Work with unaccompanied homeless youth is an increasing focus of social work practice. It is estimated that there are between 204,000 and 406,000 unaccompanied homeless youth (ages 12 to 24) in the United States (Abel, 2010; Homeless Research Institute, 2012). These youth have high rates of substance abuse, suicide (Barczyk & Thompson, 2008), and trauma, both in their homes of origin (Kurtz, Kurtz, & Jarvis, 1991; Rew, 2001; Slesnick, Kang, & Aukward, 2008), and on the streets (Fisher, Florsheim, & Sheetz, 2005). With the recent economic recession, their numbers have increased and their needs have become more urgent than ever (Kidd & Scrimenti, 2004; Levenson, 2011). Work with this population is extremely challenging due to the risks of life on the streets, the transiency and unpredictability of being homeless, and the dangerous behaviors in which youth engage. What do social work interns need as they are trained to work with unaccompanied homeless youth? A recent qualitative study of workers serving homeless youth (Mirick & Dean, 2010) indicates several areas where field educators can support interns in work with these clients.

Study of Workers with Unaccompanied Homeless Youth
In 2010, Mirick and Dean conducted a qualitative study of five workers in a large Northeastern urban agency. They were interviewed in a group; questions included, “What is it like to do this kind of work? How do you manage your feelings about your clients? Is vicarious traumatization a problem?” and “How do you manage the work?” This study produced several findings that are applicable to social work field education. The findings include the need for supervisory availability and support for the intern; challenges in balancing risk assessment and client self-determination; the need for clarification of the practice competencies involved in an ecological approach to clients; and the importance of solidarity in the face of social injustice.

The Supervisory Relationship
The study found that working with unaccompanied homeless youth is often painful, even traumatic, for workers (McCann & Pearlman, 1990). Worker turnover is frequent; burnout is common (Kidd,
Miner, Walker, & Davidson, 2007). Building and sustaining trusting relationships with clients was described as both essential to the work and extremely difficult, due to the clients’ trauma histories, involvement with substance abuse, lack of resources and experience of marginalization, as well as the transient, stressful nature of homeless life. Clients had difficulty accepting limits, and workers felt guilty setting limits as they recognized clients’ neediness and lack of support. As clients spoke of “unbearable” pain and contemplated suicide, workers could experience hopelessness. Sadly, workers were often left alone to cope with their distress. They needed to manage a crisis on their own because they did not have easy access to consultation in the field (Mirick & Dean, 2010). Just as supervision is difficult for workers to access, supervision of interns by field instructors has been increasingly limited due to cutbacks and concern about managed care and liability on the part of placement agencies (Reisch & Jarman-Rohde, 2000; Wayne, Raskin, & Bogo, 2006). Due to their relative inexperience in the field, social work interns are likely to be even more overwhelmed than seasoned workers. In working with traumatized clients, it is crucial that interns have access to regular supervision from a field instructor, preferably onsite, as well as support from a team (LeGeros & Savage Borne, 2012). As well as teaching skills and integrating practice with theory (Herman, 1992), field instructors need to pay close attention to interns’ levels of stress and be proactive about bringing up discussions of feelings (Zager, 2013).

**Risk Assessment and Client Self-Determination**

Managing risk is another significant challenge to the work. Most homeless youth have risk factors for suicide, including loss, mental illness, trauma history, and active substance abuse. Because these factors were already present when workers began interacting with these youth, workers in the study said they needed to find additional ways to assess the level of acute risk. They relied on a client’s appearance, degree of hopelessness, and lack of ability to plan for the future.

In working with traumatized clients, workers need to balance risk assessment with upholding client self-determination. Workers with unaccompanied homeless youth considered respect for youths’ right to self-determination foundational to developing trust. Letting clients control the process was crucial but difficult, especially when a youth was suicidal. Intervention often consisted of developing a safety plan, calling the crisis team, or accompanying the client to the emergency room. But there could be no follow-up if clients left the office; most unaccompanied homeless youth do not have reliable contact information. Maintaining client self-determination was difficult; uncertainty regarding outcomes was difficult because clients often disappeared and workers never knew their fate (Mirick & Dean, 2010). Even more than workers, social work interns need careful training in how to balance risk assessment with client self-determination. LeGeros and Savage Borne (2012) teach interns the complexities of risk assessment in a domestic violence program; although domestic violence was not a central problem for the unaccompanied homeless youth in the Mirick and Dean study, LeGeros and Borne’s principles can be applicable to this population as well. They say:
Quite often…a client will make a choice to return to an abusive partner, initiate contact with a partner against whom they have a restraining order, or make other choices that compromise their safety. In these instances, [we teach interns that] the social worker offers non-judgmental support, engaging in ongoing discussions about risk and safety planning, and remaining engaged with the client. The social worker can speak about concerns for the client, but in a non-judgmental way that always leaves room for the client to disagree and honors the survivor as an expert on her situation (Paragraph 7).

Interns are coached in how to maintain this respectful position in the face of challenges from more traditional perspectives on risk assessment, and a regular forum is available for discussion of dilemmas.

An Ecological Approach
Working with unaccompanied homeless youth requires many kinds of social work skills. Workers in the study said that lack of resources, such as housing and health coverage, imposed serious barriers for treatment. Lack of access to a telephone or transportation made it difficult for homeless youth to access available services. Homeless youth often responded by withdrawing; for example, whereas most people expect and learn to tolerate long waits for service at the emergency room, these youth were unable to wait because they interpreted being forced to wait as a manifestation of their lack of importance to society (Mirick & Dean, 2010). These workers’ experiences clearly show the importance of providing students in placement with a strong foundation in ecological theory so that they can learn to focus not just on understanding the individual issues, but also on the context of the work and the impact of this context on both the client and the worker. In addition, field instructors may need to clarify the various competencies involved in work with unaccompanied homeless youth, explaining in particular the “clinical” implication of mezzo and macro as well as micro competencies.

The Importance of Solidarity
A major challenge for the workers with unaccompanied homeless youth was finding adequate services for clients in a system that was often unresponsive and had little to offer; for example, in some homeless shelters, youth were exposed to drugs or alcohol while trying to stay clean after substance abuse treatment. Workers in the study personally experienced the unresponsiveness of the larger systems and described growing feelings of frustration and anger as they repeatedly dealt with these issues. Several came to share their clients’ beliefs that the system was working against them. Workers’ perceptions of “the system” changed; they reported feeling more cynical and less proud of the social service system since they observed how it did not meet the needs of their marginalized clients (Mirick & Dean, 2010). While social work interns may be idealistic and eager to serve (Moore, 2012), their enthusiasm may fade quickly when they are exposed to the gaps in the nation’s safety net. Theories like the Liberation Health model can help students understand that the problems of oppressed people stem in large part from their oppression (Friere, 1970). But understanding is not
Providing Clinical Service to Unaccompanied Homeless Youth

sufficient. To combat alienation and cynicism, interns need the opportunity for solidarity and social action, in agency team meetings, school organizations, and professional task forces.

Training social work interns to work with unaccompanied homeless youth who face discrimination and oppression is an important focus of social work education. A study of workers with unaccompanied homeless youth (Mirick & Dean, 2010) indicated several areas where those workers need additional support: availability of regular supervision, help in balancing risk assessment and client self-determination, teaching of competencies at several levels of practice, and collaboration to combat social injustice. Surely interns need even more support in these areas. Social work schools and internships need to pay particular attention to providing regular supervision (preferably onsite), training in risk assessment particular to traumatized and disenfranchised clients, understanding of a true ecological approach, and, most important, opportunities for solidarity and social action.

References


Herman, J. (1992). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. New York: Basic Books.

Providing Clinical Service to Unaccompanied Homeless Youth


Mirick, R., & Dean, R. (2010). We are their only social structure: Providing clinical service to unaccompanied homeless youth. Unpublished paper.


