

# **WORKING WITH HOMELESS YOUTH: EFFECTIVE INTERVENTION AND ASSESSMENT**

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## **Abstract**

*Many homeless youth have multiple overlapping problems including medical, substance abuse and emotional or mental health concerns. Comprehensive and targeted assistance is needed to address both immediate and long-term needs of this special population. Careful attention to the strengths of homeless youth, rather than deficits, is a critical component in the engagement and assessment processes. Psychosocial and developmental needs of youth should be integrated into all aspects of service delivery for this population in order to ensure their needs are being met on all levels.*

## **Introduction**

Homeless youth have become a common presence in many large American cities. The prevalence of homeless youth is difficult to determine due to their transient nature but researchers estimate that 1 million to 1.6 million youth per year experience homelessness in the United States (National Alliance to End Homelessness, 2006). Defining who is a homeless youth is not straightforward; the definition involves an array of issues concerning age, length of time on the street or in arrangements without supervised adult caregivers, and the circumstances that led to the youth to be on their own without a permanent residence (Department of Health and Human Services, 2007). The term *homeless youth* does not include youth are members of an intact, homeless family unit. The Runaway and Homeless Youth Act (1974) defines this population as “individuals under the age of 18 who are unable to live in a safe environment with a relative and lack safe alternative living arrangements, as well as individuals ages 18 to 21 without shelter”.

Services for homeless youth populations are underutilized. Studies have identified several barriers to accessing shelter and supportive services, with the most noted being services often focusing on deficits and “quick-fix” interventions, rather than enhancing youth strengths and addressing long-term needs (Slesnick, Prestopnik, Meyers & Classman, 2007). While meeting the basic needs of this special homeless population is critical, subsequent service design and provision should also be strength-based and individualized.

## **Characteristics of Homeless Youth**

### ***Causes of youth homelessness***

There is no typical runaway or homeless youth and there is not single cause for youth homelessness. Pathways onto the street are multifaceted and complex and can include: 1) strained family relationships, including family conflict, communication breakdown, abuse, and neglect and parental substance abuse

and mental health problems; 2) economic crisis and family dissolution; and 3) instability of residential placements, such as foster care, psychiatric hospitalization, juvenile detention and residential schools (Rosenheck, Bassuk & Salomon, 1998). As a service provider, it is important to dispel any assumptions about choice in leaving home as predictor for service as there is not one population (chose to leave vs. asked to leave) that is more deserving of services than another. Effective responses to youth homelessness should identify strategies to provide all young people the range of supports they need, regardless what caused their homelessness.

### *Consequences of youth homelessness*

The realities of living on the street lead many young people to engage in a range of high-risk behaviors, both in order to meet basic survival needs and as a result of engaging with other members of their street culture (DHHS, 2007). In order to endure life on the street, some homeless youth engage in survival sex: the exchange of sex for food, clothes, money or drugs. With this high risk activity, there is a higher incidence of HIV, sexually transmitted infections and unintended pregnancies (The National Child and Traumatic Stress Network, 2007).

Additionally, homeless youth are at risk for mental health problems. The assessment of mental health status among homeless adolescents can be problematic. It is difficult to determine whether a homeless youth's emotional disturbance is more causally associated with an underlying emotional or mental disorder; the demands of homelessness; chronic stresses such as family violence or parental substance abuse; the youth's own use of alcohol or other drugs; or combinations of these (Robertson & Toro, 1999). Rates of serious mental disorders among homeless youth, assessed with standardized instruments and diagnostic criteria, range from 19 to 50 percent; these disorders include depression, post traumatic stress disorder, anxiety disorders, dysthymia, mania, hypomania and psychosis (Robertson & Toro, 1999). Because homelessness can either be a cause of or predictor of mental illness, providers must acknowledge the potential for co-morbidity.

## **Service Intervention and Assessment**

### *Treatment considerations*

The lives of homeless youth are characterized by high levels of personal and environmental instability, including uncertainty about basic needs such as having access to a meal or a place to sleep. They may not feel an internal sense of self-efficacy and safety and they also may struggle with issues of shame and have a diminished understanding of self-care (McManus & Thompson, 2008). In addition, homeless youth struggle with trust, power and control. Young people need to maintain control over their lives and protect themselves from further abuse; most are survivors of difficult situations and many are distrustful toward adults. Many street youth are accustomed to taking care of themselves and may be unwilling to access services for fear that they will lose control over their everyday lives (Robertson & Toro, 1999). Therefore, goals of assessment and therapeutic intervention should be designed around prioritizing homeless youth's immediate and primary needs, and to provide strength-based access to services that address additional psychosocial needs.

According to Maslow's theory of motivation (1943), there are six kinds of needs: physiological needs, safety needs, belongingness needs, love needs, self-esteem needs and at the highest level, self actualization needs (Crain, 2011). These needs are arranged in a hierarchical order so that the fulfillment of lower needs propels individual onto the next highest level. For homeless youth, meeting basic needs

like food, clothing and shelter can initiate the necessary mechanisms for establishing communication and trust, therefore, allowing them to move along the hierarchy. The primary aim of the first phase of assessment of homeless youth is to convey respect, empathy and a genuine desire to help (Bender, Thompson, McManus, Lantry & Flynn, 2007).

Attaining autonomy and a sense of independence are fundamental tasks of adolescence (Crain, 2011). For homeless youth, the importance of fostering autonomy, power and control over themselves and their environment is vitally important (McManus and Thompson, 2008). By acknowledging the strength, courage, skill and determination that it takes to survive as a homeless adolescent, providers are more likely to successfully engage youth (McManus and Thompson, 2008). Homeless youth are also more likely to utilize services they perceive are tailored to their needs, are flexible, have less restrictive rules, and require limited disclosure of personal information (De Rosa, C., Montgomery S., Kipke, M, Iverson E., Ma, J., Unger, J., cited in McManus & Thompson). Consequently, targeted assistance that incorporates developmental tasks of adolescence is a key intervention and assessment strategy in working with this special population.

### *Fundamental provider characteristics*

In order to effectively treat this population, it is important that service providers be able to understand, anticipate and respond to the unique needs of homeless youth and provide a safe, supportive and nonthreatening service environment. In a focus groups conducted by the Children's Hospital Los Angeles in 1992 and 1999, homeless youth reported that they wanted their service providers to : Be nonjudgmental; have a good sense of humor; empower rather than enable; offer choices instead of advice; build trust by being honest regarding confidentiality and the limits of confidentiality; be patient and not give up on them; match the treatment with the youth instead of matching the youth with the treatment; and be aware of their own personal problems (e.g., countertransference issues) (National Child Traumatic Stress Network, 2007). Additionally, tailoring services to individualized needs is essential due to the precarious nature of their daily lives. Case managers must develop trusting relationships with homeless clients, respond quickly to client needs and priorities, be dependable but flexible and have the capacity to assess clients' changing needs for intensive services or personal space (DHHS, 2007). Effective case managers also provide active assistance to help clients access resources, follow clients' priorities and timing for services, respect client autonomy and focus on realistic goals. Essentially, service providers working with homeless youth must meet youth where they are at, in the here and now, and follow *their* lead for service provision.

## **Framework for Service Provision**

### *Strength-based approach*

The strength-based perspective allows service providers to regard each youth, not only as an individual in need of support, guidance and opportunity, but also in possession of previously unrealized resources which must be identified and mobilized to successfully resolve presenting problems and circumstances (Larson, 2000). Mobilizing the strengths and resources of youth, rather than deficits and challenges, is a critical component to successful engagement of this population. Homeless youth are often stigmatized and negatively labeled by service providers, law enforcement, peers and society in general (Bender, et al, 2007). While many approaches are problem-oriented and characterize this population as deviant or deficient, the Administration for Children and Families Positive Youth Development (PYD) model

promotes prevention and resiliency and supports programs for homeless youth where they are given opportunities to participate in decision-making as well as necessary resources and supports to help them avoid or overcome difficult situations and risky behaviors (National Clearinghouse on Families & Youth, 2007). Prevention research identifies risk factors that led to specific problem behaviors as well as protective factors that help children and youth avoid negative behaviors (National Clearinghouse on Families and Youth). Resiliency research shows that youth that are able to overcome situations of disadvantage typically possess strong social skills, pleasing personalities, strong intellects and possess a sense of independence and purpose (National Clearinghouse on Families & Youth).

Youth development theory emphasizes that individuals do not develop assets exclusively by understanding and avoiding risk (DHHS, 2007). They must also have a wide range of positive opportunities: for nurturing and mutual relationships with adults and peers; to explore talents and interests and develop a sense of self-efficacy and control over their future (National Clearinghouse on Families & Youth, 2007). Interventions that target homeless youth must address the most urgent needs such as safety, food and shelter; however, prevention and intervention can also provide youth with positive developmental opportunities. According to the youth development theory, interventions are most effective when staff engage youth as partners in planning and decision-making and view youth as an individual youth unique strengths and assets (DHHS). Another important component of PYD is partnerships with other service providers that support positive youth development. Individual programs may not have the resources to offer a full array of developmental opportunities to homeless youth but through collaborative efforts, youth can be linked to other resources.

By utilizing a strengths-based approach such as PYD, providers can assist youth in looking toward the future with the belief that they have the power to bring positive change in their lives and transition out of homelessness (Bender, et al, 2007). Assisting youth to explore and recognize personal strengths and mobilize resources can aid in goal attainment. Providers must recognize that many of the strengths identified by homeless youth are necessary, not only for them to survive on the streets but also for successful transition off the streets and into their communities. For youth providers, strengthening and encouraging further development of positive attributes, behaviors and skills is can facilitate the transition from the streets back to mainstream society (National Clearinghouse on Families & Youth, 2007).

## Conclusion

Strengthening of one's identity, separation from parents and preparation for independence are key developmental tasks of adolescence and critical for becoming a well-functioning adult in our society (Crain, 2011). The factors that place homeless youth at risk—the inability of youth and their families to maintain supportive relationships—make this task for preparation to adulthood that much more difficult. Homeless young people do not have the security of family resources to help navigate the challenges of adolescence and are often forced to transition to adulthood earlier than their peer counterparts. Service providers can be influential in this task and can positively impact homeless youth through development of mutually beneficial, supportive relationships. Even if a homeless youth never seeks out formal clinical interventions, a strong relationship with an outreach worker, shelter worker or case manager can make a significant positive difference. A strength-based approach with homeless youth creates a relationship that supports change, growth and positive development, and carries the enduring notion that these resources are always there, though sometimes obscured by other challenges.

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