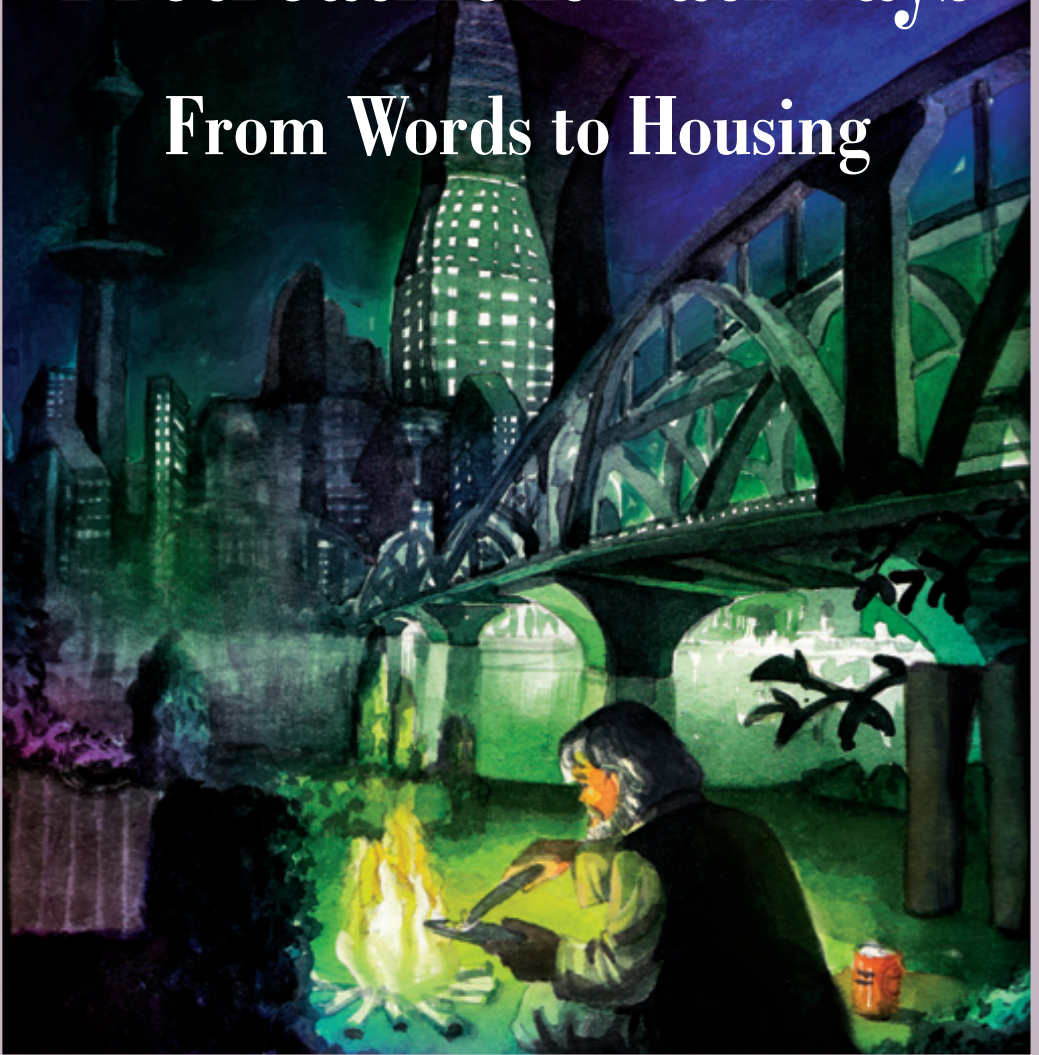


Homeless Narratives & Pretreatment Pathways

From Words to Housing



Jay S. Levy, MSW, LICSW

Praise for ***Homeless Narratives & Pretreatment Pathways***

“Jay Levy has given us a magnificent gem in his book *Homeless Narratives & Pretreatment Pathways: From Words to Housing*. Utilizing a rich experience spanning more than two decades as a social worker on the streets and shelters of New York, Boston and Western Massachusetts, Levy has listened carefully to those living on the fringes of our society and masterfully presents his innovative approach to engagement and pretreatment. Unscripted initial approaches to this vulnerable population lay the foundation for enduring and trusting relationships, and the art and skill of these approaches are deftly analyzed. The interweaving of stories with theory and practice makes this approachable book a must for outreach workers, clinicians, administrators, policy makers and all who seek solutions to the societal tragedy of chronic homelessness.”

Jim O'Connell, MD, President and
Street Physician, Boston Healthcare for the Homeless Program
Editor, *Manual of Communicable Diseases in Shelters*

“It gave me pause to read Jay Levy’s words ‘For too long, we have viewed successful outreach workers as freelance artists who are inspired to help the downtrodden.’ Beyond my pause is my conviction that if the work can be taught, this artful presentation would be the place to begin.”

Richard Hendrick, MSW, LICSW
Outreach Social Worker, Author
*Not For Nuttin’: A Journey with “some folks without homes”
and me.*

“As a provider of outreach and housing to the most difficult-to-engage homeless individuals I've been searching for more material that directly addresses this challenging work. After 25 years of providing homeless services, I've finally come across a book that clearly articulates my experience from outreach to housing stabilization. *Homeless Narratives & Pretreatment Pathways* so well captures the essence of engagement, and the successful outcomes that follow, that any professional in the field will find this enjoyable reading. I also highly recommend this book to be used in both the orientation and supervision of new outreach staff.”

Jerry Ray, Director of Homeless Services
Mental Health Association, Inc. (Springfield, MA)

“This book is a very impressive guide to people working in any helping field that involves interacting with clients who refuse to admit having a problem. Jay’s experience is with working with homeless people who refuse services because of complex mental health or addiction problems, but his respectful attitude will work in other fields as well, as I can attest from my personal experience as a psychologist. The information is presented through a number of very clear case studies that immediately bring the material to life. I think that any intelligent reader will be able to apply Jay’s approach – and it is well advised to do so. I am going to recommend this book to Australians working with homeless people.”

Bob Rich, PhD, Psychologist
Member of the Australian Psychological Society

“Jay Levy’s experience in working on engagement strategies and developing a “common language” with the untreated mentally ill homeless population should be required reading for anyone who wishes to work in the field. As we move from a ‘shelter-based’ strategy to a ‘housing first’ model, Jay’s work has become even more critical to ending chronic homelessness with the mentally ill on our streets and in the emergency shelter system nationwide.”

Larry Gottlieb, MSW, MPA
Director of Homeless and Outreach Services
Eliot Community Human Services
NHCHC Co-Chairman of Education Committee

Homeless Narratives & Pretreatment Pathways

From Words to Housing

Jay S. Levy, MSW, LICSW

New Horizons in Therapy Series

L o v i n g H e a l i n g P r e s s

Homeless Narratives & Pretreatment Pathways: From Words to Housing

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Dedication

To the people who have survived homelessness and the outreach workers who have helped them. May their courage, strength, and dedication serve as an inspiration to others.

Proceeds from this book

The Author has pledged 15% of book royalties, and other related book profits, to a 501c(3) charity (e.g. National Alliance to End Homelessness) that supports the cause of ending chronic homelessness.

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The REACH Housing First Program, as reviewed in chapter 11, began as an idea before a collaborative interagency effort made it a reality. The following professionals have earned our gratitude throughout the Western MA region for their work on this important project:

David Modzelewski—Department of Mental Health (DMH) Western MA Housing Coordinator, Elizabeth Sullivan—Concerned Citizen and former DMH Western MA Area Director, Jerry Ray—MHA Director of Homeless Services, David Havens—MHA REACH Program Director, Andrea Miller—CHD SAMHSA Manager.

Additional thanks goes to Larry Gottlieb, Eliot CHS Director of Homeless & Outreach Services, for his support, encouragement, and adept networking skills.

Confidentiality Statement

The homeless narratives depicted in this book are based on actual persons and events from my experiences as an outreach counselor. However, names, places, and events have been altered to protect client confidentiality.

Foreword - The Pretreatment Road Map

Homeless outreach clinicians and workers often speak of beginning a journey when initiating the process of working together with long-term homeless persons. This book's author, Jay S. Levy, provides a well researched, clinically sound map for these journeys. He draws upon his extensive field experience from the streets and shelters of New York City, Boston, and Western Massachusetts. The author provides us with illuminating client narratives, which build bridges into the world of homelessness, trauma, mental illness, and substance abuse, while sharing the "pretreatment pathways" he has successfully employed in his work.

To deepen our understanding of the pretreatment process, Mr. Levy provides the reader with a review of the published theories and concepts drawn upon in the development of the pretreatment principles. This can be actively used to guide clinicians on their journeys with long-term homeless individuals. He gives us a well-developed approach to care, which is built upon promoting safety, relationship formation, development of common language, supporting transition and adaptation, and facilitating change. His writing further illustrates the importance of housing for homeless individuals as a vital component in the work.

Jay S. Levy has been a significant Western Massachusetts advocate promoting "Housing First" and pretreatment approaches for the most at-risk homeless persons. There are often times when my staff and I would benefit from his knowledge to support our daily street outreach and housing first work. *Homeless Narratives & Pretreatment Pathways: From Words to*

Housing gives homeless outreach clinicians and workers easy access to the author's well-developed approach for the "journey" with homeless persons transitioning from the streets and shelter to stabilization in housing.

—David W. Havens, M.Ed.

Program Director, Homeless Outreach/Safe Havens Programs,
Mental Health Association, Inc.

Adjunct Professor, School of Human Services,
Springfield College, Massachusetts

Homelessness and Housing First: A Local Perspective on a National Issue

The Western Massachusetts area is an eclectic mix of old urban centers, mill towns, college towns, suburbs, and sparsely populated rural areas. Much of the housing stock is old and the poverty in places like Holyoke, Springfield, North Adams, and Athol is as gritty as poverty can be. The issue of homelessness continues to plague the region as it does much of the country. For someone who has lived in the region all of my life and worked on social welfare and affordable housing issues for the last forty years, one of the most striking changes has been our approach to the homelessness epidemic.

Jay S. Levy, an outreach clinician, who later became regional manager for Eliot CHS-Homeless Services, arrived in Westfield, Massachusetts, during the summer of 2000. He brought with him a great deal of field experience from his grass roots homeless work in both the New York City and Boston areas. Homelessness was well-entrenched in our local communities and the homeless shelters were full. Fortunately, new state and federal grants were being made available and social service agencies were reallocating resources for training a new cadre of human service employees. With the help of several mental health provider agencies, the area office of the Department of Mental Health established a regular monthly meeting in Westfield and other communities in Western Massachusetts. The purpose of these meetings was to regularly review the cases of homeless individuals with major mental illness and match them to available DMH and local provider support services with housing

resources.

Jay Levy attended these meetings and very soon the group came to rely on his expertise in engaging and assessing individuals for referral to an array of newly funded programs. On the one hand, homeless advocates now had significant housing with support services to serve the growing number of homeless adults in the area. On the other, almost all of the housing resources came with “eligibility” requirements.

It was clear that a significant percentage of the long-term homeless population suffered from severe mental illness, addiction, and major medical issues. It was equally clear that many of the most severely impaired were unwilling to “accept” their illness under the terms and conditions imposed by housing programs with strict eligibility requirements.

We had limited resources, clearly not enough to serve everyone. Jay and his staff would regularly remind us that the “underserved” were a vulnerable and significant group of who we came to call “unaffiliated” homeless persons. This group could be characterized into two somewhat distinct subpopulations. A low-profile group of persons lived in the woods or under bridges and occasionally “came in” for some services. They were somewhat self sufficient but more likely untreated for their mental illness, substance abuse, and serious physical health issues. They often fled from service providers and were quick to deny that they were in need of help. They received few or little mainstream services and were often without any form of benefits at all. At the other extreme was a group of very high-profile homeless, well known to the community. These persons were often banned with regularity from area homeless shelters and exhibited behaviors that put them in conflict with the community. Many service providers had had experiences trying to assist this population and as a result were frustrated and less than willing to try yet again.

These two subpopulations were the people whom Jay Levy

and the Eliot CHS team were committed to serving. With few resources, they had successfully housed some people. However, The Eliot Outreach Team was convinced that a greater number of the unaffiliated long-term homeless persons could be successfully housed, if housing resources in the form of safe and affordable units were to be made available with support services that effectively “meet the clients where they’re at.”

The opportunity came in the spring of 2005. The Commonwealth of Massachusetts had established an Interagency Council to battle homelessness. This mission was joined by Western Massachusetts under the guidance of Elizabeth Sullivan, Area Director of the Department of Mental Health. She called together not only state agencies with a presence in the area, but also the sheriff’s department, the regional housing court, local employment boards, conveners of the three continua of care areas and those who were working with the homeless day to day through the shelter and service provider community. This group became known as the Western Mass Interagency Council—WMIC. Within months of its creation, the group charged a subcommittee with identifying gaps in the services and resources available to chronically homeless adults.

Jay Levy and others took this opportunity to promote the idea of serving the unaffiliated. It would become the area’s first full-fledged attempt at directly housing individuals in the absence of eligibility tests. It was growing increasingly clear that safe and affordable housing was as important to the wellness of long-term homeless persons as treatment plans and medical care. Through a pilot program called the REACH Housing First Program, homeless individuals who were formerly considered “not ready” to be housed were now being engaged and offered housing on the strength of their willingness to accept it. Eligibility based on a diagnosis by a licensed practitioner, as well as compliance with treatment-based approaches, were no longer the criteria for getting housed.

As a result of our newfound success at housing this normally under-served population, a new set of challenges arose that mirror the challenges of reaching out to persons living on the streets and in the shelters. When working with individuals who are not interested in treatment, but present with an array of difficulties, where does the outreach counselor or housing first worker begin? This book, *Homeless Narratives & Pretreatment Pathways*, not only answers this important question, but also provides an overall approach for successfully engaging and working with those who have been considered the hardest to serve, yet most in need.

—Dave Modzelewski
Western Massachusetts Housing Coordinator,
Department of Mental Health

Preface: Gaining Perspective

Can you imagine being so engulfed by a problem that the most relevant issues are beyond your grasp? Unfortunately, this is the case for many individuals in the throes of addiction, or for those suffering from untreated major mental illnesses such as schizophrenia. This is also true when it comes to addressing certain social ills such as homelessness. Social policy often suffers from a disconnect between it and the people it purports to serve. The denial on both a societal and individual level runs deep; so effective solutions have remained elusive.

More than twenty years ago, I graduated from Columbia University's social work program and began providing outreach-counseling services to homeless individuals. Even though I was well schooled in applying clinical principles, I quickly realized that my work lacked the cohesion and meaning that a guiding outreach and engagement philosophy (pretreatment approach) could provide. There was a major problem: my knowledge was treatment-and-systems oriented, while the most vulnerable among the homeless often showed little or no interest in accessing clinical care or case coordination. At first, I could only sense that something was adrift, but over time, this became a conscious and frustrating reality. Supervision, staff meetings, and my interactions with clients seemed stunted.

The conversations and considerations with other outreach clinicians were helpful, but assessing the quality of one's work appeared somewhat subjective. Outreach approaches were determined more by the counselor's personality and perhaps a specific interest or specialty, rather than a well-informed perspective. I understood that matching a counselor's particular talents, personality, and specialties carefully to their work had some credence, but it didn't replace the need for a guiding pretreat-

ment philosophy based on sound clinical principles. What is needed is an integration of a pragmatic and eclectic paradigm that can meld well with a wide range of outreach counselors and people without homes. This became my quest, and ultimately led to this book.

Over the years, my experience as an outreach clinician, clinical supervisor, residential program director, and regional manager has caused me to reflect on multiple levels. This has helped me to understand and appreciate the variety of challenges encountered in homeless and residential settings as well as integrating care across disparate systems. I am forever thankful for the meaningful encounters I've had with both staff and with people who have experienced homelessness. Their stories have touched my soul and deepened my understanding of the specific challenges of homeless outreach.

Gaining perspective is just as important to the helper as it is to the person in need. Somehow they must both agree on what needs to be done and form a working partnership. In essence, this is a collaborative undertaking toward bringing about positive change. This is more difficult than it may seem, because the participants often come from vastly different backgrounds, cultures, and life experiences. Both parties may earnestly believe that the other lacks recognition of the real difficulties at hand. The outreach clinician may experience many of his clients as denying mental health, addiction, and/or medical issues that have a profound negative impact on their health. The person experiencing homelessness may wonder how the outreach clinician fails to fully realize the negative impact of poverty and the extent of social injustice suffered. The importance of finding a mutually agreeable perspective that promotes collaborative work is essential and cannot be overstated. Without it, the status quo of long-term homelessness and untreated major illness remains in place, and that is unacceptable.

There is power in gaining perspective. Both field experience

and careful reflection can bring a deeper understanding to practitioners. This reframing can provide a new gestalt that gives insights and meaning to our everyday work. Challenges of the past can be reconciled and so much more can be accomplished. This book presents three innovative ideas (based on universal principles of clinical care) that redefine outreach-counseling methods and their intended applications with under-served populations who are reticent to accept services, such as long-term homeless individuals with untreated mental illness and addiction.

The first idea is a developmental model of the engagement process that identifies stage-specific challenges and interventions. The second is a theory of common language construction that outreach counselors can use to gain a better understanding of their clients' worlds and how to make offerings that can be understood from a common frame of reference. The third, and woven throughout the text, is a pretreatment approach that integrates theory and practice in conjunction with informative and compelling case examples. This provides a portable reference for outreach counselors and human service employees who attempt to engage with hard-to-reach populations in a variety of settings. Further, it opens the door toward creative practice and partnerships that provide real service and resource options to the many vulnerable people who are under-served and remain in need. I wrote this book to educate others about the plight of long-term homeless individuals with untreated illnesses (addiction, mental illness, medical conditions) and their need for pretreatment alternatives that promote health and housing stabilization. It is my hope and conviction that the client narratives and pretreatment philosophy discussed throughout this text will provide the well-informed perspective needed for improving policy, supervision, and outreach-counseling services with under-served populations.

I

On the Road to Pretreatment

“It is said that the worth of society can be measured by the manner in which it treats its weakest member.”

—Unknown Origin

On any given night, there are over 643,000 homeless people residing in shelters and on the streets across America (HUD-Annual Homeless Assessment Report (AHAR), 2010). Every year, homeless people die from hypothermia and/or an array of medical complications, while others suffer from untreated mental illness, addiction, and medical conditions leading to a steady deterioration of their health. Unfortunately, it is not uncommon to meet homeless individuals who have not been housed for 5, 10, or even 15 years. Homeless outreach workers, clinicians, and other human service professionals are needed to provide long-term homeless individuals with meaningful options that can be considered and acted upon to promote safety, housing placement, and ongoing stability.

For too long, the homeless outreach process has been viewed more as freelance art, rather than following a consistent model that is broad enough to address the wide range of issues experienced in the field. This is not to discount the extraordinary talent and dedication of many outreach counselors, nor to suggest that such proven approaches as the Trans-Theoretical Model of Change (Prochaska and DiClemente, 1982) have not been effectively applied. What is lacking is an overarching set of principles that captures the complexity of helping hard-to-reach populations that are reticent to accept services, but are in need of

health care and housing.

In contrast, this book introduces a pretreatment approach that addresses a wide variety of outreach challenges, while providing an integration of practice and theory that can guide outreach counselors and other human service providers. Clinical principles based on a Developmental Model of Engagement, Narrative Psychology, and Ecological Social Work, as well as Change Model and Harm Reduction approaches provide the groundwork for developing a pretreatment perspective. This book explores the journeys of outreach clinicians and homeless survivors through the moving narratives of Old Man Ray, Andrew, Lacey, and others. Their stories highlight the different applications of pretreatment principles, while demonstrating creative alternatives to standard clinical methods. This approach provides pathways from the indignities of homelessness toward better lives of restored hope and possibilities.

People with histories of long-term homelessness and a variety of disabilities can and do partake in a meaningful journey back home. They contribute to our society not just as good neighbors, consumers, and family members, but also as individual survivors of the streets, woods, and shelters. It is important that their stories are heard and the hard lessons are learned on individual, societal, and spiritual levels. The simple, yet important lesson of “appreciation,” or not taking things for granted, has been driven home on countless occasions through our many experiences with homeless persons. In fact, the more we bear witness to the stories of homeless survivors, the more we are convinced of the strength and endurance of the human spirit, as well as the magnificent healing power that a meaningful relationship can harness.

This book focuses on the issues of homelessness and the specific applications of pretreatment within the context of a helping relationship. However, it also presents a microcosm of the human condition and societal failings toward adequately helping those who are most in need. We have to relearn that

reaching out to the poor is good for the soul, and thereby helps society, and in the end... us.

Current State of U.S. Homelessness, Policy and Initiatives

It is both a moral imperative and a necessity that our efforts to stem the tide of homelessness are supported and improved upon. Across the United States, the emergency shelter system and the streets have become the long-term housing option for tens of thousands of people who suffer from chronic medical conditions and/or mental illness inclusive of severe addictions (Burt et al, 1999; Burt, Pearson, Montgomery, 2007). In fact, a conservative analysis estimates that across the United States, 2.3 to 3.5 million people are homeless annually (Burt and Aron, 2000). This estimate is a combination of persons entering shelters throughout the year, as well as the vast numbers of homeless who, for a variety of reasons, are unsheltered. The U.S. Department of Housing and Urban Development's 2009 homeless point in time count (HUD AHAR, 2010) reports over 643,000 persons, which is composed of approximately 63% individuals and 37% families and children. It is a one-night snapshot of homelessness, so the number is far less than reflected in the yearly count (HUD AHAR, 2010) that estimates over 1.5 million people seeking shelter.

Obviously, the emergency shelter system was not designed to be the answer to long-term homelessness, and the streets (along with other unsheltered alternatives) are not suitable for people with chronic illnesses. It is a sad reality that the richest country in the world continues to be impacted by such large homeless numbers and its negative consequences on our schools, neighborhoods, healthcare system, and future generations. We can and should do better! Advocates, human service providers, and homeless persons themselves have grappled with this throughout the years, but over all this time, the cost of long-term

homelessness can be measured in both lives lost and dollars wasted. In fact, the federal government has officially recognized the persistence of long-term homelessness and its associated difficulties by authorizing a definition of chronic homelessness matched with new funding initiatives through the department of Housing and Urban Development (HUD). The HUD definition (McKinney-Vento, 2002) of a chronically homeless person is as follows:

“An unaccompanied homeless adult with at least one disabling condition (includes substance abuse, mental illness, developmental issues, and medical conditions) who has been homeless for at least 12 consecutive months, or has had 4 discrete homeless episodes within 3 years.”

Over the past few years, there has been a sea change in both homeless policy and in efforts at promoting an organized approach for reducing chronic homelessness. During his tenure as executive director of the Federal Interagency Council on Homelessness, Phil Mangano led the charge for developing a nationwide initiative that challenged the leaders of individual states and their sub-regions to develop action plans to end chronic homelessness.

Currently, Ten Year Plans are being developed and implemented in an effort to end chronic homelessness, and thereby reduce social and financial costs (All Roads Lead Home, 2008; The Commonwealth of MA, 2003; National Alliance to End Homelessness, 2000). Ultimately, these plans are based on collaborative efforts between concerned individuals, advocacy groups, local city and town employees, politicians, policy makers, non-profit service providers, charities, businesses, etc. These collaborative networks are being established to address fundamental issues such as developing affordable housing with support services, promoting better access to community-based

resources and services, and implementing strategies of prevention in order to reduce future homelessness. Advocates and policy makers now understand that addressing access, resource, and prevention issues are paramount, if we are to be successful in turning long-term homelessness into a rare or unusual phenomenon. This has culminated in the Obama administration's recent unveiling of the first National Strategic Plan to Prevent and End Homelessness (US Interagency Council on Homelessness, 2010).

Meeting Future Challenges

Clearly, innovative approaches such as *housing first* models are part of the solution to long-term homelessness (National Alliance to End Homelessness, 2000; Tsemberis, Gulcur, and Nakae, 2004). A Housing First approach recognizes that the critical intervention is to house people as rapidly as possible, while simultaneously offering support services, but not require treatment as a *prerequisite* to getting housed. This approach has shown some initial success by demonstrating housing retention and reducing the financial costs associated with homelessness (Stefancic and Tsemberis, 2007). Unfortunately, these programs are too few in number, and can't be expected to replace the ongoing need for affordable housing and livable income. While nationwide collaborative efforts continue to have a positive impact, poverty and homelessness remain interlocked for the foreseeable future.

The question is whether the gains made by addressing access, resource, and prevention issues can outstrip the current and future rates of homelessness. Regardless of the outcome, a guiding set of pretreatment principles is warranted for providing quality services that can make inroads with the most vulnerable and hardest to reach among homeless individuals. A pretreatment philosophy will give outreach clinicians and Housing First program staff a better understanding of how to assist chronically

homeless individuals in creating pathways that lead to housing, treatment, and stabilization. The outreach counselor is uniquely positioned as an interpreter between the world of the homeless person and the world of human services. The goal of the outreach clinician is to serve as a bridge between these two disparate worlds.

This book presents a pretreatment model that guides us on how to meet this critical challenge. Five pretreatment principles and their applications (see Table 1, p. 129) are detailed through the examination of several homeless narratives. Successful application of these principles is dependent upon the strong foundation of a trusting relationship between counselor and client. This is facilitated by developing a common language of ideas, words, and values that is understood and shared by both parties.

It is my experience, and in essence my story as an outreach clinician and program manager, that proper application of pretreatment principles can make a critical difference in the lives of the people we serve. The goal is to effectively integrate theory and practice so that outreach counselors, other human service staff, and policy makers are provided with an approach that captures the complexities of the homeless person's world, while giving helpful feedback and an overall sense of direction to their work. The homeless narratives offered here emphasize direct care challenges and homeless realities, while demonstrating the application of pretreatment principles. Ultimately, we must effectively reach out to those most in need and achieve a successful journey home, rather than continue to tolerate prolonged homelessness and instability. In essence, these are vital and necessary steps toward stemming a seemingly endless homeless cycle.

Homeless Narratives & Pretreatment Pathways

“Levy crafts stories of characters who sear the memory: *Old Man Ray*, the World War II veteran who resents the VA system and regards himself as the de facto night watchman at Port Authority; *Ben* who claims to be a prophet disowned in his own country, crucified by the government and enslaved by poverty finds a bridge to the mainstream services and a path to housing through the common language of religious metaphors, including redemption and forgiveness; and *Andrew* who has been ‘mentally murdered’ is helped to understand his own situation and gain disability benefits through the language of trauma; among others.

These stories are deftly interwoven with theory and practice as Levy constructs his developmental model of the engagement and pretreatment process. The outreach worker strives to understand the language and the culture of each homeless individual, builds a bridge to the mainstream services, and helps those providers to understand the special circumstances of these vulnerable people. Levy bears witness to the courage of these pilgrims who wander the streets of our cities, and his poignant book is a testament to the healing power of trusting and enduring relationships.”

—Jim O’Connell, MD - President and Street Physician for
Boston Health Care for the Homeless Program



The reader will...

- Experience moving real life stories that demystify homeless outreach and its central objectives and challenges.
- Learn about effective strategies of outreach & engagement with under-served populations.
- Understand and be able to utilize the stages of common language construction in your own practice.
- Learn about pretreatment principles and their applications with persons experiencing untreated major mental illness, addiction, and medical issues.
- Discover new interventions via outreach counseling, advocacy and case management with people experiencing long-term or chronic homelessness.
- Understand how to better integrate policy, programs (e.g. Housing First), and supervision with homeless outreach initiatives.



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