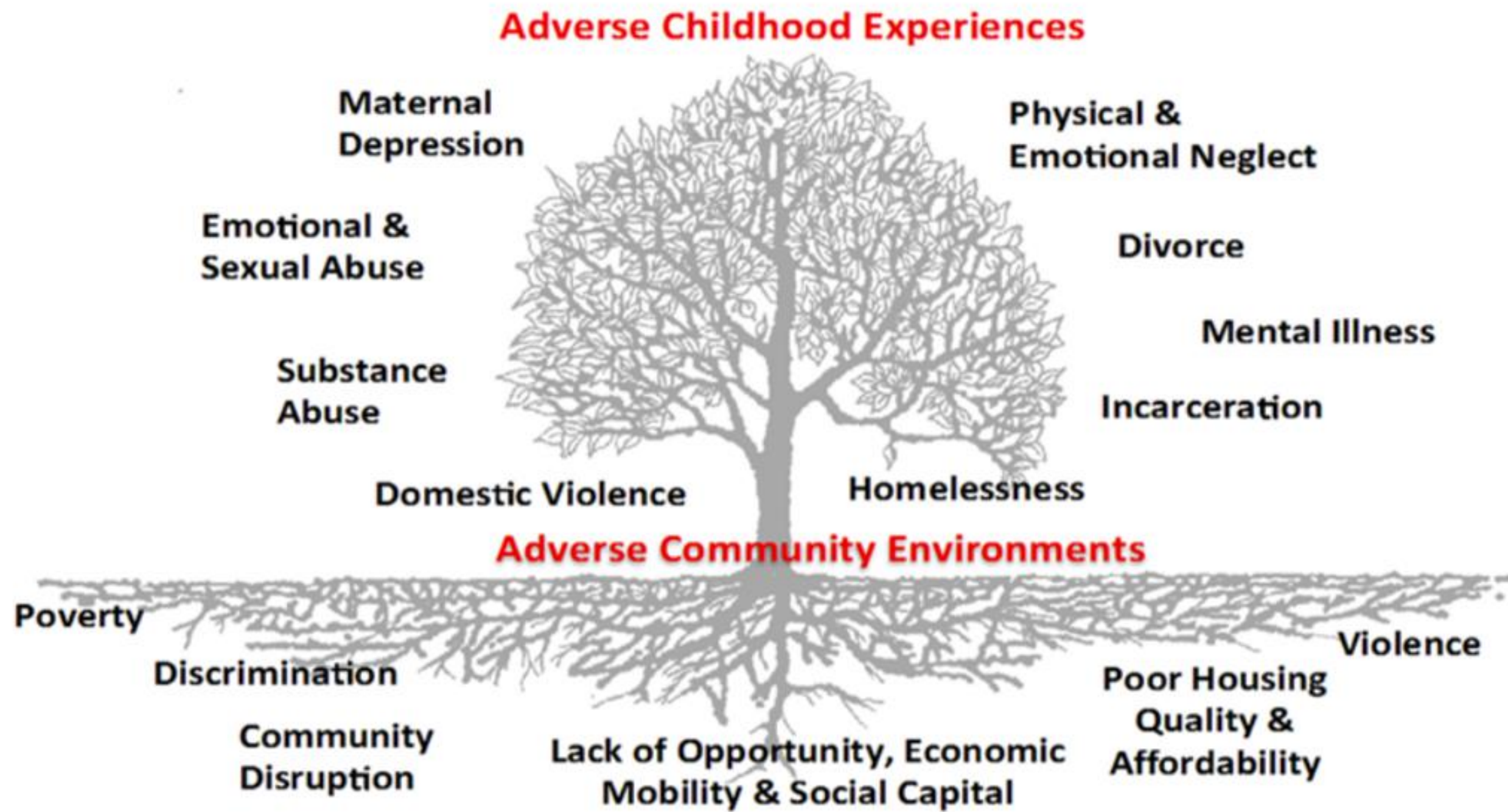
Intergenerational Trauma

- Contributes to:
  - Various mental health diagnoses
  - Repeated patterns of abuse/neglect
  - Poor familial relationships
  - Substance use
  - "Risky behaviors"
  - Premature Death

Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

ROOM FOR CHANGE

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Systems Change

Policy
- Fair housing protections
- Regulated housing market
- Inclusionary zoning and mandated affordable housing development
- Eviction protections

CoC
- Understand who enters the homelessness system
- Identify who gets shelter and transitional housing
- Review who gets Rapid Re-Housing, PSH, Subsidized Housing, and other
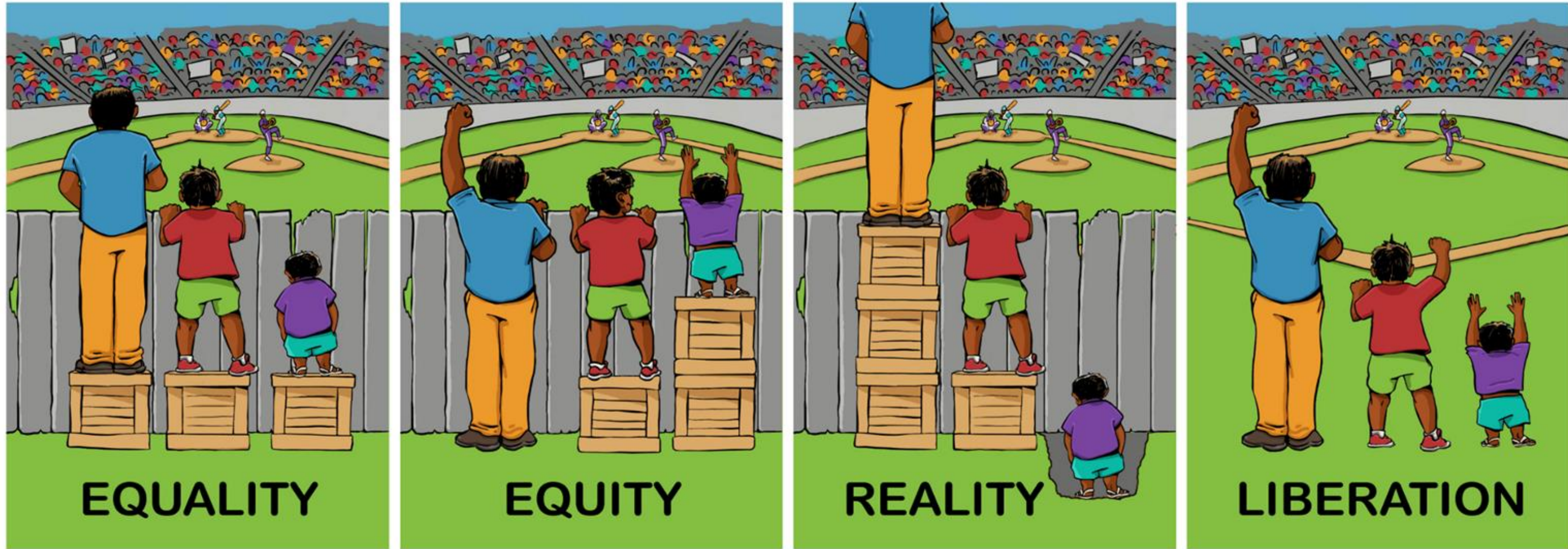- Identify who becomes homeless again

Organizational
- Train staff on understanding racism
- Target resources toward people of color
- Professional development opportunities for leaders of color
- Identify a staff person to ensure racial equity is centered

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Interaction Institute for Social Change | Artist: Angus Maguire

The Therapeutic Alliance

The quality of the interpersonal relationship between the client and therapist

- Trust
- Respect
- Genuine affection
- Collaborative, purposeful work

- Lowering Thresholds
- Neutral stance toward substance use
- Exploratory Approach
- Collaboration

Key Components

Clinical Stances

Toward cultural humility

- Move toward maintaining an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the client

Uncover implicit bias

- Learning how to slow down the biases that betray our values long enough for us to act in a way that is more aligned with what we believe.

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Talk About Race!

- "Taboo" discussions are already familiar

- Ethical obligation

  – You're not actually color blind

  – Cultural backgrounds, & the information you have about clients DOES impact how you provide care

- Neutrality

  – Sustains structural racism

let's talk

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"I got into harm reduction to **enable** people who use drugs. I **enable** them to protect themselves and their communities from HIV and hepatitis C and overdose. I **enable** them to feel like they have someone to talk to, someone who cares, someone who respects them and their humanity. I **enable** them to ask for help and to help others in turn. I **enable** them to find drug treatment and health care, to reconnect with their families, to rebuild their lives. And I **enable** people who use drugs to take personal responsibility for their health and their futures. *If that makes me an* **enabler**, *I'm proud to claim that term*"

Daniel Raymond,
Harm Reduction Coaltion

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Assertive Engagement

- Making environments and circumstances more conducive to change

  –Interpersonal skills + creativity

- Increasing high-quality, valuable contact

- Non-coercive!

Assertive Engagement: Tapping into the therapeutic alliance
9/26/23

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CLOSING

Takeaways

- We're encountering people in environments and circumstances that are not conducive to engagement and change

- "Business as usual" will not be enough to engage those who have been left behind by current systems
  - Rigid program structures
  - Clear & enforced power dynamics

- Cultural humility, harm reduction, and assertive engagement are some of the tools to carry with us

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