

# ADVOCATES ON THE MOVE!

## MOBILE ADVOCACY, HOUSING STABILITY AND TRAUMA

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# How Trauma Works

2

- Trauma: When external threat overwhelms coping resources
- Stress of traumatic experiences induces changes in brain structure/function; “re-wires” brain circuits
- Brain becomes hyper-vigilant – scanning for danger, sensing/reacting to perceived threat
- When threatened, survival mechanisms act first - and faster than the brain thinks
- Verbal input tuned out + hypersensitivity to non-verbal → Prone to misinterpretation of situation

# An Adaptive Response

3

- PTSD symptoms are seen as the behavioral manifestation of all of these changes
- So – trauma responses are *completely normal* for a human being who's adapted to a traumatizing life
- These strategies may be long-relied-upon patterns and not easily discarded (“fired together, wired together”)

# Why It's Important to Advocates

4

- Trauma is pervasive. Its impact is broad, deep, and life-shaping.
- Not a single event, but an ongoing series of events woven throughout the life cycle
- Trauma is often self-perpetuating
- Trauma differentially affects the more vulnerable; Inter-generational trauma may recur within families and communities across several generations.
- The service system has often been re-traumatizing
- **Trauma affects how people approach services**

# Housing First with DV Survivors

5

- Housing First focuses on helping survivors retain or access safe, permanent housing quickly
- Aim is to help survivors choose how best to rebuild their lives

# Ingredients of Housing Success

6

What does it take (skills, behaviors, attitudes, beliefs, etc.) to obtain housing? To achieve housing stabilization?

# How Trauma May Show up

7

- ❑ Difficulty with emotional regulation
- ❑ Hyper-arousal, flashbacks, nightmares, startle reaction
- ❑ Memory and concentration problems
- ❑ Pain, sleep disturbances, illness, substance abuse issues
- ❑ Short attention span; easily distracted
- ❑ Slowed thinking, difficulty with decisions
- ❑ Intrusive thoughts, confusion
- ❑ Changed sense of self, others, and the world
- ❑ Loss of sense of time and space
- ❑ Trouble with abstract concepts, complex directions

# What Trauma May Be Mistaken For

8

- Apathy
- Poor self-worth
- Lack of follow-through, unreliability
- Disinterest in getting help
- Uncooperative or oppositional manner
- “Spacy-ness”
- Poor judgment, inability to make good choices
- Deeper mental health issues



# Don't Fall for It!

9

- People can be “re-traumatized” by helping professionals who unintentionally recreate the dynamics of the original abuse
- Judging, shaming or negative experiences with systems reduce help-seeking behavior
- Bad experiences can reinforce abuser’s message: “No one cares about you, no one can help you.”
- Trauma survivors are extremely strong and resilient – in supportive environment can developing new tools for coping

# The Good News: Brains Can Change!

10

- Positive interactions that communicate safety and connection are foundational to changing unproductive brain patterns
- Every interaction with the survivor has the potential of adding to the trauma experiences, reactivation of trauma memories - or providing a sense of safety and enhancing emotional regulation

# Key Elements of T-I Approaches

11

- SAFETY – Physical and emotional
- TRUSTWORTHINESS – Transparency, clarity, consistency, and healthy boundaries
- CHOICE – Support survivor’s rights to make own choices and have control of her/his plan
- COLLABORATION – Avoid hierarchy; work as partners and share power
- EMPOWERMENT – help with survivor’s skill-building rather than doing things FOR her/him

# What it's NOT

12

- **Excusing or justifying unacceptable behavior**

Should support accountability, responsibility. Don't avoid addressing behavior or choices that could interfere with housing success

- **Just being “nicer” to show sensitivity to trauma**

Infuse compassion – yes – but not to extremes. Not delivering honest feedback isn't respectful or trauma-informed.

- **Focusing on the negative**

Skill-building, empowerment, and recognition of strengths

# Key Elements of Housing First

13

- Tailored, voluntary, survivor-driven services
- Low-barriers to services
- Partnerships and advocacy across systems to address barriers to stabilization
- Temporary financial assistance
- Housing Search Support

# Survivor-Driven, Voluntary Services

14

*Survivor-defined advocacy* requires approach that meets the individualized needs of survivors. For those facing trauma or other mental health challenges, this means we must:

- Gain an understanding of the ways in which *this survivor's challenges impact her ability* to engage in the advocacy process
- Tailor interventions and advocacy approaches to meet the needs of and maximize the self-determination of each individual client.
- Hang loose! “Real” service plans may emerge later after trust has been built (and this is a good thing)

# Keeping it Real

15

“Our program doesn’t expect people to live in a way that we wouldn’t live our own lives. It seems to be a fairly radical concept in a lot of circles.”

- Home Free Advocate

# Mobile Advocacy

16

- Mobile advocacy is a huge help in lowering barriers/intimidation, and restoring power
- Advocates can serve as role models in various settings/interactions
- Leaving our offices and working *within* the community advances collaboration and effectiveness (“the more you go, the more you’ll know”)



# Structuring Home Visits (*if* elected)

17

- Have a plan before you go
- Transparency! Be clear what you're going to focus on during visit.
- No surprises; if you need to have a hard conversation let survivor know your concerns when scheduling visit, not once you're in the door.
- Start with the “business” first
- ***Don't be a trigger***
- Choice, Choice and Choice (brainstorm with survivor, aim for 3 options)
- Skill-building at ***every visit*** (even if it's small)
- Give voice to ways trauma may be impacting survivor

# Common Stumbling Blocks

18

- Assuming we know what's best; forgetting to partner with survivor
- Confusing false hope with kindness (don't muddy messages about the real limits of your resources)
- Working harder than the survivor is working on any given goal (is it your goal and not theirs?)
- Feeling like you have to have all the answers (encouraging survivors to access other resources helps them build skills)

“People are really forthright because we don’t set up situations where they have to lie to us or lose access to services by asking for help around stigmatized issues. One woman told me that she smoked pot daily to cope and hadn’t followed through with treatment for her anxiety and depression; we were able to talk about whether she wanted to take that on and what she’d need in place to do so.”

- Home Free Advocate

# Tips for Incorporating Trauma-Informed Practice

20

- Provide clear information. Check in to be sure you've been understood. Be willing to repeat yourself.
- Outline small steps involved in bigger tasks
- Keep trauma lens in mind; seemingly neutral stuff may actually be quite loaded for survivor
- Framing is powerful: Ex. "What stopped you?" v. "Why didn't you?"

# Tips and Strategies (con't)

21

- Not all triggers can be avoided; develop awareness of and consider them in planning with survivor
- Trauma *treatment* not always available or wanted; work together to manage symptoms and responses
- Violence occurs in a context; respect culturally specific healing
- Finding and using one's voice – particularly to help make change – can be a profound healing experience. Invite survivor to share experience.

# And Still More Strategies!

22

Minimize distractions, maximize safety	Help with setting priorities
Don't rush or try to do too many things at once	Discuss possible consequences of specific choices
Write things down, make checklists	Prepare for/rehearse hard tasks; identify potential triggers
Avoid need to make decisions quickly or under stressful conditions	Offer help in her/his communication with other agencies, forms, etc.
De-brief; celebrate successes	Address set-backs in constructive non-blaming manner

# Support Staff Need Support!

23

- This work is HARD - takes time and flexibility
- “Survivor-Driven” means no prescribed service model to follow; hard to know if you’re doing it “right”
- Participant goals may not align with your concerns for them
- Work might not always “feel” like DV advocacy
- Goals may change at any point, this does not mean your resources can always change too (*this is OK!*)
- Even the most seasoned advocate needs a sounding board; good supervision is a must