

# What would you do if ...

... your client who is pregnant admits to you that her boyfriend sometimes punches her in the face and the stomach, but it doesn't happen too often and besides, she really loves him?

... you are told by your supervisor that alcoholic and drug-using clients have to "hit bottom" before they will change and therefore it's a waste of your time to do outreach to these individuals while they're still drinking/using?

... the shelter in which you work is trying to decide whether to "bar" a very psychotic client you've been trying to engage because of rude and offensive comments she has been making to other shelter residents?

... your client, who has a history of several suicide attempts and is currently expressing serious suicidal ideation, refuses to seek treatment voluntarily and states she'll deny having any suicidal thoughts if you attempt to have her involuntarily committed to treatment?

... a homeless youth, who has tested positive for HIV, tells you he makes money to survive by having sex, usually unprotected, with various regular customers?

... a client tells you "in confidence" that she is using false identification to obtain additional food stamps so she can get enough food to eat for herself and her two young children?

... the only way your client will get accepted into housing for which he's been waiting a long time is by "stretching the truth" in your reference statement about the amount of time he's been clean and sober?

... you really need to talk with your supervisor about some dilemmas you're facing in your work, but you have difficulty trusting your supervisor's direction because this person tends to give advice without really listening and understanding the issues you are concerned about?

... the local police ask you to accompany them on their walking beats to help intervene with certain problematic homeless people? (Though the police seem well intended, you wonder about the implications for your outreach work if you are perceived as closely associated with law enforcement personnel.)

... a man living in a homeless encampment down by the river has had a suspicious cough for over a month, but refuses to get it checked out at the clinic nearby, saying it's probably just a smoker's cough?

... local politicians and civic groups, who provide significant funding for your outreach work, are putting pressure on you to do more about “cleaning up the streets” of visibly homeless people in the downtown business district, rather than doing outreach in a more client-centered manner? (In the words of sociologist Peter Marin, they’re primary interest is to “cosmetically rearrange the world.”)

... a local privately owned apartment building is the only place you can find that will accept your very difficult-to-house client, but you are aware the building is clearly not kept up to code and the landlord has a history of arbitrarily evicting tenants without cause?

... when you ask permission to testify at a local hearing on homelessness, your supervisor tells you that “advocacy is for the advocates, and that you are to spend your time helping people, not doing advocacy?”

... your promotion of needle exchange and handing out bleach kits to clients who inject drugs is criticized by your outreach partner as “enabling” clients to continue using drugs?

... your client who is terminally ill refuses any further treatment and says he just wants to die under the bridge where he has been staying for several years?

... you learn that a client you are working with who is developmentally disabled has been recruited to be a “drug runner” for a dealer, who gives your client money, nice gifts, and special attention?

... you are aware that the disorganized thinking of a client with severe schizophrenia has cleared remarkably in the past when taking psychiatric medications under court-ordered treatment, but he refuses to take medicines voluntarily, is not “committable” and is barely surviving on the streets?

... a homeless individual who refuses to stay in shelters or seek other housing has been recently diagnosed with insulin-dependent diabetes?

... your client, who has remained drug-free since successfully completing long-term residential treatment for his heroin addiction three months ago, tells you he has been having intense cravings to use again?

... your client, who was convicted of a sex offense a year ago when he was in a “blackout,” did jail time and was released from jail on probation with the conditions to register as a sex offender and to not drink, has begun drinking occasionally and has been frequently logging on to pornography sites on the computer at the public library?

... a client who you’ve known a long time who lives under the freeway and has a long history of post-traumatic stress disorder and alcoholism says it’s only a

matter of time until he's going to commit suicide, but not to worry, because he'll do it alone and no one else will ever know?

... you finally have gotten your client into permanent housing, but it seems to be more of a problem than a solution? (He says he feels walled in, doesn't like being alone, people are constantly knocking at his door wanting to sell him drugs which threatens his own recovery, and he is feeling more and more depressed. He says he was happier living on the streets.)

... your client, who recently moved into drug-alcohol-free transitional housing after successfully completing in-patient treatment, tells you "in confidence" that she's been drinking occasionally, but only on weekends and always away from the transitional housing facility?

... your client tells you that he's proud of himself because he's cut down from smoking crack daily to five days a week?

... (examples from your own experience)