

Homeless Youth and Chemical Dependency Treatment

Jeff Glover, MA, LADC

Director of Community Resources

Anthony Louis Center/On-Belay

Preaching to the Choir

- What are the problems you face?

Problems Social Workers Face

- Treatment doesn't work, “failed tx”
- Limited Time and Resources
 - Is it worth it?
- Treatment models
- Collaborating with Tx agency workers
- ?

Problems Treatment Faces

- Accessing Services
 - Rule 25 Assessments
 - Age, 16 and under
- Time
 - Jumping through hoops
- Transitional Living After Treatment
- Working with the Subculture
- Personal views of treatment
- Collaborating with social workers/PO's

Overview

- System Level
- Agency Level
- Personal Level

System Level

- Legislation
 - Funding for Transitional Housing
 - Rule 25/Consolidated Treatment Funding
 - Prevention Funding in Schools
 - Prioritize Treatment Over Incarceration

Agency Level

Specific Issues

- PTSD
- Runaways
- Suicide
- ADHD
- HIV/aids/STDs and “survival sex”
- Health

Specific Issues (cont)

- Education
- Jobs
- Family issues
- Mental health
- Sexual identity
- ?

PTSD

- High comorbidity rates between PTSD and substance abuse
- Higher w/ youth who engage in risky behaviors (e.g. Running away, unprotected sex, school failure and delinquency)
- Trauma at home
- Trauma away from home/streets

PTSD

- Establish trust
- Present centered
 - Daily struggle and constant state of crises
- Early Intervention
 - Time factor, before they become entrenched

Runaways

- Significantly related to substance abuse
 - Incarcerated youth who reported running away from home were more than 9 times likely to abuse substances than incarcerated youth who did not run away from home

(Tripodi, Springer, Corcoran, 2006)

Runaways

- Adolescents who run away from home generally lack parental attachment and are truant from school, both of which are associated with low self control and an increase in criminal wrong doing

(Gottfredson and Hirschi, 1990, Martin, Tobin, and Sugai, 2002)

Runaways

- Assess Runaway Risk
 - Triage Assessment Form
 - Helps professionals working with youth in crises.
 - Based on crises assessment model of intervention where goal is to help cl. Prioritize resources
- Understand the subculture
- Harm Reduction

Suicide

- Highly correlated with:
 - Runaways
 - Drug Abuse
 - Personal use
 - Family use
 - Runaways and homeless use with substance abusing family members were twice as likely as those without such family members to have tried suicide

(Greene, Rungwalt, 1996)

Suicide

- Focus Suicide Prevention Efforts
 - Agencies need to be assessing and providing brief interventions

Criminal Activity

- Perpetrators
 - Often substance abuse involved
- Victims
 - Rarely report crimes

The Subculture

- Not necessarily a homogeneous group
- Value autonomy and independence
 - Lack trust
 - Resistant to help, esp. if it “requires” too much
 - High expectations
- Struggle for survival and frequent crises
 - Limited ability to expend emotional, physical and intellectual energy towards planning future
 - “Present Centered”
 - Social Networks-use, crime

Treatment Approaches

- Establishing rapport and trust
- Basic needs
- Health
- Education
- Respect autonomy, incorp. sense of control
- Greater flexibility, less restrictive rules, less disclosure of personal information
- Harm Reduction
- Strengths Based

Strengths-Based Approach

- Solution Focused Brief Therapy (SFBT)
 - Aim to increase autonomy and empowerment through identifying and amplifying client strengths and resources as tools to use in reduction of problems (Green, 2004)
 - not “problem-orientated” approaches, but goal oriented
 - client-centered
 - Client is the expert on his/her life
 - “where they are”

CBT

- Focuses on restructuring thinking through the identification , examination, and alteration of thoughts and beliefs that are maladaptive (Aisenberg & Mennen, 2000)

“Seeking Safety”

- Manual-Based CBT-focused therapy model
- Designed to reduce substance use and decrease symptoms of PTSD (eg anger, irritability, intrusive thoughts, and emotional numbing).
- Overarching goal to assist cl attain safety in their relationships, cognitions, behavior and emotions
- Flexible, open group format
- Present orientated
 - Does not promote exploration of trauma but focus on safety and self-care

Problems with Treatment

- Does it work?
- Is it worth it?
- Different populations of kids
- Assessing for higher risk (runaway, suicide, homelessness)
- How “flexible” can we be?
 - Ethical issues (smoking)

Battling Myths

- Treatment doesn't work.
- They'll only change when they're ready
- They'll grow out of it

Individual Level

- What's our own experience of Recovery and Treatment?

Resources

- Homeless Youth Services
 - The Bridge
 - Project Offstreets
 - Project SOLO
 - Streetworks
- Shelters
 - The Bridge
 - Ain Dah Yung
 - Hope Street
 - Avenues

Resources

- Medical Care
 - Neighborhood Involvement Program (NIP)
 - Red Door Clinic
 - Teen Age Medical Service (TAMS)
 - Youth & AIDS Project (YAP)
- Drop In Centers
 - Project Offstreets
 - Safe Zone

Resources

- GLBT Youth Services
 - PRIDE Institute
 - District 202
 - Face to Face