

# Chronic Stress, Housing, and Health: Patient Experiences and Strategies for Comprehensive Care Webinar

Wednesday, June 15, 2022, at 1:00 – 2:30pm ET



**NATIONAL  
NURSE-LED CARE  
CONSORTIUM**

a **PHMC** affiliate

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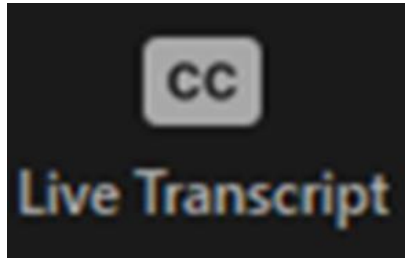
# National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community- based primary care.

- Policy research and advocacy
- Technical assistance and support
- Direct, nurse-led healthcare services

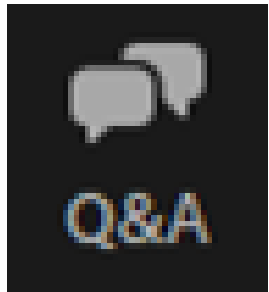
# Housekeeping



**Captions:** To adjust or remove captions, click the “Live Transcript” button at the bottom of your Zoom window and select “Hide Subtitle” of “Show Subtitle.”

## Please ask questions!

- Click Q&A and type your question into the open field.
- The Moderator will either send a typed response or answer your questions live at the end of the presentation.



**Evaluation:** Please take the Zoom evaluation at the end of this webinar to help us improve.

**Continuing Education Credits:** You must complete survey to receive CE credits.



**Technical Issues?** Please raise your hand to let us know.

The **recording & slides** will be shared via email after the session

# Today's Agenda

- Introduction (5 minutes)
- Didactic Presentations/ Q&A (40 minutes)
- Panel Discussion/ Q&A(40 minutes)
- Closing (5 minutes)

# Learning Objectives

1. Recognize how chronic stress impacts health outcomes.
2. Explain how particular housing environments can impact the mental health and wellbeing of patients
3. Apply tools and strategies to consider when working with patients facing chronic stress and trauma.

# Speakers & Panelists



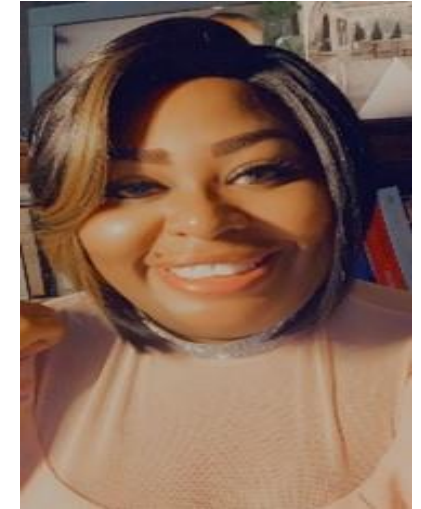
**Jessica Wolin, MPH, MCP**  
Faculty & Director of  
Graduate Practice,  
**Department of Public Health,**  
**Francisco State University**



**Uzuri Pease-Greene, B.A.,  
MPA**  
Executive Director,  
**Community Awareness  
Resource Entity (C.A.R.E. San  
Francisco)**



**Jeneen Skinner, LPN**  
Senior Clinical Manager  
for Care Management  
Initiatives  
**Camden Coalition of  
Healthcare Providers**



**Tawandaa Austin,  
MA, HS,**  
Founder/ CEO  
**Moms Like Me**



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# Public Housing & Health: An Overview

*National Nurse-Led Care Consortium*

**Jessica Wolin, MPH, MCP**  
**San Francisco State University**

**June 15, 2022**

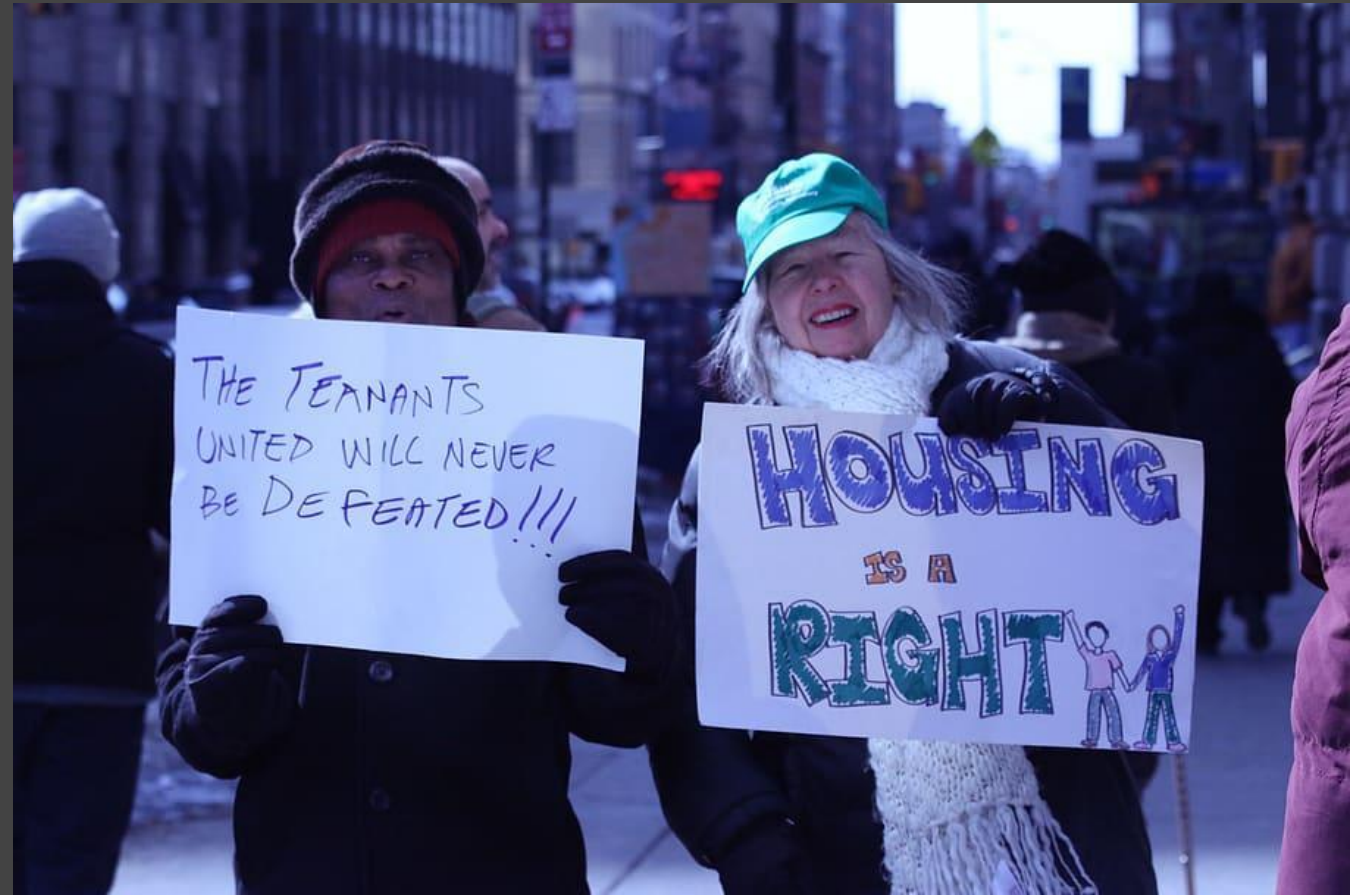
*Public Housing, San Francisco*



# Housing is a Right

“Housing is the basis of stability and security for an individual or family. The center of our social, emotional and sometimes economic lives, a home should be a sanctuary—a place to live in peace, security and dignity Housing is a right, not a commodity.”

*(United Nations, Human Rights, Office of the High Commissioner)*





## Public Housing and Health



- Vulnerability of residents
- Restrictive rules and control
- Disrepair and hazards
- Violence
- Design & environmental conditions

*Public Housing, Nashville*

## Housing Policy & Health Context

- Racial residential segregation



***Nurse-led  
Care  
Consortium  
Blog on  
History of  
Housing  
Policy***



***Public Housing, New York City***



## Vulnerabilities of Public Housing Residents



- Elderly & young children
- Living with a disability and chronic medical conditions
- Extremely low income – average annual household income is \$14,000
- Living in Public housing is often not temporary but residents may also experience housing insecurity

*Public Housing, New Orleans*



## Public Housing Rules & Realities



- Lack of control over living environment
- “Off lease” residents
- Rehabilitation & rebuild efforts



*Public Housing, Minneapolis*

## Public Housing Disrepair & Design



- Hazards in the living environment
- Social connections
- Safety

*Public Housing, Chicago*





## Violence



*Public Housing, San Antonio*



- Low income and public housing are NOT the cause of community violence
- Chronic stress
- Physical safety
- Barrier to accessing needed resources

## Environmental Conditions around Public Housing



- Proximity to pollution and noise
- Access to community resources

*Public Housing, Washington DC*



# Innovations that work

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- ★ **Health services located in public housing**
- ★ **Peer-to-peer health interventions in public housing**
- ★ **Home visiting**

# Gratitude

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- ❖ **National Nurse-led Care Consortium** for the invitation to speak today.
- ❖ The many **residents and staff** of public housing sites in San Francisco who shared their experiences, time and wisdom.
- ❖ **SF State students and colleagues** who have conducted numerous research projects in partnership with public housing sites.
- ❖ The **academics and practitioners** who have developed the literature.
- ❖ **You!**

# Chronic Stress

Gladys Antelo-Allen, LPN Senior Program Manager  
& Jeneen Skinner, LPN Senior Clinical Manager

DATE: June 15, 2022



**Camden Coalition**  
of Healthcare Providers





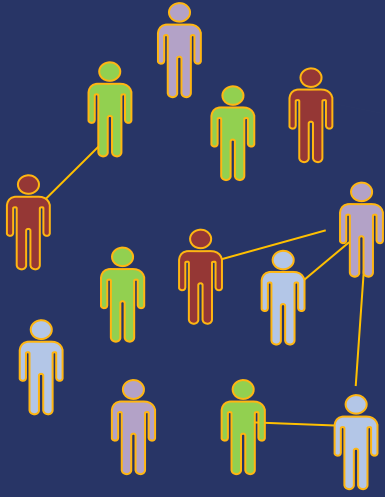
# Objectives

- Have an understanding of the foundational behaviors of the COACH Model
- Understand the signs and symptoms of stress and anxiety
- Learn techniques to help reduce stress/anxiety in our day-to-day work
- Learn some ways to apply Trauma Informed Care Approaches into how we work with participants.

# Intervention Paradigms

*Complex People in Complex Systems*

*Hotspotting*



*Traditional Medical*

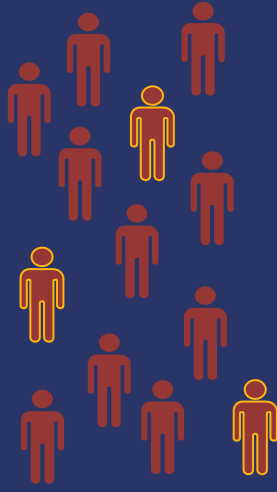
Diabetes



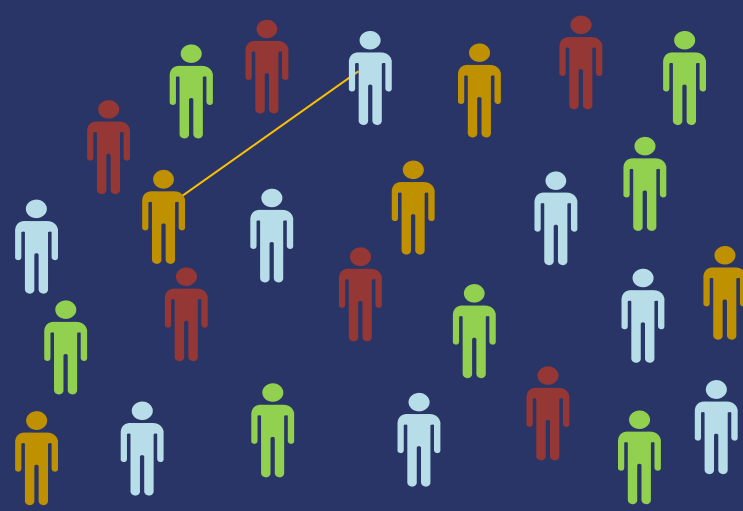
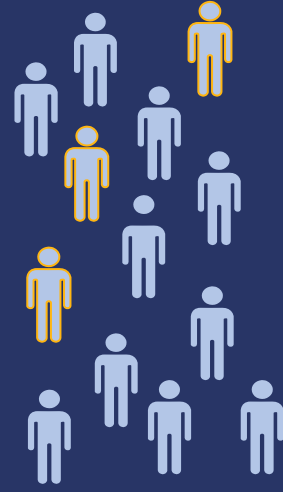
Heart Failure



COPD



ESRD





## Camden Coalition team's determination to gather the information:

- door knocking
- visiting tent city
- meeting people face-to-face
- learning their stories



## What we assumed to be the problem:

- a particular disease state that contributed to the top 1%
- lack of education about how to take care of health
- lack of understanding on how to take medications



## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

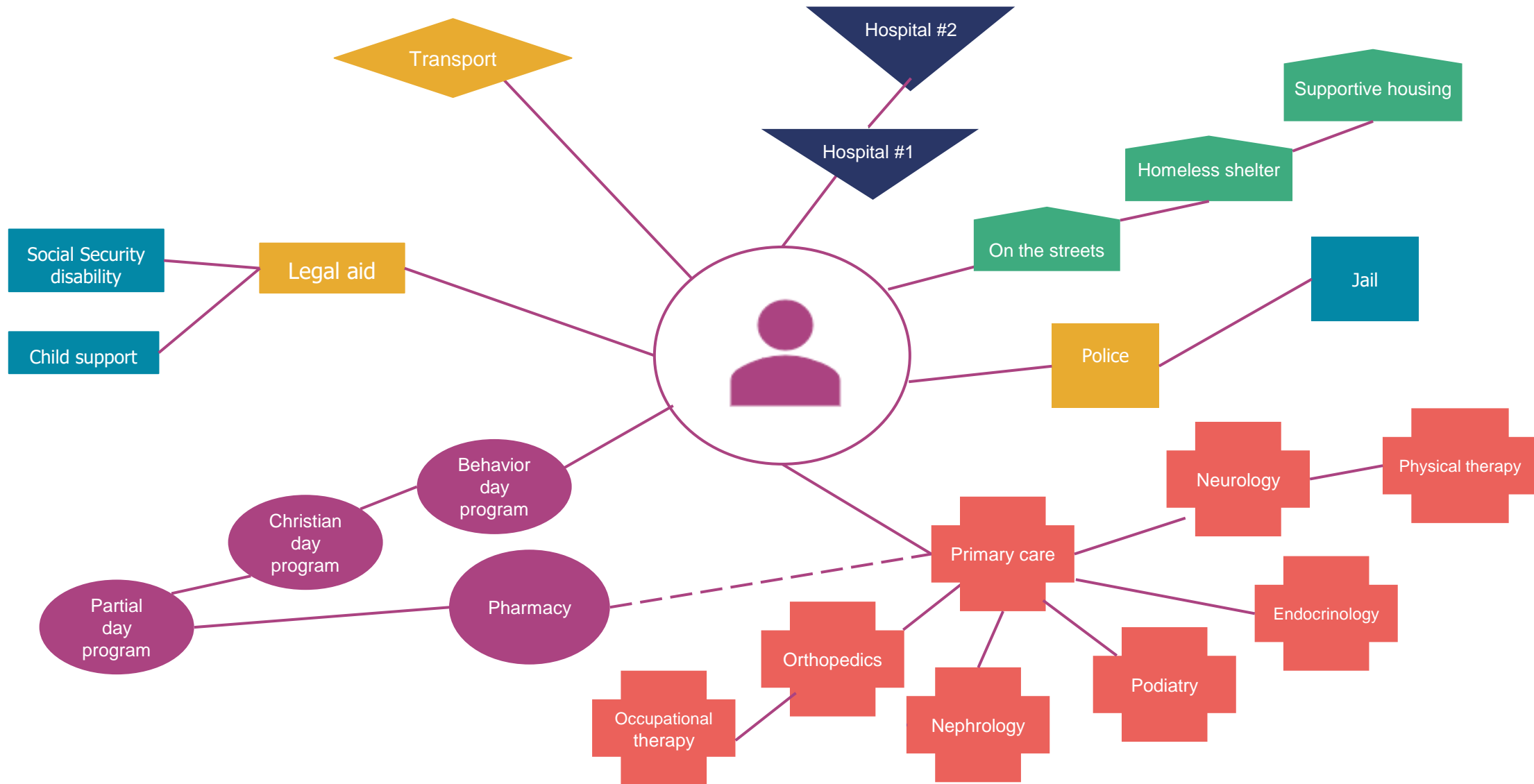
### Research Article

## Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

### The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

# Learning from our problem solving





# What makes people change behavior during our intervention? Authentic Healing Relationships





# What is COACH?

*“Taking people from where they are to where they want to be.”*



# COACH Reference Guide

OCTOBER 2020

This guide identifies practices and techniques to be employed by care teams with participants to establish an authentic healing relationship (AHR). It can be used to track progress in supporting participants to reach their goals. The practices and techniques below are not meant to be performed sequentially, and the timing may vary depending on the participant's unique needs.



The care team has a shared understanding of the following:

## C

### CREATE a care plan

Use domain cards and motivational interviewing to conduct an active conversation with the participant to develop a care plan based on the participant's priorities and identify the steps necessary to achieving short and long-term goals.

- The domains that are long-term goals.
- The domains that may require motivational interviewing.
- Care plan for client to achieve goals, both for the duration of the Camden intervention and beyond.

## O

### OBSERVE the normal routine

Meet the participant where they are; Observe the participant without intervention or judgment and ask open-ended questions to understand how the participant manages their health condition, as well as social issues and barriers; Build on systems the participant already has in place.

- The participant's strengths, level of need, and level of independence for identified domains.
- The situations that are "high stakes" moments for the participant.
- The long-term support strategy identified by the participant.

## A

### ASSUME a coaching style

Choose a coaching style ("I do", "We do", "You do") and model behavior based on the participant's level of independence and social support to better equip them with the skills to promote long-term strategies.

- The participant's level of independence and coaching style to use for identified domains.
- Short-term goals for moving toward independence (moving to "You do") on identified domains.
- Long-term goals for moving toward independence on identified domains.
- Situations that are exception scenarios and do not require coaching.

## C

### CONNECT tasks with vision and priorities

Use reflective, empathic language & open-ended questions to understand what the participant truly wants for themselves beyond being healthy and staying out of the hospital; Reflect on the participant's short-term and broader vision to motivate the participant throughout the intervention and understand how to address 'tug of war' scenarios.

- The participant's goals for the intervention.
- The participant's long-term vision for themselves.

## H

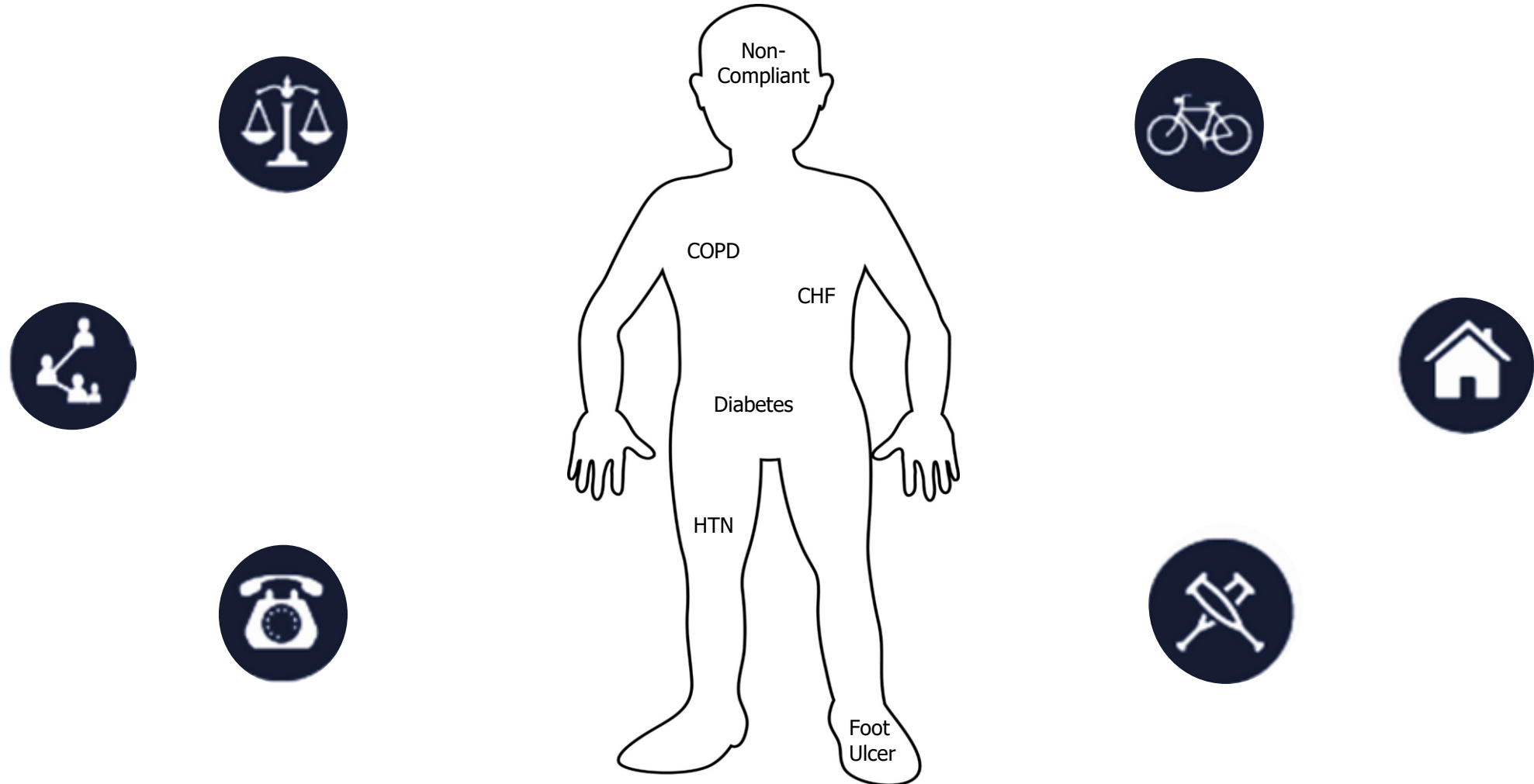
### HIGHLIGHT effort with data

Monitor the participant's progress with care planning domains identified as a result of the care plan; Use progress templates to actively discuss and highlight progress with the participant throughout the intervention. Highlight small wins towards larger goals to continually motivate the participant.

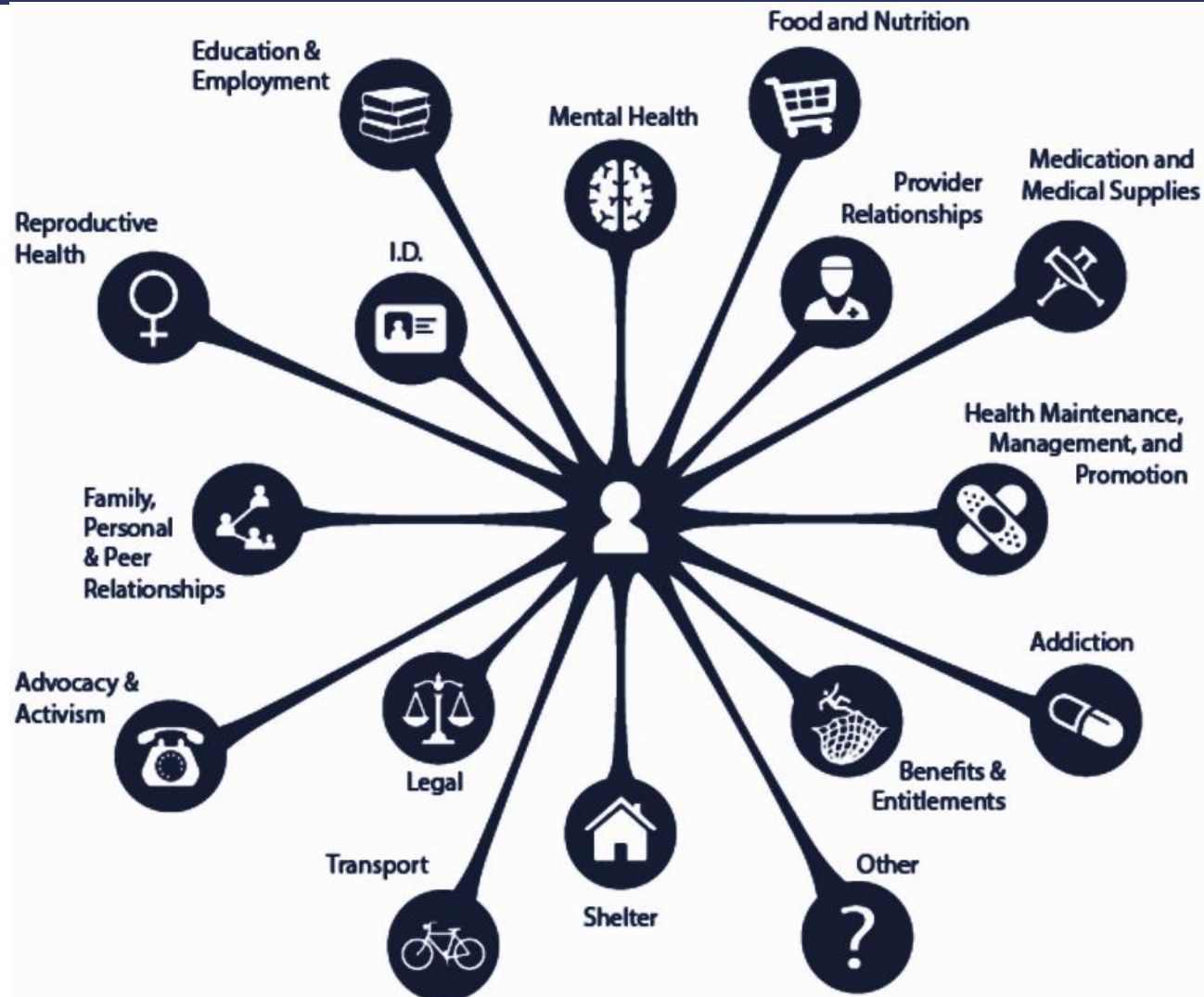
- The domains that are considered 'successes' for the participant.
- Participant progress in each of the identified domains that are priorities.
- Changes in the participant's medical and social status throughout the intervention.
- Appropriate language to use when praising the participant on progress (focus on process, not person).

SEE REVERSE SIDE FOR THE COACH PRACTICE GLOSSARY.

# External impacts to whole-person care



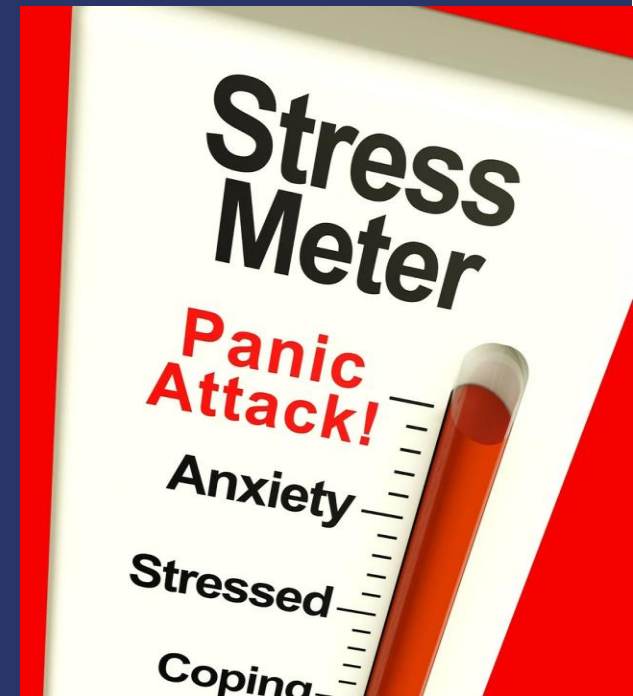
# Care planning domains



# Stress



The inability to cope with a perceived (real or imagined) threat to one's mental, physical, emotional, and spiritual well-being, which results in a series of physiological responses and adaptations (Seaward, 2004)





# Anxiety



A feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome.



# Primary Trauma & Secondary Trauma



**Primary Trauma:** The result of a traumatic event that happened directly to a person. This may be a trauma that occurred in their personal life, or exposure to a traumatic event in the line of duty (i.e., in their line of work) (Mathieu, 2011)

**Secondary Trauma:** The result of bearing witness to a traumatic event or series of events. This exposure may occur in the form of hearing stories, seeing images or videos, reading details of a case file, listening to graphic court testimony, and/or graphic debriefing by a colleague. (Mathieu, 2011)

# Physical Signs



- Restless
- Irritable
- Poor Sleep
- Withdrawn
- Racing Thoughts

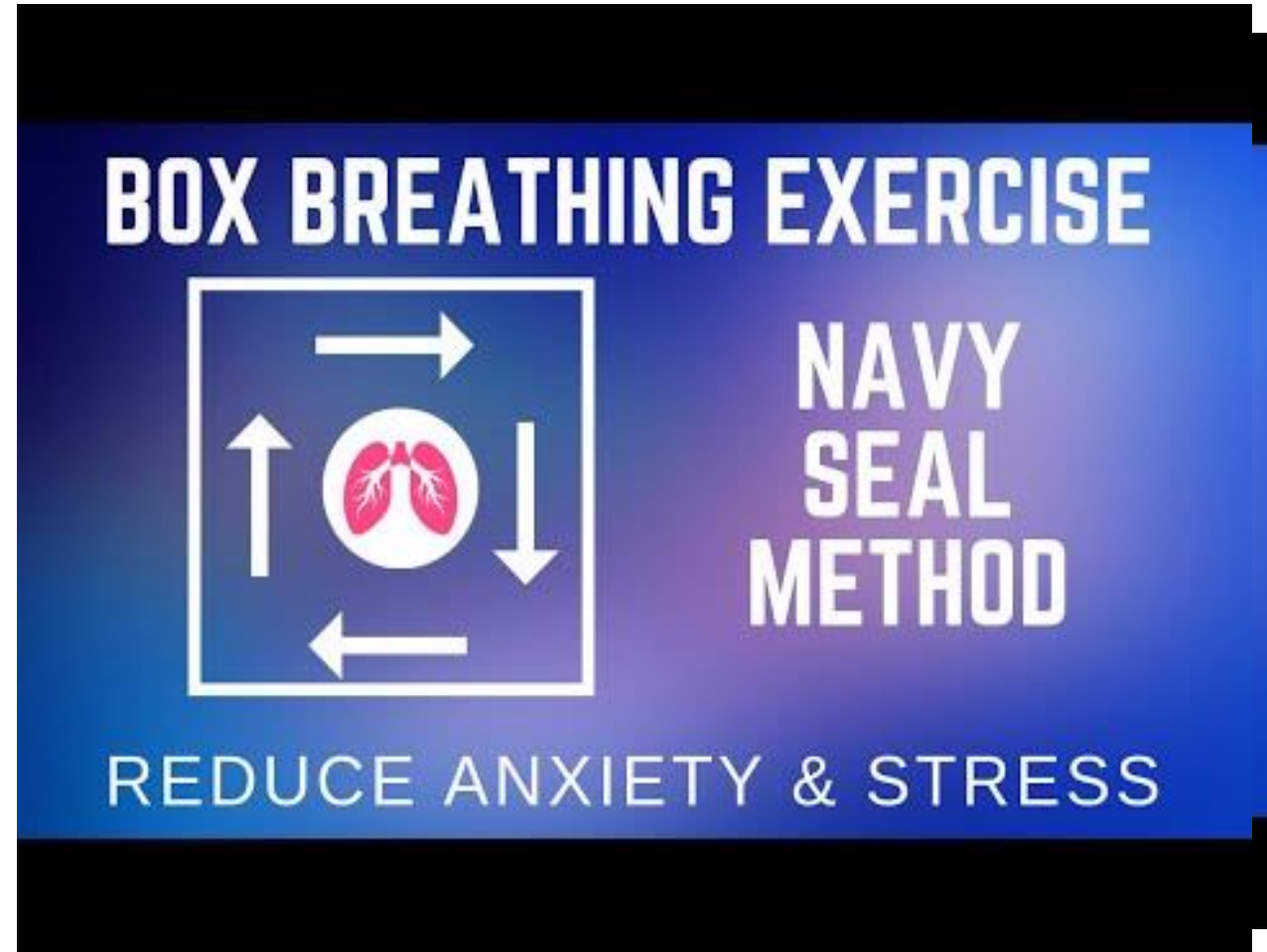


- Memory Problems
- Unmotivated
- Unfocused
- Nervousness
- Heart Racing
- Sweating

# Tips and Techniques for Stress Management



- Colleague Supports
- Mindfulness Meditation
- Gratitude Journal
- Music
- Personal Supports
- Box Breathing\*
- Self Care Plan \*





## \_\_\_\_\_ 's Self-Care Plan!

**MIND**

**BODY**

**SUPPORTIVE PEOPLE IN MY LIFE**

**I WANT TO ACCOMPLISH**

**SPIRIT**

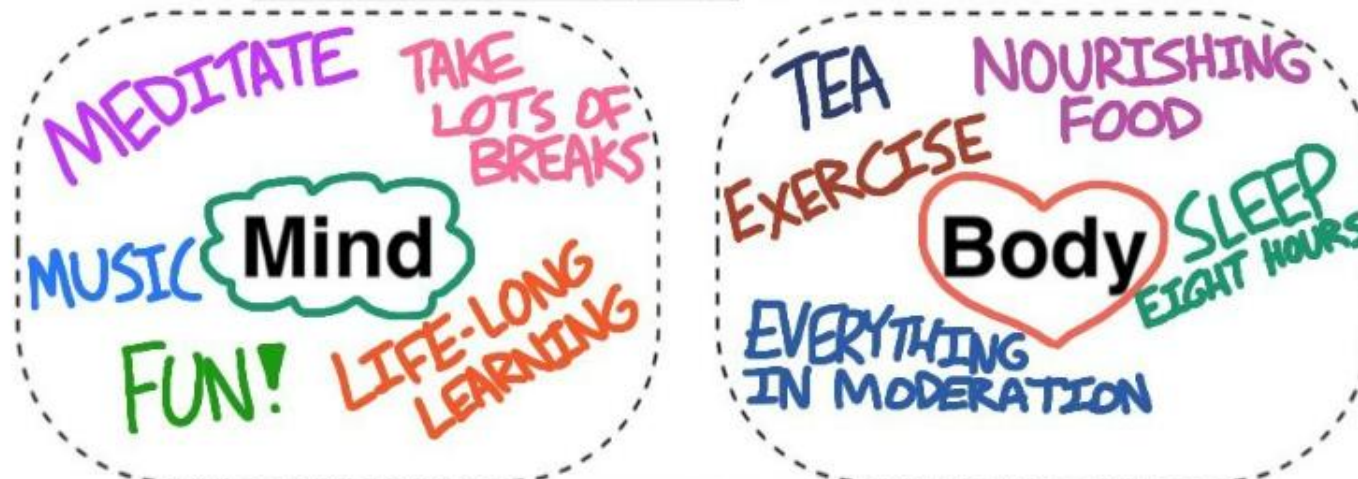




# Self Care Plan



## IGNACIO 's Self Care Plan!



Supportive People In My Life:

- GRETCHEN
- MOM
- MI VIEJO
- ALBERTO
- LYNNE
- CAROLINE
- REED
- DEBORAH

The diagram is a dashed-line circle titled 'Spirit' in a purple starburst. It contains the words: MEDITATE (purple), HUMAN CONNECTIONS (green), SELF-REFLECTION (orange), and FULFILLMENT THROUGH USING MY AWESOME SKILLS (blue).

I want to accomplish:

- PEACE
- SERENITY
- CONTROL
- HAPPINESS
- GOOD WORK
- BE A GOOD PERSON



# SAMHSA Definition of Trauma



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

Examples of trauma include, but are not limited to:

- Experiencing or observing physical, sexual, and emotional abuse
- Childhood neglect
- Having a family member with a mental health or substance use disorder
- Experiencing or witnessing violence in the community or while serving in the military
- Poverty and systemic discrimination.



# Fundamentals of Trauma and How It Affects Patient Behavior

# Type II Trauma



- Sustained and repeated ordeal stressors- series of traumatic events or exposure to a prolonged traumatic event
- Variable, multiple, chronic, long- standing, repeated, and anticipated traumas
- For example: Ongoing physical and sexual abuse, combat and violent environments
- May lead to altered view of self and of the world and accompanying feelings of guilt, shame, and worthlessness

# Remember...



- Behavior is a symptom
- Behavior is a symptom
- Behavior is a symptom
- Behavior is a symptom

# The Alarm System



## Activation of survival responses

- Fight
- Flight
- Freeze
- Submit
- Shutting down of non-essential tasks.

\*\* Rational thought is less possible at this time.

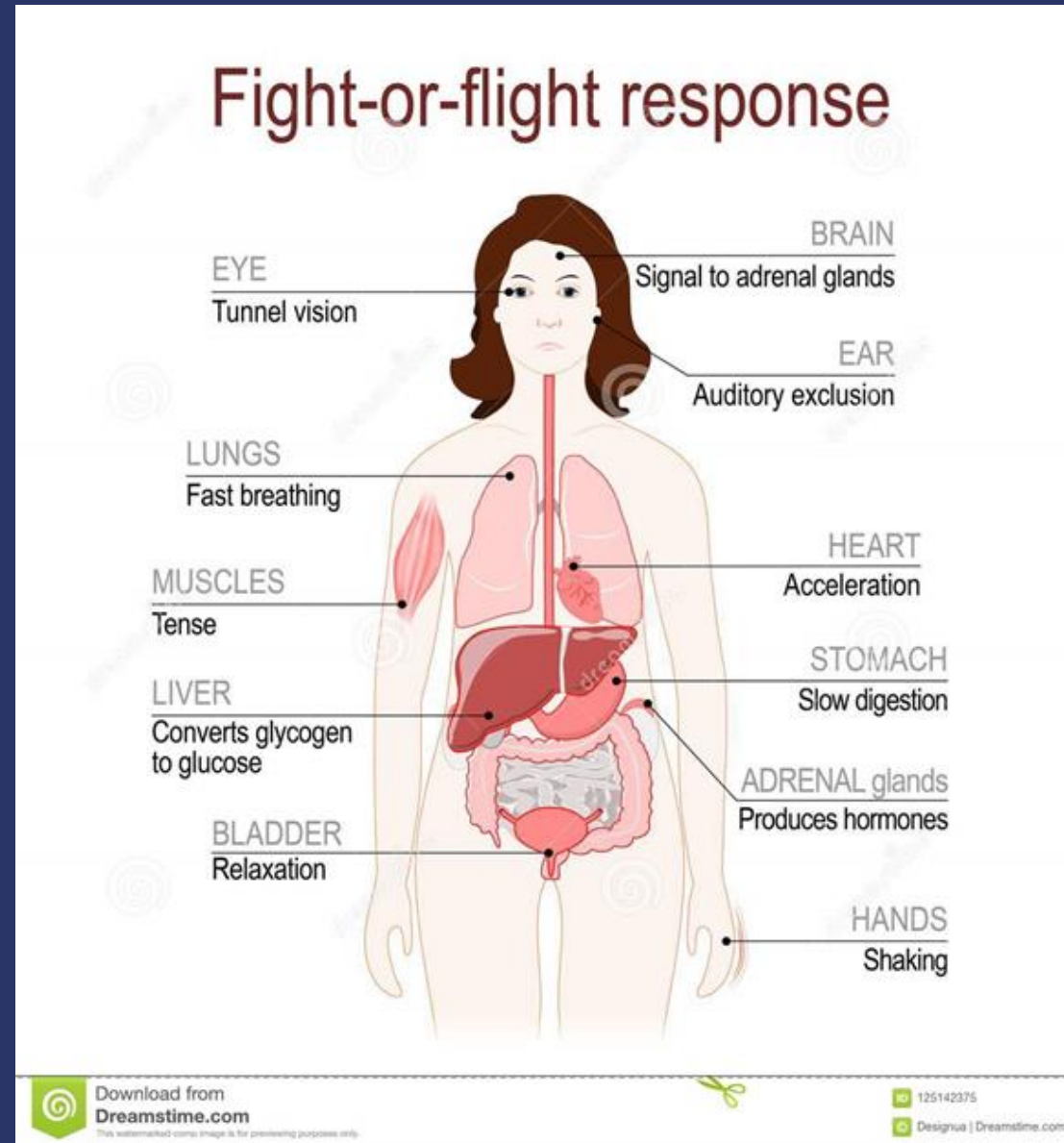








# It's not just a brain thing!





## **Research has shown over activation of the fight or flight response system can:**

- Cause this natural alarm system to no longer function properly
- Create emotional and physical responses to stress (normal stress perceived as threat)

# This in turn...



- Impacts psychological functioning
- Impacts physical health
- Impacts relationship/interaction with others
- **Acts as a significant predictor of SUD**

# This helps us understand...



- The “why” of patient behavior
- Importance of responding to escalating behaviors in productive ways
- The role of social determinants in treatment
- When and why to use harm reduction approach



# Remember...



- Behavior is a symptom
- Behavior is a symptom
- Behavior is a symptom
- Behavior is a symptom



What does this mean for our everyday work?

# The guiding principles of trauma-informed care



- ❖ Safety
- ❖ Trustworthiness & transparency
- ❖ Peer support
- ❖ Collaboration & mutuality
- ❖ Empowerment & choice
- ❖ Cultural, historical & gender issues



**NEW  
MINDSET**



**NEW  
RESULTS**

Patient behavior can be a symptom of underlying trauma.

# Additional suggestions for a trauma-informed approach



- **Reducing barriers:** Avoid lengthy assessment processes or asking for personal information before a relationship is built.
- **Remaining client-centered:** Meet the client/medical staff 'where they are;' collaborate on client and programmatic goals.
- **Embracing transparency:** Be open about intentions and do not withhold information from clients or providers.
- **Building a relationship:** Be honest and transparent, offer clients choices, and collaborate with them. We do not operate on a billable hours model, which means we can build a relationship at the client's pace.
- **Avoiding judgment and labels:** Classifying someone a "drug abuser" or "non-compliant" makes it difficult to form a trusting, unbiased relationship with clients.
- **Staying community based:** Reach out to clients in their own environments and ensure meetings take place in a non-hierarchical setting.

From CareOregon: "Building a Trauma-Informed Mindset" <https://www.chcs.org/building-trauma-informed-mindset-lessons-careoregons-health-resilience-program/>





SAMHSA Principles	Committed Activities / Behaviors / Practices
<p><b>Safety:</b> Staff and the people that they serve feel physically and psychologically safe.</p>	
<p><b>Trustworthiness &amp; Transparency:</b> Operations and decisions are made with transparency and the goal of building and maintaining trust.</p>	
<p><b>Peer Support:</b> And mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, serving as models of recovery and healing.</p>	

# Trauma Informed Care: Environmental Examples



- Welcome sign posted
- Staff is friendly
- Comforting room, privacy, quiet areas
- Comforting music
- Natural lighting
- Language-appropriate reading materials
- Parking lot is safe with lights

# Trauma Informed Care: Direct Care Examples



- Asking permission
- Validate and normalize
- Leaving space
- Creating time limits
- Set boundaries
- Meeting the patients where they are at, for example: 57
  - If they don't want to talk about something - don't push it
  - Meeting them at the McDonalds vs in the home vs on the porch
  - Sit if they are sitting; stand if they are standing

# Organizational support to encourage self- & team-care



- Flex time
- Behavioral health benefit
- Education and training
- Huddles and check-ins
- Team building
- Celebration of accomplishments

# Incorporating trauma-informed principles into engagement



- Remain mindful of possible triggers throughout the relationship
- Follow their lead by paying attention to verbal and nonverbal cues
- Ask for permission
- Maintain strong boundaries





# Wrap Up & Evaluation Survey

Please help us measure our impact with this session by filling out the **Evaluation survey** that will pop up on your screen in Zoom – this should take <2 minutes .

**Thank you for coming!**