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Practical advice from the Co-Occurring and Homeless Activities Branch

In This Issue…

Homelessness among Youth with Co-occurring Disorders

Youth who are homeless have high rates of substance use and mental health problems and frequently engage in risky behaviors. They also have much higher rates of acute and chronic physical health problems than other young people.[1] Substance use and mental and physical health problems may be caused or exacerbated by homelessness and often increase the youth's vulnerability to long-term negative outcomes such as addiction or homelessness as an adult.

Though homelessness among youth is a major social issue in this country, most of the research on homelessness conducted during the past 20 years has focused on adults. The relatively few studies of homelessness among youth are difficult to compare and use as bases for general conclusions because they

- use varying definitions of "homelessness," and "youth";
- include different populations (e.g., street vs. shelter youth) and age ranges;
- involve small sample sizes; and
- make limited use of strategies that would allow comparisons with housed youth.

Further, the studies often attribute homelessness to individual vulnerabilities rather than to a combination of social, environmental, and personal factors. As a result, few research findings exist to either inform the development of public policies or shape the empirical interventions required to decrease homelessness among young people. [2]

Researchers agree that commonalities exist among youth who are homeless that have implications for intervention and prevention practices. This issue of *News & Views* explores the characteristics of homeless youth, risk factors for homelessness, and practical strategies to prevent and end homelessness among youth.

Defining Youth Who Are Homeless

Although many definitions for homeless youth exist, two are commonly used for programmatic and funding purposes:

- The McKinney-Vento Homeless Assistance Act (Subpart B, Title VII) considers youth to be homeless if they "lack a fixed, regular, and adequate nighttime residence."
- The Runaway and Homeless Youth Act (42 U.S.C.) defines a homeless youth as "an individual 16-21 years of age for whom it is not possible to live in a safe environment with a relative and who has no other safe living arrangement."

How Many Youth Are Homeless?

As difficult as it is to define homeless youth, their hidden, transient nature makes accurately counting them even more problematic.[3] Most are not in the child welfare, juvenile justice, or mental health systems. Further, some of the youth may avoid shelters or do not have access to them.

Despite these limitations, researchers have made some plausible and reasonable estimates of the number of youth who are homeless:

- In 2006, the National Alliance to End Homelessness reported that "about

600,000 families and 1.35 million children experience homelessness in the United States each year."[4]

- At least 52,000 youth are homeless on their own, and service providers count more than 1 million youth who have run away from home or been "thrown away" by parents, guardians, or institutions.[5]

Demographic Characteristics of Youth Who Are Homeless

Youth who are homeless can be found in urban, suburban, and rural areas throughout the U.S., but tend to be most visible in major cities.[6] Studies indicate that young people who become homeless are likely to be "local kids."[6] Many of the youth come from impoverished homes—as many as 40 percent are from families that received public assistance or lived in public housing.[7] The majority of youth had been suspended and/or expelled from school [8] and about half had not finished high school.[2] Homeless youth staying on the streets are mostly male, but those in shelters are either equally divided by gender or mostly female.

Estimates of lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth who are homeless range from 6 to 40 percent; these youth may be especially at risk of homelessness due to family conflicts over sexuality. [2] Furthermore, in many studies the proportion of teens who are LGBTQ may be underreported because the young people are not comfortable with, or not sure of, their sexual identities. [2]

Risk Factors for Homelessness

Major risk factors for homelessness include substance use and mental health problems, problematic family dynamics, and "aging out" of foster care or leaving the criminal justice system.

- **Substance use and mental health problems.** Between 30 and 40 percent of youth who were homeless reported alcohol problems in their lifetime, and 40 to 50 percent reported drug problems.[8] Forty-five percent of youth who were homeless reported mental health problems in the past year; slightly more than half reported having had these problems during their lifetimes.[8] Furthermore, co-occurring substance use disorders and mental illnesses are common among these young people—as many as 85 percent who have mental health disorders also are dependent on alcohol and drugs.[10]

The high rates of substance use disorders and the relatively early onset of use among youth who become homeless are predictive of serious adult addiction problems and long-term homelessness. The high mental illness rates among these youth are similarly predictive of remaining homeless.[8]

- **Problematic family dynamics.** Youth most frequently cite conflict with their parents as the reason for leaving home. Lifestyle disagreements, especially regarding pregnancy and sexual orientation, are among the types of conflicts often cited. Parental substance use also can be a factor in the decision to leave home, as can child abuse and neglect. Various surveys have found that between 17 and 35 percent of youth who become homeless have been sexually abused and between 40 and 60 percent have been physically abused and/or neglected.[6] Physical abuse of parental figures and siblings by youth also can lead to homelessness.

- **"Aging out" of foster care or leaving the juvenile justice system.** Every year, more than 200,000 young people leave juvenile or corrections facilities or turn 18 and "age out" of foster care.[8] In general, these young people are unable to muster sufficient financial, social, and community resources. As a result, many of them do not have support networks or stable housing waiting for them.

Participating in Risky Behaviors on the Street

Once they are on the streets, youth often engage in risky behaviors that further impact their physical and mental health. Adolescents who are

homeless report using drugs and alcohol to self-medicate for depression and to enable them to engage in survival behaviors. In particular, they may sell drugs or engage in sexual activity to pay for food or shelter. Health risks related to sexual behavior—such as contracting HIV/AIDS or other sexually transmitted diseases—are significantly higher for homeless youth than for their housed counterparts.[11] Furthermore, 48 percent of street youth and 33 percent of shelter youth have been pregnant or impregnated someone, compared to 10 percent of housed youth.[2]

Youth who engage in the highest risk behaviors, such as using intravenous drugs and having unprotected sex with multiple partners, are often more likely to remain homeless and be more resistant to change.[12] Because these activities provide emotional and economic support, youth with alcohol and substance use disorders may be reluctant to enter treatment. However, many shelters and residential programs require youth to be sober before entering the program.[13] This paradox, and the rejection it involves, may lead to further risky behavior.

"Assault, illness, and suicide claim the lives of about 5,000 runaway and homeless young people every year." [14]

To help protect themselves, many street youth create informal families. Familial alliances, particularly with older, more seasoned street youth, can help the younger teens stay safer on the streets but also can accelerate their acculturation to the street environment. Other street youth create or maintain social networks with a few close friends. These networks appear to reduce depression among the youth, but may also provide a supportive context for risky behavior, especially violence.[15]

Promising Interventions for Youth Who Are Homeless

Although more study is required to identify evidence-based practices for youth who are homeless, promising programs tailor treatment plans to each client's needs. These programs provide interventions and guidance that are realistic and reflect an understanding of the individual's lifestyle, strengths, and weaknesses. Promising programs begin by helping clients feel safe.[13] Post-traumatic stress disorder is common among these individuals, both as a result of their childhood experiences and their life in the streets.[2] "Creating a safe place for these young people is one of the most important things a program director can accomplish," noted Carolyn Russell, Project Director for the System of Care for Youth in Transition (SOCYIT), a Treatment for the Homeless grantee at the Counseling Center of Lakeview in Chicago, Illinois. "We try to create a culture where everyone feels respected. For example, we intervene for youth who feel demeaned, do not tolerate the use of denigrating language, and help our youth learn to handle disagreements in a respectful manner."

In general, SOCYIT follows the sanctuary model developed by Sandra Bloom to help these highly traumatized youth feel safe emotionally, physically, culturally, and spiritually, Ms. Russell noted. "This means offering service using a non-judgmental, non-coercive style," she said. Program therapists go to the sites where the youth hang out, get to know them, and don't try to "pounce on them" with services. Often the youth become part of the program's groups, and then the therapist may approach them about individual services. "The medical model doesn't work very well," Ms. Russell noted. "These youth often lead chaotic lives or they have other priorities than attending scheduled appointments."

Patti Davis, Acting Program Director for Project Metamorphosis, agreed that providing services on demand was critical. Metamorphosis, a Treatment for the Homeless grantee collaborating with the DePaul Treatment Centers in Portland, Oregon, provides services 7 days per week through outreach and day programs. "We also provide drug treatment beds on demand through our CSAT grant," Ms. Davis said. "We get the kids from assessment to residential treatment in 1 or 2 days. If they have to wait for beds or care, we usually lose them back to the street."

The observations made by Ms. Russell and Ms. Davis are borne out by the literature. Research indicates that promising strategies for youth who are homeless often are best provided at locations and times that the young people view as convenient. In addition, these services are offered by clinicians comfortable with street slang and knowledgeable about street life.

The research also shows that:

- A single activity seen as non-threatening (such as entertainment or meals) and/or needed (such as health care) can be the gateway to other services;[16] and
- Peer counselors can attract and engage youth in program activities.[16]

Staff Selection and Support

Promising programs select and train staff carefully. "We look for dedication to and passion about this population," Ms. Russell explained. "Staff members must understand the needs of traumatized youth." In addition, staff members are selected who have prior experience with this population, either through work in treatment programs or through having been homeless themselves.

Both Ms. Davis and Ms. Russell employ individual and group supervision, treatment team meetings, case reviews, and formal training sessions to educate staff, maximize their effectiveness, and maintain high morale. The directors reported that trauma, street culture, alcohol and addiction, and counseling skills (such as motivational

Programs with "a Twist"

Programs often offer "a twist" on a promising practice to improve effectiveness. Both SOCYIT and Metamorphosis offer gateway services tailored to accomplish specific, but slightly different, goals. In addition, Metamorphosis has developed a peer counseling program targeting both youth and counselors.

"Dinner and a Movie"

SOCYIT holds free "Dinner and a Movie" events weekly for program participants and their friends. Participants are invited to briefly report on their progress during the past week and their plans for next week. The movie, selected from the SOCYIT library, has a message relevant for the audience and is discussed along with a weekly slogan. "'Dinner and a Movie' helps us attract and recruit clients, plus it's an opportunity for them to support each other and benefit from psychoeducation," Ms. Russell explained.

Metamorphosis offers "Dinner and a Movie" as part of Project Road Warrior, which targets "hardcore street kids who have little stability in their lives and accept few services," Ms. Davis said. "For these kids, just being acknowledged and provided with a meal in a safe environment where no one is asking them questions can be therapeutic," she continued. In addition, counselors are available to start relationship building when the youth are ready.

Recovery Transition Advocates (RTAs)

At Metamorphosis, recovery transition advocates (RTAs) are individuals in their early 20s who understand life on the streets and drug addiction from personal and family experience. "They hang out with clients, build trust with youth who have very little trust in adults or institutions, and create a bridge to our services," Ms. Davis explained. RTAs also identify young people who need special services and introduce the youth to the appropriate Metamorphosis counselors. In addition, the RTAs provide practical services like transportation to appointments.

"It's a fascinating and successful program," Ms. Davis observed, "but it can be stressful for the RTAs. They have to appreciate the difference between being a mentor and a friend." They also have to develop identities that are both part of, and separate from, the street life. "We only select individuals who have been sober for at least 1 year, and we provide them with a lot of support," Ms. Davis commented.

Each RTA moves through a level system linked to personal progress, such as getting a GED or enrolling in college. RTAs often build on these opportunities and qualify for entry-level social service positions.

interviewing [MI] and dialectical behavioral therapy [DBT]) as among the most important training topics. "We're always learning," Ms. Russell observed. "We learn from each other, and we get technical assistance from SAMHSA."

More Tips for Creating Promising Interventions

Researchers have identified several best practices that enhance interventions and increase their likelihood of success. These best practices include:

- Infusing a deep understanding of adolescent development into the design and delivery of programs.[17] This includes employing gender and age-appropriate approaches[18] and understanding that engaging in at least some risky behavior is a function of adolescence. It also includes understanding sexual development and sexuality, especially the cultural implications for young people who identify as LGBTQ. These teens are a particularly high risk population: they are more likely to have substance use disorders, have attempted suicide, and to have experienced violence.[9]
- Making effective use of brief interventions. In addition to MI and DBT, motivational enhancement therapy and cognitive behavioral therapy can be effective with adolescent substance users. The operant techniques and skills training activities combined in the Adolescent Community Reinforcement Approach are associated with significantly reduced substance use and depression and increased social stability among homeless youth.[19]
- Offering or linking to housing, employment, and vocational training services focused on independent living.[6] This also may include providing or making referrals to organizations offering training in specific practical skills, such as budgeting and preparing meals.[20] These services are particularly important because many youth will not reconcile with their families.
- Providing family-focused interventions when reunification is appropriate. Multisystemic therapy (MST) appears to be an effective treatment modality for this. MST provides families with support groups and phone consultations with therapists and offers intensive, home-based services such as training in parenting and conflict resolution.[2]
- Conducting interventions during the transition to independence for individuals aging out of foster care or leaving the justice system. The Chafee Foster Care Independence Program (FCIA) provides assistance during this time, and research indicates that youth who receive this support are less likely to become homeless during the transition period, and are also more likely to be in college, have access to health care, and not be involved in the criminal justice system.[2]

Preventing Homelessness among Youth

Preventing homelessness among youth requires taking a broad approach that addresses societal, familial, and individual issues. This should be done in a manner that guarantees permanent shelter for young people on the street today and youth who otherwise would be homeless tomorrow. It requires providing more transitional housing, emergency shelters, and employment options for youth at risk as well as offering behavioral health services for them and their families.[21] In addition, prevention requires specific involvement in helping young adults at special risk, such as LGBTQ youth or those leaving foster care or the juvenile corrections system. Equally as important, prevention requires further research to identify and evaluate effective programs and policies.

In the end, program providers say, working with homeless youth requires patience, determination, and optimism. "This is a tough population," observed Ms. Davis. "We measure our clients' successes incrementally and cherish each step."

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