

Homeless Families: Case Study and Intervention Report

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Shawn and Laura fell in love when Anthony was a baby. Almost immediately they became a family and Shawn took over the role of Anthony's father. A few years later, Shawn Michael was born. When they finally settled in Florida both parents had good jobs, a truck, and a nice home. Shawn's mother then proceeded to become ill and the family moved to Hillsborough County to be near her. However, shortly after doing so, a family argument brought about a crisis, and Shawn, Laura and their two sons were forced to leave their home. As time passed, events only got worse. Laura lost her job and money ran out, the family became homeless.

Shawn and Laura live in a small motel room with their two sons, Anthony and Shawn Michael. The few essentials they have fight for space, NASCAR toys and posters decorate the room in an attempt for this temporary home to seem normal. Currently Laura is working full-time graveyard shifts at a restaurant making \$3.65 an hour. After suffering a minor stroke, Shawn takes on the responsibilities of childcare. Due to the stroke he is often experiencing consistent health problems and is unable to work full-time. Although Shawn Michael is ready for preschool there is no resource for him to attend and no money for daycare. Safety and security is a constant issue that comes with living near the interstate. It is a struggle to pay any more than \$300 a week in rent and all money left over from Laura's paychecks go to necessities that cannot be paid for with food stamps.

Shawn and Laura want what they had before they became homeless: a stable life and a safe home with room for their growing sons. Shawn wishes to return to work one day. At the very least he hopes for a part time job to help supplement Laura's small income. They are currently relying on an income tax refund to help provide extra money they need to move from the motel into permanent housing.

The causes of homelessness will vary with each individual. For one family it could be lack of employment or income, for another individual it could be drug or alcohol abuse. However, there is a

common theme found by Marianne Van Den Bree, a psychologist at the University of Cardiff in the United Kingdom. After having polled 967 homeless individuals taking refuge in the Salvation Army Centers across the UK and Ireland and having completed an American study, she found that 80% of respondents had one or more substance misuse problems and almost three quarters had mental health issues. A strong commonality among many homeless adolescent and young adults was childhood trauma. Though there seems to be common causes among many homeless individuals it is important to recognize that no two instances are the same, each person has their own story and should be treated with unique care.

Every intervention model used to help the homeless population include some form of consultation, collaboration, counseling, and advocacy, according to Bruce F. Dykeman from the department of specialized studies at Roosevelt University. As written in his article “homelessness implies an absence of one of life’s most basic needs: a place to call home” and the interventions used will need to be strategically focused around obtaining this necessity and understand its importance. In a way this family, and most families facing the struggle of homelessness, can benefit from the Creativity, Optimism, Planning, and Expert Information (COPE) intervention model. The framework around this is designed to “empower family caregivers by applying the principles of problem solving training to problems and stressors experienced by the caregiver.” (American Psychological Association, 2012.) Since this model is primarily focused on coping and planning around a chronic illness it may not be framed in the best possible way for Shawn and Laura. However, if it were to be tweaked enough to include information for a family that is experiencing stressors of many other types, such as homelessness, unemployment, and a stroke survivor, I think this would be an excellent option. The strategy of teaching caregivers (or in the case of Shawn and Laura, parents) how to “develop a plan for coping with the medical and psychosocial stress associated with family caregiving, as well as working in concert with healthcare professionals”(American Psychological Association, 2012) would be beneficial in showing the family how

to work together to reach their goals. Creating solutions and coping options for the children and the parents, maintaining a sense of hope and optimism for the future, planning and following a schedule to identify and solve problems, and gaining the professional information and resources to reach the goals are all excellent skills Shawn, Laura, and their two sons could benefit from directly.

Educational interventions would also be beneficial for this family because they provide information and education as to what resources are available. By using an educational intervention the client gains an understanding of the issues and problems they are facing, gains knowledge and understand about different services and resources available, current opportunities, information on family dynamics (if working with a family, on an individual level it would be different), and what to expect from care or support systems (including healthcare, social services, and housing). I feel Shawn and Laura would benefit from this model of intervention because it provides information about the causes and effects about everything going on around them. With a better understanding this family can better grasp how to fix their problems and how to reach their goals of having a normal life similar to what they had before they went homeless.

A support group type of intervention would be beneficial as well. Support groups are offered in a number of settings from hospitals and communities to families. According to the American Psychological Association, research shows support groups create high levels of satisfaction by participants. Technology offers an extra opportunity to make support groups more available to those who need it. I think the best form of support group for Shawn, Laura, and their two sons would be based around friends and family or around other families who have experience homelessness either in the past or currently. By being around other families experiencing the same difficulties Shawn and Laura can learn from other's experiences and assess how to incorporate these same solutions into their own life. Family and friends can be an excellent support group by providing love, respect, and support to help and

be there for Shawn and Laura during these tough times. This experience also provides the opportunity for them to grow closer as a family and feel more relaxed knowing they have people to rely on.

Individual interventions are some that will not work for this family, but could be beneficial to other homeless individuals. All individual based interventions focus on one person in particular and helping them to get through the struggles they are facing. Caregivers, patients with a chronic illness, those with physical disabilities, or substance abusers would benefit from this intervention. The issues currently affecting this family are based around the family as a whole. They are in search of a place to call home and a stable lifestyle. An individual based intervention will not provide the family with the necessities for making this happen. It would be beneficial for an individual dealing with one or multiple problems to work one on one with a case manager to work with individual intervention plans.

To help make these interventions more plausible and effective there are multiple policies and regulations set in place by the government. One policy provided to support this increasing population is the Stewart B. McKinney Homeless Assistance Act. This act was set in place by President Reagan on July 22nd 1987. Its sole purpose is to “provide significant aid to the nation’s homeless poor.” (Foscarinis, Maria 1991) This act created 20 new programs that run by distributing federal funds to states, local governments, and private nonprofit organizations. Most programs created within the McKinney act are for emergent cases. Funds are provided for rehabilitation, operation of emergency shelters, transitional housing, and even permanent housing for single adults. The McKinney Homeless Assistance Act is still in place and is still fighting to assist the homeless in any way possible by providing resources for those homeless individuals who seek help. This program is particularly important in human service delivery because it provides the funds and the means for creating programs to benefit the community and to help the homeless population. In essence, providing a place for case managers to come and help the homeless population get where they truly want to be.

There are multiple codes of federal regulations that are in place to assist the homeless population. Emergency shelter grants program: Stewart B. McKinney homeless assistance act, use of federal real property to assist the homeless, shelter plus care, supportive housing program, and section 8 moderate rehabilitation programs are all covered under 24 CFR parts 576, 581, 582, 583, and 882. The purpose of these regulations is to help as many people who are living on the streets find a place to call home and return to lives with more of a sense of stability and normalcy. All of the laws are in place to help and support the homeless population and to allow case managers to have multiple resources to provide for people who are in the brinks of becoming homeless. This will help to prevent people from ending up living on the streets and provide them with a sense of hope and will power to make changes to better their lives so they are back on their feet.

When an individual is homeless they are incredibly vulnerable. There are many ethical standards a case manager should abide by when working with this population, all of which are set to ensure that every individual who seeking assistance feels safe and protected by the organization or program. Confidentiality, consent, disclosure, competence, conflict of interest, and general ethical responsibilities are all ethical issues that all case managers need to be aware of. When working with the homeless population I believe these are all important to remember. However, competence is one that I see is the most important for this population. There are so many families and people who are homeless that come from a variety of backgrounds and cultures. Being culturally competent can help a case manager to better understand and build rapport with a family. Knowing the traditions and cultural norms can help the client feel more comfortable when talking and sharing information with you, allowing you to provide them with resources and opportunities they need. Competence in the work place is also important. This will allow you to provide the best possible service to the client. If a case manager or an organization comes across as unable to serve the client, it will be likely that the client won't be comfortable working

with the staff or sharing information, even if it means not receiving the services they might desperately need.

There are not only ethical concerns that go along with being competent but also legal issues. A service provider could lose their license or be sued for malpractice if they are found incompetent. Being incompetent can mean being unable or unfit to provide the needed services to a client. If the service proves to be “ineffective or harmful, it is the ethical responsibility of the program to seek out or develop and try more effective methods. If a staff member, even with help from supervisors and others, isn't able to do the job, that should be documented and she should be dismissed.” (Rabinowitz, Phil, 2012) I agree with this statement because if you are unable to do your job then your client is going to be directly affected. It is their life you are working to benefit and could potentially harm. If as a case manager you are unable to perform your essential job requirements, you shouldn't be working. In my opinion this is for the best interest of the client and the wellbeing of the organization's reputation and effectiveness in the community.

Through all of these laws, regulations, and programs there are services to provide assistance to the homeless population and those who are willing to accept it. Each service is funded a little differently. Some are through grants, donations, being funded by a larger organization, or even in some instances by a wealthy member of society. Fundraisers also help to raise money to maintain programs or organizations. Opportunity Council in Bellingham is one organization that specializes in serving the homeless population and low income families, children, seniors, and people with disabilities. The programs provided here are used to promote positive change in lives and within the community. Whatcom Homeless Service Center and Bellingham/Whatcom County Housing Authority also offer services to the homeless. An organization that is very involved is the Whatcom County Coalition to end Homelessness. It is a number of agencies and non-profits that come together to “create a system of

housing and services with the goal of moving homeless families and individuals to permanent housing and self-sufficiency.” (City of Bellingham, 2012) There unfortunately aren’t too many services in the Bellingham area to support and to help the homeless population. The services that can be provided are all with face to face interactions and require the individual to be seeking assistance.

The most common case management model that is used when working with the homeless population is the strength based approach. Strength based case management is based on the confidence that all individuals possess the necessary skills and inner qualities to reach their goals and understand the challenges of living. Everyone has the opportunity to use the strengths they have to grow and to improve their life in the way they see is fit. This works well with the homeless because it provides a sense of hope, understanding, and clarity that they can be the one to make a difference and change the way their life is.

The homeless population is very diverse and has a variety of challenges each individual needs to overcome. When working with this population it’s important to recognize and understand the different case management models, intervention methods, laws, regulations, and ethical concerns relating to the practice of case management. Though everybody in this population is different has a unique story, it is important to remember they all have one common goal, to get back on their feet and feel normal again.

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