Housing Instability: Engagement, Assessment, and Support

INSTRUCTOR LED TRAINING

TRAINER MANUAL

Academy for Professional Excellence

APSWI
Adult Protective Services Workforce Innovations

The Academy for Professional Excellence is a project of the San Diego State University School of Social Work

Funding Sources

This training was developed by the Academy for Professional Excellence's Adult Protective Services Workforce Innovations program, with funding from the California Department of Social Services, Adult Programs Division.

Curriculum Developer, 2026

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Additional expertise provided by Ali Ernst, Workforce Development Specialist

This training was developed in 2021 by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division

Curriculum Developer, 2021

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Additional expertise provided by Kat Preston-Wager, Workforce Development Specialist

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Introduction

We are pleased to welcome you to **Housing Instability: Engagement, Assessment, and Support Trainer Manual** developed by Adult Protective Services Workforce Innovations (APSWI), a program of the Academy for Professional Excellence under a grant from the California Department of Social Services, Adult Programs Division.

The Academy for Professional Excellence, a project of San Diego State University School of Social Work, was established in 1996 with the goal of revolutionizing the way people work to ensure the world is a healthier place. Our services integrate culturally responsive and recovery-oriented practices into our daily work to promote healing and healthy relationships. Providing around 70,000 learning experiences to health and human service professionals annually, the Academy provides a variety of workforce development solutions in Southern California and beyond. With five programs, three divisions and over 100 staff, the Academy's mission is to provide exceptional learning and development experiences for the transformation of individuals, organizations and communities.

APSWI is a program of the Academy for Professional Excellence. APSWI is designed to provide competency-based, multidisciplinary training to Adult Protective Services professionals and their partners. APSWI's overarching goal is the professionalization of Adult Protective Services professionals to ensure that abused and vulnerable older adults and adults with disabilities receive high quality, effective interventions and services.

APSWI partners with state and national organizations and experts in the older adult and adults with disabilities professions to empower APS professionals and those they serve to live safely, peacefully and in a world that is free from abuse and neglect.

APSWI's partners include:

- National Adult Protective Services Association (NAPSA) and the National Adult Protective Services Training Center (NATC)
- California Department of Social Services (CDSS), Adult Programs Division
- County Welfare Directors Association of California (CWDA), Protective Services Operations Committee (PSOC)
- California's Curriculum Advisory Committee (CAC) Committee

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Partner Organizations

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National Adult Protective Services Association

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National Adult Protective Services Association

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California Department of Social Services

Emily Nicholl and Allison Kokonas, Co-Chairs, Protective Services Operations Committee of the County Welfare Director's Association (PSOC)

County Welfare Director's Association

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Acknowledgements

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and line staff across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. APSWI would like to thank the following individuals and agencies:

Agencies

California Department of Social Services Adult Services Division

National Adult Protective Services Association

Committees:

California's Curriculum Advisory Committee

Southern California's Training Planning Committee

National Adult Protective Services Association (NAPSA) Education & Development Committee

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Alice Joy Kirk, LCSW (2026)

Rachel M. Ferraiolo, LCSW (2021)

Additional Expertise

Ali Ernst, Workforce Development Specialist (2026)

Kat Preston-Wager, Workforce Development Specialist (2021)

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How to Use This Manual

This curriculum was developed as a virtual **3 hour and 15 minutes workshop, not including breaks,** using the Zoom platform, paying close attention to virtual training best practices. It can be tailored to a different virtual platform (WebEx, GoTo Training, etc.), if necessary. It may also be trained in person by modifying activity and engagement prompts as necessary. When possible, virtual and in-person prompts are given.

The Participant Manual should be sent ahead of time as a fillable PDF if using Adobe Acrobat or to allow participants to print a hard copy.

- Actions which the trainer takes during the training are written in **bold**
- *Trainer notes are italicized*

Use of language: Throughout the manual, APS professional is used to denote individual staff who may go by various titles. The term client is used most often to describe the individual at the center of the APS investigation. However, if concept or material was directly quoted from copyrighted material, another term may be used.

He and she have been replaced with the gender-neutral they throughout this manual, unless quoted from copyrighted material. This should not be thought of as plural persons, but rather a gender-neutral term describing all humans.

Customizing the Power Point:

- This manual is set up so that the trainer script/content material is on the same page as the accompanying PowerPoint slide.
- To hide a slide in PowerPoint, on the Slides tab in normal view, select the slide you want to hide.
- On the Slide Show menu, click Hide Slide. The slide number will have a line through it to show you have hidden it.
- The slide remains in your file even though it is hidden when you run the presentation.

Course Outline:

The course outline, provided in the next section of this manual, is the class schedule used for development of this curriculum. It can be used to help determine how much time is needed to present each section. However, times will vary based on the experience and engagement of the audience.

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Trainer Guidelines

It is recommended that someone with experience working with unhoused adults facilitate this virtual workshop. Co-facilitation with an APS trainer or supervisor is encouraged.

Suggestions for virtual training when possible:

- Have a moderator or co-host who can primarily focus on the virtual aspects of this training (e.g., monitoring chat box, launching polls, assigning breakout groups, monitoring participant reactions, etc.).
- Test out the use of the breakout room feature prior to conducting this training.
- Log in at least 30 minutes prior to the training to ensure the virtual classroom is fully functioning and that you are comfortable navigating it.
- Your equipment and platform may dictate how you do some activities or discussion. There are times you may not be able to see everyone's faces, names or reactions (thumbs up, mute/unmute, etc.). There is a need for both verbal discussion and chat discussion. At such times, the moderator will fill a critical role monitoring those features you cannot. Practice during a run through how you will use the various functions for each section.
- The optimal size for this virtual training is 25-30 participants.

The following **teaching strategies** are incorporated:

- Lecture segments
- Interactive exercises (e.g., breakout groups, chat box discussion, video demonstration, polling activities)
- Question/answer periods
- PowerPoint Slides

The following **equipment and materials** are needed:

- Trainer Manual
- Participant Manual
- PowerPoint Slides
- Headset with microphone Computer

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Virtual Training Tips

Training and facilitation have always been an art. Virtual training is no exception. Below are some helpful tips to remember and implement when training in a virtual environment.

- Assume nothing.
  - Do not assume everyone has the same knowledge or comfort level with technology or has access to equipment like printers, video camera, headsets or even reliable Wi-Fi.
- Distractions are everywhere.
  - Participants have greater access to distractions (email, phone, phone, others at home) which can take their focus away from the training. Therefore, explain everything and summarize before asking participants to complete an activity and check for clarification.
- Over explain when possible.
  - The virtual room doesn't allow participants to see everything you're doing as they can in-person. Share as you navigate the virtual environment. If you are silent while looking for something or finding a screen, they may think something is frozen.
- Mute with purpose.
  - "Mute all" function can help ensure we don't hear conversations we're not supposed to. However, it can also send a message to the participants that they are a passive participant and may not make them feel comfortable taking themselves off mute when you want them to speak.
- Two screens can be a lifesaver.
  - This allows you to move your chat box or participant gallery view away from your presentation so you can see more of what's going on.
- Rely on practice, not luck.
  - Winging it during an in-person training or facilitation may work from time to time but doesn't work in the virtual environment. In addition to covering the content, you have to manage all of the technology issues, learning styles in a virtual room, and it will show if you're not prepared.
- Bring the energy.
  - As trainers, we are no strangers to being "on," standing and moving around. However, some of the body language, subtle

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nonverbal skills we relied on the in-person training room, do not translate well in the virtual environment. While this may make you more tired, it's important to up your enthusiasm, voice, and presence in order to engage with attendees.

- Be mindful of your space.
  - Training virtually brings an entirely new component of what we're willing to share with others. Learners can get distracted with what's in your background, whether what is physically there or if you set your video to use a virtual background.
  - It's important to reflect on questions of privilege, diversity and equity when thinking of your training space.

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Executive Summary

The Housing Instability series equips APS professionals with the knowledge, skills, and trauma-informed perspectives needed to support older adults experiencing housing insecurity. This second workshop, *Housing Instability: Engagement, Assessment, and Support*, builds on the foundation established in the first training, *Housing Instability: Examining the Layers*, by deepening participants' understanding of the complex realities faced by people living unhoused, and strengthening the practical skills needed to respond effectively. APS cases involving adults who are unhoused or experiencing housing insecurity often include overlapping medical, behavioral health, cognitive, housing, and social concerns, and this workshop helps participants recognize and navigate that complexity. *Housing Instability: Engagement, Assessment, and Support* focuses on applying these concepts in APS practice.

By working through expected challenges in this training environment, APS professionals can build confidence, strengthen critical analysis skills, and prepare for more effective decision-making when working with clients. Throughout the workshop, participants will learn best practices from the profession of homelessness outreach and apply them to the role and responsibilities of APS.

Instructor Led Training

The following instructional strategies are used throughout the course:

- Short lectures
- Interactive activities and exercises
- Breakout rooms
- Chat box discussions
- Large group discussions
- Self-reflection activities
- PowerPoint slides to stimulate discussion and participation

Participants will need access to a computer with video conferencing capability and the ability to connect to the virtual platform being used to deliver the training. A headset or earbuds with microphone and a video camera are highly encouraged. Participants are provided with the Participant Manual to take notes.

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Course Requirements

It is recommended that participants have some experience interviewing clients. It is also highly encouraged that participants attend the first workshop, Housing Insecurity: Examining the Layers, prior to attending this second workshop.

Intended Audience

This training is intended for new and experienced line staff who interview clients and collaterals, provide risk assessments, and develop service plans.

Learning Objectives

After completion of this workshop, participants will be able to:

- Summarize the unique traits, challenges, and needs of older adults who are experiencing housing instability.
- Identify effective methods and plan for challenges when conducting outreach and engagement.
- Apply practical techniques when completing initial assessments.
- Develop a personal plan for self-care and building resilience as an APS professional.

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Course Outline

CONTENT	MATERIALS	TIME
Course Overview	**Slides 1-11**	**Total: 30 mins**
Introductions, About Academy, Land Acknowledgement, Housekeeping		
Activity: Poll		5 min
Course Overview		
Learning Objectives		
Shifts in Practice		
Activity: How Has Practice Changed?		10 minutes
Why This Work Matters		
Understanding the Context of Homelessness	**Slides 12-14**	**Total: 20 mins**
Considerations		
Activity: Which Would Feel Safer?		10 minutes
Length of Homelessness		
Safety	**Slide 15-17**	**Total: 15 mins**
Safety Strategies Prior to Meeting	Handout: Safety Strategies When Working with Clients Experiencing Homelessness Tip Sheet	
Safety Strategies While Engaged		

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CONTENT	MATERIALS	TIME
Additional Safety Strategies		
Outreach	**Slides 18-21**	**Total: 40 mins**
Meet Iris	Handout: Meet Iris	10 minutes
Trauma-Informed Care and Outreach		
Principles of Outreach	Handout: Outreach Strategies when Working with Clients Experiencing Homelessness Tip Sheet	
Outreach Challenges		
Activity: Developing my Outreach Style	Handout: My Outreach Style Reflection	20 minutes
Engagement and Assessment	**Slides 22-26**	**Total: 30 mins**
Engagement and Assessment Strategies	Handout: Engagement and Assessment Strategies When Working With Clients Who are Homeless Tip Sheet	
Psychoeducation		
Key Areas for APS Engagement		
Activity: What Does Iris Need Right Now?	Handout: What Does Iris Need Right Now?	15 minutes
Considerations and Interventions with Populations Requiring Tailored Approaches	**Slides 27-29**	**Total: 20 mins**
The Recovery Model		

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CONTENT	MATERIALS	TIME
Applying Recovery Principles to Complex Needs		
The Recovery Model and Iris	Handout: The Recovery Model and Iris	15 minutes
Self-Care	**Slides 30-33**	**Total: 20 mins**
Vicarious Trauma and Burnout		
Mitigating Burnout and Compassion Fatigue		
Recognizing Risk		
Building Vicarious Resiliency	Handout: Building Vicarious Resiliency Reflection	10 minutes
Wrap-Up and Evaluations	**Slides 34-37**	**Total: 20 mins**
Workshop Review		
Activity: Iris Summary Reflection		5 minutes
Activity: P-I-E		5 minutes
Evaluations		5 minutes
TOTAL (Excluding Breaks)		**Total: 3 hours 15 mins**

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Welcome, Introductions and Course Overview

Time Allotted: 30 minutes

Associated Objective(s): Summarize the unique traits, challenges and needs experienced by people who are experiencing housing instability.

Method: Poll, Visualization, Lecture

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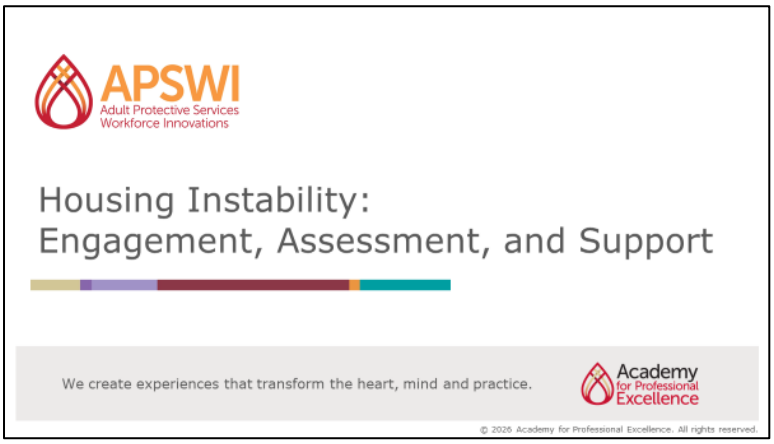
Slide #1: Introductions



Welcome participants and allow everyone to settle in.

Ask participants to introduce themselves with their names, titles, and counties.

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Slide #2: About the Academy and APSWI



Explain that the Academy for Professional Excellence is a project of San Diego State School of Social Work. Its mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations, and communities.

Explain that Adult Protective Services Workforce Innovations (APSWI) provides innovative workforce development to APS professionals and their partners. APSWI is a program of the Academy for Professional Excellence along with others listed on the slide.

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Slide #3 & 4: Land Acknowledgment





Trainer note: These slides incorporate a national land acknowledgment to honor the land that anyone who accesses the materials is on. When training, insert the land you're training from.

Share:

- Slide #3- The purpose of a land acknowledgement is to recognize the relationship of Indigenous peoples to the land. It is multi-faceted in its 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.
- Slide #4- 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; the land of the original inhabitants of this Nation. Find the tribe(s) in your area at Native Digital Land.

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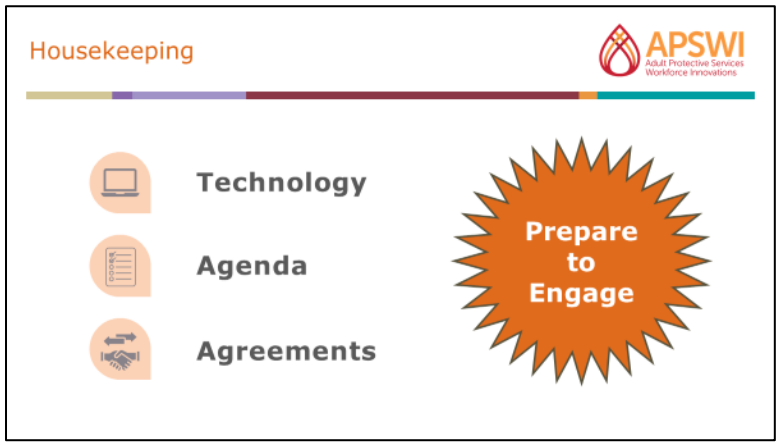
Slide #5: Housekeeping



Cover any "housekeeping" items, including virtual technology if needed. Some items may include:

- Review the agenda
- Share estimated break times
- Discuss use of technology
- Review norms and agreements, and expectations about participation

Share with participants that the expectations is participants will engage throughout the training.

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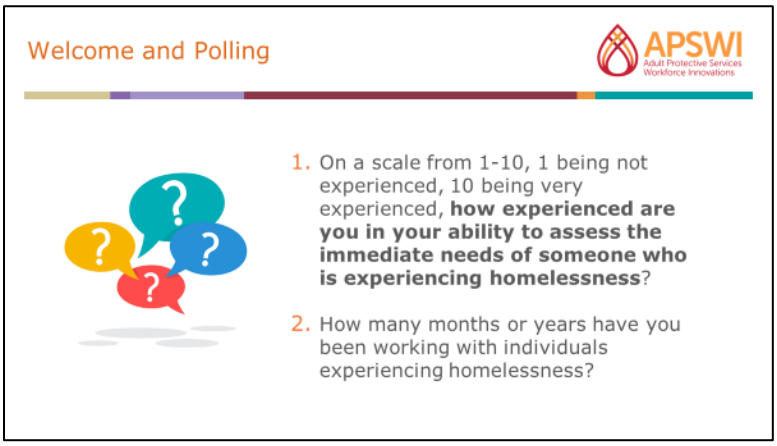
Slide #6: Poll



Trainer note: this slide is animated, ask questions one at a time.

Introduce yourself and briefly highlight your interest in this topic and relevant experience with the subject.

Activity: Poll (5 minutes)
Poll and Large Group Discussion

Trainer Note: These can also be used as discussion questions, without a poll, asking the first question for discussion and then the second.

Instructions:

1. **Ask** participants to answer either question in the chat box as well:
    a. On a scale from 1-10, 1 being not experienced, 10 being very experienced, how experienced are you in your ability to assess the immediate needs of someone who is experiencing houselessness.
    b. How many months or years have you been working with individuals experiencing houselessness?

Highlight information from chat box such as number of counties participating and their answers to the prompts on their experience working with individuals experiencing homelessness.

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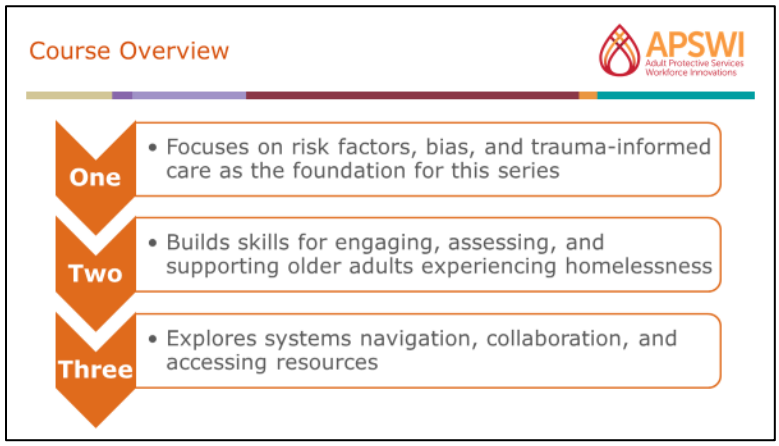
Slide #7: Course Overview



Share the following to provide learners a road map and purpose of this training:

- This is workshop two, *Housing Instability: Engagement, Assessment, and Support*, in a series on how to effectively work with older adults experiencing houselessness. The entire series equips APS professionals with knowledge, practical tools, and opportunities to build empathy and deepen their understanding of what unhoused individuals who are unhoused navigate, strengthening their effectiveness in this work.
- The first workshop, *Housing Instability: Examining the Layers* was a knowledge/awareness training that focused on:
    - Understanding risk and contributing factors to becoming houseless and identifying protective factors.
    - Identifying our own implicit and explicit bias with those who experience homelessness and recognize how those biases impact the way APS professionals work with others.
    - Understanding the Principles of Trauma-Informed Care and how they complement NAPSA Code of Ethics in order to apply them when working with those who are risk of or are homeless
- The first workshop was developed to provide a foundation on the experience and realities of being unhoused to prepare APS professionals for the skill-building workshops. The third workshop in the series will provide an overview of services and strategies to help clients access resources.
- The goal of this workshop is to provide opportunities to broaden APS professionals' skills when working with people who are experiencing homelessness.

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- These cases are often complex, and this workshop allows participants to understand more about this complexity and see the intense reality they may endure.
- Working through expected challenges in this training moves APS professionals towards confidence and critical thinking with these cases in their day-to-day work.

Share that content in this workshop may evoke strong emotions from participant's fears, their interactions with clients, as well as any experience they may have had in their own life with housing instability.

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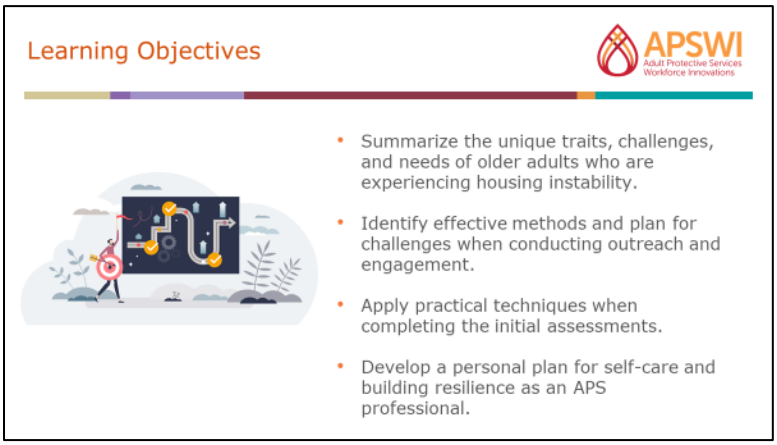
Slide #8: Learning Objectives



Review the learning objectives:

- Summarize the unique traits, challenges, and needs of older adults who are experiencing housing instability.
- Identify effective methods and plan for challenges when conducting outreach and engagement.
- Apply practical techniques when completing initial assessments.
- Develop a personal plan for self-care and building resilience as an APS professional.

Share that participants may have heard the term "houseless" or "unhoused" in reference to unsheltered individuals. The term homelessness will continue to be used throughout this workshop because it remains commonly used in federal and state data, legislation, service systems, and research. The use of this term is intended for consistency with those systems and is not intended to define or reduce a person to their housing status.

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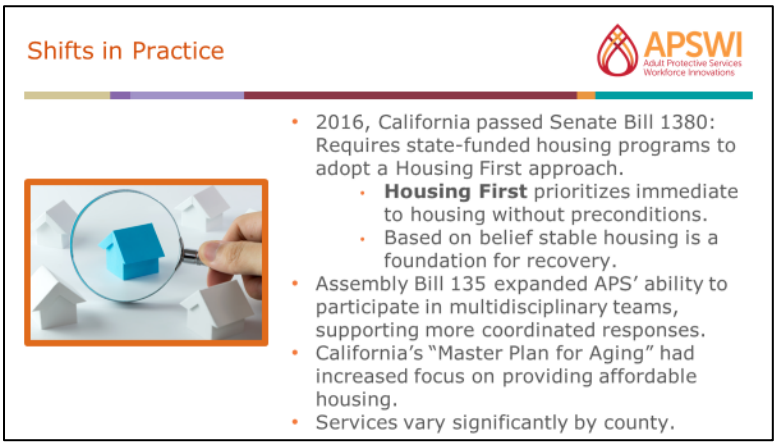
Slide #9: Shifts in Practice



Share the following:

- In 2016, California passed Senate Bill 1380, which required state-funded housing programs serving people experiencing homelessness, or at risk of homelessness, to adopt a Housing First approach (California Legislature, 2019)
- The Housing First model prioritizes immediate housing without preconditions such as sobriety, compliance with treatment or participation in services.
- Housing First is based on the idea that stable housing is a foundation for recovery, health, and safety. It is based on Maslow's hierarchy of needs: when a person's most basic needs are met, they have a foundation for addressing medical, behavioral health, substance use and financial, and concerns.
- Assembly Bill 135 expanded APS' ability to participate in multidisciplinary teams, therefore supporting more coordinated responses to the issue of homelessness.
- California's Master Plan for Aging had increased focus on providing affordable housing (California Health and Human Services Agency, 2021).
- These services vary significantly by county. Some APS programs may have dedicated homelessness resources and longer-term involvement, while others may still be limited to short-term intervention and referral.

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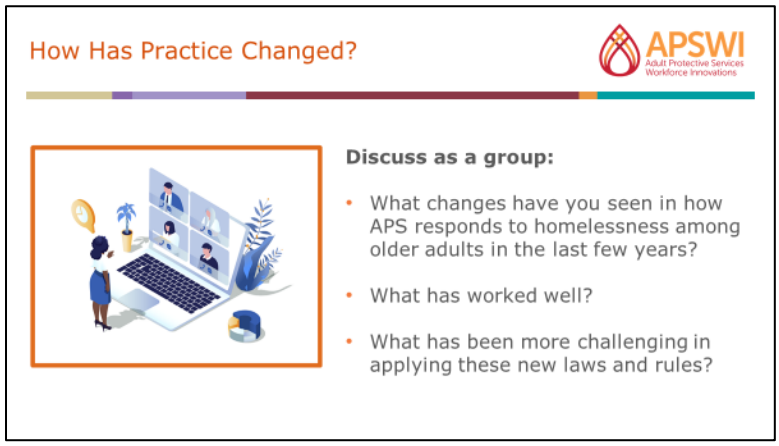
Slide #10: How Has Practice Changed?



Activity: How Have Things Changed? (10 minutes)

Large group discussion

Instructions:

1. **Ask** the following questions one by one allowing time for participants to respond the questions:
    a. What changes have you seen in how APS responds to homelessness among older adults in the last few years?
    b. What has worked well?
    c. What has been more challenging in applying new laws and rules?
2. Provide space and time for large group discussion or reflections to comments in the chat.
3. **Thank** everyone for their participation.

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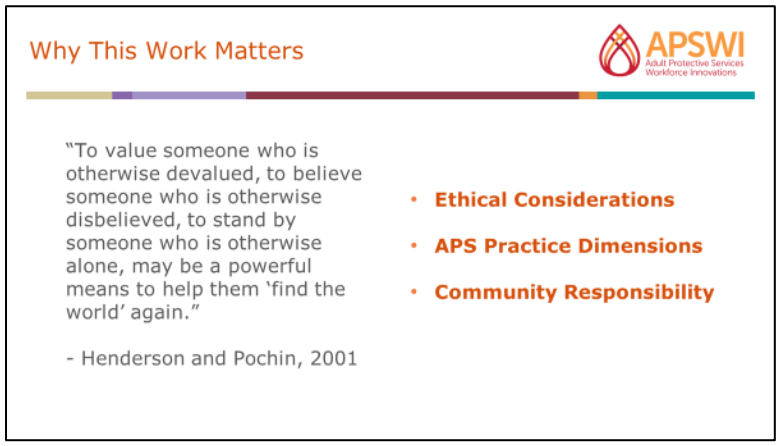
Slide #11: Why This Work Matters



Share the quote from Henderson and Pochin (2001), "To value someone who is otherwise devalued, to believe someone who is otherwise disbelieved, to stand by someone who is otherwise alone, may be a powerful means to help them 'find the world' again.". **Ask** participants to reflect on what this quote suggests about the role of APS professionals.

Explain that when working with individuals experiencing homelessness, people may hold assumptions that homelessness is primarily the result of personal choices. Homelessness is often shaped by a combination of factors such as poverty, trauma, disability, substance use, aging, family conflict, loss, and lack of affordable housing.

Share that the National Health Care for the Homeless Council views homelessness as the result of broader policy decisions and systemic inequities, rather than individual failings, and emphasizes the importance of collective action to reduce and prevent homelessness.

Discuss how there are several reasons why working with individuals experiencing homelessness matters. There are ethical considerations, APS practice dimensions, and community responsibility. **Review** the following:

- Ethical Considerations
  - People experiencing homelessness are often stigmatized, and dehumanized.
  - Many individuals have experienced trauma, loss and behavioral health issues leading to being unhoused.
- APS Practice Dimensions
  - This work aligns with APS values of self-determination, safety, and reducing harm.

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    - Repeated APS involvement may uncover unmet medical, behavioral health, or cognitive needs.
    - Understanding the realities of homelessness can help APS professionals create service plans and engagement strategies.
- Community Responsibility
    - Relieving the suffering of individuals has a broader impact on a community.
    - Collaborative responses may be more effective than relying only on emergency rooms, law enforcement, or crisis systems.

Ask participants how they see society's role in preventing homelessness, and how does that intersect with your role in APS?

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Understanding the Context of Homelessness

Time Allotted: 20 minutes

Associated Objective(s): Summarize the unique traits, challenges, and needs of older adults who are experiencing housing instability.

Method: Lecture, large group discussion.

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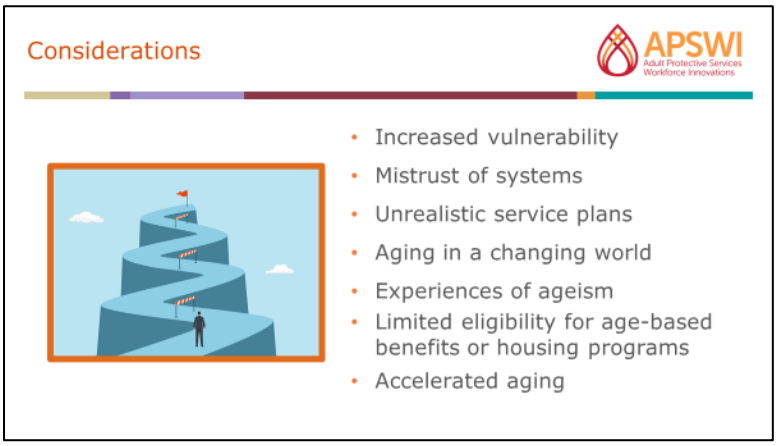
Slide #12: Considerations



Before moving into the skill-building portion of the workshop, **review** several important considerations when engaging with people experiencing homelessness. **Note** that some points are a brief review from the first workshop. **Explain** that these considerations connect directly to the challenges addressed later in the workshop.

Review the following key considerations:

- Older adults experiencing homelessness can be more vulnerable to victimization, exploitation, theft, and abuse.
- Some individuals have had negative experiences with systems and service providers, which can lead to mistrust and reluctance to engage.
    - They may be difficult to locate or maintain contact with if they intentionally remain hidden in order to feel safer.
- Affordable housing options are more limited for older adults with low income, disabilities, justice involvement, or complex needs (Espinoza et al., 2024).
- Care plans developed in hospitals, or clinics may not be realistic for someone who does not have stable housing, transportation, refrigeration, privacy, or access to a phone (Banerjee et al., 2024).
- Older adults experiencing homelessness are aging in a world that can feel very different from the one they knew earlier in life.
- Rapid changes in technology, service provision, and increased cost of living can create additional barriers to accessing support.
- Older adults may experience ageism in addition to stigma from being unhoused, and/or having a substance use disorder, or mental health challenge (Justice in Aging, 2024).

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- Some individuals may not yet qualify for age-based benefits, housing programs, or income support, despite their needs.
- Long-term homelessness can accelerate aging and contribute to increased medical, emotional, and cognitive challenges (Mantell et al., 20,23)

Invite participants to reflect on the following: "What concerns come to mind when you think about working with older adults experiencing homelessness?" **Encourage** a range of responses and **highlight** themes that connect to APS practice.

Summarize the following (Ketel & Abdoli, 2025):

- The effects of homelessness can become harder to manage as people grow older
- At the same time, many older adults have strong coping skills, adaptability, emotional regulation, and problem-solving abilities developed through surviving adversity.
- Recognizing and building these strengths is an important part of APS practice.

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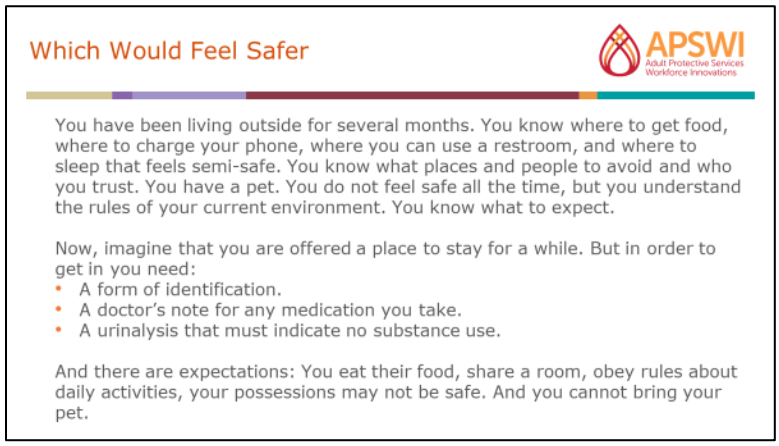
Slide #13: Which Would Feel Safer?



Activity: Which would feel safer? (10 minutes)

Visualization with large group discussion

Instructions:

1. **Let** participants know they will engage in a brief visualization, if they feel comfortable to do so, to explore decision-making from the perspective of someone living unsheltered. **Emphasize** that the goal is to build empathy and insight, not to judge choices.
2. **Read** the following scenario describing life outdoors, pausing at different parts of the scenario to give participants time to reflect:
    a. *You have been living outside for several months. You know where to get food, where to charge your phone, where you can use a restroom, and where to sleep that feels semi-safe. You know what places and people to avoid and who you trust. You have your possessions carefully organized. You have a pet. You do not feel safe all the time, but you understand the rules of your current environment. You know what to expect.*
    b. *Now imagine that you are offered a place to stay for while. But in order to get in you need:*
        i. *A form of identification.*
        ii. *A doctor's note for any medication you take.*
        iii. *A urinalysis that must indicate no substance use.*
    c. *And there are expectations:*
        i. *You eat what they provide.*
        ii. *You share a room.*
        iii. *There are rules about when you go to bed, when you get up, and what you do during the day.*
        iv. *There is no guarantee your belongings will be safe.*
        v. *If you break a rule, you could be asked to leave.*

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vi. And you cannot take your pet.

3. **Give** participants 1 minute of quiet time to consider how the scenario felt and what decisions they might make.
4. **Facilitate** group discussion:
    a. **Invite** participants to share what choice they would make in this scenario.
    b. **Prompt** discussion about how trauma, cognitive decline, mental health challenges, or substance use may influence decision making.
    c. **Explore** how this perspective can shift the way APS professionals interpret a client's refusal of shelter.
5. **Debrief** and connect to APS practice:
    a. Individuals weigh safety, predictability, autonomy, privacy, trauma history, relationships, pets, belongings, and rule compliance when considering shelter options.
    b. Understanding these factors supports trauma informed, person centered engagement and helps APS professionals collaborate with clients to identify options that better align with their needs.

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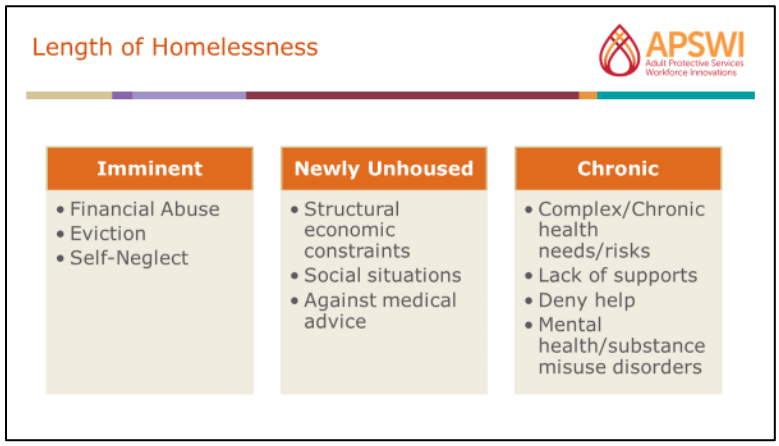
Slide #14: Length of Homelessness



Explain it is important to remember that individuals have differences in their experience of being or becoming unhoused. Some may be at risk, some may be newly homeless and others are chronically homeless.

Cover the following considerations when it comes to being, or becoming, houseless. Begin by **highlighting** that some individuals are experiencing precarious housing and are at risk of homelessness, even if they are currently housed. **Share** that individuals who are at risk may be housed but vulnerable to becoming unhoused due to:

- Financial instability — loss of income, rising rent, or other crisis-related issues.
- Self-neglect or difficulty with daily living — inability to manage activities of daily living.
- Eviction risk — formal or informal eviction processes.
- Existing strengths — community ties, family support, benefits, and a recent history of stable housing.

Explain that APS may have the greatest opportunity for prevention with this group because there may still be time to stabilize the person's housing and safety. Share that newly unhoused older adults:

- This group may have become homeless for the first time later in life because of:
  - The death of a partner.
  - Rising costs and fixed incomes.
  - A medical crisis.
  - Release from incarceration.

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- APS professionals may see shame, fear, confusion, declining health, and difficulty navigating unfamiliar systems.
- Strengths may include recent housing history, family connections, existing benefits, motivation to regain stability, or willingness to engage with services.

Explain that APS interventions may include housing navigation, benefits support, medical care coordination, family reconnection, and case management. Share that chronically unhoused older adults:

- May have experienced long-term or repeated episodes of homelessness over many years.
- They are more likely to have serious medical issues, mental illness, substance use disorders, trauma histories, and limited support systems.
- Long-term homelessness may create routines, survival strategies, and mistrust that make transitions into housing or services more difficult.
- Strengths may include resilience, adaptability, resourcefulness, and survival skills developed over time.

Explain that APS interventions for chronically homeless older adults may require slower engagement, repeated contact, harm reduction, trauma-informed approaches, referrals to mental health services, and long-term case management.

Review that in the first workshop, we defined sheltered homelessness as utilizing emergency shelters, transitional shelter, safe havens or even couch surfing. Unsheltered homelessness was defined as when individuals are residing in areas not meant for human habitation. Chronic homelessness often includes periods of time spent as both sheltered and unsheltered homelessness. This cyclical pattern that APS professionals work with will be reflected in this training (KFF, 2025).

Explain the participants will be given two minutes to consider and jot down some thoughts on how they would create a service plan differently depending on if someone was:

- At risk of becoming homeless
- Recently homeless
- Chronically homeless

Ask that participants share their ideas.

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Safety

Time Allotted: 15 minutes

Associated Objective(s): Identify effective methods and plan for challenges when conducting outreach and engagement.

Method: Lecture, review of handouts

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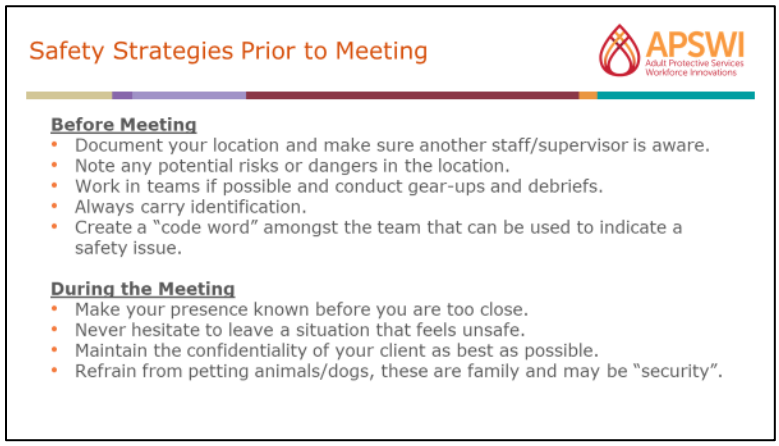
Slide #15: Safety Strategies Prior to Meeting



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Ask participants to share the different ways they practice safety while working in the community. As participants respond, **highlight** common themes or patterns that emerge in their answers.

Refer participants to **Handout: Safety Strategies When Working with Clients Experiencing Homelessness Tipsheet** to follow along as the next section is reviewed.

Explain that it may be required that you go out in teams when meeting with people experiencing houselessness, and that may be a shift from normal practice. Some safety preparation tips are (National Health Care for the Homeless Council, 2021):

- Go in pairs whenever possible, especially when working in unknown, not previously visited areas.
- Consider how to create situational awareness, including a pre-visit prior to engaging in outreach.
- Coordinate with your partner early on to ease potential scheduling conflicts.
- Develop a contingency plan for potentially risky situations with your partner and supervisor before leaving the office.
- Determine a "code word" before approaching a client/group that can be used to indicate a safety issue or level of discomfort.
    - Agree that using the "code word" means to exit the situation as soon as possible, no questions asked.

Provide strategies (National Alliance to End Homelessness, 2025):

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- Make sure others know where you are going.
- Carry business cards and identification.
- If using a lanyard, have a breakaway lanyard.
- Bring PPE; gloves, masks, and hand sanitizers.
- Respect privacy and avoid entering or looking into tents, vehicles, or makeshift living spaces without permission.
- Announce yourself before approaching someone’s space so the person is not startled or frightened.
- Be aware of verbal and nonverbal signs that someone may not want to engage in that moment. Respect that people may decline contact or need more time before engaging.
- Trust your instincts.

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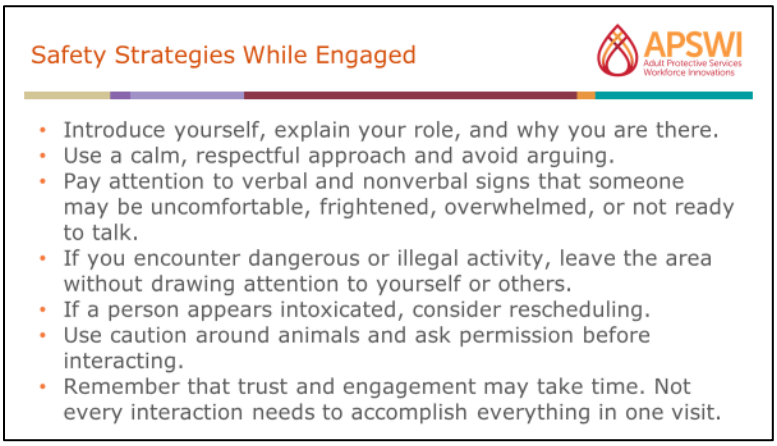
Slide #16: Safety Strategies While Engaged



Trainer note: this slide is animated, display points one at a time.

Introduce key safety strategies to keep in mind during outreach and engagement. They should begin by introducing themselves, explaining their role, and letting the person know why they are there. **Consider** the following (National Alliance, 2025):

- Use a calm, respectful approach and avoid arguing or escalating conflict if someone does not want to engage.
- Pay attention to verbal and nonverbal signs that someone may be uncomfortable, frightened, overwhelmed, or not ready to talk.
- Carry only the items you need for the visit.
- If bringing incentives, keep them in a secure place.
- If you encounter dangerous or illegal activity, prioritize safety and leave the area without drawing attention to yourself or others.
- If a person appears intoxicated, assess whether meaningful engagement is possible and prioritize safety. More complex conversations may need to happen at another time.
- Use caution around animals and ask permission before interacting with pets.
- Remember that trust and engagement may take time. Not every interaction needs to accomplish everything in one visit.

Ask what thoughts came up as these strategies were reviewed? Is there anything anyone would like to share?

Highlight that these strategies support safety, build trust, and help APS professionals engage in a way that reduces risk for both the client and the APS professional.

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Handout: Safety Strategies When Working with Clients Experiencing Homelessness Tip Sheet

Before Meeting:

- Document your location and make sure another staff/supervisor is aware.
- Note any potential risks or dangers in the location (e.g. gang activity, isolated area, crime) and take precautions.
- Work in teams if possible and conduct gear-ups and debriefs.
- Always carry identification.
- Create a "code word" amongst the team that can be used to indicate a safety issue. Ensure everyone knows it and that it feels realistic to the situation.

During Meeting:

- A client can react quickly if they perceive possible harm. Make your presence known before you are too close.
- Listen to your gut/intuition and never hesitate to leave an unsafe situation.
- If you're concerned a person is under the influence, consider rescheduling the appointment, particularly if you believe they are unable to participate in a discussion.
- Take into account when they might be able to participate.
- Maintain the confidentiality of your client as best as possible.
- Refrain from petting animals/dogs, these are family and may be "security."

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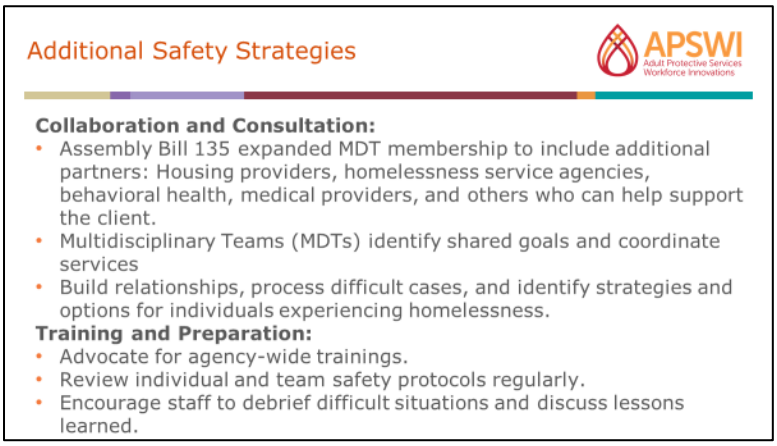
Slide #17: Additional Safety Strategies



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Explain that APS can support individuals experiencing housing insecurities in a way that goes beyond their engagement with clients. Collaboration allows multiple agencies to coordinate resources to provide more support to an unhoused individual. Additionally, APS professionals are more effective, and safer, when they have ongoing training and clear protocols to operate with. We will look at how APS professionals can work to help their clients through collaboration and training. **Discuss** the following:

- Collaboration and Consultation:
  - Assembly Bill 135 (2019) removed some of the legal barriers for collaboration, which allowed Multidisciplinary Teams (MDT) membership to include additional partners: housing providers, homelessness service agencies, behavioral health, medical providers, and others who can help support the client.
  - This allows regular MDTs to identify shared goals and coordinate services.
  - APS professionals can use MDTs to build relationships, process difficult cases and identify strategies and options for individuals experiencing homelessness (California Assembly Bill 135, 2019).
- Training and Preparation:
  - Advocate for agency-wide trainings related to outreach, safety, crisis management, trauma-informed care, de-escalation, motivational interviewing, and nonviolent crisis intervention.
  - Review individual and team safety protocols regularly, including communication plans, code words, field visit procedures, and emergency response expectations.

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- Encourage staff to debrief difficult situations and discuss lessons learned so safety practices can continue to improve over time.

Ask participants:

- Are there any additional safety or engagement tips you would add based on your own experience?
- Have you learned any strategies that help you feel safer or more effective during outreach?

Trainer note: recommend placing these questions in the chat.

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Outreach

Time Allotted: 40 minutes

Associated Objective(s):

- Apply practical techniques when completing the initial assessment.
- Identify effective methods and plan for challenges when conducting outreach and engagement.

Method: Lecture, Vignette, Large Group Discussion, Breakout Room

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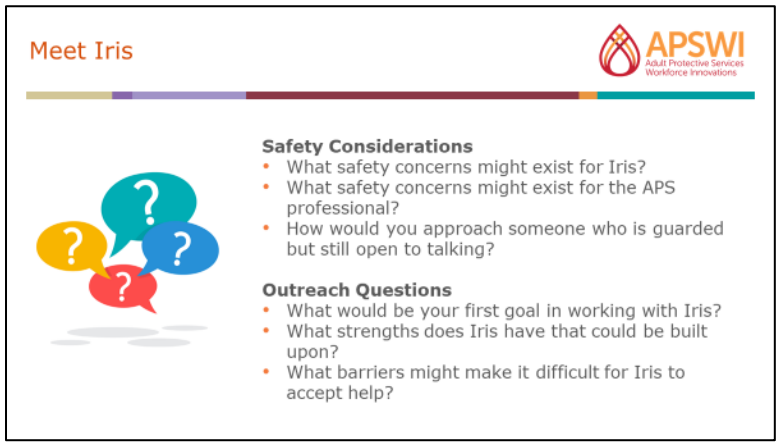
Slide #18: Meet Iris



Activity: Meet Iris (10 minutes)

Case vignette with large group discussion

Instructions:

1. **Explain** we will be referring to the case scenario involving Iris throughout the rest of the workshop. It has three parts. At this time, you will be asked to read only the first part of the **Handout: Meet Iris.**
2. **Ask** them to spend 3 minutes reading Part One on **Handout: Meet Iris** located in their participant manual**.**
3. **Ask** participants to reflect on the following questions provided on their handout as they read the vignette.
    a. Safety Considerations Questions:
        i. What safety concerns do you have for Iris?
        ii. What safety concerns might exist for the APS professional?
        iii. How would you approach someone who is guarded but still open to talking?
4. **Facilitate** a large group discussion for 7 minutes to connect their observations to core themes of safety considerations and outreach priorities.
5. **Summarize** key points which may include:
    a. Chronic health issues: immediate health needs such as wound care
    b. Unstable living conditions
    c. How the APS professional kept themselves safe
    d. Building rapport
    e. Agreement from Iris to another check-in, with a date and time
6. **Consider** reminding the participants of these additional points.

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a. Research area you will be visiting and note any possible dangers to watch for.
b. Work in a team, when possible, especially on first visit.
c. Gather as much information as possible about Iris before going out (e.g. intel from reporting part/referral source; past history/interaction with other services providers).
d. Prepare items for outreach (e.g. identification, PPE, hygiene items).

7. **Thank** everyone for their participation.

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Handout: Meet Iris

Part One

You are assigned to work with Iris, a 68-year-old Hispanic female after someone at the local Senior Center made a report for self-neglect. Iris has experienced homelessness on and off for approximately five years. This has included both unsheltered and sheltered experiences. Iris often sleeps outdoors near the park, or in her car before it was towed away. At times she has stayed in emergency shelters, motels, or couch-surfed when a friend invited her. These arrangements tend to be short-lived because Iris reports feeling uncomfortable in crowded settings, has difficulty following shelter rules, and does not like feeling "watched" by others.

She carries one bag of belongings with her, has a prepaid cell phone that is sometimes disconnected, and keeps important documents in a worn folder. She receives a monthly disability check and is enrolled in Medi-Cal and Medicare. She knows how to wash her hair in a fire hydrant and where free showers are offered.

The report was made because Iris, who is a type 2 diabetic, has a large wound on her left foot and is not seeking medical treatment because she "doesn't trust hospitals" and is tired of "being told what to do."

Iris is guarded and cautious, but open to talking with you. She reports chronic back pain and some vision problems. She struggles to organize her thoughts when trying to remember dates, recent events, or medical appointments. She also reports that people are "messing with her things" and becomes visibly anxious when discussing shelters, hospitals, or staying with strangers. She has declined behavioral health referrals in the past.

Iris has one adult son who lives out of state, but she reports that they have not spoken in years. She occasionally receives support from a friend but otherwise appears socially isolated.

Discuss the following safety considerations questions:

- *What safety concerns might exist for Iris?*
- *What safety concerns might exist for the APS professional?*
- *How would you approach someone who is guarded but still open to talking?*

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Part Two

Initial outreach with Iris was successful. Iris agreed to receive wound care for her foot.

You have learned where Iris often spends time during the day in front of a local grocery store, so you stop by periodically to check in.

Although Iris has become more trusting she still avoids shelters and most structured programs because they feel overwhelming, crowded, or too controlling.

Even though some of her medical needs are improving, Iris remains vulnerable. You are concerned about her safety, possible behavioral health needs, physical health, memory, and ability to manage day-to-day tasks.

Discuss the following engagement questions:

- *What concerns feel most urgent with Iris?*
- *What information might Iris need to make informed choices?*
- *How can you check to see if she understands the information?*
- *How do you help her retain the information?*

Part Three

As your engagement and assessment with Iris continues you become increasingly concerned that Iris may have cognitive impairment, untreated mental health issues, or both. At times she appears forgetful, suspicious, or confused. She has difficulty organizing her thoughts and following through with plans. She loses or has had important items stolen. She gets confused about dates and recent conversations. You realize that continued homelessness is destabilizing for her and may be responsible for part of these issues. How can you use recovery model principles to continue working with Iris?

Discuss the following Recovery Model questions:

- *What Recovery Model principles would apply to Iris?*
- *Would possible cognitive issues change how you work with Iris?*
- *What short term goals could be important right now?*

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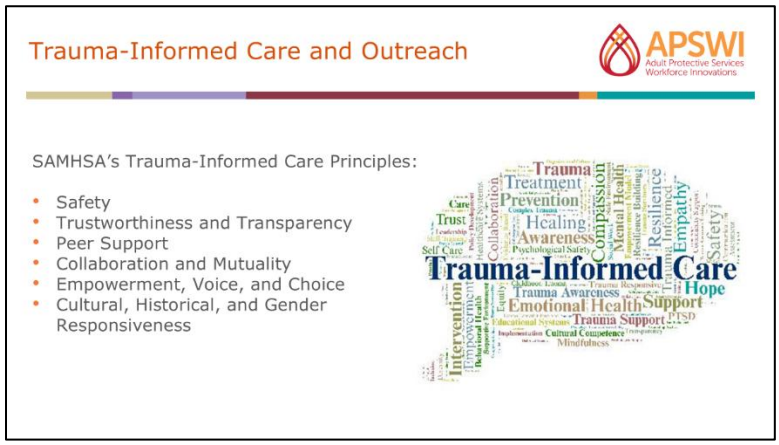
Slide #19: Trauma-Informed Care and Outreach



Remind participants that the first workshop introduced the six principles of trauma-informed care. These principles continue to guide outreach with clients experiencing homelessness. The principles of trauma-informed care are (SAMSHA, 2025):

- Safety: creating interactions and environments where the person feels physically and emotionally safe.
- Trustworthiness & Transparency: being clear, consistent, and honest about your role and what you can and cannot do.
- Peer Support: recognizing the value of trusted relationships and community connections in healing and stability.
- Collaboration & Mutuality: working *with* the person, not *on* them, and leveling power differences.
- Empowerment, Voice & Choice: supporting autonomy and offering meaningful choices whenever possible.
- Cultural, Historical & Gender Responsiveness: honoring the person's identity, lived experience, and the impact of systemic inequities.

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Slide #20: Principles of Outreach



Share that these trauma-informed care principles form the foundation of effective outreach. The outreach strategies we're about to review are practical ways APS professionals apply these principles when engaging people experiencing homelessness.

Refer participants to the **Handout: Outreach Strategies for Clients Experiencing Homelessness Tipsheet** to follow along.

Share the following tips for outreach, allowing for questions as they arise (National Alliance to End Homelessness, 2025).

- Timing matters:
  - Consider whether certain times of day may feel calmer, safer, or more productive for the individual.
  - People experiencing homelessness may sleep lightly or stay awake at night for safety, making mornings less ideal for engagement.
  - Meal, shower, medication, or appointment times may not be the best times to approach someone.
- Build trust before pushing services:
  - Use a calm, open-ended approach.
  - Let the person know your first goal is to find out what they need and how you can support them.
  - Watch for verbal and nonverbal cues and keep initial conversations brief. If you feel a person is becoming overwhelmed—or use the time to listen.
  - Repeat visits are often necessary to build rapport and trust.
  - Respond rather than react: responding rather than reacting can help preserve trust, dignity, and engagement.
  - Stay calm, nonjudgmental, and person-centered.
- Respect for autonomy and choice:
  - Ask if you can come back to check on them another time.

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    - Ensure they know when you expect to return and how they can reach you.
    - Give the person your business card or contact information when possible.
- Understand the person's environment:
    - Respect the person's personal space, living space, and community.
    - Ask about people they can trust, such as peers, shelter staff, outreach workers, senior center staff, faith communities, or others.

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Handout: Outreach Strategies When Working with Clients Experiencing Homelessness Tip Sheet

Before the meeting:

- Attempt to form relationships with key community members (i.e. gatekeepers, staff at senior centers and churches).
- Schedule appointments when the client is most active and motivated (i.e. avoid morning and mealtimes).

During the meeting:

- Be open to making in person "warm handoffs" with other providers.
- Respect the client's "three homes": their personal space, the physical space where they live, and the community in which they live.
- Clearly identify yourself and agency.
- Be yourself, actively listen and ask open-ended questions.
- Initial goals are getting to know the person as a human and assessing for safety.
- Don't push an agenda, especially in the beginning.
- Let the client lead and move at their pace. (i.e. "How can I best help you?")
- Keep initial conversations brief.
- Carry and use emergency items such as hygiene kits, water, incontinence products, if available.
- Respond, don't react. Think about what needs to happen in order for you to "meet" them where they're at.
- Ask questions using a culturally responsive and trauma-informed lens.
- Encourage the client to set goals and work collaboratively towards small steps
- Tell the client when you will be back and how to reach you.
- Repeat visits build trust and rapport.
- Follow up and follow through; only commit to things you know you can complete and that are within your control.
- Don't be afraid to use creative and unconventional ways to connect and present information (i.e. use of written material or pictures, create a binder to hold important documents).

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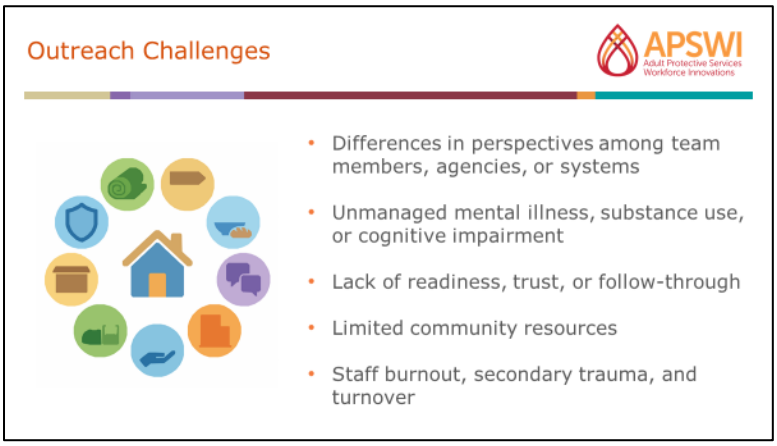
Slide #21: Outreach Challenges



Explain that outreach work is often rewarding, but it can also be complex and frustrating. Understanding common challenges ahead of time can help APS professionals respond more effectively, stay grounded, and identify realistic strategies when barriers arise.

Discuss the common challenges in outreach work:

- Differences in perspectives among team members, agencies, or systems:
  - Providers may have different ideas about risk, safety, autonomy, hospitalization, housing, or the "right" next step.
  - Agencies may have different rules, priorities, timelines, or eligibility criteria.
- Unmanaged mental health issues, substance use, or cognitive impairment:
  - Clients may have difficulty recognizing their own symptoms, or believing they need help.
  - Paranoia, trauma, confusion, memory problems, or substance use can make engagement more difficult.
- Lack of readiness, trust, or follow-through:
  - Trust often takes repeated visits and follow-up over time.
  - Clients may miss appointments, lose phones, move frequently, or decide not to follow through.
- Limited community resources:
  - Lack of resources: transportation, phones, shelter beds, affordable housing, medical care, behavioral health services, or case management can make it difficult to connect people with help.

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    - Even when a person is ready, services may not be available quickly, and the person can lose motivation while waiting.
- Staff burnout, secondary trauma, and turnover:
    - Outreach work can be emotionally demanding.
    - Staff may experience frustration, helplessness, compassion fatigue, high caseloads, and repeated exposure to trauma or loss.
    - High turnover can make it difficult for clients to build trust and maintain continuity of care.

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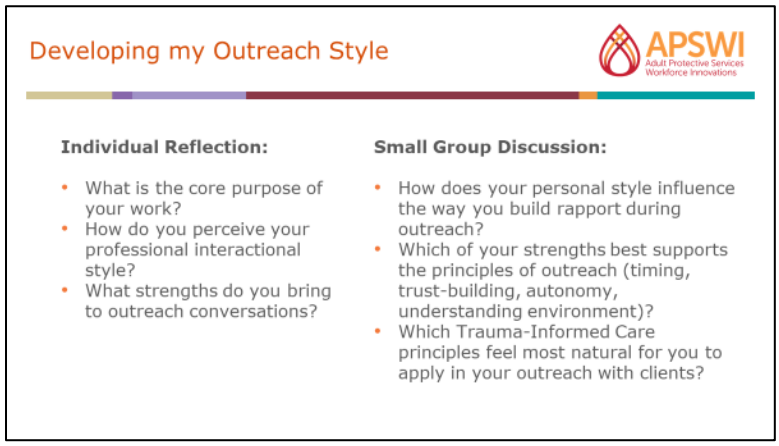
Slide #22: Developing my Outreach Style



Trainer note: this slide is animated, display each set of questions one at a time.

Activity: Developing My Outreach Style (20 minutes)

Reflection, Breakout Room, large group discussion

Instructions:

1. **Ask** the participants to reflect for five minutes on the following questions. Inform them they can review the questions and take notes on their **Handout: My Outreach Style**. **Ask**:
    a. What is the core purpose of your work?
    b. How do you perceive your professional interactional style?
    c. What strengths do you bring to outreach conversations?
2. **Explain** they will be placed in breakout rooms for 10 minutes to discuss the following questions:
    a. How does your personal style influence the way you build rapport during outreach?
    b. Which of your strengths best supports the principles of outreach (timing, trust-building, autonomy, understanding environment)?
    c. Which Trauma-Informed Care principles feel most natural for you to apply in your outreach with clients?
3. **Close** the break-out rooms and **facilitate** a large group discussion for 5 minutes using the following questions:
    a. What is one outreach principle you want to lean into more intentionally?
    b. What is one personal strength you want to use more during outreach?

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   c. What attributes in your colleagues do you admire and want to incorporate?
4. **Summarize** key themes, highlight how personal style plus outreach principles and TIC work together.
5. **Thank** participants for their reflections and contributions.

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Handout: My Outreach Style Reflection

*Tip: Refer to the **Handout: Outreach Strategies When Working with Clients Experiencing Homelessness Tip Sheet** to review strategies to support reflecting on the following questions.*

Individual reflection questions:

- What is the core purpose of your work?
- How do you perceive your professional interactional style?
- What strengths do you bring to outreach conversations?

Small group discussion questions:

- How does your personal style influence the way you build rapport during outreach?
- Which of your strengths best supports the principles of outreach (timing, trust-building, autonomy, understanding environment)?
- Which Trauma-Informed Care principles feel most natural for you to apply in your outreach with clients?

Large group discussion questions:

- What is one outreach principle you want to lean into more intentionally?
- What is one personal strength you want to use more during outreach?
- What attributes in your colleagues do you admire and want to incorporate?

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Engagement and Assessment

Time Allotted: 30 minutes

Associated Objective(s):

- Apply practical techniques when completing the initial assessment.
- Identify effective methods and plan for challenges when conducting outreach and engagement.

Method: Lecture, Tip Sheets, Breakout Room

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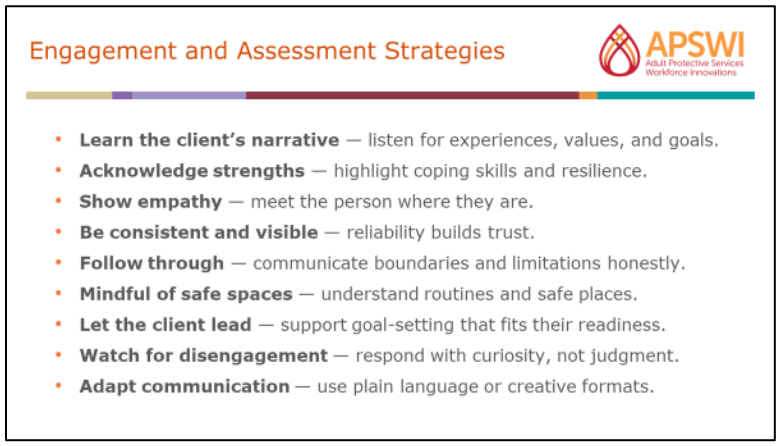
Slide #23: Engagement and Assessment Strategies



Trainer note: this slide is animated, display points one at a time.

Refer participants to **Handout: Engagement and Assessment Strategies When Working with Clients who are Homeless Tipsheet.**

Explain that participants have reflected on the strengths in their approach, the next step is considering how those strengths can be used to build engagement over time. Once the APS professional has made initial contact with clients, the next step is to build engagement, so they are willing to work with you.

Provide these tips:

- Get to know the client's personal narrative.
- Express appreciation for their strengths, and coping mechanisms.
- Show empathy and understanding without pushing agenda.
- When possible, have a consistent and predictable presence in the community as that builds trust and approachability through visibility.
- Do what you say you will do. This means knowing your limitations and boundaries. If you can't complete something, let them know.
- Know where they go when possible. Do they hang out in front of a store, with a friend, where can you find them?
- When possible, let the client lead, and encourage them to set SMART (Specific, Measurable, Achievable, Relevant and Time Bound) goals that creates a plan while honoring their current capabilities and motivation.
- Watch for disengagement, which is a signal. The client may be overwhelmed, feeling hopeless or discouraged, or not understanding what is needed.

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- Pay attention to the client's ability to understand and be open to presenting information in unconventional ways.
- Share that these strategies may not be new to APS, however, applying them to those experiencing homelessness may be new. Keep in mind that APS professionals must continuously balance the person's freedom of choice (right to self-determination) with the severity of conditions and limitations of their role (safety and well-being).

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Handout: Engagement and Assessment Strategies When Working with Clients Experiencing Homelessness Tip Sheet

Get to know the client's personal narrative by asking questions such as:

- "What are some things that brought you to where you are now?"
- "What has life been like for you lately?"

Recognize Strengths and Survival

- Consider how the person has survived living unhoused and what strengths have supported them.
- Express appreciation for the client's resilience and survival strategies.

Use a Trauma-Informed Approach

- Show empathy and understanding without pushing an agenda.
- Focus on building trust and rapport before trying to solve every problem.

Be Consistent and Reliable

- When possible, maintain a consistent and predictable presence in the community.
- Regular contact and visibility can help build trust and approachability.
- Do what you say you will do. Know your limitations and boundaries before making promises or offering help.
- If you are unable to follow through, communicate clearly with the client.

Understand the Client's Environment

- Know where the client goes when possible.
- Consider where they spend time, who they spend time with, and where you may be able to find them if needed.

Support Autonomy and Choice

- Let the client lead whenever possible.
- Encourage the client to identify their own goals, priorities, and next steps.
- Recognize that engagement is not always linear and may require flexibility and negotiation.

Work Toward Small, Achievable Steps

- Focus on small, realistic steps rather than large, overwhelming goals.
- Use SMART goals (Specific, Measurable, Achievable, Relevant, and Time-Bound).

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- Ex: Goal that is too broad: *"Get a job."*
- Ex: SMART goal: *"APS professional and client will call the DMV on Tuesday to schedule an appointment for an identification card."*

Monitor for Disengagement

- Signs that a client is feeling overwhelmed, discouraged, hopeless, confused, or dismissed.

Present information in different ways, such as:

- Pictures
- Written reminders
- Calendars
- Binders
- Step-by-step instructions

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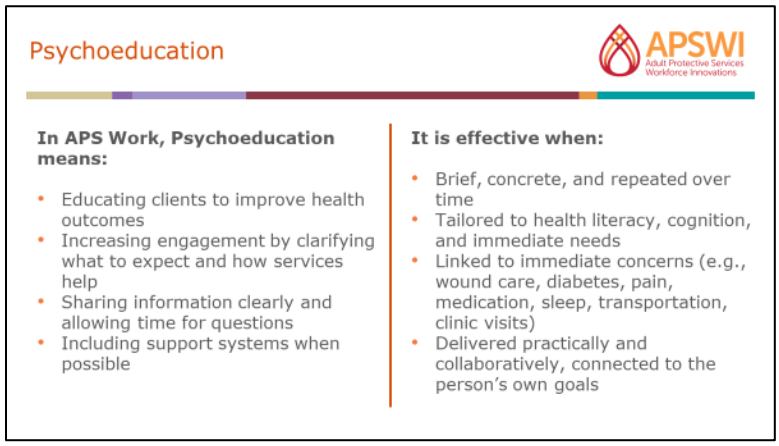
Slide #24: Psychoeducation



Trainer note: this slide is animated, display sections one by one.

Share that psychoeducation is a large part of what APS does within their investigations and interventions. Psychoeducation means providing clear, practical information to help a person understand their health, risks, and options so they can make informed decisions. This component is where you might spend a lot of your time when working with people experiencing homelessness (SAMHSA, 2014). Psychoeducation is most effective when it is delivered in ways that support understanding, autonomy, and engagement. In APS work this means:

- Providing information and educating clients about their illness and options for treatment improves health outcomes.
- Increasing engagement by helping clients understand what to expect and how services can help.
- Share info in a comprehensible, interactive and structured way and allow time for clients to ask questions.
- Include any support system in discussions if possible.

Share that research on psychoeducation specifically for older adults experiencing homelessness is limited. However, the research (Sardareh, et al., 2024), (Canham et al., 2024) that we do have suggest that psychoeducation is most effective when:

- It is brief and concrete
- Repeated over time
- Tailored to the person's health literacy, cognitive abilities, and immediate needs

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- Standard office-style education may not work well for this population because many older adults experiencing homelessness face:
  - Accelerated aging
  - Cognitive impairment or memory problems
  - Limited literacy or health literacy
  - Limited ability to store paperwork or follow up consistently
- Psychoeducation may be more effective when it is directly tied to an immediate concern, such as:
  - Wound care
  - Diabetes management
  - Pain
  - Medication use
  - Sleep
  - Transportation
  - What to expect at a clinic visit or shelter
- Research also suggests people are more likely to engage when information is:
  - Practical
  - Collaborative
  - Connected to the person's own goals and priorities
- Visual aids, teach-back methods, repetition, written reminders, and simplified language may improve understanding and follow through.
- Psychoeducation appears to work best when it is combined with trust-building and ongoing support rather than delivered as a one-time intervention.

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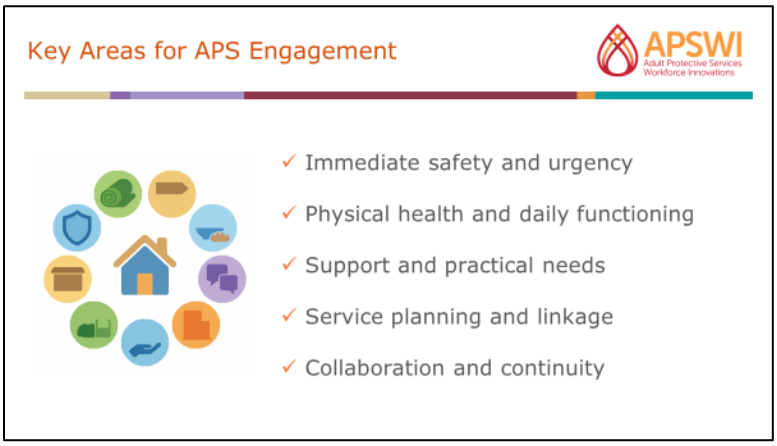
Slide #25: Key Areas for APS Engagement



Explain that once APS has begun building rapport and establishing trust, the next step is to decide what needs attention first. Engagement naturally leads into assessment, and APS professionals often have to prioritize quickly while still honoring the person's autonomy and pace. There is no single "correct" order, but there are several core areas APS typically explores when working with older adults experiencing homelessness. **Highlight** the following questions to ask yourself:

- Immediate Safety and Urgency
  - Are there concerns about grave disability, serious self-neglect, danger to self, or danger to others?
  - Does the person appear able to understand and respond to immediate risks?
- Physical Health and Daily Functioning
  - Are there concerns about wound care, mobility, pain, vision, cognition, medications, hygiene, or nutrition?
  - What does day-to-day survival currently look like?
- Supports and Practical Needs
  - Who does the person trust?
  - Who could help with transportation, belongings, or attending appointments?
- Service Planning and Linkage
  - What options are realistic and appropriate right now?
  - Would the person accept shelter, hotel placement, room and board, medical care, or behavioral health support?
- Collaboration and Continuity
  - Are there providers, family members, shelters, outreach teams, or community agencies already involved?
  - How can APS help improve continuity of care?

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Emphasize that engagement and assessment are ongoing processes, not one-time events. APS professionals revisit these areas repeatedly as trust builds, circumstances change, and the person's readiness shifts. Effective engagement means returning to these domains with curiosity, patience, and collaboration.

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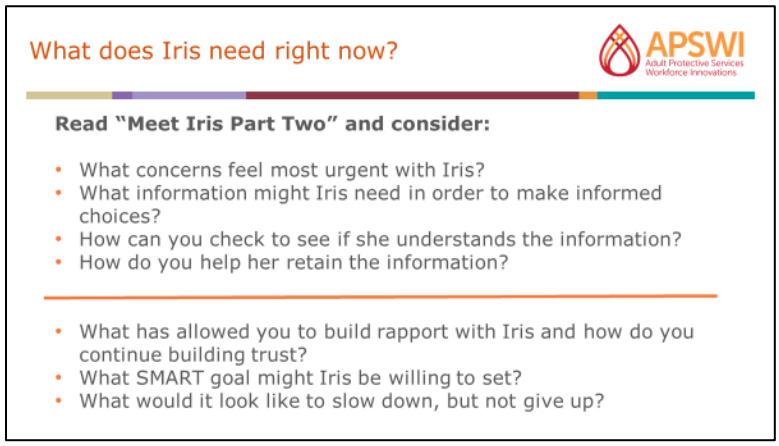
Slide #26: What Does Iris Need Right Now?



Activity: What Does Iris Need Right Now? (15 minutes)
Large group discussion

Instructions:

1. **Ask** participants to spend 2 minutes reading Part Two on **Handout: Meet Iris** located in their participant manual.
2. **Explain** that disengagement is information. Repeated questions or missed appointments can be viewed as noncompliance when it suggests that information needs to be delivered differently.
3. **Facilitate** a conversation discussing the following questions:
    a. What concerns feel most urgent with Iris?
    b. What information might Iris need in order to make informed choices?
    c. How can you check to see if she understands the information?
    d. How do you help her retain the information?
4. After **summarizing** key themes from the conversation, **ask** the following questions:
    a. What has allowed you to build rapport with Iris and how do you continue building trust?
    b. What SMART goal might Iris be willing to set?
    c. What would it look like to slow down, but not give up?
5. **Summarize** key points which may include:
    a. Importance of continuing to build rapport
    b. Collaboration on goals that will work on safety concerns for health and housing.
    c. Providing psychoeducation on benefits of her continuing to work on medical issues. Older adults often respond well to medical care providers.
    d. How to manage frustration or discouragement over having to work with Iris.

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Handout: Meet Iris

Part One

You are assigned to work with Iris, a 68-year-old Hispanic female after someone at the local Senior Center made a report for self-neglect. Iris has experienced homelessness on and off for approximately five years. This has included both unsheltered and sheltered experiences. Iris often sleeps outdoors near the park, or in her car before it was towed away. At times she has stayed in emergency shelters, motels, or couch-surfed when a friend invited her. These arrangements tend to be short-lived because Iris reports feeling uncomfortable in crowded settings, has difficulty following shelter rules, and does not like feeling "watched" by others.

She carries one bag of belongings with her, has a prepaid cell phone that is sometimes disconnected, and keeps important documents in a worn folder. She receives a monthly disability check and is enrolled in Medi-Cal and Medicare. She knows how to wash her hair in a fire hydrant and where free showers are offered.

The report was made because Iris, who is a type 2 diabetic, has a large wound on her left foot and is not seeking medical treatment because she "doesn't trust hospitals" and is tired of "being told what to do."

Iris is guarded and cautious, but open to talking with you. She reports chronic back pain and some vision problems. She struggles to organize her thoughts when trying to remember dates, recent events, or medical appointments. She also reports that people are "messing with her things" and becomes visibly anxious when discussing shelters, hospitals, or staying with strangers. She has declined behavioral health referrals in the past.

Iris has one adult son who lives out of state, but she reports that they have not spoken in years. She occasionally receives support from a friend but otherwise appears socially isolated.

Discuss the following safety considerations questions:

- *What safety concerns might exist for Iris?*
- *What safety concerns might exist for the APS professional?*
- *How would you approach someone who is guarded but still open to talking?*

Part Two

Initial outreach with Iris was successful. Iris agreed to receive wound care for her foot.

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You have learned where Iris often spends time during the day in front of a local grocery store, so you stop by periodically to check in.

Although Iris has become more trusting she still avoids shelters and most structured programs because they feel overwhelming, crowded, or too controlling.

Even though some of her medical needs are improving, Iris remains vulnerable. You are concerned about her safety, possible behavioral health needs, physical health, memory, and ability to manage day-to-day tasks.

Discuss the following engagement questions:

- *What concerns feel most urgent with Iris?*
- *What information might Iris need to make informed choices?*
- *How can you check to see if she understands the information?*
- *How do you help her retain the information?*

Part Three

As your engagement and assessment with Iris continues you become increasingly concerned that Iris may have cognitive impairment, untreated mental health issues, or both. At times she appears forgetful, suspicious, or confused. She has difficulty organizing her thoughts and following through with plans. She loses or has had important items stolen. She gets confused about dates and recent conversations. You realize that continued homelessness is destabilizing for her and may be responsible for part of these issues. How can you use recovery model principles to continue working with Iris?

Discuss the following Recovery Model questions:

- *What Recovery Model principles would apply to Iris?*
- *Would possible cognitive issues change how you work with Iris?*
- *What short term goals could be important right now?*

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Considerations and Interventions with Populations Requiring Tailored Approaches

Time Allotted: 25 minutes

Associated Objective(s):

- Summarizes the unique traits, challenges, and needs of older adults who are experiencing housing instability.
- Identify effective methods and plan for challenges when conducting outreach and engagement.

Method: Lecture, Vignette, Large Group Discussion, Breakout Room

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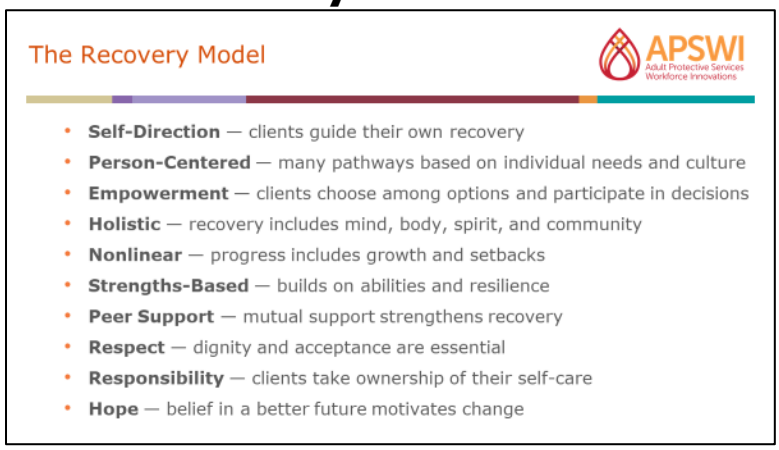
Slide #27: The Recovery Model



Trainer note: this slide is animated, display lines one at a time.

Ask participants to type into the chat what comes to mind when they think about the Recovery Model. As responses come in, **name** a few core themes, like empowerment, choice, and strengths-based practice, to help connect their ideas to the model's foundations.

Share that the Recovery Model encompasses several concepts and themes related to Trauma-Informed Care, which has been discussed throughout this workshop series. The Recovery Model is also person-centered, meaning it starts with the individual's goals and values. It aligns with Motivational Interviewing (MI), Harm Reduction, and cultural responsiveness because all of these approaches emphasize collaboration, honoring autonomy, and meeting people where they are.

Share that the Recovery Model is built on these key principles:

- Self-direction: Clients determine their own path to recovery
- Individualized and person-centered: There are multiple pathways to recovery based on individuals' unique strengths, needs, preferences, experiences and cultural backgrounds
- Empowerment: Clients can choose among options and participate in all decisions that affect them
- Holistic: Recovery focuses on people's entire lives, including mind, body, spirit and community
- Nonlinear: Recovery isn't a step-by-step process, but one based on continual growth, occasional setbacks and learning from experience
- Strengths-based: Recovery builds on people's strengths
- Peer support: Mutual support plays an invaluable role in recovery

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- Respect: Acceptance and appreciation by society, communities, systems of care and clients themselves are crucial to recovery
- Responsibility: Clients are responsible for their own self-care and journeys of recovery
- Hope: Recovery's central, motivating message is a better future, that people can and do overcome obstacles

Explain that the recovery model helps explain why the strategies and skills we have discussed are so important. It supports the idea that:

- Small steps matter
- Setbacks are normal
- Clients are not always ready
- Strengths and coping skills can be foundational to the process
- Building rapport and trust can take your efforts further than immediate compliance

Ask participants what recovery model principles feel most foundational to their work.

Highlight how their responses connect to the core idea of the Recovery Model: that people can grow, change, and make progress in their own way and at their own pace, and APS can support that by staying collaborative, flexible, and strengths-focused.

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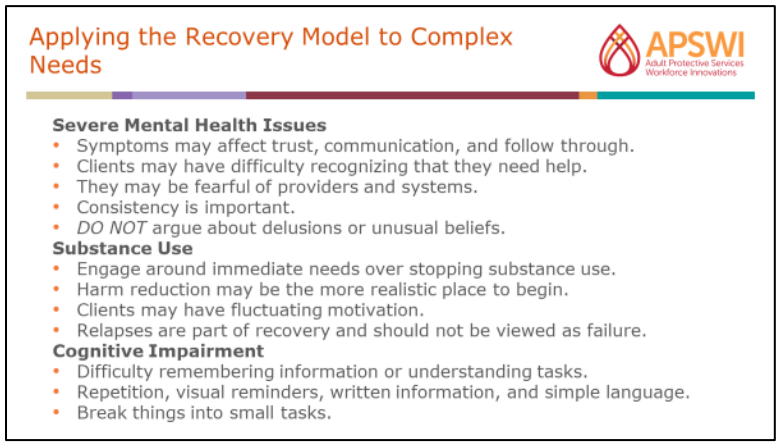
Slide #28: Applying Recovery Principles to Complex Needs



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Explain that Recovery Model principles can be applied in different ways when working with individuals experiencing severe mental illness, substance use issues, or cognitive impairment. **Share** some examples:

- Severe Mental Health Issues
  - Symptoms such as paranoia, hallucinations, disorganization, depression, or mania may affect trust, communication, and follow through.
  - Clients may have difficulty recognizing that they need help.
  - Clients may be fearful of providers and systems.
  - Consistency is important. Repeat visits, familiar staff, and predictable routines can reduce anxiety and mistrust.
  - Do not argue about delusions or unusual beliefs. Focus on safety and immediate concerns.
- Substance Use
  - Clients may be more willing to engage around immediate needs than around stopping substance use.
  - Building trust may involve helping with food, hygiene items, transportation, or shelter before discussing treatment.
  - Harm reduction may be the more realistic place to begin rather than abstinence.
  - Clients may have fluctuating motivation or be more engaged at certain times of day.
  - Relapses are part of recovery and should not be viewed as failure.
- Cognitive Impairment

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- Clients may have difficulty remembering information, understanding or managing multiple tasks.
- Repetition, visual reminders, written information, calendars, and simple language can be helpful.
- Breaking things into small tasks and revisiting the same information multiple times can help.
- Clients may need more support from trusted individuals, providers, or structured services to remain safe.

Explain that regardless of the concern, APS should continue to focus on the person's strengths, preserve as much independence as possible, and support the person in making decisions whenever they are able.

Ask participants how might their approach need to change depending on whether a client is experiencing severe mental illness, substance use, or cognitive impairment?

Emphasize that while the specific strategies may shift depending on whether someone is experiencing severe mental illness, substance use, or cognitive impairment, the core Recovery Model principles stay the same: stay consistent, focus on strengths, support autonomy whenever possible, and meet the person where they are.

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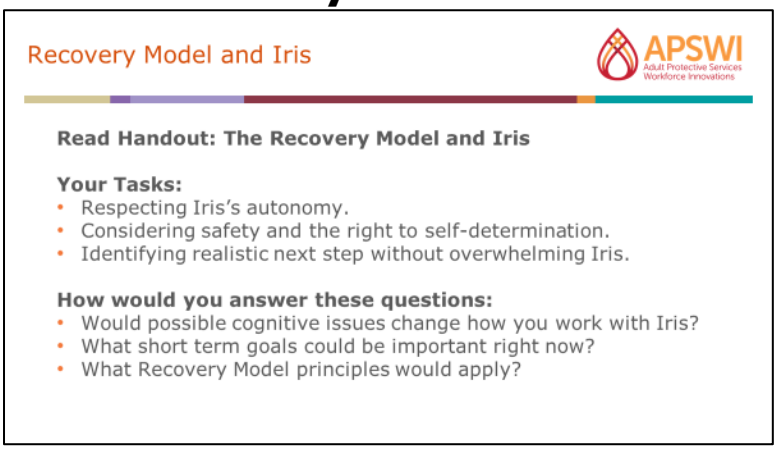
Slide #29: The Recovery Model and Iris



Activity: The Recovery Model and Iris (15 minutes)

Individual Reflection followed by Large Group Discussion

Instructions:

1. **Ask** them to spend 2 minutes reading part three on meeting Iris using the **Handout: The Recovery Model and Iris**.
2. **Review** the tasks of the APS professional.
    a. Respecting Iris's autonomy.
    b. Considering safety and the right to self-determination.
    c. Identifying realistic next step without overwhelming Iris.
3. **Remind** participants of the recovery model principles, also located in their handout in the participant manual.
4. **Ask** them to reflect on and answer these questions:
    a. Would possible cognitive issues change how you work with Iris?
    b. What short term goals could be important right now?
    c. What Recovery Model principles would apply?
5. **Facilitate** a discussion on applying the recovery model to Iris.
6. **Summarize** key points:
    a. There may be a need to slow down information flow, repeat information, write down things and support follow through.
    b. Being unhouse may worsen Iris's cognitive processes, so stabilizing housing is always a goal to work for.
    c. Offer choices and support decision making.
    d. Stay grounded in importance of dignity while recognizing serious concerns.
    e. Remember progress may be uneven and Iris may decline help.
    f. Smart and short-term goals are best.
7. **Thank** everyone for their participation.

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Handout: The Recovery Model and Iris

Meet Iris: Part 3

As your engagement and assessment with Iris continues you become increasingly concerned that Iris may have cognitive impairment, untreated mental health issues, or both. At times she appears forgetful, suspicious, or confused. She has difficulty organizing her thoughts and following through with plans. She loses or has important items stolen and gets confused about dates and recent conversations. You realize that continued homelessness is destabilizing and may be responsible for part of these issues. How can you use recovery model principles to continue working with Iris?

Your tasks are to:

- Respect Iris's autonomy
- Consider safety and the right to self-determination
- Identify realistic next step without overwhelming Iris

Reflect on the following question:

- Would possible cognitive issues change how you work with Iris?
- What short term goals could be important right now?
- What Recovery Model principles would apply?

Recovery Model key principles:

- Self-direction: Clients determine their own path to recovery
- Individualized and person-centered: There are multiple pathways to recovery based on individuals' unique strengths, needs, preferences, experiences and cultural backgrounds
- Empowerment: Clients can choose among options and participate in all decisions that affect them
- Holistic: Recovery focuses on people's entire lives, including mind, body, spirit and community
- Nonlinear: Recovery isn't a step-by-step process, but one based on continual growth, occasional setbacks and learning from experience
- Strengths-based: Recovery builds on people's strengths
- Peer support: Mutual support plays an invaluable role in recovery
- Respect: Acceptance and appreciation by society, communities, systems of care and clients themselves are crucial to recovery
- Responsibility: Clients are responsible for their own self-care and journeys of recovery

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- Hope: Recovery's central, motivating message is a better future, that people can and do overcome obstacles

The recovery model supports the ideas that:

- Small steps matter
- Setbacks are normal
- Clients are not always ready
- Strengths and copings skills can be foundational to the process
- Building rapport and trust can take your efforts further than immediate compliance

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Self-Care

Time Allotted: 20 minutes

Associated Objective(s): Develop a personal plan for self-care and building resilience as an APS professional.

Method: Lecture, Reflection Questions

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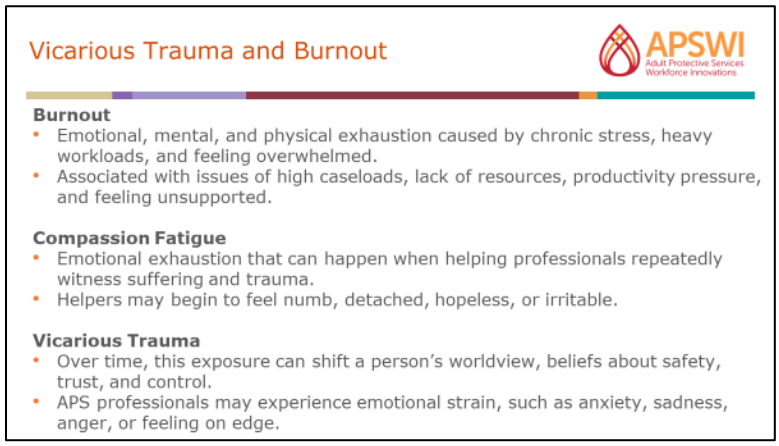
Slide #30: Vicarious Trauma and Burnout



Trainer note: this slide is animated, display each section one by one.

Explain that up to this point, the workshop has focused on how to support people who are unhoused or experiencing housing insecurity. However, if APS professionals are going to practice trauma-informed care, they also need to pay attention to their own health and well-being. Working with people experiencing homelessness can be emotionally demanding. APS professionals are often exposed to trauma, loss, poverty, medical crises, self-neglect, death, difficult systems, and situations where there are no easy solutions.

Share that feelings such as frustration, helplessness, anxiety, sadness, fear, guilt, anger, or exhaustion are common. Over time, these experiences can affect both physical and emotional health.

Review the following concepts (Maslach & Leiter, 2016):

- Burnout
    - Emotional, mental, and physical exhaustion caused by chronic stress, heavy workloads, and feeling overwhelmed.
    - Burnout is often associated with systems issues such as high caseloads, lack of resources, productivity pressure, and feeling unsupported.
        - This is not due to poor coping mechanisms of the employee, but rather the organization does not have support in place.
- Compassion Fatigue
    - Emotional exhaustion that can happen when helping professionals repeatedly witness suffering and trauma.

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    - Helpers may begin to feel numb, detached, hopeless, irritable, or emotionally drained.
- Vicarious Trauma
    - Occurs when helpers are repeatedly exposed to other people's trauma through stories, disclosures, or witnessing distress.
    - Over time, this exposure can shift a person's worldview, beliefs about safety, trust, and control.
    - APS professionals may experience emotional strain, such as anxiety, sadness, anger, or feeling on edge.
    - They may also withdraw from certain situations or social activities as a way to cope.

Trainer note: Vicarious Trauma is different from Secondary Traumatic Stress. VT refers to changes in worldview and meaning-making; STS refers to trauma-like symptoms that mirror the client's experience.

Explain that these experiences are common and do not mean someone is weak, uncaring, or "bad" at the job. They are signs that the work is having an impact and that support, boundaries, and self-care may be needed.

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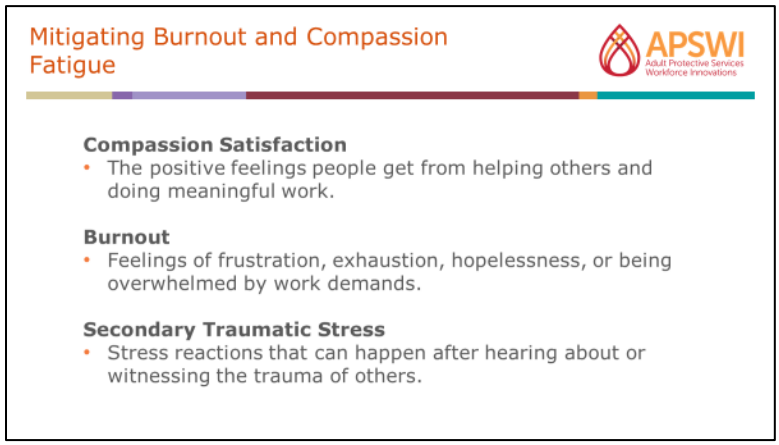
Slide #31: Mitigating Burnout and Compassion Fatigue



Trainer note: this slide is animated, display sections one by one.

Before discussing self-care strategies, it is important to understand the different ways APS work can affect a person over time. **Share** the following concepts to help APS professionals recognize early signs of stress and identify what supports they may need to stay grounded and effective in their role:

- Compassion Satisfaction: The positive feelings people get from helping others and doing meaningful work.
- Burnout: Feelings of frustration, exhaustion, hopelessness, or being overwhelmed by work demands.
- Secondary Traumatic Stress: Stress reactions that can happen after hearing about or witnessing the trauma of others.

Explain that these concepts can be self-evaluated in the *Professional Quality of Life (ProQOL) Scale*. It is an easy-to-use resource that allows APS professionals to gain insight into where they fall on the scales of compassion satisfaction, burnout and secondary traumatic stress. It can be utilized when needed and taken multiple times. **Recommend** that participants take time after the training to complete the self-evaluation.

Trainer Note: Participants can find the Professional Quality of Life (ProQOL) Scale in the Reference section if they want to explore these concepts further on their own. The tool can help APS professionals reflect on their levels of compassion satisfaction, burnout, and secondary traumatic stress, and can be a useful starting point for identifying personal needs and strengthening self-care practices.

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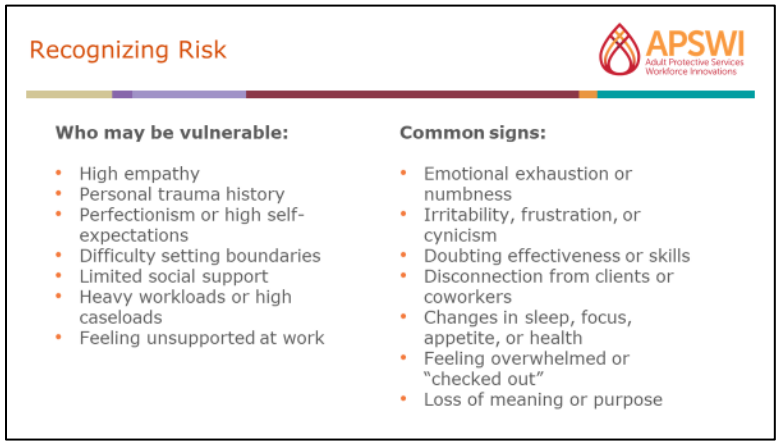
Slide #32: Recognizing Risk



Trainer note: this slide is animated, display sections one by one.

Explain that burnout, compassion fatigue, and vicarious trauma do not happen all at once. They often develop gradually over time. One way to reduce their impact is to understand what it looks like.

Recognize that some people may be more vulnerable based on personal or professional factors such as (Maslach & Leiter, 2016):

- High empathy
- Personal trauma history
- Perfectionism or high expectations of self
- Difficulty setting boundaries
- Limited social support
- Heavy workloads or high caseloads
- Feeling unsupported by leadership or the organization

Review the signs to be aware of such as:

- Feeling emotionally exhausted or numb
- Questioning your effectiveness or skills
- Increased irritability, frustration, hopelessness, or cynicism
- Difficulty feeling connected to clients, coworkers, or loved ones
- Changes in sleep, concentration, appetite, or physical health
- Feeling detached, overwhelmed, or "checked out"
- Loss of meaning, passion, or purpose in the work

Point out that these issues can be addressed**,** but the sooner, the better:

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- Develop a personal action plan for recognizing and responding to stress.
- This may include supervision, boundaries, peer support, time off, exercise, therapy, hobbies, mindfulness, spiritual practices, or spending time with supportive people.

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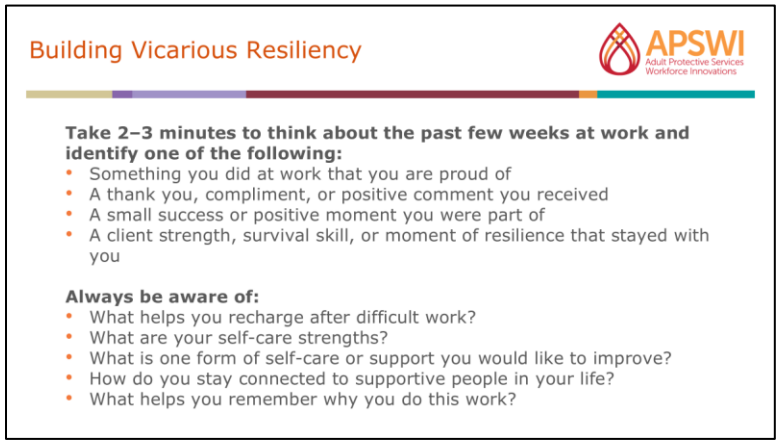
Slide #33: Building Vicarious Resiliency



Trainer note: this slide is animated, display sections one by one.

Explain that because APS professionals are often exposed to loss, trauma, frustration, and situations they cannot fully resolve it can become easy to focus only on what is difficult. However, they can also experience "vicarious resilience." Vicarious resilience is the positive impact that helping professionals can experience from witnessing the strength, survival, coping, and growth of the people they work with. Instead of only being affected by trauma, workers may also be reminded of hope, resilience, and the ability of people to survive difficult experiences.

Activity: Building Vicarious Resiliency (10 minutes)
Individual reflection and large group discussion

Instructions:

1. **Ask** participants to take 2–3 minutes to think about the past few weeks at work and identify one of the following:
    a. Something they did at work that they are proud of
    b. A thank you, compliment, or positive comment they received
    c. A small success or positive moment they were part of
    d. A client strength, survival skill, or moment of resilience that stayed with them
2. **Have** the participants write their response in their participant manual.
3. **Invite** 2–3 volunteers to briefly share.
4. If needed to encourage participation, **model** the activity by sharing one of your own examples.

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5. **Explain** that recognizing positive moments, strengths, and successes is one way to protect against burnout and reconnect with the meaning of the work.
6. **Ask** participants to reflect on one of the following:
    a. What helps you recharge after difficult work?
    b. What are your self-care strengths?
    c. What is one form of self-care or support you would like to improve?
    d. How do you stay connected to supportive people in your life?
    e. What helps you remember why you do this work?
7. **Explain** that self-care, connection, and compassion satisfaction are ongoing practices, not one-time activities (Hernandez et al., 2007).

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Handout: Building Vicarious Resiliency Reflection

Question 1: Reflect on the past few weeks at work and identify one of the following:

- Something they did at work that they are proud of
- A thank you, compliment, or positive comment they received
- A small success or positive moment they were part of
- A client strength, survival skill, or moment of resilience that stayed with them

Spend a few minutes writing down your experience:

Question 2: Reflect on the following and take notes:

- What helps you recharge after difficult work?
- What are your self-care strengths?
- What is one form of self-care or support you would like to improve?
- How do you stay connected to supportive people in your life?
- What helps you remember why you do this work?

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Wrap up and Evaluations

Time Allotted: 20 minutes

Associated Objective(s): Develop their own personal plan to encourage self-care and build resiliency as an APS professional.

Method: Lecture, Questions, Large Group Discussion

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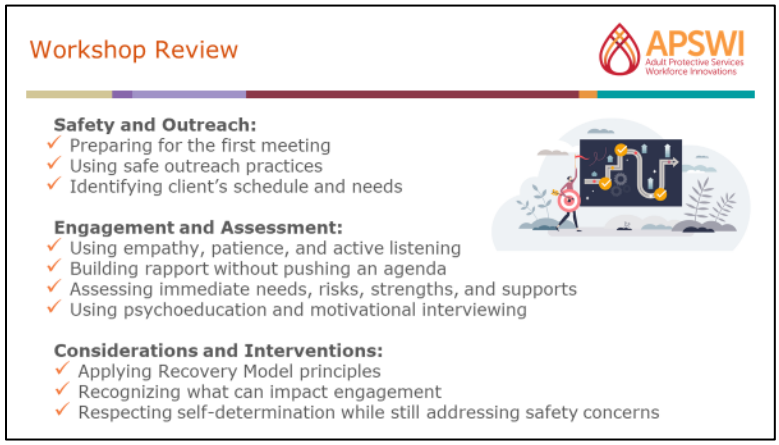
Slide #34: Workshop Review



Trainer note: this slide is animated, display sections one by one.

Acknowledge that APS professionals often need to be creative in the way they engage with people. Working with people experiencing homelessness can add another layer of complexity, especially if there are safety concerns, mental health issues, cognitive concerns, substance use, or limited opportunities for follow-up.

Explain that APS does not always have the opportunity for repeated outreach and relationship-building. Sometimes there may only be one visit or one brief interaction. Other times APS may have the opportunity for multiple contacts or longer-term case management.

Ask participants to think back to Iris.

Explain that this activity brings together many of the topics covered in this workshop:

- Safety and Outreach
  - Preparing for the first meeting
  - Using safe outreach practices
  - Identifying client's schedule and needs
  - Considering where they spend time and who they trust
- Engagement and Assessment
  - Using empathy, patience, and active listening
  - Building rapport without pushing an agenda
  - Assessing immediate needs, risks, strengths, and supports
  - Using psychoeducation

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- Considerations and Interventions
  - Using trauma-informed care and motivational interviewing
  - Applying Recovery Model principles
  - Recognizing how severe mental illness, substance use, or cognitive impairment may affect engagement
  - Respecting self-determination while still addressing safety concerns

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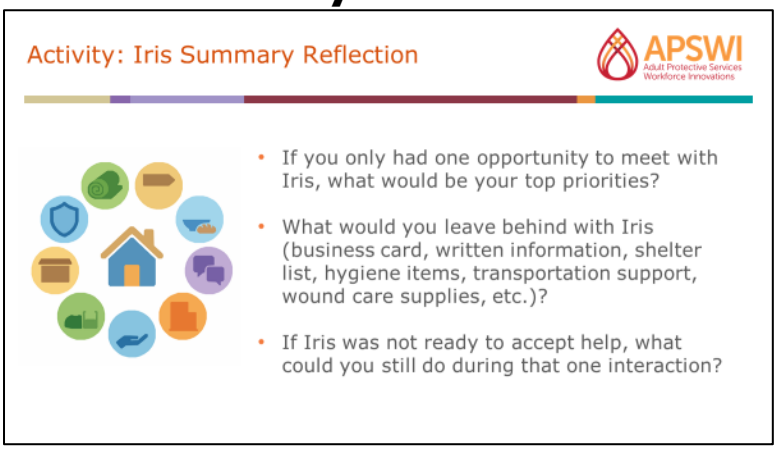
Slide #35: Iris Summary Reflection



Activity: Iris Summary Reflection (5 minutes)

Large Group Discussion

Instructions:

1. **Ask** participants to think about Iris and ask themselves:
    a. If you only had one opportunity to meet with Iris, what would be your top priorities?
    b. What would you leave behind with Iris (business card, written information, shelter list, hygiene items, transportation support, wound care supplies, etc.)?
    c. If Iris was not ready to accept help, what could you still do during that one interaction?
2. **Provide** time for individual reflection then welcome participants to share a reflection for one of the questions.
3. **Highlight** some of these themes that come out of the discussion.

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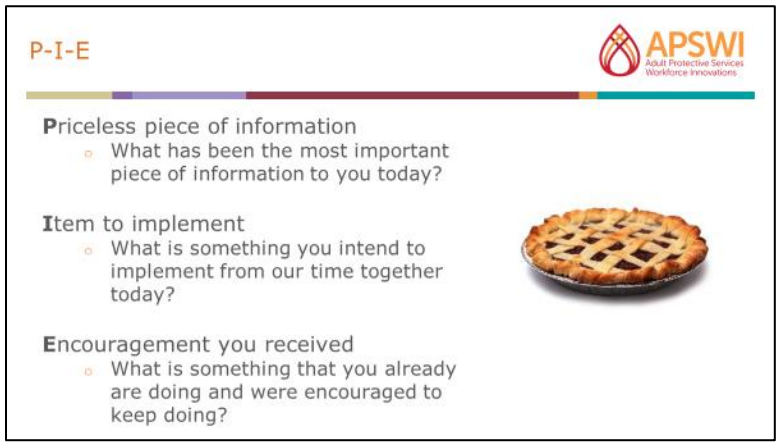
Slide #36: P-I-E



Activity: PIE (5 minutes)

Large group discussion

Instructions:

1. **Inform** participants that we'll wrap up the day by reflecting on their experience.
2. **Ask** participants to silently take a few minutes to answer the following questions, on their own. Those who want to share can do so after everyone's had the time to individually answer.
    a. P- Priceless piece of information. What has been the most important piece of information to you today?
    b. I- Item to implement. What is something you intend to implement from our time today?
    c. E- Encouragement I received. What is something that I am already doing that I was encouraged to keep on doing?
3. Once complete, **ask** for volunteers to share what they wrote down for each reflection.
4. If time allows, **debrief** with the following questions:
    a. What are some of the key words that you heard while you shared?
    b. What were the common themes that kept coming up?
    c. What would it mean for APS if we implemented the things on your PIE?
    d. What would it mean for APS if we did not implement the things on your PIE?

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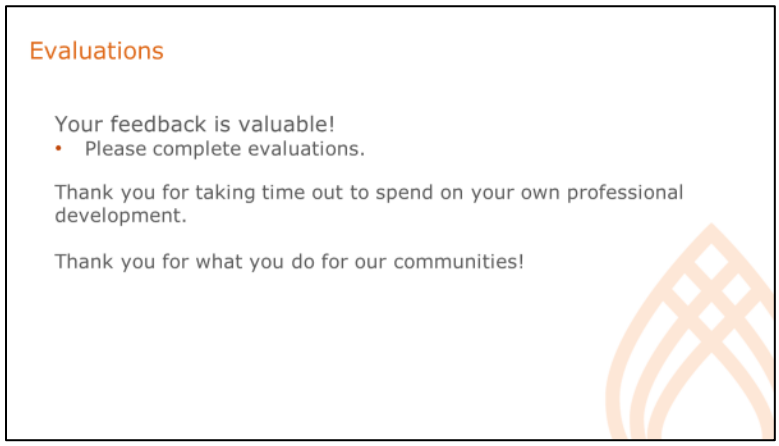
Slide #37: Evaluations



Provide information on how to complete evaluations.

Thank participants for taking time out of their day for their own professional development and dedication to support older adults and adults with disabilities.

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