

COMMUNICATING WITH PEOPLE COPING WITH  
DIMINISHED STATUS ABOUT PRESCRIPTION  
DRUGS AND HEALTH CARE: AN EXAMPLE  
FROM HOMELESSNESS

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# Background



- Leaving Homelessness Intervention Research Project
  - Based in Detroit, Michigan
  - Has been in existence for eight years
  - Focuses on helping older African American women
  - Incorporates multiple levels of helping
  - Has multiple research and development aims
  - Addresses its aims through participatory action research

# Research and Development Aims



- Document and understand the experience of homelessness among older African American women
- Develop and test those interventions
  - ▣ Useful in helping participants decrease the debilitating effects of homelessness
  - ▣ Useful in helping participants get out of homelessness
  - ▣ Useful in helping participants stay out of homelessness
  - ▣ Useful in helping participants improve their quality of life through intentional community development

# The Research and Development Process Incorporates Subprojects



- The subprojects are focused activities in which we work closely with participants to design and test interventions:
  - Telling my story
  - Multi-method assessment
  - Group work for mobilizing protective factors
  - Advocacy for leaving homelessness
  - Intentional community development
  - Increasing public awareness through social action

# Health within the Project



- Means that participants possess adaptive resources to function effectively in the face of the exigencies and challenges they face daily
- Homelessness is a state of ill health
- It drains the adaptive resources of people
- It literally wears down adaptation, flexibility, and functioning
- Homelessness is a major threat to health and well being

# Diminished Status



- Diminished status is a critical coordinating concept within the project
- People who are homeless are located in situations in which their inherent value as human beings is degraded
- Such degradation sets in motion serious consequences that threaten health
- One set of consequences is the adaptation the person makes to homelessness in order to cope with her situation

# Diminished Status



- Weakens host resistance
- Increases risk
- Situates people in degraded environments
- Fosters susceptibility to trigger factors

# The Project Has Enabled Us to Identify Eight Pathways into Homelessness

Accidents
Health Issues
Marital Disruption
Job Loss
Substance Use
Criminal Activity
Domestic Violence
Mental Illness

- Narratives are loaded with information about the descent into homelessness
- Accidents, such as house fires, are frequent themes
- Health concerns that limit functioning are frequent themes
- Marital disruption is frequent theme

# Photovoice



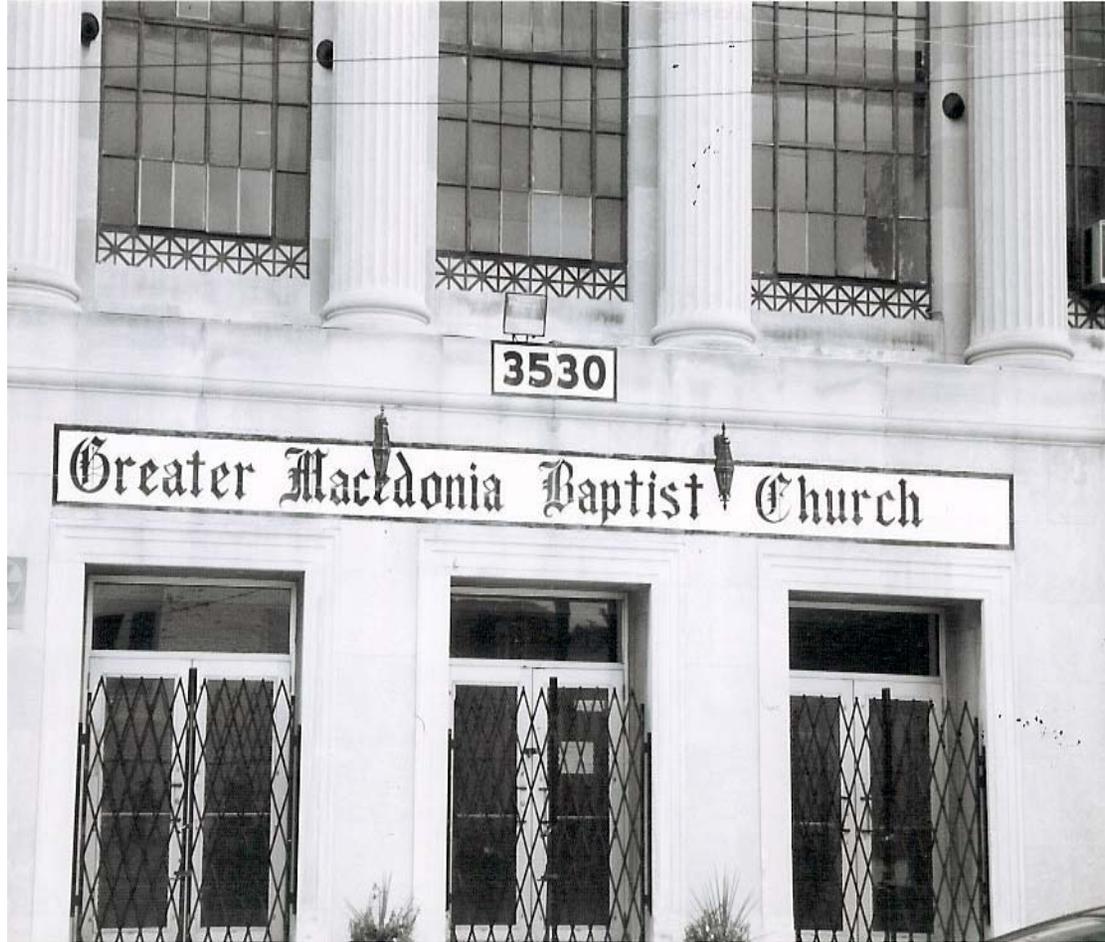
We incorporate the use of photography among the participants so they can document the environmental and situational factors they experience







Through Photovoice Participants Identify the Places  
they Trust







CROSSROADS



And through photovoice they can identify the  
places they do not trust



## People coping with diminished status deal with multiple and serious issues that degrade health

- Serious
- Complex
- Conjunction between issues
- Scope
- Intractability
- Temporal nature (long lasting)
- Mediated bureaucratically
- Produce considerable distress
- Produce numerous hassles
- Efforts to resolve issues are often unproductive
- Limited control over the issues
- Exist within context of isolation or limited social support
- Result in demoralization

# CONSEQUENCES OF THE ISSUES

Personal health consequences

Depression

Dampening control and mastery

Victimization and trauma

Helplessness

Pronounced deprivation

# What Helpers Should Prepare For



- ❑ Serious deprivation
- ❑ Deprivation of basic living needs
- ❑ Demoralization
- ❑ Complex health issues influenced by social issues
- ❑ Dependency on the helper
- ❑ Considerable emotion
- ❑ Unresolved life experiences—such as trauma and violence

# What Helpers will Come to See



- Considerable resilience
- Hope in the future
- Aspirations for self and the other women
- Concern and compassion for other homeless
- Desire to take action
- Faith and spirituality
- Willingness to learn
- Desire to engage the worlds of education and work
- Numerous culinary, folk art, and practical skills
- Desire for opportunities

# Two types of narratives



- The narrative of plight
- The narrative of efficacy

# Typology of Intervention



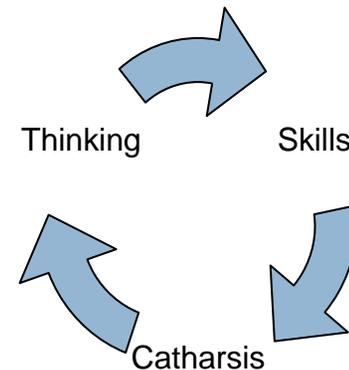
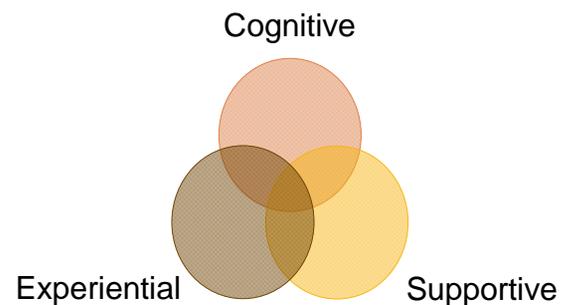
- So far three types of intervention have proven useful

# Group Work



# The Project Incorporates Several Different Approaches to Group Work

- Cognitive approaches in which the women learn about how they think and how homelessness influences their thinking
- Experiential approaches in which the women take action to resolve homelessness
- Mutual support options in which the women support one another



# Controlled Group Work Has Taught Us a Great Deal



- Each approach – cognitive, experiential, and support – contributes something different to the “leaving homelessness process.”
- By fostering general expectancies of success, personal problem solving, and confidence; the experiential approach appears more effective
- However, effect sizes are moderate.

# Advocacy



# Reactive Advocacy



- It is reactive since it comes into play late in the homelessness experience.
- Assistance comes into play when the issue reaches a crisis point.
- But it is not difficult to anticipate issues
- The real challenge is to create proactive approaches that help people address their needs and receive the support they find useful.

# Proactive Advocacy



- Requires
  - Early alert system
  - Easily triggered by person.
  - Considerable information and exchange of information about well-being of individuals
  - Offers abundant and relevant education about rights.
  - Helps people understand their health and protect their health
  - And about how to navigate difficult situations
  - In empowered ways

# Intentional Community Development



# Some Qualities of a Proactive Community



- Access to technical experts
- Small and personalized helping resources that truly represent the person
- Short links between the person and sources of help
- Prevention of the escalation of issues
- Quick resolution of serious issues that can disrupt living situation
- Sense of community and belonging
- Avenues for personal fulfillment

# But what does this have to do with communicating?

- Practical issues with medication management
  - ▣ Potential for limited access to food
  - ▣ Loss of medication while on streets or moving around
  - ▣ Degradation of containers
  - ▣ Theft
- At points of transition the person may lose control of medication or even access to medication
  - ▣ When entering jail
  - ▣ When entering a shelter
- Inadequate storage or heroic efforts to store medication
- Control of caregivers, particularly nonfamily ones who are not likely health personnel

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- All of these possibilities are consistent with the person's loss of control over personhood and environment

# The adaptation the person makes can influence communication

- Person communicating medication expectations or requirements may not possess credibility
- Helplessness can dampen receptivity to communication
- Focusing attention can be a challenge because of stress or nutritional inadequacy
- Loss of energy and vitality can reduce cognitive vigilance and therefore limit receptivity to information provision
- Person may not be direct recipient of communication because they are dependent on others for information
  - ▣ Case management personnel
  - ▣ Guardian
  - ▣ Shelter personnel

# Important health practices



- Assist the person to secure medication on their person or in a trusted place
- Help the person fulfill nutritional needs in conjunction with medication
- Do inventory of medication and address the person's understanding of each medication and its role in their self care
- Strengthening self-efficacy may improve receptivity to communication about self care
- Discuss medication management under supportive group conditions
- Understand the context in which the person uses and stores the medication