

## What You Can Do When There's Nothing to Do

### Compassionate Agent of Reality Strategies for SDOH "First Responders"

#### Background

Health and human service members increasingly are serving as "first responders" to disclosures of high-stakes social, economic and environmental barriers to health. Frequently, the needs involved – such as stable housing and immigration status – are fundamental to a person's well-being. Meanwhile, often neither federal nor state law offers a remedy and the person has to confront the profound stress, even grief, of learning that an eviction is going to happen or that gaining legal status is out of reach.

MLPB understands that an "occupational hazard" of increasingly systematic SDOH screening practice is the surfacing of profound needs that simply cannot be met in the current law and policy landscape.

We offer the approaches outlined below to help facilitate this daunting kind of communication in ways that may buffer against workforce burn-out and despair among the people they serve.

There's *always* one thing you can do:

**Put yourself in their shoes and treat the person with authentic dignity and respect.**

- Unfortunately, a person who screens positive for barriers to food, housing, energy or safety likely has been treated disrespectfully in other encounters with people in positions of power and authority.
- A statement as simple as "This all must be very stressful for you and your family" or "Making sure to have enough food shouldn't be this hard, should it?" can mean a lot to someone who was recently "talked down to" or ignored at a government office or on a consumer hotline.

*Don't underestimate the value of this type of communication!*

#### Don't forget to take care of yourself . . .

No matter how well-managed a *no-more-options* interaction is, it can seriously deplete a workforce member's "resiliency reserves." The effort to boost resiliency in the patient/client who desperately needs it can take a toll on those trying to offer support. Talk about the case with your co-workers and supervisor. Talk about it both to learn if there is anything else that can be done, and also just to say it out loud: it hurts to hit rock bottom as a person and as an advocate. Show compassion to yourself so you may continue serving others with compassion.

**A *Compassionate Agent of Reality* also can lean on these strengths-based, trauma-informed strategies:**

- Remember that experiencing unmet essential need (lack of stable food or housing) is traumatic in its own right. Universally use trauma-informed practice skills. In the interaction and action planning, focus on these person-centered priorities:
  - Safety
  - Predictability
  - Control
- Honor that an individual is the “#1 expert” about their life. A strengths-based approach involves asking the person about how they have managed crises in the past, and helps them identify safe, healthy, coping supports from their own network and inner reserves.
- Practice *structural competence*: poverty in general, and housing and immigration instability in particular, result from long-standing public policies beyond any one person’s control. It can help to acknowledge historical context, for example, so the person does not feel blamed for their crisis.
- Think about strength in numbers and the power of storytelling: while one person’s challenge may not have a happy ending right now, identifying that story as part of a pattern may help inform efforts to change public policy! Supporting a person to contact elected officials to tell their story (if doing so is safe) may not result in a quick solution, but it may help build a “record” that leads to improvements over time (e.g. more investment in public housing, or broadened grounds for asylum) that may help the individual down the line, or others in the future facing similar challenges.
- Offer a variety of potential support group connections, recognizing that people may have many different communities of affinity and in some contexts may wish to seek support from people from the same nation of origin, for example, and on the other hand may prefer to share their personal crisis in a more anonymous community of support.
- Maintain updated contact information for the patient/client so you can reach out in case new strategies are available. This simple gesture keeps the door open even when the interaction concludes without easy resolution.