APSWI
Adult Protective Services
Workforce Innovations

Housing Instability: Examining the Layers

We create experiences that transform the heart, mind and practice.

Academy for Professional Excellence

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About Us

Providing approximately 50,000 learning experiences to health and human services professionals annually, the Academy's mission is *to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.*

APSWI, or Adult Protective Services Workforce Innovations, is a training program of the Academy that provides innovative workforce development to APS professionals and their partners.



San Diego State University

SDSU College of Health and Human Services School of Social Work

The Academy for Professional Excellence is a project of SDSU School of Social Work. Funding is administered by SDSU Research Foundation.

SDSU Research Foundation

Purpose of Land Acknowledgement



The purpose of a land acknowledgement is to recognize the relationship of Indigenous peoples to the land. It is multi-faceted in it's meaning. It shows respect to the people of the land, to the land itself and to their relationship to one another. They are statements that recognize the dispossession from the land, the harm brought by colonial practices, beliefs and policies. They validate and recognize the continued presence of Indigenous peoples everywhere. Lastly, when offered in earnest and with sincerity, they are the first steps in reconciliation and healing.

Land Acknowledgement

National Deliveries

For millennia, hundreds of Tribal nations have been a part of this land. This land has nourished, healed, protected, and embraced them for many generations in a relationship of balance and harmony.

As members of the Academy community, we acknowledge this legacy. We promote this balance and harmony. We find inspiration from this land and its original inhabitants of this Nation.

Making a statement isn't enough. It is important that we share ways people can take action to support Native American people and land back efforts. This can involve researching and learning more about the indigenous communities of the lands you are on at Native Land Digital; returning artifacts and land to their appropriate tribal communities; working to protect and preserve the land, and much more.

For more information and resources, see our Land Acknowledgement page.

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Housekeeping

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Technology



Agenda



Agreements

Prepare to Engage

Scaling Poll

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1. On a scale of 1-10, 1 being not at all confident and 10 being very confident, **how confident are you in responding to the protective needs of an older adult who is at risk of losing housing**?

2. On a scale of 1-10, 1 being not at all confident and 10 being very confident, **how confident are you at helping an older adult who has been unhoused for more than one year and presents with cognitive, medical, and behavioral needs**?

Where are we going?

- Identify risk and protective factors.
- Recognize how implicit and explicit bias impacts the way APS professionals work with people who are experiencing housing insecurity.
- Apply a trauma-informed approach that is specific to those who are at risk of or have become unhoused.

Definitions



- Homeless
- Unhoused
- Houseless

- Different systems use different terms
- This curriculum centers **people** experiencing homelessness
- Use language that is respectful and aligns with your context
- Mirror client language when appropriate

Trivia

1. When did homelessness become a problem in America?

2. Which factor has the most consistently influenced increases in homelessness across history?

3. In which decade did our current large-scale wave of homelessness begin?

Solving Homelessness: Treatment First

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What it emphasizes:

- Transitional/temporary housing
- Focus on individual "deficits"
- "Readiness" required before permanent housing
- Mandatory treatment or training
- Does **not** address structural barriers

How does this model fit older adults?

Solving Homelessness: Housing First

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Core Principles:

- Rapid access to permanent housing
- No preconditions (sobriety/treatment not required)
- Low barrier, evidence-based model
- Housing as the foundation for stability

Research Shows:

- Higher housing retention
- Fewer emergency services used
- Better stabilization for complex needs
- More cost-effective than compliance-based models

Path to Becoming Unhoused



"In order to help another effectively, I must understand what he understands. If I do not know that my greater understanding will be f no help to him…instruction begins when you put yourself in his place."

- Soren Kierkegaard

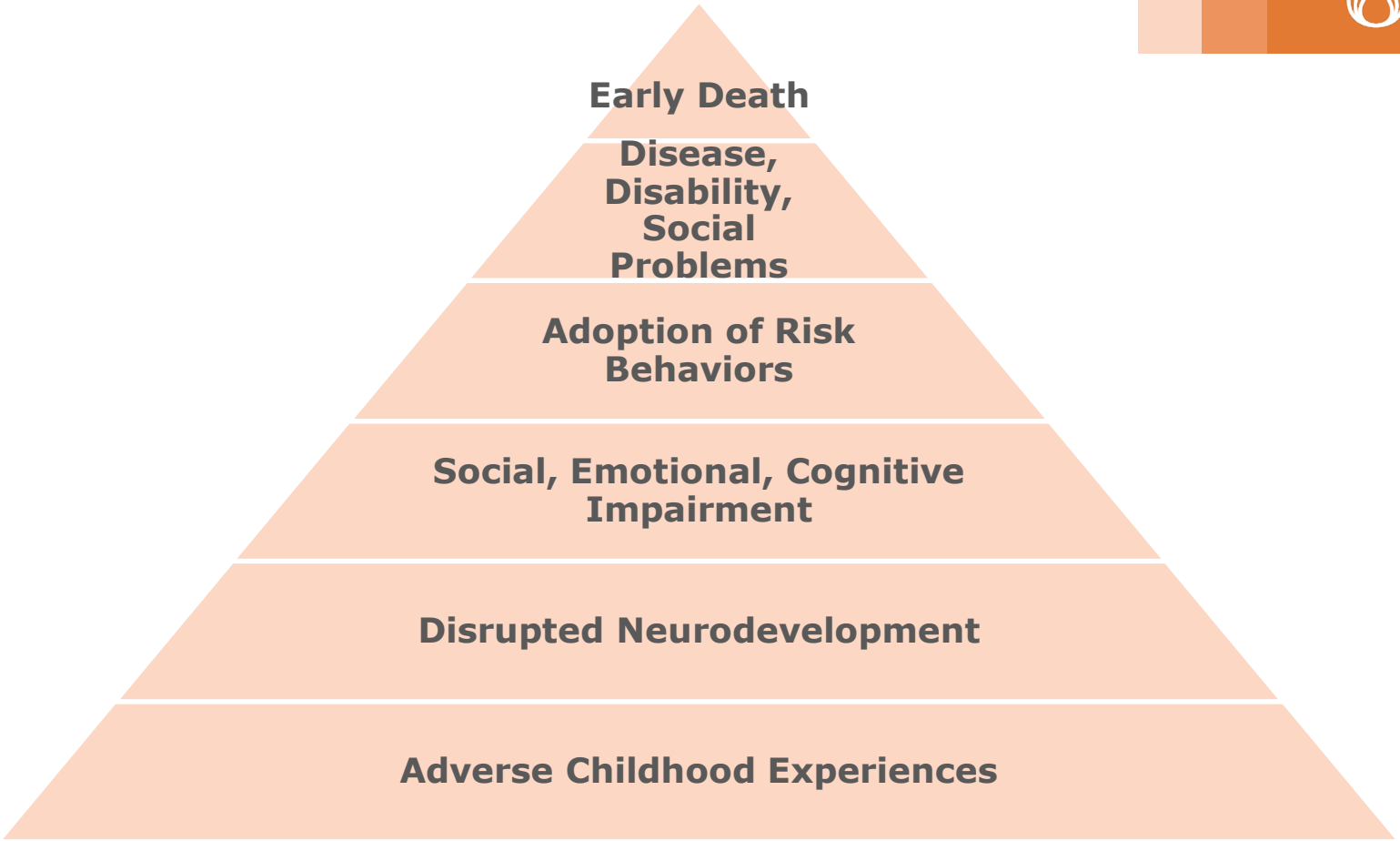
Content Warning



This training includes discussion of topics that may be difficult or activating for some participants.

You are encouraged to take care of yourself during the training.

Adverse Childhood Experiences (ACEs)



Unhoused Before 50

How Early Adversity Affects Development:

- Heighted flight, fight, or freeze response
- Body remains in a high-stress state
- Challenges with self-soothing, impulse control, and problem-solving

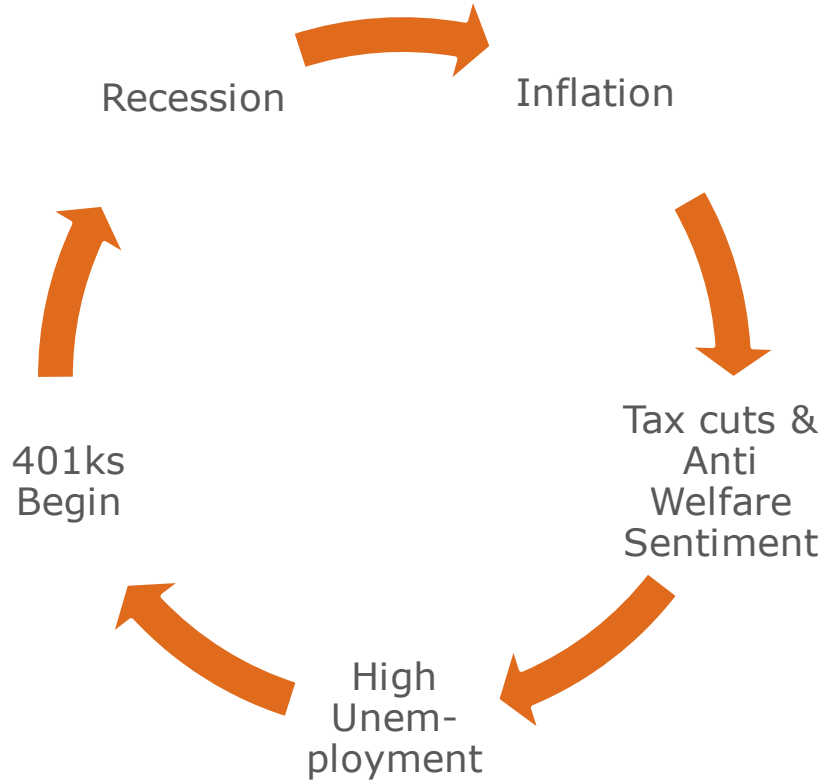
Health Vulnerabilities Associated Outcomes:

- Substance use
- Education disruption
- Behavioral health issues
- Accelerated aging
- Greater risk of early onset homelessness

Homeless After 50: Common Factors

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- Baby boomers reach adulthood
- Origin of 401k's (1978) see a decrease in employee retirement programs
- Unemployment for many is permanent or re-employment with lower wages
- Illness and severe and/or chronic
- Caretaking duties at expense of job
- Loss of significant other
- Disability due to physically strenuous job before Social Security eligibility
- Wages/Social Security unable to keep pace with rising costs.



Why it matters to the APS Professional

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Homeless Before 50

Strengths:

- Developed survival skills and resource navigation
- Networking and adaptability

Needs:

- Trauma informed engagement
- Behavioral health linkage
- Structured housing supports
- Skill-building for long-term housing stability

Homeless After 50

Strengths:

- History of independent functioning
- Prior housing and employment stability

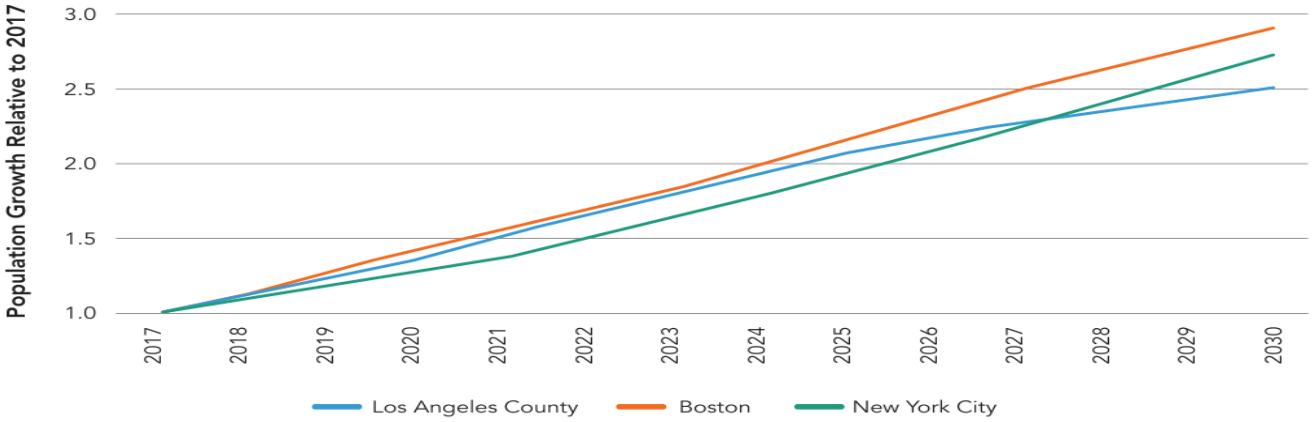
Needs:

- Rapid housing stabilization
- Benefit maximization and financial support
- Medical coordination
- Support processing loss and life transition

APS Involvement

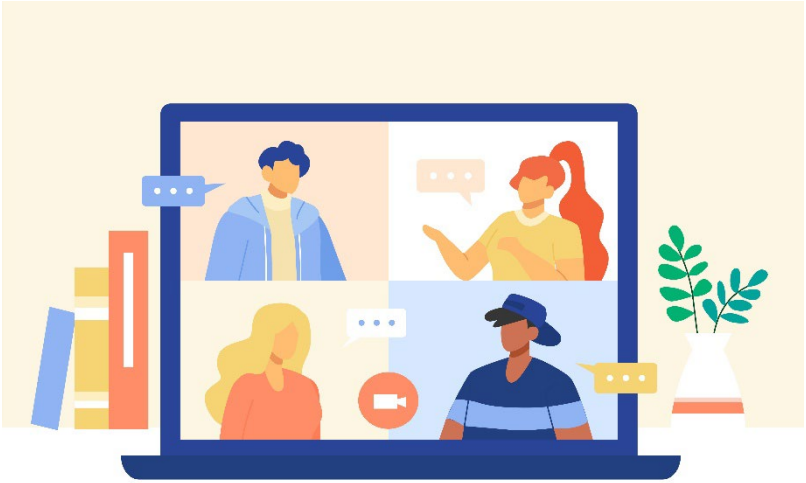
The aged homeless population is growing rapidly and will continue to grow for the next decade.

Figure 2: Forecasted Relative Change in the 65 and Older Homeless Population Compared to 2017



[The Emerging Crisis of Aged Homelessness (2019)]

Activity: Small Group Discussion

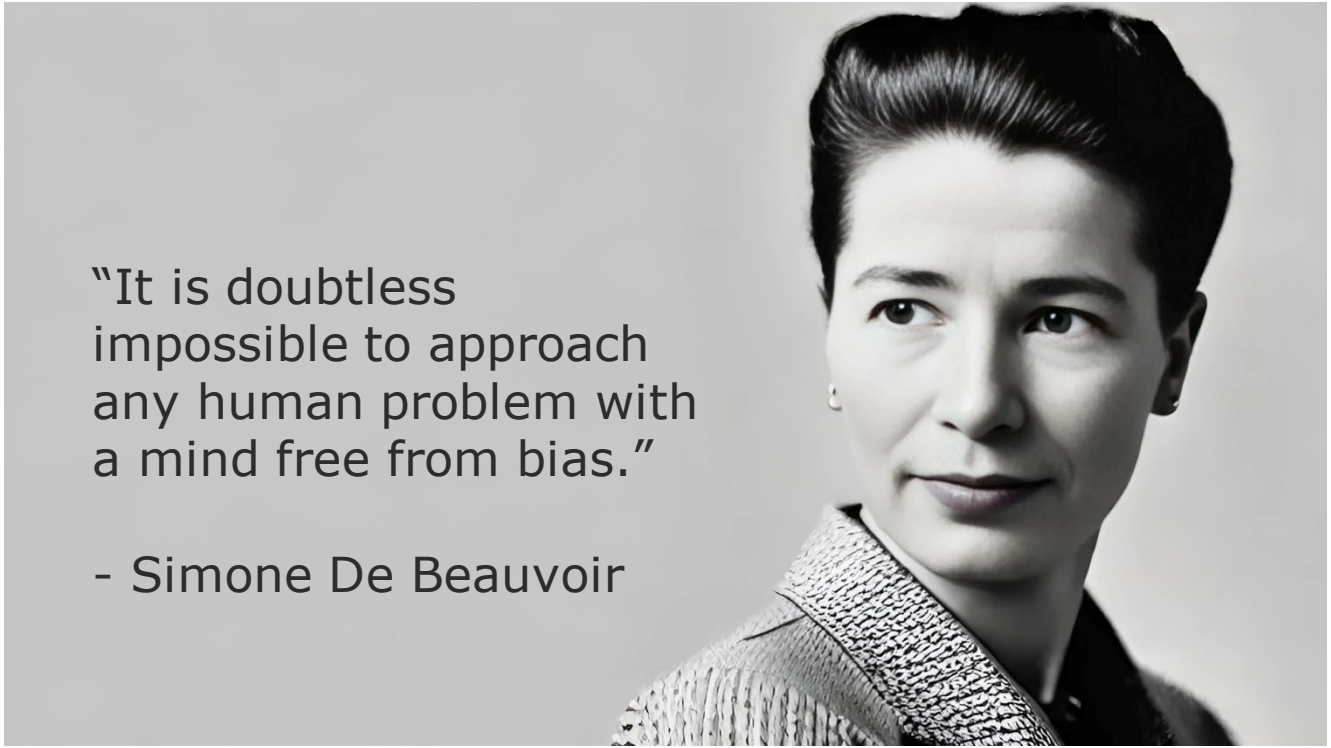


Breakout Rooms for seven minutes to discuss:

- *As unhoused older adults increase in number, how do APS Professionals uphold their protective mandate while recognizing the structural limits of what APS can realistically resolve?*

Layers of Bias

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Bias is a Part of Being Human

- **Explicit Bias**: Conscious and intentional. A person is aware that they hold a particular belief or attitude about an individual or group.
- **Implicit Bias**: Automatic and unintentional, and it affects judgement, decisions and behaviors.
- **Societal Bias**: Cultural narratives and structural norms shape how individuals and groups are viewed, often based on social identities such as race, gender, sexual orientation, age, or disability.
- **Systemic Bias**: A system operates on a biased foundation and is often implicit and invisible until the data or time exposes a pattern

Activity: Bias and Identity Discussion

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Instructions:

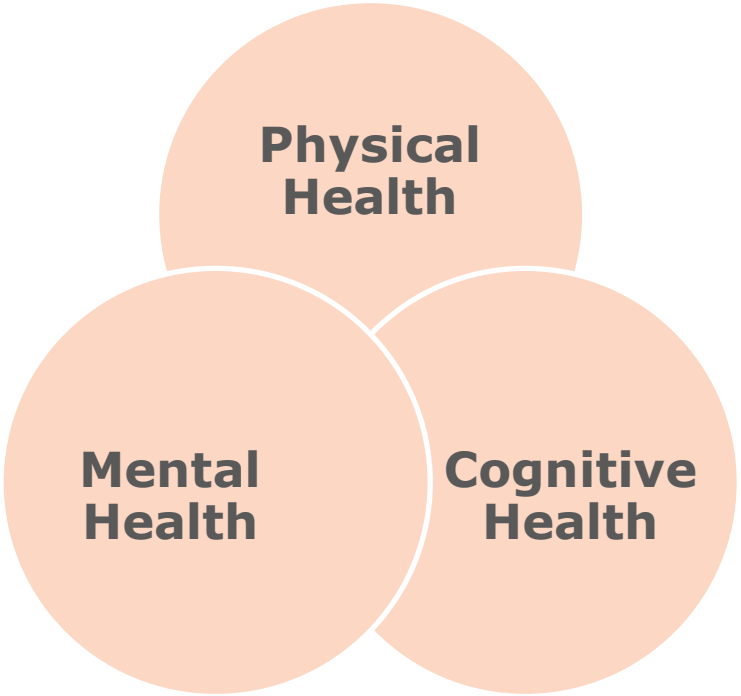
1. You will be placed in breakout rooms for seven minutes.
2. Read the short vignette about Marcus.
3. In your groups choose at least two aspects of his identity and identify common societal biases that individuals with those identities often encounter.
4. When you return to the large group have someone report out on the discussion.

Marcus is a 67-year-old black man who is currently living in his vehicle. He reports chronic back pain from a construction injury 20 years ago and has been using pain medication for years. The referral report states that he became unhoused due to overuse of his prescribed medication and purchasing additional medication illicitly. He has visited the emergency room three times in the past six months for pain management. He has no close family contact and has declined shelter referrals in the past.

Holistic Health

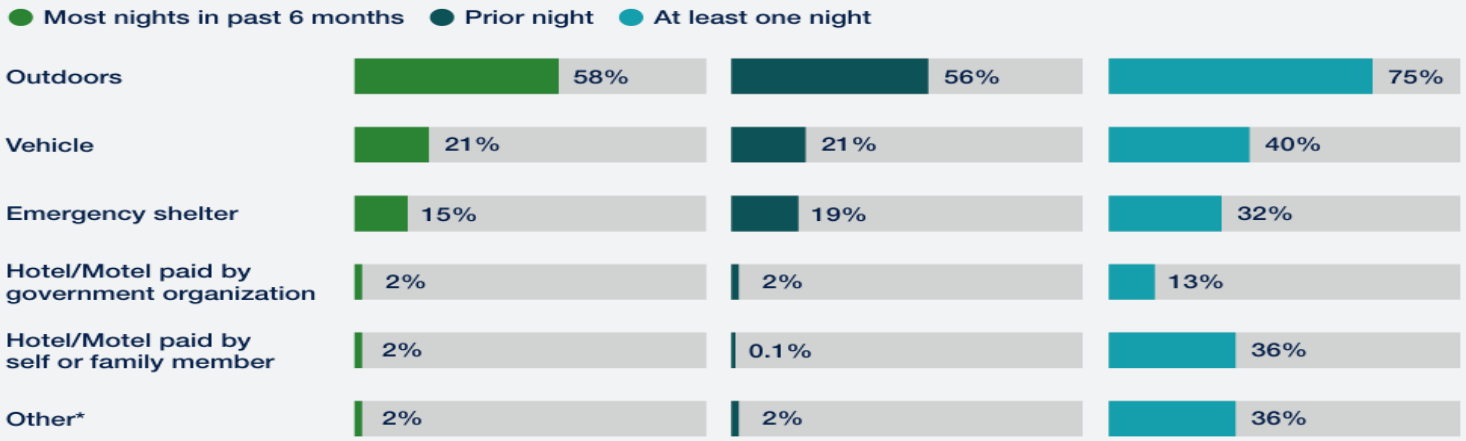
"…wellbeing is holistic; physical health, mental health and cognitive function can influence each other."

- Xianghe Zhu, Ph.D



Health Differences in the Sheltered and Unsheltered

FIGURE 11 Where Older Adults Experiencing Homelessness Slept



**Includes shelters for people fleeing domestic violence, mental health or drug/alcohol treatment programs, or staying without paying rent regularly at a friend or family member's room, apartment, or house.*

Toward Dignity: Understanding Older Adult Homelessness

Towards Dignity: Understanding Older Adult Homelessness (2024)

Behavioral Health and Bias

- Many individuals who are unhoused experience trauma, depression, anxiety, or chronic stress.
- This is not the same as meeting criteria for a *severe and persistent mental illness (SPMI)*.
- Homelessness can create or worsen behavioral health symptoms, even among individuals who did not previously have a mental health diagnosis.

Believing societal stereotypes can unintentionally affect:

- How APS professionals interpret behavior
- How risk is assessed
- How much autonomy is afforded
- What services are offered or withheld

Severe Behavioral Health Issues and Houselessness

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Category	Examples	Approximate Range	Clinical Implication
Severe & Persistent Mental Illness	Schizophrenia, Bipolar I	25-30%	Overrepresented but not majority
Depression/Anxiety	Major depression, GAD	35-60%	Often worsened by instability
PTSD	Trauma-related disorders	20-40%	Both pre-existing & homelessness-driven
Substance Use	Alcohol, opioids, stimulants	35-50%	Coping & Co-occurring
Severe Distress	Sleep loss, paranoia, cognitive strain	50%+	Often situational & environmental

Behavioral Health Challenges Created or Exacerbated By Being Unhoused

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Being unhoused can contribute to or worsen mental health, such as:

- **Depression:** Is common among individuals experiencing homelessness, particularly among older adults.
- **Anxiety:** The loss of safety and stability, along with the daily stress of meeting basic needs, can lead to ongoing anxiety.
- **Trauma:** Trauma can result from experiencing or witnessing events that are physically or emotionally harmful. These experiences can overwhelm a person's ability to cope and have lasting effects on functioning and well-being.

Key Needs and Considerations for APS

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- **Veterans:** Higher trauma exposure (incl. PTSD) and co-occurring substance use
- **Justice-Involved Adults:** Difficulty adjusting after long periods in structured settings
- **Co-Occurring Disorders:** Mental health + substance use; integrated treatment is hard to access
- **Therapeutic Needs:** Stigma may affect engagement with behavioral health services
- **Medication Management:** Harder due to cognitive changes, health issues, and unstable environments
- **Outreach & Engagement:** Mistrust, fear, and past system experiences can limit participation

Being Unhoused and Cognitive Health

- **Cognitive Health:** Ability to think, to learn, and to remember
- Poor cognitive health is a risk factor for and an outcome of being unhoused
- Stress decreases the ability to maintain good cognitive health
- Cognitive impairment can be hidden (implications for service planning)
- Older adults who are unhoused may need to prioritize survival over cognitive engagement

When “refusal” may be overwhelm

- Let’s step into an unhoused client’s shoes by visualizing what it would be like to be in their position.
- Questions to reflect on:
    - *What would it feel like to be in that position?*
    - *What would make it easier for this individual?*

Being Unhoused and Physical Health

- High physical, cognitive, and social vulnerability
- Chronic illness is common
- Falls, difficulty with daily activities, and early geriatric conditions
- Functioning is heavily shaped by environment and available supports
- Housing instability disrupts medication, diet, equipment, and medical follow-up
- Health care often becomes crisis-driven, leading to repeated cycles of homelessness and hospitalization
- Loss of autonomy in restrictive settings can reduce functioning
- **Stabilizing housing is often the most important first step**

Being Unhoused and Substance Abuse

"I'm not addicted to alcohol or drugs. I'm addicted to escaping reality."

- *Anonymous*

- Substance use is often viewed as a choice or personal weakness
- People use substances for many reasons
- A common theme: using substances to escape realities that feel overwhelming or unbearable

Substance Use, Houselessness, and Addressing Bias

"What percentage of unhoused individuals do you think have a substance use disorder?"

- Many people assume most unhoused individuals struggle with substance use
- Can shape how behavior and risk are interpreted
- Rates are higher among people experiencing **chronic** homelessness
- Assumptions can lead to misinterpreting needs and overlooking barriers to treatment
- Many face obstacles such as instability, limited access, stigma, and mistrust of systems

Co-Occuring Disorders

- Individuals living with both a substance use disorder and a behavioral health condition have **co-occurring disorders**.
- Co-occurring disorders occur at higher rates among people experiencing homelessness.
- Integrated treatment that addresses both conditions at the same time is often difficult to access.

Treatment is often:

- Short-term (typically 30–90 days)
- Not followed by consistent aftercare
- Disconnected from stable housing options

Unhoused Older Adults And Substance Use Disorders

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- Older adults have lower substance use rates than younger cohorts, but still higher than housed older adults
- Those unhoused before age 50 are more likely to have long-term substance use histories
- Those unhoused after 50 tend to have lower dependence rates
- Alcohol is the most commonly used substance

- Substance use carries higher risk in older adults due to:
  - metabolic changes
  - medication interactions
  - fall risk
  - worsening chronic illness
  - and increased cognitive vulnerability

APS Support of Recovery From Substance Use

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- Explore how to strengthen existing supports.
  - Including 12-step or other recovery programs
- Focus on immediate needs, recognizing that they are often prioritizing survival and safety. **Ask what feels most urgent to them.**
- Starting with counseling, harm reduction, or other small stabilizing steps can be meaningful progress.

The Ostracizing Impact of Being Houseless

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"Being excluded or ostracized is an invisible form of bullying that doesn't leave bruises."

— Kipling D. Williams, Ph.D.

- Exclusion affects behavior, stress, and a person's sense of safety
- Implicit bias shapes automatic judgments and influences how we interpret others
- Unhoused individuals are often reduced to labels, which leads to dehumanization
- Using terms like *unhoused* or *houseless* focuses on circumstance, not identity
- Language shapes perception and perception shapes how people are treated

The Reality of Perception

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- Older unhoused individuals frequently have a minimal support system
- Questions:
  - *What does additional ostracism do?*
  - *What perceptions drive stigmatizing this population?*
  - *What are the outcomes of these perceptions?*

Activity: Leaning Into Fear to Build Empathy

Why do people hold certain fears, assumptions, or biases about individuals experiencing homelessness?

APS and Helping the Whole Person

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"I'm getting more and more used to the idea that my life is a complete waste… We are the untouchables."

— Anonymous, 78-year-old woman, HOPE HOME Study

- Experiences of homelessness can shape identity, belonging, and sense of purpose
- APS professionals can:
  - Reinforce dignity
  - Support autonomy
  - See the person beyond their circumstances
  - Create moments where individuals feel seen and valued

Aligning Values, Principles, and Action

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NAPSA NATIONAL ADULT PROTECTIVE SERVICES ASSOCIATION

Dialogue with the individual can:

- Convey the respect and the intent of the APS professional.
- Help the unhoused adult realize they have an opportunity to regain some control over their life.

Listening to their story can help:

- Them remember who they are beyond "the homeless individual."
- Decrease their dehumanization.
- Create awareness of their strengths.

Trauma-Informed Care

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SAMHSA
Substance Abuse and Mental Health Services Administration

- A cornerstone of trauma informed care is to avoid re-traumatizing individuals which can happen when they are:
  - Asked to repeatedly recount painful experiences
  - Experience loss of control in decision-making
  - Are excluded from planning conversations
  - Are viewed primarily through a label rather than as a person
- Trauma-informed care asks us to notice these dynamics and reduce them when possible.

Trauma-Informed Care and APS

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- **Safety**: Physical and emotional safety
- **Trustworthiness & Transparency:** Clear expectations, consistent boundaries
- **Peer Support:** Support from individuals with shared experience
- **Collaboration & Mutuality:** Shared decision-making
- **Empowerment, Voice & Choice:** Strength-based approach
- **Cultural, Historical & Gender Issues:** Recognizing systemic inequities and historical trauma

Discuss Examples

Activity: Comparing Principles



Think back to the NAPSA principles and the trauma informed care principles we just covered.

Choose one principle from either framework and think of one concrete action an APS professional could take that reflects that principle.

Share examples

Putting It All Together

- **Instructions:**
  1. Read the vignette in the handout
  2. Review and reflect on questions
  3. Consider today's key takeaways as you read

- **Discussion Questions**
  - *What are the primary risk factors?*
  - *What protective factors are present?*
  - *Where could collaboration occur?*
  - *What priorities might the individual identify?*

Key Takeaways

- Housing insecurity is shaped by early adversity, health inequities, and structural factors
- Older adults experiencing homelessness face high medical, cognitive, and functional vulnerability
- Environment strongly influences functioning
- Substance use and mental health conditions are complex, not moral failings
- Exclusion, stigma, and bias deeply affect safety, identity, and engagement
- Trauma-informed care emphasizes dignity, autonomy, and avoiding re-traumatization
- APS practice requires seeing the whole person — not labels, assumptions, or stereotypes
- Effective intervention adapts to the individual's strengths, needs, readiness, and goals
- Stabilizing housing is often the most impactful first step toward improved wellbeing

P – I – E

Priceless piece of information
- What has been the most important piece of information to you today?

Item to implement
- What is something you intend to implement from our time together today?

Encouragement you received
- What is something that you already are doing and were encouraged to keep doing?



Evaluations

Your feedback is valuable!

- Please complete evaluations.

Thank you for taking time out to spend on your own professional development.

Thank you for what you do for our communities!

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Thank You!

We envision a world where the quality of life for individuals, organizations, and communities is transformed into a healthier place.

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