



Dialectical Behavior Therapy as a catalyst for change in street-involved youth: A mixed methods study



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ARTICLE INFO

Article history:

Received 21 May 2015

Received in revised form 22 September 2015

Accepted 24 September 2015

Available online 28 September 2015

Keywords:

Street-involved youth

Mental health

Resilience

Dialectical behavior therapy

Mixed methods

ABSTRACT

The current study implemented and evaluated a 12-week Dialectical Behavior Therapy (DBT) intervention across two Canadian service agencies providing drop-in, shelter and transitional housing to street-involved youth in order to alleviate mental health challenges and to strengthen resilience. A quasi-experimental mixed methods design with a wait-list comparison was used. Overall results demonstrate that youth who received the DBT intervention ($N = 60$) demonstrated significant improvement in mental health challenges (e.g. depression, hopelessness, and anxiety), as well as significant improvement in resilience, self-esteem, and social connectedness immediately post-intervention. Participants in the wait-list control did not demonstrate significant improvement on any of the study outcome measures. Furthermore, the gains attained for the intervention group were sustained at four and 10 weeks post-intervention. The qualitative data substantiates these findings; further shedding light on youth's perspectives regarding the impetus for engaging in DBT, the experience of DBT and the impact DBT had on their lives. Results of this study suggests that DBT implemented by front-line clinicians shows promise in meeting the needs of street-involved youth in the community. Moreover, this study demonstrates that it is possible, with the right approach and support, for an interdisciplinary team of youth workers, nurses, and social workers to implement an evidenced-based treatment with youth at community agencies thereby increasing access to needed services to support youth in ultimately exiting the street.

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1. Introduction

Street-involved youth experience a high degree of distress and are in critical need of targeted services; including secure shelter and/or transitional housing, as well as the full spectrum of health and social services (Elliott, 2013). In particular, mental health issues can either be a substantial risk factor for homelessness (Ensign & Ammerman, 2008; Elliott, 2013) or can arise in the context of the harmful circumstances of life on the street, such as exposure to trauma/violence, lack of basic necessities, participation in survival sex, and/or drug use (Kipke,

Simon, Montgomery, Unger, & Iversen, 1997; McCay et al., 2010; Morrell-Bellai, Goering, & Boydell, 2000).

Mental health challenges such as depression, anxiety, and self-harm are widespread, with suicide being a leading cause of death in youth who are street-involved (Chen, Thrane, Whitbeck, & Johnson, 2006; McCay et al., 2010; Roy et al., 2004; Stuart & Arboleda-Florez, 2000). In addition, substance use, including drug and alcohol use (Goering, Tolomiczenko, Sheldon, Boydell, & Wasylenki, 2002; Klein et al., 2000; McCay et al., 2010), is frequently used to alleviate emotional pain associated with either past or current traumas, as well as life on the street (McCay et al., 2011; Rachlis, Wood, Zhang, Montaner, & Kerr, 2009; Rew, 2003; Slesnick, Kang, & Aukward, 2008). Challenges with emotional regulation or, in other words, struggles with modulating emotional expression in the context of ongoing daily challenges and acute stress

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are thought to underpin experiences of depression, anxiety, self-harm, suicidality, and substance use, and can interfere with problem-solving and sustaining relationships (Cole, Martin, & Dennis, 2004). Moreover, severe mental health issues frequently preclude street-involved youth from fully engaging in a range of health and social services including educational or employment programs. As such, addressing the mental health needs of these youth is necessary to support their capacity to engage in available services and programs directed toward positive adaptation and reintegration (Slesnick et al., 2008). Please note that for the purpose of this paper, the term 'street-involved youth' is used as it captures a broad range of youth and young adults (ages 16–24) who have unstable housing and live in precarious situations, or who may be absolutely homeless (Elliott, 2013; Kelly & Caputo, 2007).

1.1. The compelling need for an innovative approach to intervention

Despite the severe nature of mental health problems amongst street-involved youth, only a small percentage use mental health services; highlighting problems with access to and availability of appropriate services (Bungay et al., 2006; McCay et al., 2010; Rachlis et al., 2009). The overriding barrier is the lack of mental health interventions with demonstrated effectiveness for street-involved youth (Karabanow & Clement, 2004; McCay, 2011; Slesnick, Prestopnik, Meyers, & Glassman, 2007). Clearly, there is a critical need for intervention research directed toward the implementation and evaluation of effective strategies pertaining to the mental health challenges of street youth (Klein et al., 2000; Nyamathi et al., 2005; Slesnick et al., 2007, 2008).

Over the past several years, two systematic reviews of interventions directed toward improving the life circumstances of street-involved youth have been undertaken (Altena, Brillleslijper-Kater, & Wolf, 2010; Coren et al., 2013). Both reviews highlight the lack of literature pertaining to mental health interventions for youth coping with life on the street. Specifically, Coren et al. (2013) undertook a Cochrane review of intervention studies to promote reintegration and reduce harm amongst street-connected children, and located 11 randomized or quasi-experimental intervention studies of sufficient relevance and rigor. Of the seven studies pertaining to street-involved youth, five focused on interventions that directly addressed mental health concerns (Baer, Garrett, Beadnell, Wells, & Peterson, 2007; Cauce et al., 1994; Hyun & Seo, 2003; Peterson, Baer, Wells, Ginzler, & Garrett, 2006; Slesnick et al., 2007, 2008). Three of the five studies reviewed concentrated on interventions targeting reductions in substance abuse (Baer et al., 2007; Hyun & Seo, 2003; Peterson et al., 2006) and demonstrated minimal positive effects of the interventions on substance use levels compared to controls. The remaining two studies by Cauce et al. (1994) and Slesnick et al. (2007, 2008) incorporated multi-faceted interventions focused on strengthening youth mental health. Specifically Cauce et al. (1994) evaluated the impact of an intensive mental health case management program on mental health outcomes and social adjustment, whereas Slesnick et al. (2007) assessed the impact of a Community Reinforcement Approach on coping and substance use. Overall, youth in both interventions did not improve to any significant degree beyond youth who were receiving treatment as usual.

The earlier review by Altena et al. (2010) reports on a limited number of effective intervention studies for street-involved youth, most of which were reported in the Coren et al. (2013) review and do not necessarily focus on mental health. The authors reinforce that the current intervention literature is of moderate quality, and primarily focuses on drug and alcohol use, emphasizing the need to focus on a broader range of outcomes, such as quality of life. Taken as a whole, these intervention studies have overlooked the core mental health problems of these youth, such as tremendous emotional turmoil (Chen et al., 2006; McCay et al., 2010; Roy et al., 2004; Stuart & Arboleda-Florez, 2000) and unstable relationship issues (McCay, 2011) that need to be addressed within the context of the challenging life circumstances of these youth. It is evident that there is a large knowledge gap related to

the accessibility of empirically-based interventions to reduce emotional distress, promote positive relationships, and support overall functioning among street youth. Addressing the mental health problems of street youth, including the very high levels of psychological distress, may well increase the capacity of youth to engage in opportunities for social reintegration, such as securing stable housing and employment (Anthony, 2014; Stablein & Appleton, 2013).

An extensive qualitative study of 128 street youth and 50 service providers (Karabanow, 2008) identified several characteristics that are central to successfully "exiting" the street, such as personal motivation and positive self-esteem, suggesting that offering an intervention to strengthen mental health and resilience holds promise. In addition, a more recent mindfulness intervention pilot study has been undertaken to strengthen resilience in street-involved youth (Grabbe, Nguy, & Higgins, 2012). The mindfulness intervention was well received by the youth, with participants who completed at least four of the eight sessions demonstrating improved levels of resilience, and decreased levels of depression and anxiety. Given the small sample size ($N = 39$) and the lack of a control group, a future study with a larger sample size and a more rigorous design would be recommended.

1.2. Dialectical Behavior Therapy

Originally, DBT was developed to reduce self-injurious behavior commonly seen in individuals with severe challenges in coping which are usually associated with borderline personality disorder (Linehan, 1993). From a theoretical perspective, DBT is based on the understanding that inadequate emotion regulation underpins a diverse range of difficulties in coping with life challenges (Linehan, 2000; Miller, Rathus, Dubose, Dexter-Mazza, & Goldklang, 2007). Over the past number of years, DBT has been adapted for a wide range of mental health challenges (e.g. mood and anxiety disorders, disruptive and self-harm behaviors); all of which include problems with emotion regulation (Linehan, 2000; McMain, Korman, & Dimeff, 2001; Miller, Rathus, Dubose, et al., 2007). As such, DBT is well suited to street-involved youth who experience a similar range of challenges with emotion dysregulation, which frequently include suicidal and non-suicidal self-harm behaviours, as well as addictive behaviours, depression, and anxiety.

Although DBT has not been explicitly tested with street-involved youth, it has been evaluated with adolescents. Specifically, the literature describing the application of DBT to adolescent populations informs the potential use of DBT with street-involved youth (Blackford & Love, 2011; MacPherson, Cheavens, & Fristad, 2013). Preliminary research that tested the application of DBT for adolescents with multiple mental health challenges utilizing quasi-experimental designs is encouraging (Miller, Rathus, & Linehan, 2007). Rathus and Miller (2002) evaluated an adapted version of DBT with a group of outpatient adolescents who reported feeling suicidal. The DBT group ($N = 29$) experienced significant reductions in suicidal ideation and general psychiatric symptoms, as well as a significant improvement in a range of issues, such as emotion regulation and impulsivity, compared to 82 youth who received treatment as usual.

Overall, DBT is designed to deal with multiple problems simultaneously (Linehan et al., 2002; Rathus & Miller, 2002) and promises to support street-involve youth who are frequently struggling with problems across a number of domains. In addition, street youth have immense difficulty making a commitment to new programs (Slesnick et al., 2008). DBT is designed to actively respond to problems with engagement; incorporating strategies to pursue reluctant participants to commit to the DBT intervention (Miller, Rathus, & Linehan, 2007).

2. Methods

Based on the existing empirical evidence supporting the effectiveness of DBT in adolescent populations, our collaborative research team

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