It Doesn't Have to be Therapy to be Therapeutic

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There has been so much written about the causes of trauma and how it manifests for young people we work with that it has been summarised in several reviews. The narrative from these reviews is one where the young people are conceptualised as having deficits. The reviews have told us numerous times about how they became homeless,[1] their mental health and substance use,[2, 3, 4] their sexual health,[5, 6] their cognitive abilities,[7, 8] being a victim or perpetrator of violence,[9, 10] and their history of abuse.[11] These reviews cover high, middle, and low-income countries, many different reasons for homelessness and many different cultural, sexual, and gender identities.

While these reviews are helpful in outlining the deficits and adversity faced by young people who are homeless, they do not tell us about the strengths of the young people, their survival skills and how they have resisted trauma.

There are few evidence-based programs or interventions to help support young people who are carrying the burden of trauma. In contrast to how much has been written about deficits, there has only been one review of studies that has looked at interventions for Post Traumatic Stress Disorder or trauma in young people who are homeless.[12] This review found that the quality of the research into culturally sensitive and empirically tested interventions was so poor that they could not provide any recommendations. Other reviews of intervention studies have drawn the same conclusions. The studies they reviewed were too small or too low quality for the review authors to confidently describe what works and what does not.[13, 14, 15, 16]

Interventions to support young people who experience homelessness receives much less attention in research. As part of another project, the author reviewed the research about what helps young people exit homelessness and achieve stable accommodation. Out of 2,400 articles about young people who are homeless, approximately 40 were relevant to young people exiting homelessness and 250 were about interventions. The remainder were descriptions of how they became homeless, how they adapted to homelessness, the problems they faced, and the services that support them.

Studies about interventions receive less attention because they are harder to conduct. Firstly, there is the issue of ethical approval and consent. We work with people who have been subjected to many forms of oppression. This means that we rightly place a higher emphasis on our duty to permit no harm to come to them.

Current ethical issues around conducting research include:

- the lack of specific guidelines on how to conduct research with this group
- the use and type of incentives; obtaining informed consent
- the relationship between researcher, service provider and young person;
- avoiding sensationalism or voyeurism in reporting.[17, 18]

Secondly, there are lots of tools for telling the negative aspects of a young person's story (such as their mental health problems, or sexual health problems), but there is a lack of measurement tools whose usefulness in examining outcomes in young people who are homeless that have been tested. Finally, and most importantly, we know that they are all different. They have many different experiences and needs from each other, as studies that have presented a 'typology' of young people will attest.[19, 20]

Far from being a cause for despair, let's use this to reflect upon what young people have told us worked for them. Are they not the experts about their lives?

While it can be easy to find out what helps young people with practical tasks, finding out what will make a young person feel safe and welcomed is usually harder. Occasionally it can be as easy as asking something along the lines of 'What do I need to know to help you feel safe?' and then having a conversation about what the service and young person can do together. Every young person has an answer for this question, even if they cannot articulate it at that point in time.

If young people cannot tell you what they need in order to feel safe, have a look at how they have resisted trauma in the past and how they continue to resist. This is where it helps to look at the client's past and present behaviours and develop a formulation that re-frames the young person's behaviour in terms of what they are achieving or what purpose the behaviour serves.

For example, the young person who grew up in a chaotic, uncertain, and noisy household may be spending all of their time alone in their room; that is how they have learned to keep themselves safe.

The practitioners who get the best outcomes for these young people are the ones who reflect on why the

particular behaviour may be occurring and what the practitioner could do differently to what the young person has previously experienced.

These practitioners:

1. Provide a safe, consistent and welcoming environment. A list of ways that practitioners do this would be almost endless, but always begins with providing unconditional positive regard to that young person. Especially when the young person's fight or flight mechanisms were showing themselves in every way that we have seen (staying in their room, screaming, telling us to 'go away', the list is almost endless).

2. Recognise and challenge 'victim blaming scripts' that are not always spoken aloud by the young person but were shown in their behaviours and how they identify themselves to others. It is a victim blaming script because the trauma was usually based on abuses of power that occurred in what were supposed to be caring relationships. One common place we see this is where young people have internalised the idea that 'I'm unlovable' or 'I'm not worthy' when they, for example, tell you that they '…don't want your stupid food' but come to dinner half an hour later. Or feel uncomfortable when you offer to pay for their coffee.

3. Change what they do in response to feedback, regardless of whether this is verbal or implied, from the young person. Sometimes, there are things that we all do that inadvertently remind young people about unsafe people or distressing events from their past. By changing something to avoid this trigger lets the young person know that we take their past seriously.

The most important part of trauma-informed care is to realise that it does not have to be therapy to be therapeutic. Practitioners may only know a particular young person for a year, six weeks, or overnight. Every 'little' interaction we have with young people is an opportunity to address some of the effects of the traumas they have experienced in the past. Each time we provide a safe environment, recognise and challenge unhelpful scripts, and respond to young people's feedback, we build up young people's ability to recognise and regulate their emotional state, their ability to trust others, and their sense that they have control and mastery over their lives. It may not have a fancy acronym, but it is therapeutic.

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Endnotes

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