SESSION 5: WORKING WITH PATIENTS WITH SPECIAL CHALLENGES

INTRODUCTION

In this 2¼-hour session, participants will learn about the complicated factors that affect a patient who is homeless and/or uses substances and how these factors will influence adherence to TB treatment and interactions with health care workers. Participants will explore their own assumptions and attitudes about working with patients with special challenges, and how community perceptions of homelessness and substance use can influence the patient-provider relationship. Suggestions for improving adherence in patients with special challenges will be reviewed, as well as tips for identifying community resources and helping patients connect with them.

MATERIALS SUPPLIED FOR THIS SESSION

- Outline for trainers
- *Participant's Workbook* (1 reproducible master copy)
- PowerPoint slides or masters for overhead transparencies:
  - Adherence Barriers for Homeless and Substance-Using Patients
  - A Working Definition of Addiction
  - Review Questions
- Video segments:
  - *Counseling Lisa* (3.5 minutes)
  - *Court Order for Ted* (4.5 minutes)

MATERIALS YOU NEED TO SUPPLY

- Duplicate *Participant's Workbook* for each participant
- Poster paper, chalkboard, or dry-erase board
- Overhead projector or laptop and LCD projector
- VCR and monitor
- Poster pens, chalk, or dry-erase markers

Material in this session is adapted from:

- *Effective Tuberculosis Interviews Course, Part II: Targeting Special Populations.* Presented by the Francis J. Curry National Tuberculosis Center on June 26 – 28, 1995, in Stockton, California.
- *Self-Study Modules on Tuberculosis: Module 9, Patient Adherence to Tuberculosis Treatment*. Atlanta: Centers for Disease Control and Prevention; 1999.
- *Tuberculosis Outreach Worker's Course*. Presented by the Francis J. Curry National Tuberculosis Center on July 20 – 21, 2000, in San Francisco, California.

5 MIN **LEARNING OBJECTIVES**

Review with participants.

Upon completion of this training session, participants will be able to:

1. Describe the special adherence barriers faced by TB patients who are homeless and/or use substances
2. State two different assumptions held by individuals or communities about why people are homeless and why people use substances.
3. Identify three ways to help patients who are homeless and/or use substances to complete their treatment
4. List at least two community resources that can help patients who are homeless or use substances to address their non-TB-related challenges

5 MIN **I. THE HOMELESS AND SUBSTANCE-USING POPULATION**

A. Negative perceptions burden homeless and substance-using patients

Discuss with participants.

As we have learned in previous training sessions, adherence to a TB treatment program can be challenging for any patient, even those patients who are highly motivated to complete treatment and whose lives are relatively stable. Patients who are homeless and/or use substances face challenges that are even more complex and difficult to overcome. These challenges are often made worse by the negative perceptions that American society holds against the homeless and substance users. Instead of compassion, people often feel annoyance or anger against patients with these special challenges.

B. What are special adherence challenges for homeless and substance-using patients? (OHs/PowerPoint slides)

Review with participants, using the PowerPoint slides/overhead transparencies Adherence Barriers for Homeless and Substance-Using Patients.

- Competing priorities (earning money, finding a place to sleep, acquiring substances)
- Lack of access to health care
- Being drunk or high
- Lack of stability; chaotic life circumstances
- Distrust of authorities
- Denial
- Blaming others for problems
- Depression ("why bother?"); feeling overwhelmed by one's circumstances
- Additional side effects of TB medications when taken with alcohol or other substances

15 MIN

C. What are *my* barriers to working with homeless and/or substance-using patients?

Explain to participants the importance of examining our own attitudes and assumptions about working with homeless and/or substance-using patients. Our own attitudes can serve as cultural biases. Some of our assumptions or attitudes might be interfering with our ability to effectively interact with patients who face these special challenges.

► ACTIVITY

Discussion in Pairs

Refer participants to page 5-2 in their materials. Ask participants to divide into pairs and to discuss the following questions with their partners. Remind them that this information will be shared with others in the larger group only on a voluntary basis.

It is difficult for me to work with people who are homeless because

_____

_____

It is difficult for me to work with people who use substances because

_____

_____

After participants have discussed these questions in pairs, reconvene the larger group. Ask for volunteers to share some of their responses. Attitudes and assumptions should not be labeled as "wrong or right" or "appropriate or inappropriate." Instead, acknowledge that health care workers bring a variety of attitudes, assumptions, and personal experiences to their interactions with homeless and substance-using patients. This observation leads directly to the next discussion.

Special note: *Issues raised and discussed in this exercise can be very sensitive. An individual with good facilitation skills is required to effectively conduct this activity. Consider inviting an experienced professional from your jurisdiction's substance abuse program to facilitate the exercise.*

15 MIN ► **ACTIVITY**

Community Perceptions of Homelessness and Substance Use

Refer participants to page 5-3 in their materials. Use the worksheet as the basis for a discussion about the various perspectives through which different segments of the community view persons who are homeless or use substances.

Read aloud the following statements. Ask participants to mark their agreement or disagreement for each item, using the following scale. Ask participants to be honest in their answers and let them know they will not be required to share their answers with others.

1	2	3	4	5
strongly agree	agree	neither agree nor disagree	disagree	strongly disagree

1. _____ People who use substances lack the willpower to stop. They have a character problem.

2. _____ People who use illegal substances should stop because they are breaking the law.

3. _____ Most people who are homeless wouldn't have to be if they were willing to work hard.

4. _____ Many people are homeless because they are alcoholics or drug addicts.

5. _____ Adults should have the legal right to use the drugs of their choice as long as they don't harm anyone else.

6. _____ Many people are homeless because they have mental illness.

7. _____ There are plenty of resources available to homeless people, but many homeless people are unwilling to utilize them.

8. _____ There are plenty of resources available to people who use substances, but many substance users are unwilling to utilize them.

9. _____ People who use substances have a chronic illness, not a moral weakness.

10. ____ People who use substances are exhibiting "bad behavior" that was learned in their families or communities.

11. ____ People who use substances have no concern for their health or welfare.

After you have read all the statements, ask participants to take a few moments to reflect on their answers and then discuss how these assumptions impact their ability to serve their clients well. Then review each statement and ask for participants to share their responses. Explain that no single perspective is necessarily right or wrong. The point of the discussion is not to debate the items, but to emphasize that homelessness and substance use are complicated challenges that will be perceived in very different ways by the patient and each individual and group with whom he/she interacts. No matter which perspective(s) a health care worker leans toward, the homeless or substance-using patient deserves the same respect, care, and dignity as any other patient.

10 MIN **II. LEARNING MORE ABOUT HOMELESSNESS AND SUBSTANCE USE**

Who are the homeless in the U.S.?

Refer participants to the fact sheet about homelessness in their materials (pages 5–4 to 5–5). Ask them to spend a few minutes reviewing the information, or, if you prefer, highlight the most important points as part of a verbal introduction on this topic. See Trainer's Guide *pages 5–7 to 5–8.*

5 MIN

Definition of addiction (OH/PowerPoint slides)

*Introduce the Working Definition of Addiction (*Participant's Workbook, *page 5–6). Ask if anyone has a coffee or chocolate addiction. What are they like in the morning if they don't have their coffee? What happens when they don't get that chocolate bar in the afternoon? If they don't smoke their cigarettes? Stress the fact that many of us have strong attachments to various substances and we may be surprised to discover how bad we feel if we give them up even for a few days.*

A working definition of addiction

Addiction is characterized by:

1. A strong urge to use mood-altering drugs
2. Loss of control over use of these drugs
3. Continued use despite negative consequences
4. Possible genetic disposition
5. Family and social problems due to use
6. Past attempts to stop or to control use
7. Possibility of relapse after the addict stops using

Remind participants that not all users are addicted and many function socially, hold jobs, and have families.

Who are the homeless in the U.S.?

Adapted from NCH Fact Sheet #3, published by the National Coalition for the Homeless, February 1999

Age:

In 1998, the U.S. Conference of Mayors' survey of homelessness in 30 cities found that children under the age of 18 accounted for 25% of the urban homeless population. This same study found that unaccompanied minors comprised 3% of the urban homeless population. A 1987 Urban Institute study found that 51% of the homeless population was between the ages of 31 and 50; other studies have found percentages of homeless persons aged 55 to 60 ranging from 2.5% to 19.4%.

Gender:

Most studies show that single homeless adults are more likely to be male than female. In 1998, the U.S. Conference of Mayors' survey found that single men comprised 45% of the urban homeless population and single women 14%.

Families:

The number of homeless families with children has increased significantly over the past decade; families with children are among the fastest growing segments of the homeless population. Families with children constitute approximately 40% of people who become homeless. In its 1998 survey of 30 American cities, the U.S. Conference of Mayors found that families comprised 38% of the homeless population. These proportions are likely to be higher in rural areas; research indicates that families, single mothers, and children make up the largest group of people who are homeless in rural areas.

Ethnicity:

In its 1998 survey of 30 cities, the U.S. Conference of Mayor found that the homeless population was 49% African-American, 32% Caucasian, 12% Hispanic, 4% Native American, and 3% Asian. Like the total U.S. population, the ethnic makeup of homeless populations varies according to geographic location. For example, people experiencing homelessness in rural areas are much more likely to be white; homelessness among Native Americans and migrant workers is also largely a rural phenomenon.

Victims of Domestic Violence:

Of 777 homeless parents interviewed in ten U.S. cities, 22% said they had left their last place of residence because of domestic violence. In addition, 46% of cities surveyed by the U.S. Conference of Mayors identified domestic violence as a primary cause of homelessness.

Veterans:

Research indicates that 40% of homeless men have served in the armed forces, as compared to 34% of the general adult male population. In 1998, the U.S. Conference of Mayors' survey of 30 American cities found that 22% of the urban homeless population was veterans.

Persons with Mental Illness:

Approximately 20-25% of the single adult homeless population suffers from some form of severe and persistent mental illness. According to the Federal Task Force on Homelessness and Severe Mental Illness, only 5-7% of homeless persons with mental illness require institutionalization; most can live in the community with the appropriate supportive housing options.

Persons Suffering from Addiction Disorders:

Surveys of homeless populations conducted during the 1980s found consistently high rates of addiction, particularly among single men; however, recent research has called the results of those studies into question. Briefly put, the studies that produced high prevalence rates greatly over-represented long-term shelter users and single men, and used lifetime rather than current measures of addiction. While there is no generally accepted "magic number" with respect to the prevalence of addiction disorders among homeless adults, the frequently cited figure of about 65% is probably at least double the real rate for current addiction disorders among all single adults who are homeless in a year.

Employment:

Declining wages have put housing out of reach for many workers: in every state, more than the minimum wage is required to afford a one- or two-bedroom apartment at Fair Market Rent. In fact, in the median state a minimum-wage worker would have to work 87 hours each week to afford a two-bedroom apartment at 30% of his or her income, which is the federal definition of affordable housing. Thus, inadequate income leaves many people homeless. The U.S. Conference of Mayors' 1998 survey of 30 American cities found that 22% of the urban homeless population was employed. In a number of cities not surveyed by the U.S. Conference of Mayors—as well as in many states—the percentage is even higher.

Implications:

As this fact sheet makes clear, people who become homeless do not fit one general description. However, people experiencing homelessness do have certain shared basic needs, including affordable housing, adequate incomes, and health care. Some homeless people may need additional services such as mental health or drug treatment in order to remain securely housed. All of these needs must be met to prevent and to end homelessness.

20 MIN

► ACTIVITY (Optional)

Guest Speaker(s)

Invite a guest speaker or panel of speakers who are experienced with the issues faced by homeless and substance-using patients. If speakers are not available within your health department, consider social service agencies or community groups that serve the homeless or substance users as sources of speakers. Ask the speakers to focus their presentations on tips, skills, networks, and resources that will increase the participants' rapport and effectiveness working with patients with these challenges.

Ask participants to write down questions as they think of them for the speakers during the presentations. When the speakers are finished, facilitate a discussion by encouraging participants to ask the questions they wrote down.

10 MIN

III. ADHERENCE

Ways to Improve Adherence Among Homeless and Substance-Using Patients

Brainstorm examples and record them on a chalkboard, poster sheet, or overhead transparency. When participants have no more ideas, fill in missing items as needed. Participants can record the responses on page 5–7 of their workbooks.

- If a patient uses substances, ask him/her to try to cut back to limit adverse side effects of medications (harm reduction strategy).
- If a patient uses substances, schedule DOT visits for times that don't conflict with substance use.
- Use a simplified treatment program or combination pills.
- Take extra care to schedule DOT appointments for patient's maximum convenience.
- Seek out and utilize any positive factors in patient's life (e.g., supportive family members, friends).
- Involve patient in identifying ways to improve his/her adherence.
- Help patient connect with community resources that will address his/her non-TB needs.
- Use incentives and enablers.
- Avoid judgmental or critical statements; praise any progress, however small.
- If setbacks occur, do not give up! Adherence is a process that can require many repeated attempts.

Add any other ideas you have:

_____

_____

_____

_____

_____

20 MIN

► ACTIVITY

Adherence Case Studies (video segments)

View the Counseling Lisa *case study video (3.5 minutes). Discuss the following questions:*

1. What are Lisa's barriers to taking her TB medication?

   Alcohol use; competing priorities besides TB; lack of motivation; lack of stable housing; lack of transportation.

2. How did the health care worker try to reduce these barriers?

   Recognized Lisa's alcohol use as a barrier to maintaining her motivation, keeping stable housing, and finishing treatment, and linked Lisa with treatment services.

3. How were incentives and enablers used to help Lisa complete treatment?

   Lisa was initially given fast food coupons as an incentive to take her TB medication. After awhile this incentive was insufficient. Transportation assistance and referrals to social services (treatment for substance use; housing and job assistance) are promising enablers for Lisa.

4. What are some positive factors in Lisa's situation that could contribute to her adherence?

   Lisa seems willing to work with health care worker to address her substance use issues; if Lisa can stay sober, her sister is willing to provide housing; with Lisa's permission, the health care worker should try to involve Lisa's sister in her adherence plan; health care worker includes Lisa in decisions regarding her TB treatment, so Lisa may be more likely to comply with the treatment plan.

View the Court Order for Ted *case study video (4.5 minutes). Discuss the following questions:*

1. What are Ted's barriers to taking his TB medication?

   Lack of motivation; substance use; competing priorities besides TB; lack of stable housing; lack of transportation; medication side effects; lack of support network

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2. How have Terry and other health care workers tried to address these barriers with Ted?

   Tried to refer Ted to substance treatment services; worked with Ted to identify sites for DOT convenient for Ted; attempted to utilize incentives and enablers such as food coupons and subway passes; found stable housing for Ted; offered to have Ted's side effects checked out by doctor.

3. Ted is eventually given a court order for DOT. Are court orders used in your jurisdiction? What is the procedure?

   Explain that legal actions such as court orders and involuntary confinement should be seen as measures of last resort, used only after the full range of other interventions has been exhausted. Then review the policies and procedures for legal interventions in your jurisdiction.

10 MIN IV. LIMITS OF TB CONTROL STAFF—HOW OTHER RESOURCES CAN HELP

Discuss with participants.

Patients who face the special challenges of homelessness and/or substance use have a full range of needs: medical, social, economic and psychological. DOT workers certainly cannot personally address all of these competing needs, but can help communicate information about the patient's circumstances to the TB program staff who are managing the patient's case. In turn, community resources can be identified to help the patient manage these issues.

Community resources can include:

- Substance use treatment/rehabilitation centers
- Housing assistance organizations
- HIV treatment programs
- Mental health programs
- Veterans Administration facilities
- Harm reduction education
- Job training

Generate a list and describe the specific agencies, organizations, and other resources in your community that exist to help people who are homeless or use substances. Participants can take notes about these resources on page 5–10 of their materials.

10 MIN

REVIEW QUESTIONS

The following questions can be used for a group discussion to review the session's main points (use overhead transparency/PowerPoint slide, Review Questions*), or they can be utilized as a written post-test for individuals (see page 5–11 in* Participant's Workbook*).*

1) What are three special adherence barriers faced by TB patients who are homeless? Who use substances?

2) What are two different community perceptions about why people are homeless?

3) What are two different community perceptions about why people use substances?

4) What are three ways to help patients who are homeless and/or use substances to complete their treatment?

5) List at least two community resources in your area that can help patients who are homeless or use substances to address their non-TB-related challenges.

5 MIN

EVALUATION

Ask participants to share their feedback about this training session on the evaluation form (see page 5–13 in Participant's Workbook*).*

ADDITIONAL RESOURCES

- *Facilitating TB Outreach: Community Workers and Hard-to-Reach TB Populations*. Video available from the Francis J. Curry National Tuberculosis Center: http://www.nationaltbcenter.edu

- *Self-Study Modules on Tuberculosis: 6 – 9*. Atlanta: Centers for Disease Control and Prevention; 1999.

- *Technical Assistance Handbook for Homeless Service Providers* and *Tuberculosis Prevention Guide for Homeless Service Providers.* Homeless Health Care Los Angeles: http://www.hhcla.org/training.htm

- http://www.harlemtbcenter.org
  Charles P. Felton National Tuberculosis Center at Harlem Hospital

- http://www.cdc.gov/nchstp/tb
  Division of TB Elimination, Centers for Disease Control and Prevention

- http://www.nationaltbcenter.edu
  Francis J. Curry National Tuberculosis Center

- http://www.harmreduction.org
  Harm Reduction Coalition

- http://www.nationalhomeless.org
  National Coalition for the Homeless

- http://www.nhchc.org
  National Health Care for the Homeless Council

- http://www.umdnj.edu/ntbcweb
  New Jersey Medical School National TB Center

- http://www.samhsa.gov/index.html
  Substance Abuse and Mental Health Services Administration