

# Recognizing and Promoting Resilience in Homeless Youth

Integrating Substance Use, Mental Health, and Primary Care  
Services in Our Communities  
Statewide Conference

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## Goals for Presentation

- Increase understanding of the developmental impact of trauma on homeless youth population.
- Identify elements of youth friendly, developmentally appropriate services
- Understanding, restoring, reducing, and repairing harm
- Differentiating provider preference and youth needs
- Enhancing Resilience and Focusing on Relationships

## Who Are We?

### Division of Adolescent and Young Adult Medicine

- Behavioral Health Services
- Center for TransYouth Health & Development
- Homeless Adolescent Wellness Center
- HIV Prevention and Treatment Services
- Project NATEEN
- Substance Abuse Prevention and Treatment Program
- Teen and Young Adult Health Clinic

# Common Issues Working With Homeless Youth

To varying degrees, these themes are common:

- Suspicious of adults and “the system”
- High fear/high rigidity
  - Fear of environmental control (institutionalization)
- Sense of being wronged
- Low hope for service usefulness
- Difficulty benefiting from typically available services



## Case Scenario

Janet is a 17yo Caucasian bisexual girl, in and out of a homeless youth shelters for at least 2 yrs. Left home at an early age and has been living on the streets. Not in school and no contact with family. Has an overpowering presence. Lots of facial piercings and multiple tattoos. Clothes are ripped up and her pants are skin tight. The first thing that comes out of her mouth is “fuck” and it is followed by “get out of my face.” Shelter staff leave her alone because she has a short fuse. She has long history of sexual & physical abuse. Uses crystal meth, alcohol, marijuana, ecstasy, cocaine, and basically any drug she can get her hands on. She keeps up her guard and doesn't have any goal except surviving.

## **Goal 1: Understanding the Role of Trauma**

How is the homeless youth population, and Janet specifically, affected by trauma?

How can we understand youth behaviors in the context of their trauma history?

*distrust*

*Guarded*

**Present  
focused**

**AVOIDANCE**

**Heightened arousal**

## Complex Trauma

*Multiple traumas, beginning early in childhood, impacting interpersonal relationships and all aspects of child development.*



## Why Use Substances? How Does it Impact Mental Health?

Substance use helps people to alter their internal state.



.....but in long term, SUD patients have greater morbidity, need for psychiatric care, and are more disabled than non-using mental health patients.

How can we respond to youth behaviors in ways that do not re-traumatize, but instead provide opportunities for growth?

- ❖ *Avoid punitive responses*
- ❖ *Focus on respectful youth engagement.*
- ❖ *Recognize the realities of homelessness*



## Case Scenario, continued

Her only real attachment is with the shelter. She complains about the program but always returns. The other residents look up to her. She is loyal and protective of her friends, but if they double cross her she will beat them up in a minute. Janet says “that therapy is bullshit” but will participate in groups and have meaningful individual contacts with staff.

The social work intern recognized that when she is interested in something she will become engaged and open up. When she shares her personal history in group sessions, her face softens a bit.

## Goal 2: Identify elements of youth friendly, developmentally appropriate services

What does a youth friendly program look like  
and how does it function?



## ARC Framework

Attachment - how secure was Janet's relationship with parents?

Self Regulation – how does she express difficult/uncomfortable feelings?

Competency – how are her future planning skills? Judgement?

## ARC Framework, examples

**A** - Create a structured and predictable environment by establishing rituals and routines

**A-** Show unconditional respect and acceptance

**A/R** - Train staff to manage intense affect

**R** - Train staff to help youth accurately identify their own feelings

**R** - Create a safe space for youth that are experiencing intense emotions

**C** - Create opportunities for youth to positively engage with peers, adults, and community members

## Suggestions for Engagement

- Offer safety, consistency
- Do not confront or “break down” defenses.
- Emphasize youth’s control over self
- Provide tokens or taxi vouchers
- Offer flexibility in appointment setting.
- Offer food or other incentives
- Provide empathy and acknowledge youth’s experience of pain and injustices.
- Do not tell youth they “have” to do a specific thing.
- Make each session/appointment count



## Focus on Safety

- ✓ **Trust and Safety!!**
- ✓ Emphasize confidentiality
- ✓ Be transparent about mandatory reporting requirements.
- ✓ Allow the young person to define their experience
- ✓ Allow their feelings however they express them (safely)
- ✓ Let the youth control the pace of disclosure
- ✓ Safety in life





## Tuning In

- Youth's initial presentation may be unfriendly or hostile - – this comes from a place of fear – try not to take it personally or be threatened by it
- No assumptions** – good or bad
- What you see today is not the whole picture
- Connect with the person in front of you



## Challenges Tuning in to Emotions

*Goal for provider is attunement – paying attention, being observant, exploring possible feelings and meanings, seeing what is useful and remembering it, verbalizing it*

- Restricted experience and expression of emotion
- Difficulty identifying their own feelings
- Difficulty expressing their real feelings and needs
- Guarded against expressing vulnerability
- Vague and indirect expression of need.

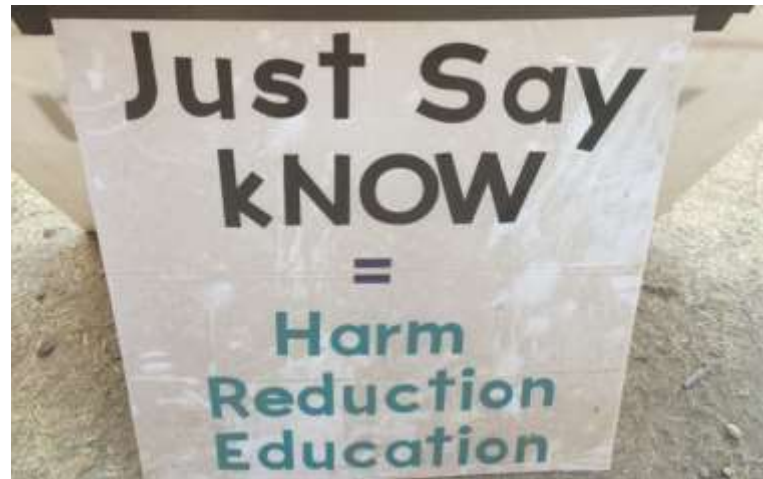
## Case Scenario, continued

By using a harm reduction approach, the social work intern was able to support Janet in increasing her personal safety when she uses substances. Janet was able to recognize how her substance use had made her vulnerable to some of her victimization experiences on the street.

## Goal 3: Understanding, Restoring, Reducing & Repairing Harm

Who's harm? Recognizing the big picture.

We are responsible for seeing her as a person who has been harmed rather than seeing her as a bad person



# Unrecognized Trauma and Grief

- Often not disclosed
- When occurred pre-verbally, results in implicit memories, which shape youth's feelings, thoughts, perceptions without conscious memory
- Impacts information processing
- Causes intrusions – flashbacks vs psychosis



## Focus on Safety: Harm Reduction

Any effort to reduce a person's harm. It is the idea that people need to be met "where they are" to encourage them to envision and define positive change for themselves. The substance use (or other risk behavior) is of secondary importance to harm resulting from behavior.



# Empathy

- Stay in the “empathic window” in order to be most useful and prevent burnout.
- Being empathic still requires setting limits- expressed kindly and respectfully.
- Check your feelings –frustration can lead to being judgmental, disconnected
- Check with colleagues – “Am I being fair?”



## Case Scenario continued

She has begun to make conscious decisions about when, where, how, and with whom she will use drugs.



## Goal 4: Differentiating Provider Preference & Youth Needs

*Understanding the whole person in front of you with complex needs and reasons for use*

- Not condoning use and understanding why they use.
- Role of Stigma
- Personal history with recovery
- External forces - probation
- Program Guidelines
- Minor Consent Services, Self Sufficient Minor Status

## Collaborating with Youth to Develop Treatment Goals

- Ask youth what s/he is concerned about and would like to focus on.
- What is presenting problem from youth's perspective?
- Are any of the problems acutely life threatening?
- Where are the opportunities for most immediate movement?
- Present a range of options, in a neutral, non-judgmental manner



## Clarifying Priorities

- One thing at a time and following through
- Some priorities are easier than others
- There are some priorities that the youth has more control over
- Use motivational interviewing to create flexibility

***Remember- there is more here that you don't yet understand! Avoid simplistic conceptualizations and solutions – if it were that easy the young person would have figured it out already!***

## Focus on Advocacy

- Be an advocate – lend your privilege to help young people be heard
- Challenge mis-gendering, stereotyping, assuming the worst
- Be the reminder for a trauma informed perspective
- When conclusions are uncertain, interpret information to benefit the youth
- Be sensitive to power and control dynamics and advocate for youth's self determination

## Case Scenario continued

She is talking to the social work intern but doesn't call it "counseling". She contributes during group but doesn't call it group therapy. She is making changes to reduce her use and make careful decisions when and how she uses because she wants to, not because she is being forced. She is sleeping inside, eating, bathing, looking at options for finishing school, and expressing herself through art.



## Goal 5: Enhancing Resilience and Focusing on Relationships

Relationships matter

Youth have strengths

Youth are the expert on their own life experience



# Recognize and Support Strengths

- Sense of Humor
- Creativity
- Assertiveness
- Insight
- Survival Instinct
- Caring
- Persistence
- Loyalty
- Generosity
- Resilience
- Sensitivity
- Courage

*Storms make  
trees take  
deeper roots*

10 Reasons for Integrating Trauma-Informed Approaches in Programs For Runaway and Homeless Youth, Hollywood Homeless Youth Partnership, 2009 - [http://hhyp.org/wp-content/uploads/2012/02/HHYP\\_10Reasons\\_Flyer.pdf](http://hhyp.org/wp-content/uploads/2012/02/HHYP_10Reasons_Flyer.pdf)

Complex Trauma: Facts For Service Providers Working with Homeless Youth and Young Adults - [http://hhyp.org/wp-content/uploads/2013/04/Complex-Trauma-Facts\\_Homeless-Youth\\_draft-4.pdf](http://hhyp.org/wp-content/uploads/2013/04/Complex-Trauma-Facts_Homeless-Youth_draft-4.pdf)

The ARC Framework (Attachment, Self-Regulation, Competency) For Runaway and Homeless Youth Serving Agencies; Hollywood Homeless Youth Partnership. [http://hhyp.org/wp-content/uploads/2012/02/HHYP\\_ARC\\_Framework.pdf](http://hhyp.org/wp-content/uploads/2012/02/HHYP_ARC_Framework.pdf)

“Multiple Victimizations Before and After Leaving Home Associated with PTSD, Depression, and Substance use Disorder Among Homeless Youth”; Kimberly Bender, Samantha M. Brown, Sanna J. Thompson, Kristin M. Ferguson, Lisa Langenderfer; Child Maltreatmentl vol 20, Issue 2, pp. 115-124; First Published date: December, 14, 2014



## Sources

National Child Traumatic Stress Network. (2013). Complex Trauma: Facts for service providers working with homeless youth and young adults. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.[http://hhyp.org/wp-content/uploads/2013/04/Complex-Trauma-Facts Homeless-Youth\\_draft-4.pdf](http://hhyp.org/wp-content/uploads/2013/04/Complex-Trauma-Facts Homeless-Youth_draft-4.pdf)

Moore, Jan. "Resilience and at-risk children and youth." National Center for Homeless Education (2013)

Trauma informed consequences for homeless youth, Hollywood Homeless Youth Partnership, 2009 -<http://hhyp.org/wp-content/uploads/2012/02/Trauma-Informed-Consequences.pdf>

Update on Harm-Reduction Policy and Intervention Research: G. Alan Marlatt and Katie Witkiewitz, Annual Review of Clinical Psychology 2010 6:1, 591-606

# Thank you!

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