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Protocol for an eHub as an Systemic Intervention for Homeless Shelter Staff and Resident Psychosocial and Behavioral Needs

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This paper includes a proposal and outline for a one- stop, web-based eHub for homeless shelter workers and residents. The shelter eHub is proposed as a one-stop portal for staff and resident skills acquisition, shelter and community resources, and rehearsal of coping skills. The theoretical and empirical support for eHub contents is reviewed, as well as the structure for evidence-based psychological skills building and gamified and virtual skills rehearsal components.

I. SELF-SELECTION INTO USE OF TRAINING, DIRECTORY, RESOURCES, OR COPING COMPONENTS

Individuals in homeless shelters have complex needs, ranging from low access to resources to long-term mental or physical illnesses (Holzhauer et al. 2019; (Kuhn and Culhane 1998). Likewise, shelter staff experience trauma and burnout from exposure to first-responder work (e.g., witnessing or learning of trauma; Smith 2019; Waegemakers Schiff and Lane 2019).

Fig. 1. *Mock-up of shelter eHub website and options*

The present paper proposes a flexible, interactive eHub that allows shelter staff and residents to self-select the tools they need. Shelter staff who require assistance coordinating to meet residents needs can use "community resources" or "internal directory;" likewise, shelter residents can use the "resources" or the "directory" to prepare for meetings with staff.

The eHub includes an interactive training and rehearsal component in "training" and "coping" that allows individuals to learn and rehearse therapeutic skills using gamified, text-based, and virtual simulation

Fig. 2.   Avatar used for skills training and rehearsal

components. Shelter residents will be directed to adaptive skills they can use to replace harmful behaviors and distress (e.g., relaxation skills; replacement behaviors for substance use or aggression); shelter staff will also have access to these training tools, as well as de-escalation training using a simulation of potential crisis scenarios that may occur at the shelter (e.g., aggressive, drunk, or psychotic residents). The "coping" skills tabs allows quick-access to guided use of coping skills taught in the "training" section.

II.   CONCLUSION

This protocol uses a multidisciplinary, consultation approach to develop a viable digital skills training tool for shelter staff and residents to decrease risk of re-entry and maintenance of psychiatric symptoms among staff and residents. This protocol is the first of its kind to use and assess digital tools related to staff psychosocial functioning and shelter performance.

Keywords— *digital healthcare, eHealth, homeless adults, marginalized communities, mental health, psychotherapy, training tools*

III.   REFERENCES

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