

# A Psychotherapeutic Approach to Serving Unsheltered People

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*Rebuilding lives together*

# The Relationship is the Treatment

- Psychotherapeutic work mostly does NOT utilize free association and INTERPRETATION of defenses and transference.
- Instead, psychotherapeutically-informed care is about MANAGING transferences and counter-transferences with you, other healthcare providers, social service providers, other parts of the system, housing and society at large.
- Engagement in a relationship makes that possible.

# Literature About Clinical Characteristics

Unsheltered homeless experience a high burden of psychotic, mood and personality disorders, substance use and trauma.

- Levitt AJ, Culhane DP, DeGenova J, O'Quinn P, Bainbridge J. Health and social characteristics of homeless adults in Manhattan who were chronically or not chronically unsheltered. *Psychiatr Serv.* 2009 Jul;60(7):978-81. doi: 10.1176/ps.2009.60.7.978. PMID: 19564231.
- Barry R, Anderson J, Tran L, et al. Prevalence of Mental Health Disorders Among Individuals Experiencing Homelessness: A Systematic Review and Meta-Analysis. *JAMA Psychiatry.* 2024;81(7):691-699. doi:10.1001/jamapsychiatry.2024.0426

# What are Others Doing?

Hyun M. Systematic review and meta-analyses of randomized control trials of the effectiveness of psychosocial interventions for homeless adults. J Adv Nurs. 2020 Mar;76(3):773-786.

- Relaxation Response Training and CBT improve anxiety.

Rodriguez-Moreno S. Initial Effectiveness Evaluation of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders for Homeless Women. Behav Modif. 2022 May;46(3):506-528.

- Unified Protocol resulted in improvements in anxiety and depression.

# Who Are We Serving?—Personality Structures

Psychotic—Regressed, impaired ego functioning

- Poor reality testing
- Paranoia
- Fragmented boundaries—Primary narcissism and symbiosis

Borderline—Part-Object transferences

- Splitting
- Projection and projective identification
- Affective instability/reactivity and poor frustration tolerance
- Repetition compulsions

# Who Are We Serving?

Psychotic—Schizophrenia

Borderline—Bipolar disorders, ADHD, C-PTSD, Substance Use Disorders, MDD, IED

- Personality development delayed in pre-oedipal stages, often due to persistent trauma and/or neglect

# What's Common to Both?

## Claustro-agora-phobic dilemma (Henri Rey)

- Ambivalence about objects pits discomfort with entrapments vs fear of abandonment.
- Result of an inadequate or even traumatizing “marsupial space.”
- Concept has been applied to ambivalence about housing, especially housing that is reminiscent of institutional or other traumatizing settings.

The Set Up—The problem of “refusion”—Ambivalence between desire for connection and existential fear of annihilation:

- Avoiding engagement.
- Casting clinicians as other evil agents of the conspiracy.

## Options

- Reality testing vs rolling with the paranoia.
- Oblique interpretations of transference.
- Focusing on collateral symptoms, e.g., “stress” or insomnia.
- Navigating the gauntlet of evil.



The Set Up—Ego development is stuck in a pre-oedipal morass of oral needs and/or desperate object relations inadequacies.

- Splitting, projection, projective identification, sadomasochistic repetition compulsions, substance use, eating disorders, affective instability, under-developed impulse control.

## Approach

- Don't act out the role you have been cast in.
- Supportive boundary discipline—can you be a chaos container and supportive mirror.

# GOAL

Nurture an effective relationship through which you can help a person access benefits and become housed.

Brown G, ed. Psychoanalytic thinking on the unhoused mind. Routledge, 2019.

**Especially:** Campbell J. Homelessness and Containment.

Finkelstein S, Weiss H, eds. The Claustro-Agoraphobic Dilemma in Psychoanalysis: Fear of Madness. Routledge, 2022.

**Especially:** Rey H. The Schizoid Mode of Being and the Space-Time Continuum (Before Metaphor).

# THANKS!

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