



THIS IS WHO WE ARE.



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2021 FALL CONFERENCE
PRESENTATION
“HERE COMES THE NIGHT”

**Addressing Homelessness, Substance Use Disorders
Among Emerging Adults**

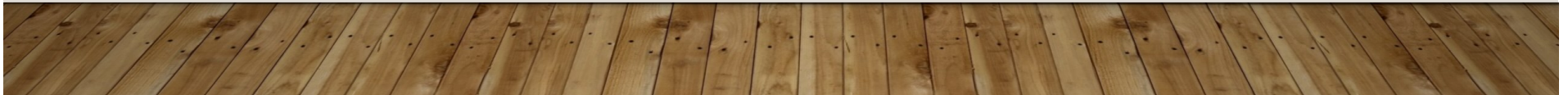
October 4, 2021
2:00Pm – 3:00PM

Presenter: Fred Dyer, Ph.D, CADC, LADC

DYERTRAINS@AOL.COM

773-322-8425

DYERTRAININGANDCONSULTING.COM

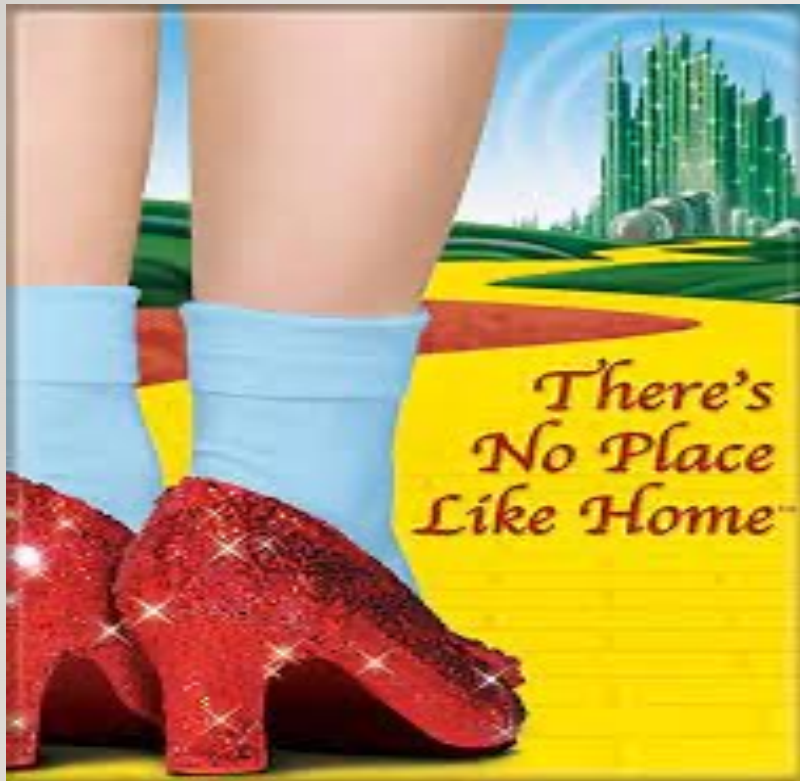


INTRODUCTION

Among Emerging Adults who are homeless, rates of alcohol and drug use are substantially higher than found among their homeless peers as much as twice that in stable housing (Baer, Ginzler, and Peterson 2003; Greene and Ring Walt, 1997). The risk for substance use maybe present among Emerging Adults who are homeless, but substance use appears to increase the longer they remain immersed in the homeless “street culture” (McMorris, Tyler, Whitbeck and Hoyt, 2002). Emerging Adults are typically assuming greater responsibility for themselves, while still maintaining family connections to help navigate this transition (Arnett 2001). The period of Emerging Adulthood is especially precautions because of the developmental stage, and because these individuals may not have sufficient resources to navigate successfully through the life challenges of Emerging Adulthood (Hagan and McCarthy 2005).



Fred Dyer, PhD, CADC, LADC Dyertrains@aol.com 773-322-8425 dyertrainingandcounseling.com



**“Dorothy” from *The Wizard of OZ*
1939**

DEFINITIONS

Emerging Adults – The age period between 18-25 represents a developmentally distinct period of life from young adulthood. Source: Arnett (2000)

Emerging Adults – Individuals who have not yet embraced the full responsibilities of adulthood and whose subjective experience captures the dynamic changeable fluid qualities of this period. Source: Arnett (2000)

Homeless Emerging Adults – Are defined as individuals between 12 and 25 years of age who are without stable housing and who identify with the culture and economy of living on the street. Source: Bender K ET AL. Capacity for Survival: Exploring Strengths of Homeless Street Youth (2007)

DEFINITIONS CONTINUED

Substance Use Disorders - When the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school or home.

Source: DSM 5

Co-Occurring Disorder – Two co-occurring existing disorders independent of each other but yet they interact with each other.

Source: Treating Psychiatric and Substance Use Disorders, Norman N Miller, MD, 1993 Hazelden Publishing

DEFINITIONS CONTINUED

Integrated Treatment – Noonsy, Drake and Fox (2003) Describe integrated treatment as the seamless integration of psychiatric and substance use disorders interventions in order to form a cohesive unitary system of care.



TYPES OF HOMELESSNESS

Chronic Homelessness – is the most well known type of homelessness. Chronic Homelessness is defined as being homeless for longer than a year. Many times people struggling with chronic homelessness have something that is preventing them from fighting their way out of it, whether that be mental illness, a physical disability or addiction specifically.

Episodic Homelessness – is defined as a person that has experienced their episodes of homelessness within a given year. After four episodes within a year they are classified as chronically homeless.

Transitional Homelessness – is defined as affecting a person that is going through a major life change or catastrophic event. Many times when people lose their jobs suddenly and unexpectedly they can find transitional homelessness while they look for a new job.



Fred Dyer, PhD, CADC, LADC Dyertrains@aol.com 773-322-8425 dyertrainingandcounseling.com

TYPES OF HOMELESSNESS CONTINUED

Hidden Homelessness – These are individuals that are couch surfing without immediate prospects for permanent housing. They will often rely on relatives and friends for a place to live.

Unsheltered Variation

- Sleeping on the street
- Sleeping in a car
- Sleeping in uninhabitable houses such as abandoned buildings

Sheltered Homelessness

- Sleeping in shelters
- Staying in a Motel or Hotel
- Sleeping on a sofa anywhere other than home

Source: Info@invisiblepeople.tv

Source: [Artfromthestreets.org/Blogs/News/the types of homelessness](http://Artfromthestreets.org/Blogs/News/the_types_of_homelessness)

EMERGING ADULTS

Five Features of Emerging Adults

1. Age of identity exploration
2. Age of instability in all areas of life
3. Age of feeling in between adolescence and adulthood
4. The most self-focused age
5. The age of possibilities and opportunities to create the future



Source: Judith Tanner Ph.D. (Coming of Age in the 21st Century, 2014)

HOMELESS EMERGING ADULTS WITH SUBSTANCE USE DISORDERS

Points to Ponder

1. The period of Emerging Adulthood can be stressful for all Emerging Adults; however those who are homeless or street dependent with substance use and psychiatric disorders may experience stress differently due to the interaction of challenging personal, family, and environmental factors that contribute to their homeless status. Source:Thompson et al 2015 (Chapter 35) Homeless Emerging Adults: A Developmental Perspective
2. Navigating the transition from adolescence to adulthood is challenging which includes the developmental, psychological and sociological changes experienced by emerging adults in the general population. Source: Pank, Kim, and Sing, 2007
3. Homeless Emerging Adults are often unprepared for sudden responsibilities such as independent living, autonomous housing and economic self-sufficiency. Source:Thompson et al 2015 (Chapter 35) Homeless Emerging Adults: A Developmental Perspective



HOMELESSNESS

Fred Dyer, PhD, CADC, LADC Dyertrains@aol.com 773-322-8425 dyertrainingandcounseling.com

HOMELESS EMERGING ADULTS WITH SUBSTANCE USE DISORDERS

Points to Ponder Continued

4. Of the approximately 20 million Emerging Adults who experience homelessness, general differences are apparent; many more males than females experience homelessness during emerging adulthood (Whitbeck, 2009)
5. Society typically views drug and alcohol use as a hindrance to successfully transitioning out of homelessness; however homeless Emerging Adults have described the benefits of using substances and note the numbing helps them cope with the daily strains of life on the street Source: Thompson et al 2009/Homeless, Street-Involved Emerging Adults: Attitudes Towards Substance Use)

*Well Here it Comes
Here Comes the Night
The Long Lonely Night*



**From The Rock N Roll Group
T.H.E.M
Featuring Van Morrison,
1965**

NEGATIVE IMPACTS OF PERSONS WITH CO-OCCURRING DISORDERS OF SUBSTANCE USE AND PSYCHIATRIC DISORDERS

- More frequent/severe psychiatric symptoms
McLellan, Woody et al (1979)
- More frequent hospitalization
Haywood et al (1995)
- Unable to participate in treatment
Alterman & McLellan (1981)
- No work history
Perkins, Simpson (1986)
- More likely to be homeless
Bartels & Drake (1996)
- Greater rates of violence
Cuffel, Shumway et al (1994)
- Greater rates on incarceration
Abram & Teplin (1991)
- More frequent infections
Koegal & Burnam (1988)



Fred Dyer, PhD, CADC, LADC Dyertrains@aol.com 773-322-8425 dyertrainingandcounseling.com

SERVICE ACCESS BARRIERS AND SOLUTIONS/FOR HOMELESS EMERGING ADULTS WITH SUBSTANCE USE DISORDERS

The most effective way to prevent homelessness is either to intervene in the initial crisis and stabilize Emerging Adults at risk for homelessness, or provide early intervention before they develop coping behaviors that can extend their homelessness (Auerswald and Payne 2004)

STRATEGIES FOR EMERGING ADULTS WITH SUBSTANCE USE DISORDERS PREPARING TO TRANSITION FROM HOMELESSNESS TO HOUSING

- Developing a thorough discharge plan and offering critical time intervention (Lauber 2006)
- Providing motivational intervention before discharge (C Sat, 2005; Swanson 1999)
- Engaging clients early (Fahmy & Singh, 2009)
- Allocating funds (Foote, Tucker, & Millspaugh, 2008)
- Applying for Government Entitlements
- Connecting with employment (Caton et al, 2005)
- Linking homeless Emerging Adults with co-occurring disorders to housing providing effective outreach considering housing first as opposed to treatment first practice
- Offering co-occurring disorder treatment
 - A. An integration of psychiatric and AOD treatment
 - B. Treatment as a long term process
 - C. Harm medication (Bellack et al, 2006 Drake et al, 2001) also suspend four stages
 1. Emerging individuals with COD's by using
 2. Motivating to get involved in COD treatment
 3. Equipping them with skills and support groups
 4. Prepare them with return prevention skills

Fred Dyer, PhD, CADC, LADC Dyertrains@aol.com 773-322-8425 dyertrainingandconsulting.com

THE SITUATION

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Homelessness can be a process to enter into, and can be a process to exit.



CASE MANAGER/ COUNSELOR/THERAPIST/WORKER SELF-CARE

1. **Go out to dinner.**
2. **Develop a new relationship with your paperwork.**
3. **Hug someone.**
4. **Listen to soothing music.**
5. **Have discussions with friends about things other than work.**
6. **Exercise—jog, walk.**
7. **Be grateful.**
8. **Read that book you've been trying to get to for years.**
9. **Cook your favorite meal.**
10. **Dance.**
11. **Rent your favorite video, or rent your favorite TV series.**
12. **Get some rest (i.e., take naps).**
13. **Drink lots of water.**
14. **Remember to help others.**
15. **Have creativity in your life.**
16. **Be connected to a higher power.**
17. **Meditate.**
18. **Reconnect with family members.**
19. **Leave your work at work.**
20. **Have colleagues you can talk to.**
21. **Have one day a week on which you “let it all hang out.”**
22. **Have some alone time.**

Completing Evaluations

- Please complete your evaluations in order to receive your CEUs.
- Thank you for joining us!



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