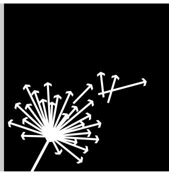

FRANCIS J. CURRY
NATIONAL
TUBERCULOSIS
CENTER

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.

LEARNING OBJECTIVES

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

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.

I. THE HOMELESS AND SUBSTANCE-USING POPULATION

A. Negative perceptions burden homeless and substance-using patients

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?

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

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

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:

____

____

____

► ACTIVITY

Community Perceptions of Homelessness and Substance Use

Read each statement and mark your agreement or disagreement for each item. There are no "right" or "wrong" answers.

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.

II. LEARNING MORE ABOUT HOMELESSNESS AND SUBSTANCE USE

A. 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.

B. 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 control use
7. Possibility of relapse after the addict stops using

► **ACTIVITY**

Guest Speaker(s)

Notes:

III. ADHERENCE

► **ACTIVITY**

Improving adherence

Ways to improve adherence among homeless and substance-using patients:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________
7. ______________________________
8. ______________________________
9. ______________________________
10. ______________________________
11. ______________________________
12. ______________________________

► **ACTIVITY**

Adherence Case Studies (video)

Counseling Lisa

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

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

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

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

Court Order for Ted

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

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

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

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

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

5. ______________________________

6. ______________________________

7. ______________________________

8. ______________________________

9. ______________________________

10. ______________________________

11. ______________________________

12. ______________________________

REVIEW QUESTIONS

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

   a. ______________________________

   b. ______________________________

   c. ______________________________

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

   a. ______________________________

   b. ______________________________

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

   a. ______________________________

   b. ______________________________

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

   a. ______________________________

   b. ______________________________

   c. ______________________________

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.

   a. ______________________________

   b. ______________________________

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

SESSION EVALUATION FORM

Your feedback about this training session is important. Please read each statement and circle one number to indicate the level of your agreement/disagreement. Include any comments on the lines provided below.

Name ______________________ Session # ______________________

Topic ______________________ Instructor ______________________

1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

	Statement					
1.	The topics are covered comprehensively	1	2	3	4	5
2.	The session meets its objectives	1	2	3	4	5
3.	The session length is appropriate	1	2	3	4	5
4.	The information is well organized	1	2	3	4	5
5.	The session maintained my interest	1	2	3	4	5
6.	The level of the material is appropriate	1	2	3	4	5
7.	The printed materials are useful	1	2	3	4	5
8.	The delivery of the material was effective	1	2	3	4	5
9.	I now feel more prepared to perform my DOT duties	1	2	3	4	5
10.	Overall, the session was excellent	1	2	3	4	5

What do you recommend to improve this session? ______________________

What additional tuberculosis training do you need? ______________________

Other comments: