

Tips on working with the Homeless or Low-income Population

Adapted from Miriam's Kitchen volunteer guide and the First Helping Outreach volunteer guide

- Smile.
- Act naturally.
- Treat people with dignity and respect.
- Engage clients in conversation. What do they like to do? What is their favorite place in DC? Where are they from originally? How has the District changed since they've lived here? What is their favorite kind of music? What is their favorite kind of food?
- Do your best to provide fair and equitable treatment to all.
- Reserve verbal judgments on the lifestyles, choices, or decisions of clients.
- Do not make assumptions about clients. Regardless of how a person appears, he/she may:
 - be other than the sex, gender, or sexual orientation that he/she appear to be.
 - be chronically homeless, episodically homeless, temporarily homeless, transitioning out of homelessness, falling into homelessness, or actually housed.
 - sleep outdoors, in a shelter, in an abandoned building, in a friend's house, or in a car
 - be voluntarily or involuntarily homeless for any variety of reasons.
 - have a mental illness or not
 - be sober, high, on controlled or uncontrolled substances, abstinent, or in recovery
 - be unemployed or employed in any number of official or underground economies
 - be completely able-bodied, disabled, HIV positive, Hepatitis-C positive, diabetic, or have another illness
 - be receiving social assistance or community assistance, or be self-reliant
- Avoid sexually explicit conversations or discussions regarding drug use.
- Dress modestly.
- Don't lend/give clients money.
- Don't give clients your personal information (email, phone #, or address).
- Don't have physical contact (hugs, pats, etc.) with clients.
- Respect clients' privacy and maintain confidentiality.
- Avoid confrontations with clients, and when necessary, respectfully disengage from confrontational discussions and inform staff.
- Never put yourself at risk if a fight breaks out. Allow security or another staff member to deal with the incident.
- Please inform the site staff about any inappropriate behavior by another volunteer, staff member, or client. Clients should never be disrespectful or threatening to a volunteer or staff member.

Dealing with Mental Illness

Adapted from notes by Mary Hollenkamp Ramey, Psy.D.

The behaviors which seem so odd or scary in a person on the street make much more sense when you understand something of what it's like to experience the symptoms of a mental illness. Just like some diseases and injuries to the brain have effects that impact movement, mental illness has effects that impact behavior, thought processes, and judgment.

Psychotic disorders (e.g. schizophrenia) can cause hallucinations, which is perception of a stimulus – usually auditory – which no one else perceives in the environment. In other words, most likely the person is hearing voices. These voices are distinct, just as when we can 'hear' something Mom or Dad has said a million times. All of us think in words and can 'talk' to ourselves in our heads – but you know you're doing it, you have some control over the message, and you can stop at will. An auditory hallucination is a voice that is not recognized as the person's own (or of someone they actual know) and the message is almost universally negative: e.g., "you're crazy, you're worthless, they're going to lock you up." The voice does not just stop and it often gets loud. Stressful situations make it worse, and it interferes with the person's ability to concentrate and to hear what is actually going on around him/her, just as it's hard to concentrate on what you're doing if someone insists on talking to you or making loud noise in the background. In addition, the voices, which tend to be negative not only about the person experiencing them but also about everyone and everything in the surrounding environment, can distort the sense or emotional tone of what someone else says to the person, so that a well-meaning remark can get taken the wrong way. Again, it's not so different from when you're in a bad mood and perceive a comment from someone to be sarcastic rather than supportive.

Psychotic disorders are also called thought disorders, because they affect how quickly and how well people can think logically, form judgments, reach conclusions, and react emotionally. People with psychotic disorders can reach conclusions that are not supported by objective evidence, but that fit their altered perceptions and flawed premises. These are called delusions, and their internal logic can be sound, but the premise is off and so the whole trajectory of their thought pattern goes awry. The film "A Beautiful Mind" does an outstanding job of illustrating this kind of thought process.

Between the hallucinations and the delusions, you can see why persons with psychotic disorders quite often have a very hard time trusting others; this pervasive distrust is called paranoia when it can't be supported by objective facts. They often conclude that they're better off just keeping to themselves, except when they absolutely have to interact with someone in order to get a need met.

Mood disorders – major depression, severe anxiety, bipolar disorder (formerly called manic-depression, a swing from a period of incredible euphoric non-drug-induced high to a soul-crushing can't-even-get-out-of-bed-because-what's-the-point-of-existence low) – can also interfere with a person's ability to concentrate, remember, and make sound judgments. When these disorders are severe, they can sometimes be accompanied by psychotic features as above, but this does not always happen. Persons who are depressed or anxious tend to shy away from others, either because they don't have the energy to deal with them or because they're feeling threatened by them. People who are manic may be inappropriately outgoing, even verbally or sexually harassing; they have so much energy

and such supreme self-confidence during a manic episode that they are convinced that the normal rules just don't apply to them and that they will be fantastically successful at whatever they want to do right now.

The thing to remember is that people with mental illness are just that: **people first**. The mental illness is second. They deserve the same **respect** and **courtesy** you would and do give anyone else.

So if you see someone muttering to himself, yelling at no identifiable target, or gesturing while talking to some unseen person, you'll want to approach them as you would anyone who is engaged in a conversation, even if you can't identify the other conversant (as when someone is on a cell phone). "Excuse me, sir? Sir? I've got some food here – would you like some?"

As with any stranger, you would want to **respect their personal space**, and especially because of the distrust issues identified above, you would **never want to touch** the person without permission and warning. After all, you would jump when you get an unexpected and unseen tap on the shoulder, even without hallucinations and delusions and paranoia; why wouldn't they?

One unfortunate misconception among the general public about persons with severe and persistent mental illness, which is furthered by media portrayals, is that they are ticking time bombs of violence just waiting to unexpectedly erupt. In fact, the truth is just the opposite: **persons** with mental illness are 1) **no more likely than a member of the general public to hurt someone**, 2) much more likely to hurt themselves than someone else, and 3) much more likely to be victimized by someone else than to be the victimizer.

The one exception to this rule is if substance abuse is added into the mix. Just as intoxication by drugs or alcohol impairs judgment for a member of the general population, it does so with mentally ill people, with the added disadvantage of often counteracting any medications they may be taking to control the symptoms of their mental illness, so that their thought processes and judgment are even further impaired. That is, being drunk/high usually makes the voices louder, meaner, and more insistent.

Even under these circumstances, however, most often the person does not just erupt but is set off by some stressful factor in his/her environment: being grabbed by the arm or shouted at, for example. This is not to say that random acts of violence are never committed by mentally ill people, because they are – but no more often than by a member of the general public. There is no need to single out this population because of fear.

Service Risk Management Tips

Adapted from the George Mason University Center for Leadership and Community Engagement
(http://clce.gmu.edu/service-learning/sl_tips.html)

These guidelines will help you have a safer and more effective experience as a volunteer.

Be aware of your environment:

Remember you are a helper, a learner, and a visitor. The organization with which you are working has specific ways of interacting and getting things done. Be aware of these expectations and act appropriately. Do not assume you know how to do things or know more than the people who are there everyday.

Find out about the agency's history:

The more you know about what the organization does and the clientele it serves, the more effective your efforts will be.

Establish a contact person and/or site supervisor:

Know who will be working on the project with you and a phone number to reach them. If they are expecting you at a certain time, be prompt and ready to work. This person should also be available to answer any questions you may have about your experience.

Follow a work ethic:

Remember your agreement to serve is a commitment to the community partner. You will establish relationships with the community partner's clients and they will look forward to seeing you. Community partner staff will value the service you provide and count on your help. If you are going to be late or are unable to attend please call your contact person as soon as possible. Consider carefully the reason you might have for missing your meeting. Always use appropriate language.

Follow the organizations policies and procedures:

Be familiar with the specifics of your job. Gain a clear understanding of any rules you need to follow and take any training you might receive seriously. Also ask about any liability of which you need to be aware.

Understand the need for confidentiality:

Becoming personally involved with the agency clientele is a rewarding experience, but remember that you may be dealing with sensitive information that is not to leave the agency. If there is any question as to whether you should share information... **DO NOT!**

Speak with your site supervisor about their confidentiality policy. Additionally do not feel pressured to share personal information with clients.

Dress appropriately and sensibly:

Blending in with the community doesn't mean dressing poorly, it implies dressing neatly, cleanly and safely. Wear clothing that affords you comfort, flexibility and is appropriate for the conditions you will be working under. When in doubt, ask your site supervisor.

Avoid carrying personal items that may identify you as an outsider:

Items such as expensive electronics, flashy jewelry and designed clothing can cause you to be identified as an outsider. There also may not be any place for you to keep your personal items at your site.

Above all, use common sense!

- Give the phone number of your agency and a schedule of your hours to a roommate, friend, or relative.
- Familiarize yourself with local police or security
- Be aware of your instincts. Trust your gut feeling!
- Don't leave visible items in your car's interior or unattended while you are volunteering.
- Work in pairs, if possible.
- Stay informed of issues affecting the area in which you serve.
- Do not borrow from or lend money to clients or staff of the agency.
- Do not give out your home address or telephone number.
- Take extra special precautions when going to sites at night.
- Never use alcohol or drugs on site. Please respect the smoking policy of the agency.
- Be sensitive to your own needs and limitations. Maintain an appropriate level of interaction with the staff and clients at the site and don't counsel clients unless you are trained to do so.
- Don't expect to know all the answers. It is okay to admit that you don't know something. If faced with a question you are not familiar with try to get the answers or direct someone to the proper person that can provide an answer.
- Don't hesitate to report an incident to your site supervisor and the Office of Community Service that makes you uncomfortable.
- Be aware of sexual harassment policies and what forms sexual harassment can take. It is unsolicited and unwelcome sexual advances, either verbal or physical. It refers to behavior which is not welcome, personally offensive, and which debilitates morale. Be clear about what is and is not considered appropriate behavior.

In the event of an emergency in transit:

- 1) Call 911
- 2) Call UPD: 202-994-6111
- 3) Call Timothy Kane, OCS Dir.: 202-994-5492
- 4) Call OCS Program Coordinator
- 5) Contact Site Representative

In the event of an emergency On-site:

- 1) Contact Site Rep. & follow site protocol
- 2) Call UPD: 202-994-6111
- 3) Call Timothy Kane, OCS Dir.: 202-994-5492
- 4) Call OCS Program Coordinator