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LOYOLA UNIVERSITY CHICAGO

EMPOWERING HOMELESS YOUTH IN TRANSITIONAL LIVING PROGRAMS:
A TRANSFORMATIVE MIXED METHODS APPROACH TO UNDERSTANDING
THEIR TRANSITION TO ADULTHOOD

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

PROGRAM IN SCHOOL PSYCHOLOGY

BY

ASHLEY ETZEL AUSIKAITIS

CHICAGO, ILLINOIS

AUGUST 2014

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ACKNOWLEDGEMENTS

I would like to take this opportunity to thank my dissertation chair and advisor, Dr. Martha Ellen Wynne, for her unflagging support and mentorship. Thank you for giving me the opportunity to become a leader in the field and believing in my talents. Also deserving of gratitude are the other members of my dissertation committee, Dr. David Shriberg and Dr. Amy Dworsky. Thank you Dr. Shriberg for convincing me that I was researcher-material on the first day of graduate school, helping me develop my social justice focus and giving me opportunities to try out many different roles over the past six years. As she is a leader in the field of research on social policy, foster youth and homelessness, it is a privilege to have Dr. Dworsky on my committee, and I appreciate her guidance on this project.

I would also like to thank my parents, Deborah Etzel and Joseph Ausikaitis for their constant love and care. Thank you to my mother, who has always provided me with emotional support, for planting that slightly guilty feeling that I should be working at a young age and for always reminding me what I am capable of. Special thanks go to my father for always checking on the percentage of completion of my project and for helping me with auditing, formatting, spreadsheets and editing. Acknowledgement goes to my colleagues at Loyola, particularly those in the GDDD writing group (Poonam Desai, Sofia Flores, and Alison Alves), for providing motivation and encouragement. Thanks to the many members of the Home School Community Research team for providing the

manpower and energy essential to our activist research agenda. Thank you also to my professors at Loyola – particularly Gina Coffee, Dennis Simon, Lynne Golomb and Pam Fenning, for giving me the tools to complete this undertaking and become an effective school psychologist.

This dissertation is dedicated to the youth participants who shared their stories and their time with me. Thank you also to William Bulka, Alexis Allegra, Joe Hankey, and Alejandro Mendez for welcoming me as a member of the transitional living program communities and for giving me the opportunity to get to know these fabulous and inspiring young people. This dissertation is also dedicated to Adam Charles Knoerr (1979-2012), who blessed my life tremendously and brought so much positivity into this world. His support and admiration for my work gave me strength to continue even in dark times. Adam's life and life's work have inspired me to dedicate my career to advocating for marginalized and exceptional children and youth.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	iii
LIST OF TABLES	viii
LIST OF FIGURES	ix
ABSTRACT	xi
CHAPTER I: INTRODUCTION.....	1
Homeless Youth and Emerging Adulthood	1
Definitions.....	1
Prevalence	2
Laws that Protect this Population	3
Runaway and Homeless Youth Act	3
McKinney-Vento Act.....	4
Foster Care Law	4
Purpose of Research.....	6
Current State of the Field	6
Contribution of Study	8
CHAPTER II: LITERATURE REVIEW	10
Roadmap for Literature Review.....	10
Societal Injustices and Homelessness.....	11
Structural Risk Factors that Can Lead to Homelessness	13
Poverty	14
Social and Cultural Capital	15
Minority Status.....	16
Intersectionality.....	18
Individual Risk Factors that Can Lead to Homelessness.....	20
Family	21
Parenting Style	21
Childhood Abuse	23
Foster Care System	25
Risk and Protective Factors in Life on the Street	26
Peers.....	26
Mental Health.....	29
Substance Abuse	30
Criminality	32
Sexual Health	33
Sexual Orientation and Gender Identity	34
Physiological Health	36
Outcome Research on Services for Homeless Youth	37
Street Outreach.....	38
Emergency Assistance	39

Case Management	40
Basic Centers	41
Family Reunification Therapy	43
Housing Based Transitional Living Programs	46
Sanctuary Model	48
Looking Forward	52
Summary of Literature	52
Purpose of this Study	53
CHAPTER III: METHODS	55
Research Questions	56
Transformative-Emancipatory Paradigm	57
Social Justice Theory	58
Positioning of the Author	59
Mixed Methodology	60
Procedure	62
Data Collection	63
Sampling Strategy	64
Partnering Site Descriptions	65
Focus Group Participants	67
Interview Participants	68
Qualitative Measures	68
Focus Groups	68
Interviews	69
Quantitative Measures	70
Standardized Measures	71
Survey	76
CHAPTER IV: RESULTS	79
Initial Quantitative Analysis Phase	79
Initial Qualitative Analysis Phase	79
Integrated Analysis Phase	81
Reliability and Validation	82
Focus Group Data	82
Services	83
Staff Support	86
Environment	88
Sanctuary Model	91
Wants	95
Focus Group Summary	97
Interview Data	98
Risk Factors	100
Protective Factors	108
Time 1 Goals	113
Time 2 Goals	120
Completed Goals	121

Goals Not Yet Achieved	121
Terminated Goals	122
New Goals	123
Quantitative Results	124
Demographics	124
Community Scale	126
Adulthood Scale	128
Occupational Self-Assessment	131
Achenbach System of Empirically Based Assessment Adult Self Report	134
Quantitative Integration of Results	154
Qualitative Integration of Results	156
Integrated Protective Factors	156
Integrated Risk Factors	159
CHAPTER V: DISCUSSION	164
Personal Response of the Author	164
Summary of Findings	165
Policy Implications	170
Program Implications	177
Limitations of this Study	179
Recommendations for Future Research	182
APPENDIX A: INTERVIEW CONSENT FORM	185
APPENDIX B: FOCUS GROUP CONSENT SCRIPT	188
APPENDIX C: FOCUS GROUP PROTOCOL	191
APPENDIX D: INTERVIEW PROTOCOL	194
APPENDIX E: SURVEY	197
REFERENCES	200
VITA	211

LIST OF TABLES

Table 1. Agency Descriptions	65
Table 2. Research Questions and Corresponding Measures	77
Table 3. Focus Group Participant Demographics	83
Table 4. Interview Participant Demographics	99
Table 5. T1 Goals.....	114
Table 6. Participant Goal Progress Summary	120
Table 7. Gender Frequencies	125
Table 8. Race Frequencies	125
Table 9. Participant Age and Length of Stay at TLP in Months.....	125
Table 10. Community Scale Descriptive Statistics	128
Table 11. Adulthood Scale Descriptive Statistics	131
Table 12. Descriptive Statistics for the OSA Competence and Value Scales	132
Table 13. ASEBA Syndrome Scale Descriptive Statistics	136
Table 14. ASEBA Adaptive Functioning Scale Descriptive Statistics	147
Table 15. ASEBA Substance Use Scale Descriptive Statistics	149
Table 16. ASEBA Other Drug Use Descriptive Statistics by Agency and Time	149
Table 17. ASEBA DSM-Oriented Scale Descriptive Statistics	151
Table 18. Gain Scores on Quantitative Measures	155
Table 19. Gain Scores and Goals	156

LIST OF FIGURES

Figure 1. The Ecological Perspective	13
Figure 2. Concurrent and Sequential Complementary Design	63
Figure 3. Interview Themes	100
Figure 4. Community Scale Scores by Participant and Time	126
Figure 5. Community Scale Scores Individual Time Analysis.....	127
Figure 6. Adulthood Scale Scores by Participant and Time	129
Figure 7. Adulthood Scale Individual Time Analysis	130
Figure 8. OSA Competence Scores by Participant and Time	132
Figure 9. OSA Total Value Scores by Participant and Time	133
Figure 10. OSA Total Competence Scale Individual Time Analysis	133
Figure 11. OSA Total Values Scale Individual Time Analysis	134
Figure 12. Anxiety/Depression Symptom Scores by Participant and Time	137
Figure 13. Withdrawn Symptom Scores by Participant and Time	137
Figure 14. Thought Problems Symptom Scores by Participant and Time.....	138
Figure 15. Attention Symptom Scores by Participant and Time	138
Figure 16. Aggression Symptom Scores by Participant and Time	139
Figure 17. Rule Breaking Symptom Scores by Participant and Time	139
Figure 18. Internalizing Symptom Scores by Participant and Time	140
Figure 19. Externalizing Symptom Scores by Participant and Time	140

Figure 20. Total Symptom Scores by Participant and Time	141
Figure 21. Anxiety/Depression Symptom Scores Individual Time Analysis	141
Figure 22. Withdrawn Symptom Scores Individual Time Analysis	142
Figure 23. Thought Problem Symptom Scores Individual Time Analysis	142
Figure 24. Attention Symptom Scores Individual Time Analysis	143
Figure 25. Aggression Symptom Scores Individual Time Analysis	143
Figure 26. Rule Breaking Symptom Scores Individual Time Analysis	144
Figure 27. Internalizing Symptom Scores Individual Time Analysis	144
Figure 28. Externalizing Symptom Scores Individual Time Analysis	145
Figure 29. Total Symptom Scores Individual Time Analysis	145
Figure 30. Total Adaptive Functioning Scores by Participant and Time	147
Figure 31. Total Adaptive Functioning Scores Individual Time Analysis	148
Figure 32. Other Drug Use by Participant and Time	150
Figure 33. Other Drug Use Individual Time Analysis	150
Figure 34. Depression Scores by Participant and Time	152
Figure 35. Depression Scores Individual Time Analysis	152

ABSTRACT

The purpose of this dissertation is to gain insight into the journeys of homeless youth residing in transitional living programs in the Chicago area. There are multiple factors that can lead youth to homelessness as well as various risks made greater by living on the street that can lead to negative life outcomes. There is a dearth of research on outcomes of youth in transitional living programs, particularly research that includes the perspectives of those receiving services. This researcher partnered with two transitional living sites that serve homeless youth ages 18 to 24. Utilizing both qualitative and quantitative methods, the researcher collected information about participant's backgrounds, educational levels, job status, mental health, goals and sense of community before and after six months of participation in long-term transitional living programs.

CHAPTER I

INTRODUCTION

Homeless Youth and Emerging Adulthood

Emerging adulthood is a period between late adolescence and early adulthood and it is a critical period of transition to independence in our society (Arnett, 2000). It is a time when individuals grow in independence and begin to develop in independent adult life away from their parents. Families typically play a significant role in that transition. While many middle and upper-middle class youth still have access to financial and residential support from their parents, youth who grow up in socio-economically disadvantaged families are more likely to be residentially and financially independent at an earlier age (Cobb-Clark & Gørgens, 2012). Young adults who come from low socio-economic backgrounds are then charged to find their own places to live and support themselves while pursuing education or a career. These challenges can lead to homelessness in young adulthood. Those who are forced or feel forced to seek independence at early ages are particularly at risk for becoming homeless youth.

Definitions

In the literature, the term “homeless youth” acts as an umbrella to encompass a wide array of young people (Moore, 2005). These individuals include unaccompanied youth (living without their nuclear families), runaways, throwaways (forced out of their homes) as well as street-living youth and many youth who are exiting the foster-care

systems due to aging out. The McKinney-Vento Act, a federal law that protects homeless students, defines homeless youth as,

Runaways living in runaway shelters, abandoned buildings, cars, on the streets, or in other inadequate housing; children and youth denied housing by their families (sometimes referred to as ‘throwaway children and youth’); and school-age unwed mothers living in homes for unwed mothers because they have no other housing available. (42 U.S.C. 11431, *et seq.*)

This law only protects youth from ages three to 18 or 22 if they qualify for special education services. However, the existing literature reports several age ranges used to characterize homeless youth. In the literature, homeless youth are generally identified as being between the ages of 12 and 24. The range most commonly studied is between the ages of 14 and 21, but many recent studies of homeless youth have also included young adults up to age 24 (Moore, 2005; Slesnick, Kang, Bonomi, & Prestopnik, 2008). This age range was established to correspond to the years of adolescent brain development, which current research shows is not primarily completed until the early twenties (Wayman, 2009). This study in particular focused on homeless youth between the ages of 18 and 24, but the literature review includes information about all homeless youth.

Prevalence

Due to the transient nature of homelessness combined with the perceived need to evade authorities, it is extremely difficult for researchers to get an accurate picture of the prevalence of homelessness in youth. According to the National Alliance to End Homelessness (2012), it is estimated that while there are 1.7 million unaccompanied youth under age 18, only 380,000 remain away from home for a week or longer; of that subpopulation, it is estimated that 327,000 are temporarily disconnected from home,

29,000 are unstably connected, and 24,000 are chronically disconnected. The National Alliance to End Homelessness (NAEH, 2012) also estimated the population of single homeless young adults from ages 18 to 24 to be 150,000; it is estimated that 122,000 are transitionally homeless, 13,000 are episodically homeless and 15,000 are chronically homeless. These estimations were developed based on a typology developed in order to define the situations and needs of three subgroups of homeless youth and young adults; low-risk, transient and high-risk (Toro, Lesperance, & Braciszewski, 2011). Additionally, about 25,000 youth in Illinois experience homelessness each year, with nearly 10,000 in Chicago alone (Night Ministry, 2006).

Laws that Protect this Population

Runaway and Homeless Youth Act

The Runaway and Homeless Youth Act of 2008 describes how federal funds are to be used to ensure the safety and support of homeless youth and runaways in particular [42 U.S.C. 5714-1 (B) § 322 (a)(2)]. When the Runaway and Homeless Youth Act was amended by Congress as the Reconnecting Homeless Youth Act of 2008, it included 140 million dollars per year to support street outreach, emergency assistance, and transitional living programs [P.L. 110-378]. This amount would translate into just 70 dollars per each homeless youth annually. By comparison, the average per-year cost of serving a young person in a transitional living program is approximately 15,000 dollars per year (National Network for Youth, 2008). To put the situation in the perspective of the education system, the average yearly expenditure per student in 2007-2008 was 10,441 dollars (NCES, 2011). However, unlike the obligation to keep children in school, there is

no obligatory rule that all homeless youth must be found and served, and many receive no services whatsoever.

McKinney-Vento Act

This law serves both homeless families and unaccompanied youth, and requires schools to provide educational stability, flexibility, and support to this population. The reauthorized McKinney-Vento Homeless Assistance Act of 2007 requires all homeless and highly mobile children to have “equal access to the same free, appropriate public education as provided to other children and youth” [42 U.S.C. 11431 (B) § 721]. In the case of the homeless youth, this law provides students with the choice to continue attending their original high school for the remainder of the school year during which they became homeless even if their current residence is out of geographic attendance area, or to transfer to a different school that is closest to their new living situation.

However, recent research has found that homeless youth, unlike parents advocating for their homeless students, are reticent to disclose their homeless status to the school or are unaware that their current living situation qualifies them for extra services (Wynne, Schumacher, Ausikaitis, Flores & Kula, 2011). The law requires parents or students to disclose their homeless status in order to receive services; many homeless youth end up dropping out without ever asking for help from their school.

Foster Care Law

Children and adolescents age 17 and younger can enter state child welfare systems due to abuse, neglect, or for some other reason, such as the death of a parent or child behavioral problems. Children in foster care can be placed in a variety of living

situations such as kinship foster care, foster boarding homes, group homes, and residential treatment facilities depending on their family resources as well as their needs and behavior. While in out-of-home foster care, the state child welfare agency serves the child in loco parentis and makes decisions on his or her behalf that are to promote his or her safety, permanence, and well-being (Fernandes, 2008).

The federal government has recognized that older youth in foster care and those “aging out” of the system are vulnerable to negative outcomes and may ultimately return to dependency upon the state as adults, either through public welfare, the criminal justice system or other support systems. In 1986, Congress passed legislation to assist certain older youth in care under a new Independent Living program, enacted as part of Social Security laws (P.L. 99-272). The legislation authorized mandatory funding to states under Section 477 of the Social Security Act and was made permanent in 1993 as part of P.L. 103-66. In 1999, the John H. Chafee Foster Care Independence Act (P.L. 106-169) replaced the Independent Living Program with the permanently authorized Chafee Foster Care Independence Program (CFCIP) and doubled the annual funds available to states from 70 million to 140 million dollars (Fernandes, 2008). The law also expanded the population of youth eligible to receive independent living services, including youth who have left care through age 21, and gave states greater flexibility in designing independent living programs. However, despite these legislative efforts, youth exiting the foster care system remain in jeopardy of becoming homeless without adequate supports to help them transition to independent adulthood. Youth, aging out of the foster care system face increased risk of homelessness, unemployment, low educational attainment,

incarceration, substance abuse, and mental health problems (Courtney & Dworsky, 2006). Therefore, increased attention to this population must be paid in order to help them transition more successfully into independent adulthood.

Purpose of Research

Current State of the Field

In comparison to other problems adolescents and emerging adults face such as poverty or disability, the topic of youth homelessness has a relatively sparse body of research. Research on homeless youth has focused on precipitating factors of home life such as abuse, parent substance abuse, poor parent mental health and poor parent-youth relationships that has led youth to become homeless (Haber & Toro, 2009; Stein, Milburn, Zane, & Rotheram-Borus, 2009). Another study of this type found the key reasons for leaving home expressed by the youth participants were the intolerance of rule-breaking behaviors as well as familial and interpersonal violence (Alvi, Scott & Stanyon, 2010). While no one family situation is a predictor of homelessness, literature focusing on risk factors has found that these themes are frequently reported by homeless youth when surveyed about their life growing up at home.

The second theme recognized in research for the past 30 years is risk factors that accompany life as a homeless youth on the street. This body of literature has cited high rates of substance abuse, risky sexual behavior, early parenting, intimate partner abuse, poor mental health outcomes and suicidality among street youth (Kidd, 2006; Rice, Stein & Milburn, 2008; Slesnick, Bartle-Haring, Glebova & Glade, 2006; Slesnick, Erdem, Collins, Patton, & Buettner, 2010).

Additionally, social networks have been found to play a positive mediating role in homeless youths' behavior, while sexual minority status has been a negative mediating factor (Cochran, Stewart, Ginzler & Cauce, 2002; Rice et al., 2008). All of the data collected about risk factors that come with life on the street are crucial for service providers to know in order for them to facilitate access to the appropriate services and to explain to youth how their choices might impact them long-term. However, in order for progress to be made in serving these youth, more research about the efficacy of specific services must be done so that the actual programs that provide assistance to this population can make funding considerations that provide services responsive to the specific needs of their clients.

Research has been conducted on service provision to homeless youth in emergency shelters and drop-in centers (Pollio, Thompson, Tobias, Reid & Spitznagel, 2006; Thompson, Pollio, Constantine & Von Nebbitt, 2002) as well as on case management, therapy and interventions (Ferguson & Xie, 2007; Slesnick, Prestopnik, Meyers & Glassman, 2007; Slesnick et al., 2008). Relatively little research has been conducted on service provision to homeless youth engaged in transitional living programs, and the literature available highlights shelter program design (Dworsky, 2010). Some outcomes studies have measured youth's mental health, vocational and educational statuses at three, six and twelve months after drop-in services or short term care (Cochran et al., 2002; Ferguson & Xie, 2008). The follow up strategy to assess long-term outcomes has not yet been attempted with youth in transitional living programs.

Contribution of Study

The current study seeks to respond to the existing body of literature by expanding the research on homeless youth's experiences in transitional living programs. In general, residents or former residents of transitional living programs can and should play a more important role in the evaluation and design of the programs serving them (Spiro, Dekel & Peled, 2009). In order to involve the participating youth in the process and provide meaningful data to service providers, multiple approaches were taken. The goal of this study is to understand the perspectives and experiences of homeless youth residing in transitional living programs as they work toward educational, vocational and functional living goals. Qualitative and quantitative data were collected before and after a six-month period at two transitional living programs to gain a sense of participant growth over time. The qualitative data used in the mixed methods portion of the study were collected through semi-structured interviews, and the quantitative data were collected through the use of survey tools such as the ASEBA Adult Self-Report (Achenbach & Rescola, 1997), Occupational Self-Assessment (OSA v. 2.2; Baron, Kielhofner, Iyenger, Goldhammer & Wolenski, 2006), and a survey about participants' self-reported sense of community support and perceptions of adulthood. In order to conduct a formative evaluation of two transitional living programs and learn about youth's experiences in these programs, qualitative data were collected through focus groups conducted at each of the agency sites.

Engagement in this study potentially benefits the participants as well as the agencies that serve them. The results serve as a platform for the voices and perspectives

of homeless youth, and builds upon the existing knowledge about serving this population by adding more detailed information about the aspects of transitional living programs (TLPs) and outcomes for homeless young adults living in these programs. It is hoped that being a part of the research process empowered the participants to think critically about what they need from their TLPs in order to improve their own situations and take charge of their own journey toward independence. Additionally, the agencies were provided with a thorough report that gave them information about the progress of their clients and what service needs they might have. This report contained a summary of aggregated and mixed results from both agencies included after both Time 1 and Time 2.

Analysis and dissemination of the results potentially can facilitate social change in three ways. First, it is hoped that the readership of this study gains a more socially just and ecological perspective about homeless youth and the institutionalized barriers these youth face in our society. Secondly, the results can help educate readers about the types of services that benefit homeless youth and what challenges exist in serving them. Lastly, it is hoped that the results of this study provide evidence that speaks to the need for critical policy changes at the federal level in order to improve funding and support for this population.

CHAPTER II

LITERATURE REVIEW

Roadmap for Literature Review

In order to better understand the multifaceted phenomenon of homelessness among transition-aged youth, an extensive review of the literature was conducted. The literature was organized in a functional manner, beginning with antecedents then moving to behaviors and then touching on consequences and outcomes. First, the author described critical ecological systems theory and the manner in which a person interacts with their environment. The researcher then described the difference between individual versus structural components that can increase or mitigate vulnerability to homelessness. Structural risks were outlined in order to explain how social capital and financial inequalities bring about injustices that put certain young adults at higher risk for homelessness. The individual and family risks that often arise as a result of structural oppression and their connection to risk for youth homelessness were discussed. Then, a review of literature concerning risk and protective factors involved in life on the streets follows. The review then transitions to explore research done in the last decade on youth services evaluation. Finally, the researcher discusses gaps in the current housing and treatment literature and describes how the current study is situated in conversation with the rest of the field.

Societal Injustices and Homelessness

Society determines our lives in that it is made up of rules and arrangements that dictate power relations, social status, and economic privilege. The idea of oppression refers to those social relationships that systematically disempower some groups of people (Rothery, 2008). This disempowerment directly impacts the safety, comfort and access to personal growth of those who are oppressed. Thus, those groups of people who have little influence over the legal and financial decisions made in our society are considered to be marginalized citizens, in which these persons are considered powerless and unimportant (Rothery, 2008). Those in power routinely make decisions that are either overtly disenfranchising or subtly biased against marginalized groups.

In past attempts to understand the phenomenon of homelessness during youth, academic researchers placed much emphasis on individual responsibility, most recently crystallized in the academic and helping professions by the emphasis on individual “risk factors,” as the main causes of homelessness. This perspective can be seen as taking the stance of “blaming the victim,” in that deficiencies within the person, the family or the community are the main focus. Indeed, the phrase, “at risk” is could be interpreted as demeaning, pathologizing, or even as a stereotype. On the other hand, it is important to know whether or not there are certain shared characteristics or experiences among homeless youth that negatively affect their outcomes in order to prepare service practitioners to support them or to plan preventative programming. However, solely looking at negative characteristics that obstruct youth from making a successful transition to adulthood ignores the role of structural forces in conditioning and shaping the lives of

vulnerable populations generally, and homeless youth in particular (Rosenthal & Rotheram-Borus, 2005; Zerger, Strehlow, & Gundlapalli, 2008). Therefore, both structural and individual risk factors must be examined.

The social work theoretical framework of critical ecological systems theory aptly explains how structural and individual factors can be integrated in order to provide a complete picture of a person. Utilizing this framework, people are seen as embedded within various environmental and social contexts (see Figure 1). Critical ecological systems theory takes a relational perspective of the mutual contribution of the person and the environment to the resources available to and the demands on that person (Rothery, 2005). Focusing solely on the power of institutions renders youth powerless, while focusing solely on the flaws, motivations, and lifestyles, puts the blame on individuals for their homelessness (Aviles, 2004). Therefore, the interactions of all factors must be considered. Critical ecological systems theory recognizes the societal oppression and marginalization that some people face as an operating part of their ecosystem while at the same time noting the interaction of individuals' own biology, beliefs, strengths and needs with those outer systems. This theoretical perspective allows researchers and service practitioners alike, to consider human agency and empower youth to influence and change the inequities that exist in their environments rather than become defeated and overwhelmed by injustice. Using a critical ecological systems approach, researchers can better comprehend how both structural and individual risk factors interact and impact people, in this case, homeless youth.

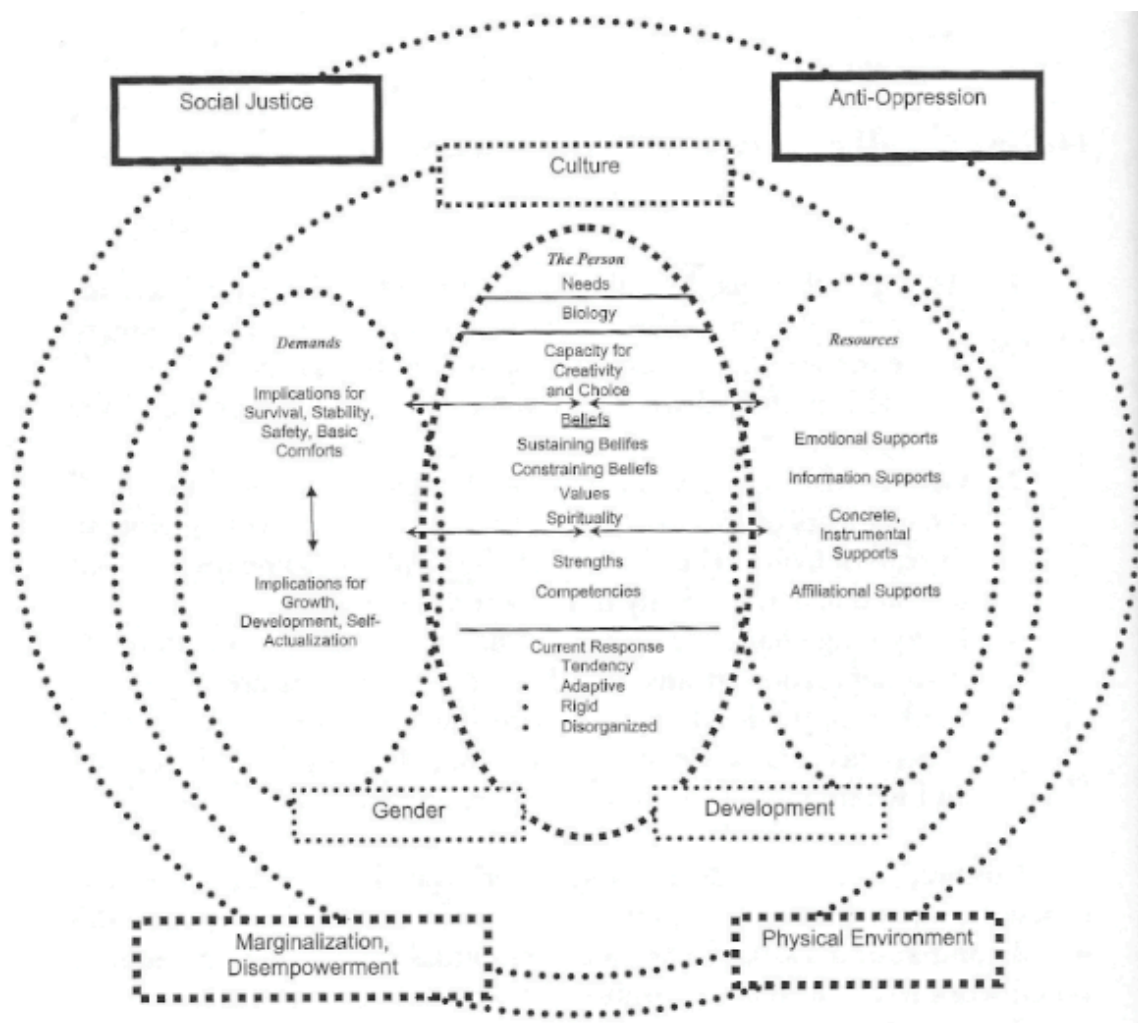


Figure 1. The Ecological Perspective (Rothery, 2008)

Structural Risk Factors that Can Lead to Homelessness

It is essential to understand how institutionalized racism and classism have influenced the structure of society so that certain citizens have more power than others. Those people who are marginalized in our society due to their race or ethnic/cultural/linguistic background, disability or sexual preference suffer institutionalized prejudice that lowers their expected income and education levels, and ultimately puts them at increased risk for homelessness (Wayman, 2009). The following section will describe

how poverty, social capital, race, and intersectionality (the overlap of oppression due to gender, race and/or sexual preference) are major structural risk factors for homelessness.

Homeless youth are more likely to come from families in poverty than from families with working- or middle-class incomes. Most homeless youth come from families that are suffering from residential instability (Paradise & Cauce, 2002). The shortage of affordable housing, shrinking labor markets, the rising cost of living, slow economic growth, and high rates of foreclosures since the economic recession in 2009 push vulnerable people into homelessness (Aviles, 2008). Additionally, youth who come from homes with significant poverty and economic deprivation are at higher risk of involvement in violence once on the street than homeless youth from middle-class backgrounds (Baron, 2003).

Poverty

There is limited research available that parses out the differing impact of the experiences of deep poverty and homelessness (Murphy & Tobin, 2011). Poor young people, especially those that are highly mobile though housed, suffer from many of the problems that homeless youth face (Rescorla, Parker & Stolley, 1991). However, there is a growing sense in the field that the experience of homelessness actually exacerbates the experience of poverty, and that homelessness has a negative impact on youth beyond that of poverty (Biggar, 2001). This means that while youth who are living in poverty also experience higher rates of depression, anxiety and risky or disruptive behavior than housed middle class or upper class youth, a higher proportion of homeless youth report these issues than housed youth who are poor (Anooshian, 2005).

Social and Cultural Capital

Arguments have been made that families and youth living in poverty are at increased risk for becoming homeless due to the lack of social capital, or access to positive relationships between individuals that facilitate action within the community which one is situated (Bantchevska, Bartle-Haring, Dahsora, Glebova, & Slesnick, 2008). Based on the theoretical framework of Coleman (1988), indicators of social capital include (1) mutual aid (defined as helping and getting help from others), (2) connection with social institutions, (3) two parent versus single parent family structure, (4) total number of siblings, (5) years the participant was raised by both biological parents, (6) participant's education, and (7) parent education level. In one particular study of homeless youth, lower levels of social capital among participants were associated with higher levels of delinquency, depression, HIV risk, substance use, and days spent on the street (Bantchevska et al., 2008). Social capital is determined mainly by assessing a youth or a family's support structure and opportunities for financial growth. Youth experiencing homelessness are away from their system of influential adults and most have tenuous ties to their families (Whitbeck & Hoyt, 1999); youth's social isolation from support networks decreases their social capital and therefore their ability to engage in pro-social and growth opportunities. Families who have low levels of social capital often have corresponding financial assets; these families are referred to as having low socio-economic status (SES) in the literature (Miller, 2011).

There are other kinds of capital that often coincides with SES and can also impact outcomes for youth. Cultural capital, or access to aspects of society's culture, is another

structural influence on youth's trajectories. One way in which members of society interact with cultural capital is through school. Students who do well in school often begin their academic career already equipped with knowledge of and experience with various aspects of our society; schools often expect students to have a baseline of knowledge about a wide variety of cultural artifacts, from important current or historical events to art forms and famous persons to manners and customs. In addition, schools provide further access to cultural capital and can prepare students to be participating members of society, which can keep them afloat in the adult world. However, many marginalized youth with low SES come to school lacking in cultural capital because their parents lack the same; families who have low school attainment have more difficulty assisting their children in school and often do not pass the value of academics to their offspring. In families that fall into this pattern, there are few internal supports for youth to continue their schooling. Delpit (2006) argues that when there is a mismatch between the school culture and a student's home culture, teachers can misread student's abilities, intents and motivations and often use instructional or disciplinary styles that clash with the students' community norms. It is not a surprise that many impoverished youth do not complete high school; this unfortunately further decreases their access to cultural capital.

Minority Status

Socio-economic status alone does not explain the entirety of structural risk for homelessness. Additionally, a disproportionate percentage of racial and ethnic minorities are homeless when compared to the total population distribution. Homelessness is often addressed in research literature, politics, and the media outside of its racial component.

Taking a color blind approach to homelessness could be interpreted as inherently racist as this approach fails to acknowledge neither deliberate nor subtle racism that is entrenched in our society (Aviles, 2008). While there are proportionally more white homeless youth than White homeless families when compared to their respective subset populations, there here is a significant overrepresentation of minorities, particularly African Americans, in the subset of Americans experiencing homelessness (Murphy & Tobin, 2011). Additionally, Native Americans are also disproportionately represented among the homeless youth population (Wayman, 2009). In fact, racial minorities account for a larger percentage of homeless families as well as homeless youth proportionally than homeless adults without children (Anooshian, 2005). Although researchers are increasingly interested in delineating experiences of subgroups of the heterogeneous group of homeless adolescents and young adults—especially those in sexual minority groups—they still tend to lump young people of different races and experiences into the same studies (Toro, Lesperance & Braciszewski, 2011). That tendency can be problematic; for example, it is known that African American youth are even less likely to use services than White youth, often citing racism as the reason (DosReis, Zito, Safer, & Soeken, 2001). African American homeless youth are also more likely to have been abused, to exhibit risky behaviors and worse outcomes, and to have spent time in foster care and in the correctional system than White youth. Few studies mention issues facing undocumented immigrants, though certainly the barriers they face are unique and cannot be unbound from racial issues. The concept of race brings complexity to the issue of

homelessness, particularly when attempting to understand its role in vulnerabilities to negative life experiences.

Intersectionality

There are many structural factors institutionalized in America that prevent certain groups of people from having access to equal opportunities for growth and adequate standards of living. The American homeless youth population consists of an overrepresentation of lesbian, gay, bisexual, transgendered, and queer/questioning youth, African American and American Indian youth, and youth with mental health disabilities (Wayman, 2009). Research has shown that homeless young adults are significantly under-employed when compared to housed same-aged peers (Haber & McCarthy, 2005). Our society de-emphasizes the opinions and worth of young people, relegating them to the lowest paying jobs and expecting them to defer to as well as be supported and protected by their parents. Additionally, young people often have less educational attainment and work experience than older adults. If forced to stay in low paying jobs due to lack of options, they may not be able to gain the experience or training needed to progress in their career and maintain financial stability. If people of color, non-heterosexuals, homeless persons and young people are marginalized in our society, then being a homeless youth could mean experiencing discrimination from multiple angles.

Intersectionality is an analytical tool that can be used to understand the relationships between the social constructs of gender, race, class and other privileges. Although most identity theories focus on one dimension at a time, such as women's identity, queer theory or African American identity, some recent theories account for how

identities intersect simultaneously and are interdependent (Abes, Jones, & McEwen, 2007; Harper, 2011). Looking through this lens helps to explain the complex experiences of various people concerning gender, race, and class and their interactions with other people who hold a different “rank” in the social order (Conwill, 2010). When a person identifies him or herself with two or more dimensions of identity that are socially or politically marginalized, the various aspects of that marginalization intersect in a complex way. It can be argued that sexual identity and gender expression can also be integrated into an intersectionality model. An intersectional analytical framework allows researchers to see more deeply into social exchanges between the privileged and the oppressed segments of society through inter-subjectivity, sharing understanding between perspectives (Conwill, 2010). Young people who live in poverty and belong to a minority group, identify as Lesbian, Gay, Bisexual, Transgendered or Queer/Questioning (LGBTQ) and/or identify as a female subjectively experience many different types of oppression from various institutional and interpersonal facets of their lives. Overlapping marginalization further diminishes youths’ access to opportunity; a young homeless person of color who is also a woman or gay may face prejudice from various people for their race, gender or sexual identity. The experience of homelessness alone can be extremely stigmatizing, as much of our society holds views that homeless people are mentally ill, dirty, and dangerous. The addition of homeless experiences to the inequalities faced by impoverished, minority, and LGBTQ youth can be extremely overwhelming and limiting.

Individual Risk Factors that Can Lead to Homelessness

It is absolutely necessary to consider how structural factors put certain people at increased risk for experiencing homelessness as a young adult. However, a person plays an active role within the systems of his or her family, culture and society (Rothery, 2008). After taking in to consideration societal factors that promote institutionalized marginalization, we must consider that not all youth who come from disadvantaged families become homeless. Simply looking at structural factors does not account for individual hardship or personality characteristics (Aviles, 2004). It is also important to look at the individual differences in biology, internal resilience, and life experiences that may make an impact on transition aged youth at risk for experiencing homelessness.

There are many personal factors than can influence the trajectory of child development; however, certain factors have been shown to put adolescents and young adults at an increased risk for becoming homeless and without parental support. There certainly must be additional risk factors that would cause some youth and young adults to leave home and end up homeless as well as protective factors that prevent others from following the same path. Therefore, children must be considered within a family context. While families vary in size, structure and function, all children have caretakers, and relationships between children and their adult caregivers have been shown to play a significant role during development. Many homeless youth have reported that conflict with family members was one of the main reasons they left home (Osgood, 2005). In this section, the author touches on research that examines how some homeless young adults

have described their family backgrounds and some inferences that can be made between these backgrounds and their homelessness.

Family

It is important to consider individual factors that may lead to homeless at a young age, but the socio-structural and cultural forces of the family context play such a large part in youth and young adults' lives that it would be negligent to overlook them when examining the lives of young adults who are homeless (Alvi, Scott & Stanyon, 2010). Several different factors of family functioning have been identified as significant issues in samples of homeless young adults. Parenting and attachment styles may be related to homelessness at a young age, and many homeless youth have reported childhood abuse histories. In addition to parenting style and child abuse, the next section discusses how the frequent solution to parenting problems, the foster care system, plays a role in outcomes for youth.

Parenting Style

Very little research has examined familial relationships from the perspectives of homeless youth (Hyde, 2005). One study has found some initial evidence that explains how intolerant and authoritarian parenting style could be a risk factor for homelessness in late adolescence. Qualitative interviews conducted with 16-24 year old homeless youth in rural and suburban Canada revealed participants experienced multiple intersecting problems, including family conflict as well as interpersonal issues that come with family addiction, abuse and mental illness. Participants described the key reasons they left home as focused on two themes: intolerance of transgression and, familial and interpersonal

violence (Alvi, Scott & Stanyon, 2010). The authors explain how authoritarian parenting leads to parental intolerance of childhood transgression or failure when the child is unsuccessful in living up to an expectation. Many youth in the study described the behaviors of their parents and caregivers as fitting into this style, i.e., rigid with strict punishment for minor infractions (Alvi, Scott & Stanyon, 2010). While these reports of past events were not corroborated by data from the parents, the youth participating reported their caregivers had little tolerance for legitimate mistakes.

In addition to authoritarian parenting styles, some research has indicated attachment style plays a mediating role in predicting risk for youth homelessness. A recent study assessed the mitigating role of positive relations with fathers and mothers on externalizing and internalizing problem behaviors among homeless and runaway youth (Stein et al., 2009). Using structural equation modeling, separate gender analyses revealed significant correlations between paternal relationship and three factors: As positive relationships with fathers decreased, the length of absence from home, substance use as well as criminal behavior all increased (Stein et al., 2009). Additionally, the strength of mother-daughter relationship reported by the youth was significantly negatively correlated with self-reported practice of survival sex, a common practice of street-living youth, which is usually not voluntary, but rather indicates victimization and is a desperate last resort in order to gain shelter, protection or other basic needs (Tyler & Johnson, 2006). These findings indicate attachment between parents and at-risk youth can have either a positive or negative impact on risk factors for homeless youth.

Isolation from parents has also been found in the history of many homeless youth. Parental stress due to hardships can lead to a lack of ability to support older children and youth, and thus the youth does not feel as if he or she can rely on the parent. High rates of parental neglect and rejection have been found among homeless youth (Tyler, Hoyt & Whitbeck, 2000). Substance abuse and other mental illnesses prevent parents from being present and stable in their children's lives, and the chaos, broken promises and displacement of negative emotions that come with addiction or mental illness can further damage the parent-child relationship. Without strong ties to consistent supportive adults, youth are more likely to consider running away as a viable alternative to living at home.

Childhood Abuse

It logically follows the most negative extreme of parenting style, abusive relationships, would be in some way related to homelessness for youth. Much research has been done to discover information about specific abuse histories for homeless youth, and the evidence indicates homeless youth experienced more past abuse at home than their domiciled peers. One study done with 64 of Salt Lake City's homeless youth (43 males, 21 females) showed 84% self-reported childhood physical and/or sexual abuse occurring before the age of 18 (Keeshin & Campbell, 2011). Furthermore, 42% self-reported a past history of both physical and sexual abuse and 72% reported still being affected by their abuse. The effects of abuse are wearing and can lead to significant mental health issues.

Some researchers have developed theories in order to understand the relationship between abuse and homelessness. The Risk Amplification Model (RAM) initially

proposed by Whitbeck and Hoyt (1999) operates as a framework for understanding youths' life trajectories. The RAM posits the more adverse the home environment, the more likely it is that youth will be driven to homelessness, either by choice or because of being forced out. Adverse home environment is also positive correlated with negative behavioral health symptoms. Furthermore, each episode of homelessness or related adverse event is thought to increase the likelihood of future episodes of homelessness and adverse experiences, which then take on a downward cyclical trajectory.

Haber and Toro (2009) utilized the RAM and an exploratory factor analysis to examine levels of reported parent and adolescent violence in their sample population in order to predict later behavioral health, mental health and substance abuse problems in homeless youth. The main effects of parent physical violence, adolescent physical violence as well as parent and adolescent psychological violence predicted both mental health symptoms and alcohol use problems at one and a half year follow-up (Haber & Toro, 2009). Additionally, among the African American youth in the study, combined parent and adolescence psychological violence predicted general negative mental health symptoms at the four and a half year follow up. This finding indicates that African American homeless youth who come from dysfunctional families particularly may be at risk for mental illness. Finally, among the males in their study, both parent physical violence and combined psychological violence predicted later alcohol abuse at a 12-month follow up (Haber & Toro, 2009). The implications of these findings overall is that many youth who are homeless may still be feeling the emotional wounds from and

needing therapy for coping with past abuse, even long after removing themselves from the abusive relationship.

Foster Care System

One mechanism that has been developed in our society to mitigate the negative outcomes associated with childhood abuse is the foster care system. The goal of the child welfare care system is twofold: first, to protect children from abuse and neglect by providing temporary living arrangements, and second, to find children a permanent home through reunification, adoption, or legal guardianship. Despite this noble focus, the system as it functions in America today often leaves youth in care for years, which puts youth at risk for becoming homeless as they age out of the child welfare system. Youth aging out of foster care experience a high rate of homelessness; between 31% to 46% will experience homelessness before age 26. Several factors, such as running away while in foster care, experiencing placement instability, being male, having a history of physical abuse, delinquent behaviors, and mental illness were associated with an increase in the risk of becoming homeless (Dworsky, Napolitano, & Courtney, 2013).

Youth who have lost their parents, are estranged from their families, or have grown up in foster care may lack a support network as well as access to resources necessary to acquire life skills that allow an individual to live as an independently functioning adult (Ammerman, Ensign, Kirzner, Meininger, Tornabene & Warf, 2004). Further, it has been established that youth who have histories of previous residential treatment subsequently experience high rates of residential instability and homelessness,

amongst other negative outcomes such as high rates of unemployment and reliance on public assistance (Hagan & McCarthy, 2005).

Additionally, some evidence suggests that homeless female youth who were former foster-care recipients are at higher risk for concurrent parenting and substance abuse (Slesnick et al., 2006). Young people who have children often do not make enough money to support them. Without reliable family members to help with child-care or who could take legal guardianship of their child if their substance use becomes a safety concern, many children of homeless young adults end up in the custody of child protective services, which perpetuates the cycle of family disruption and abandonment.

Risk and Protective Factors in Life on the Street

While many youth may become homeless in order to escape hostile environments or unhealthy living conditions, there are other risks that accompany living on the street without family protection. This section will cover the multiple hazards that can lead to negative life outcomes for homeless youth, such as physical, social and emotional health issues. Additionally, this section will also discuss potentially mitigating supports that can protect youth on the street and living in shelters, such as pro-social peers, employment, and not having children. Implications for service provision and treatment also will be discussed.

Peers

Peers and social networks for homeless youth can act as either risk or protective factors for youth engagement in substance abuse, HIV-risk behaviors, and delinquency. Some research has indicated that in addition to having weaker connections to adults,

homeless youth are significantly more isolated from peers than their domiciled counterparts due to lack of trust and high mobility (Miller & Tobin, 2011). However, just as with domiciled adolescents, peers and friends have a significant influence on the behaviors of homeless youth. Results of a study conducted with 696 street youth concerning social networks found older youth and youth who had been homeless for a longer period of time were less likely to report having pro-social peers and were more likely to have friends who engage in HIV-risk behaviors and anti-social peers. Additionally, having anti-social peers predicted more anti-social behavior (Rice, Stein & Milburn, 2008). Furthermore, having HIV-risk peers predicted all problem behavior outcomes for youth participants (meaning higher incidence of injection drug use, prostitution, survival sex, having HIV, as well as antisocial behavior) (Rice et al., 2008).

However, there were some significant correlations related to positive outcomes. Youth recruited at agencies were more likely to report pro-social peers than those found on the street, and having pro-social peers predicted less HIV, sex risk behavior, and less anti-social behavior (Rice et al., 2008). Additionally, youth with pro-social peers from their lives before homelessness tended to seek out help more often than those that did not rate their friends as pro-social. Additionally, one study found the presence of a family member in homeless youth's social network was statistically associated with fewer sexual and drug related risk behaviors (Tyler, 2008). The implications for these findings are twofold: first, they indicate members of homeless youth's social network have a large impact on their behavior and health. Secondly homeless youth having pro-social close friends was related to seeking agency help, which may indicate that certain youth with

positive close friends may have better coping skills than those without positive peer relationships.

There is also evidence to suggest homeless youth may be at higher risk for intimate partner violence than domiciled peers. Unlike survival sex, intimate partner violence (IPV) is a form of relational bullying and domestic violence where one dating partner is verbally, physically, or sexually abusive to the other. One study found lifetime rates of physical victimization of homeless youth from partners ranged from 30% to 35.4%, and reported rates of sexual victimization were 8% to 14% (Slesnick et al., 2010). In the Slesnick et al. study, homeless female youth were approximately twice as likely as men to be verbally and physically abused by intimate partners. Moreover, homeless youth who reported being victims of abuse in childhood were more than twice as likely to experience verbal abuse, and physical violence in their relationships, than those who did not experience childhood abuse.

The study completed in 2010 by Slesnick and colleagues provides the first lifetime prevalence estimates of IPV among a sample of homeless youth; the rates reported are similar to estimates of nationally representative samples of adolescents and young adults who are housed (Hickman, Jaycox & Aronoff, 2004). However, since homeless youth have limited access to health care and social services (Ensign & Bell, 2004) and are less likely than non-homeless youth to seek help (Gaetz, 2004), intimate partner violence could have more dire consequences than it might for domiciled youth with access to help and support. Given the high lifetime occurrence of IPV among youth, both street outreach and living programs for homeless youth should screen for IPV to

mitigate current issues as well as educate youth about intimate partner violence to prevent future occurrence.

Mental Health

Homeless youth, in experiencing negative life events that led to their homelessness as well as stressful or traumatic situations while being homeless, often lack positive support from parents as well as peers. This brings about disorientation due to the uncertainty in their lives as well as social isolation, which can lead to negative mental health outcomes (Murphy & Tobin, 2011). Life on the street or intermittent residence in shelters has been shown to have adverse effects on youth's mental health. Research has indicated these youth frequently experience low self-esteem, guilt or shame at being unable to control their life or being unwanted at home, hopelessness and futility, as well as alienation or withdrawal due to lack of trust in adults (Murphy & Tobin, 2011).

Certain psychological issues are more common amongst homeless youth than others. Anxiety is environmentally induced by the homeless situation, as instability is the only constant and hyper-vigilance is necessary to survival (NCFH, 2009). Homeless youth in general experience higher rates of anxiety and suicidality than their housed peers (Kidd, 2004). Furthermore, in a Seattle study of 324 homeless youth aged 13 to 21, researchers found 60% of them were experiencing dissociative symptoms (Tyler, Cauce & Whitbeck, 2004). Presence of these symptoms was significantly positively correlated with sexual abuse, physical abuse, and family mental health problems.

Additionally, depression is the most commonly reported negative health symptom amongst those living in homelessness, and rates are particularly high for unaccompanied

youth. Incidence of homeless youth with depressive symptoms ranges from 23% to 85% (Farrow, Deisher, Brown, Kulig, & Kipke, 1992; Whitbeck & Hoyt, 1999). It is also been reported homeless youth feel their depression more deeply than their housed peers (Murphy & Tobin, 2011). One study found a 45% rate of suicide attempt among homeless youth; when separated by gender, the rate rose to 54% for girls and dropped to 40% for boys (Cauce, Paradise, Ginzler, Embry, Morgan, Lohr, & Theofelis, 2000). However, situational factors have been found to mediate suicidality in unaccompanied youth. Kidd (2006) found youth reported a significant reduction in suicidal thoughts and behavior immediately after leaving home. Higher reported levels of suicidality were connected to family violence, being forced out of the home, neglect, poor physical health, and having suicidal friends (Kidd, 2006). The majority of homeless youth are not impaired with severe mental health disabilities; depression and anxiety are most often reported, and diagnoses related to delusional attributes or severe impairment of functioning and judgment are exceptional (McCaskill, Toro & Wolfe, 1998).

Substance Abuse

Homeless youth have higher tendencies to abuse drugs and alcohol than their domiciled counterparts. Rates of substance abuse in homeless youth vary by substance: studies indicate prevalence of alcohol use among youth is around 80%, while marijuana use has been found to fall between 70 and 80% and hard drug use prevalence tends to range around 15 to 20% (Hagan & McCarthy, 2005; Whitbeck & Hoyt, 1999). Some research has indicated that homeless youth may choose to engage in substance use as a way to self-medicate and avoid the stress of their past or current struggles (Aviles, 2008;

Murphy & Tobin, 2011). Alternatively, some homeless youth may have been using substances before becoming homeless and may have even been forced out of their homes due to drug use or selling substances to other youth. Additionally, the stress of homelessness may exacerbate youth's pre-existing substance abuse problems. Lack of social capital is also related to higher substance abuse rates amongst homeless youth (Bantchevska et al., 2008). As we have seen in other aspects of life on the streets, social network makeup may also be related to substance abuse. There is some evidence to show a positive correlation between homeless youth engaging in a greater number of substance-use related behaviors and having older peers within their network, having used illicit drugs with at least one network member, and the presence of more conflict in their social network (Tyler, 2007).

Additionally, one study indicated several differences between substance abusing homeless youth who are parenting and those who are not parenting. Those participants who were parenting at the time of the study came from larger households, were older, reported more runaway episodes, and engaged in more high-risk sexual and drug behaviors than non-parenting youth (Slesnick et al., 2006). Additionally, substance-abusing mothers were more likely to report previously being a ward of the state than non-mothers. Furthermore, homeless substance abusing youth who were fathers engaged in more IV drug use than did non-fathers and women overall (Slesnick et al., 2006). These findings indicate youth who are pregnant or parenting may have experienced more adverse or traumatizing life events and therefore may be using substances to self-medicate in order to push away the negative emotions associated with prior trauma.

Additionally, the pregnancy may be due to sexual abuse or rape, and the traumatic associations may negatively impact parent-child attachment.

Criminality

Another significant problem that becomes more of a risk to youth on the street is the proximity of criminal culture. One study with 189 homeless youth revealed significant correlations between arrests and drug use, length of homelessness and depression (Fielding & Forchuk, 2013). Disengaged from the supportive structures of family life, youth on the street now must navigate a different environment where criminal capital has more sway than cultural capital (Murphy & Tobin, 2011). In some studies, the prevalence of youth involved in street economies runs as high as 75 to 81% and engage in behaviors such as theft, drug dealing and assault (Baron, 2008; Patel & Greydanus, 2002). Engaging in self-defense or preemptively attacking when faced with perceived threat, homeless youth are both victimized and victimize others. In the absence of coping skills or financial support, antisocial behavior could (however maladaptively) be meeting the safety and survival needs for youth on the street.

Additionally, a major theme discovered amongst homeless youth is a distrust of authority figures (Collins & Barker, 2009; Ensign & Bell, 2004). This lack of trust could lead them to seek out hidden areas or areas that are undesirable for service professionals to visit. In these types of places, crime is more frequent and individuals who engage in crime are more prevalent (Tyler, Whitbeck, Hoyt & Cauce, 2004). Individuals who intend to rob, harm or manipulate vulnerable youth are also attracted to these locales; in order to navigate hostile environments, homeless youth may feel obligated to engage in

deviant or risky behaviors to protect their safety, cyclically reinforcing violence or other illegal conduct (Whitbeck & Hoyt, 1999). While research has shown a high incidence of “conduct disorder” and other behavior problems amongst homeless youth (Anooshian, 2005; Whitbeck & Hoyt, 1999), one should consider the unstable and threatening environments in which youth are embedded that influence their behavior before attributing conduct disorders solely to internal causes. In fact, some research indicates that youth who avoided homeless subcultures, took advantage of social services and stayed in youth-specific shelters have better employment outcomes and were better able to avoid a downward spiral in behavior than those who stayed on the street or in adult shelters (Hagan & McCarthy, 2005).

Sexual Health

Homeless youth are also more likely to engage in risky sexual behavior than housed peers, sometimes by choice and other times by force or in exchange for necessities (survival sex). Homeless youth are at an extremely high risk for sexually transmitted diseases, with rates between 50 and 71% (Murphy & Tobin, 2011; Whitbeck & Hoyt, 1999). HIV infection in particular is a serious problem for unaccompanied youth, who are infected at a rate of two to 15 times higher than domiciled youth (Booth, Zhang & Kwiatowski, 1999; Murphy & Tobin, 2011). While rates of teen sex are similar across all economic groups, 83% of teens who give birth come from poor or low-income families. Homeless female youth, as a sub-group of the low socio-economic status population, report much higher lifetime pregnancy rates than domiciled youth with rates ranging from 40% to 50% among street-living youth and 33% among youth in shelters

(Slesnick et al., 2006). This finding indicates the less likely a teen is able to care for a child by providing food, safety and shelter due to adverse circumstances, the more likely she is to have a child, which is a disturbing thought.

In addition to the myriad of perils that come with having a child while being homeless, some research indicates parenting while being a homeless female youth may be connected to specific sexual health risks. For example, one study found homeless females who are mothers or pregnant had significantly higher HIV risk in the prior three months compared with homeless fathers and non-parenting homeless youth (Slesnick et al., 2006). Additionally, homeless youth who were both substance abusers and mothers engaged in more overall HIV risk behaviors, even when age was controlled, than childless homeless youth that only used substances or homeless young mothers that abstained from substance use (Slesnick et al., 2006). These results indicate homeless young mothers should be specifically targeted for intensive intervention, as their compounded health risks put them and their babies in danger of chronic illness, or worse, early death.

Sexual Orientation and Gender Identity

Sexual orientation and gender identity have also been found to play a role in mediating risk factors for homeless youth living on the streets. First, significant differences have been found between the social networks of heterosexual and Lesbian, Gay, Bisexual and Transgendered (LGBT) homeless youth. For example, heterosexual youth report fewer HIV risk peers and more pro-social peers than LGBT homeless youth (Rice et al., 2008). Secondly, LGBT homeless youth may be at higher risk for negative

social/emotional outcomes. In an age- and gender -matched study with 84 LGBT and 84 heterosexual homeless youth, the LGBT homeless youth experienced more physical victimization than the heterosexual group, and the homosexual male participants reported more sexual victimization than their heterosexual male counterparts since the onset of their homelessness (Cochran, Stewart, Ginzler, & Cauce, 2002). LGBT subjects also reported significantly more risky sexual behavior; participants reported higher numbers of lifetime sexual partners, younger ages at onset of sexual activity, and higher rates of unprotected sex than their heterosexual counterparts. The LGBT participants also used more of each illegal substance (excluding marijuana) and used more types of substances overall than the heterosexual participants (Cochran et al., 2002).

LGBT homeless youth are also at higher risk for poor mental health outcomes than heterosexual homeless youth. LGBT homeless youth report significantly higher levels of depression, psychopathology, withdrawn behavior, somatic complaints, social problems, delinquency, aggression, internalizing behavior externalizing behaviors and overall higher levels of symptomatology on the Achenbach Youth Self Report than heterosexual homeless youth (Cochran et al., 2002). The clear implications from these findings indicate special care should be taken to make certain outreach services for homeless LGBT youth are both sensitive in their approach and comprehensive in scope.

Richard Hooks Wayman (2009) argues the need for appreciation of difference and modification of intervention techniques for LGBTQ homeless youth. He states that while most homeless youth in general experience similar causal factors and precipitating episodes of abuse and conflict prior to leaving home, LGTBQ youth require a specific

approach to service that differs from the foundational core of interventions appropriate to heterosexual homeless youth. Homeless LGBTQ youth require a culturally oriented and culturally competent approach to services, shelter, and housing. Examples of sensitive outreach approaches might include providing gender-neutral housing options, private bathrooms, sexual health curricula, and therapeutic counseling.

Physiological Health

In addition to sexual health, other aspects of physical health are also negatively impacted by homelessness. In fact, children and youth are more likely to experience negative health outcomes due to homelessness than their adult counterparts (Murphy & Tobin, 2011). As with STDs, homeless youth are also more susceptible to other infectious diseases such as tuberculosis and whooping cough as well as chronic illnesses such as asthma and anemia than domiciled youth (Murphy & Tobin, 2011). Specifically, one in nine homeless children and youth suffer from asthma, at rates two to three times higher than other poor children and four times higher than housed children and youth in general (National Center of Family Homelessness, 2009). Homeless youth also suffer from iron deficiency and anemia at seven times the rate of their housed peers (Murphy & Tobin, 2011). Additionally, homeless youth are more prone to dermatological issues such as lice and scabies (Karbanow, 2004, cited in Murphy & Tobin, 2011). In light of the recent increase in bed bug infestations globally, homeless youth, who may be sleeping in untended or highly trafficked beds, may be exposed to bed bugs infection as well (Hwang, Svodoba, De Jong, Kabasele, & Gogosis, 2005).

As prenatal health has a critical impact on babies, it follows logically that infants of pregnant youth and parents who are homeless are also subject to greater risk than infants born into a home setting. In fact, 16% of infants born to homeless mothers have low birth weight, compared to 11 and 7% of women in public housing and women in general, respectively (Biggar, 2001). Additionally, infants of homeless parents have significantly higher rates of mortality than housed infants (Murphy & Tobin, 2011). Children born into homelessness who survive infancy are in peril of experiencing developmental delays as they are less equipped to progress through developmental milestones than their housed peers (Biggar, 2001). Infants need proper nutrition, a safe living environment and a consistent routine to develop physically and emotionally; homeless parents often lack the basic necessities that allow them to provide for their babies. Homeless youth may also lack knowledge of infant health and therefore be even less equipped to be pregnant and parenting than older homeless women, who may have had more experience with pregnancy and infant care. Homeless children exhibit delays at four times the rate of domiciled children (Medcalf, 2008, cited in Murphy & Tobin, 2011). These results highlight how critical healthcare and health education are for pregnant and parenting teens.

Outcome Research on Services for Homeless Youth

Relatively little research has been done on treatment outcomes for agencies that serve homeless youth in comparison to research on risk factors. One issue that may at the root of this dearth of information is that there is no federally mandated collection of outcome data on services for homeless youth. A concurrent problem is that the support

services provided to children and youth who are homeless or in foster care often end abruptly on their 18th or 22nd birthday, even though the need for those service continues (Osgood, 2010). Youth are exited from systems of care based on age cutoffs and, if they are eligible for further services at all, enter adult systems that may not be equipped to address their multiple needs. Additionally, merely calling for an increase of services to homeless youth may not be a solution to the lack of service provision for this population. Homeless youth are notoriously difficult to track due to their transience and will often avoid seeking services they need, possibly due to their mistrust of authority (Ensign & Bell, 2004; Murphy & Tobin, 2011). However, it is important to look at what evidence does exist concerning service provision for homeless youth in order to determine what types of programs effectively meet the needs of this population. The next section covers the broad array of homeless youth services studied, such as street outreach, emergency assistance, vocational skills interventions, case management, family reunification therapy, and transitional living programs as well as explains what factors of these programs benefitted or negatively impacted the youth participants.

Street Outreach

The Runaway and Homeless Youth Act provides funding for street outreach, which can be defined as agencies actively searching for youth on the street or setting up mobile service stations in areas where youth are likely to be. While this form of service delivery is sometimes used in the health field, there is virtually no academic research on street outreach aimed at homeless youth. Street outreach programs for substance abusing and HIV positive adults have some research base, but the programs studied utilize

varying modes of efficacy evaluation. Additionally, studies of adult street outreach programs highlight common limitations in the consistency of treatment, as the populations served by them tend to be transient, needing significant incentives to maintain treatment over time (Lundgren, Amodeo, Thompson, Collins & Ellis, 1999). Street outreach programs generally do not discriminate by age, but rather would visit neighborhoods or areas heavily populated with homeless youth in an attempt to reach this population. These types of programs use mobile units that include nursing stations, private counseling areas and HIV testing rooms (Night Ministry, 2010). Street outreach programs can act as gateways for youth to access longer term shelter and services as well (Wayman, 2009). A combination of street outreach and a continuum of housing options can have a complementary effect, with the former improving the scope of contact and the latter providing stability of service provision.

Emergency Assistance

The Runaway and Homeless Youth Act also delineates provisions for emergency assistance; this can include crisis shelters and Basic Centers that provide access to a range of services including health care, therapy, evaluations, overnight shelter and vocational assistance programs. The intent of these programs is to provide short-term care and services to youth and young adults. There has been some research to support the use of emergency assistance programs, especially for homeless youth under the age of 18. One large-scale study sampled 261 youth from four Midwestern states using short-term runaway and homeless crisis shelters (Thompson et al., 2002). Six weeks later, youth using the services had decreased their number of days on the run, school suspensions,

detentions, and sexual activity, while perceived family support, employment and self-esteem increased. For youth under the age of 18 using crisis shelter services, those who returned home to live with their parents experienced significantly greater positive outcomes than those discharged to other locations (Thompson et al., 2002).

These results indicate crisis shelter and emergency treatment provide significant short-term improvement in outcomes for homeless youth. However, conclusions regarding the long-term impact of help received from crisis shelters are less convincing. Pollio and colleagues (2006) evaluated the outcomes of homeless youth on a variety of functional living domains at six weeks, three months and six months after utilizing crisis services at a Basic Center. The researchers found while participants made significant improvements in most domains at six weeks after using emergency shelter services, their improvements over three and six months were much less consistent (Pollio et al., 2006). Although days on the run, amount of family interaction and substance use were significantly lower at six months when compared to baseline, significant increases in days on the run and those using substances were found between the three and six month assessments. Some aspects, such as sexual activity and educational attainment, no change was shown (Pollio et al., 2006). These findings provide evidence that crisis shelters may have more positive short-term effectiveness than long-term.

Case Management

Another service that has gotten little specific attention in evaluation research is case management services for homeless youth. Case management is the social work practice usually conducted at Basic Centers, shelters that allow three months' stay, and

transitional living programs in which a professional assists clients with accomplishing life tasks such as identifying and applying for services, benefits, and employment. This type of service provision stems from the theoretical framework of critical ecological systems, wherein clients are viewed holistically as a person within the context of the demands placed on them by family and society as well as the resources that person has available to them (Rothery, 2008). One study has evaluated the effectiveness of case management for this population (Slesnick et al., 2008). In this study, the case management intervention involved assistance for 32 weeks in these specific areas: substance abuse, basic needs, health care and mental health needs, legal issues and support systems. Statistically significant improvements were found in substance use, mental health, and percentage of days housed twelve months after initiation of case management (Slesnick et al., 2008). However, most youth did not acquire permanent housing by 12 months, and education, employment, and medical service utilization did not significantly change over time. Their results show that case management can have a positive impact on homeless youth, but may not be effective in improving outcomes in all areas for homeless youth without other forms of support working in tandem. However, since the purpose of case management is to connect the client to other resources, it might prove useful to integrate an examination of case management effectiveness with an evaluation of the provision of other services and interventions.

Basic Centers

There are a variety of intervention services that homeless youth can utilize in Basic Centers. These interventions can include counseling and supports related to mental

health, substance use, legal issues, employment, or education. Not many of these services have been individually evaluated with regard to improving outcomes for homeless youth. One study did look at homeless youth's use of various short-term intervention services at a Basic Center (Pollio et al., 2006). In this study, use of employment and alcohol/drug services did predict greater improvement in outcomes in employment and abstinence relative to those not receiving services. As the vast majority of youth in their study indicated significant substance use before accessing services, this finding may suggest the potential benefit for referrals to these types of services.

However, the youth who utilized mental health and legal services experienced less gains in employment and abstinence compared to those not receiving those services (Pollio et al., 2006). This finding may be due to the presence of an additional condition in the subset of youth who seek these types of services, such as a major mental illness, prior legal trouble, or conduct disorder, which may chronically impact their behavior, choices, and circumstances. While these findings should be interpreted with caution due to the lack of corroborating evidence from outside research, it should be noted that youth who experience chronic or severe problems in addition to homelessness will most likely benefit more from long-term services than from short-term crisis interventions. However, due to the high rate of transience among homeless youth, it is difficult to provide long-term therapeutic interventions and evaluate their effectiveness.

Another recent research study resulted in empirical evidence on a community-focused vocational intervention for homeless youth conducted at a drop in center (Ferguson & Xie, 2008). The program utilized was the Social Enterprise Intervention

(SEI), which seeks to engage homeless street youth via an assets-based developmental model in vocational training and mental health services. The goal of SEI is to enhance the mental health status, pro-social behavior, social support, and service utilization of homeless youth. In SEI, service providers facilitate the creation of a small business enterprise based on the talents and strengths of the youth while engaging them in individual and group skills training as well as counseling. Their results indicated significant improvements at nine months in youths' life satisfaction, family contact, peer support, and depressive symptoms (Ferguson & Xie, 2008). The implications of this study are that programs that utilize strengths and volitions of the youth receiving the direct interventions are more likely to be efficacious because the youth may be more intrinsically invested or interested in them.

Family Reunification Therapy

One specific type of intervention that is utilized by homeless youth is therapy. Depending upon the specific needs and histories of the youth in question, there may be a variety of reasons to engage in therapy, such as family issues, mental illness or substance use disorders. One therapeutic technique that has been researched with this population is Community Reinforcement Approach (CRA). This treatment program, specifically designed to target issues around substance abuse, is based on social ecological/systems theory as outlined by Bronfenbrenner (1979). CRA provides supportive, positive settings for youth and reinforces their engagement in activities in the community that further develops their linkages to positive supports and settings (Slesnick et al., 2007). Their findings showed that youth assigned to CRA, compared to treatment as usual at a drop in

center, reported significantly reduced substance use and depression as well as increased social stability (Slesnick et al., 2007). One study has been conducted that examined the efficacy of Ecologically-Based Family Therapy, which follows the same conceptual base as MST (Slesnick & Prestopnik, 2005). However, more research is needed to determine the effectiveness of MST treatment.

While individual therapeutic interventions are necessary and generally the most functional approach since unaccompanied homeless youth are by definition removed from their family systems, family based approaches can be utilized when reunification is a possibility. One such type of therapy studied with homeless youth is Ecologically-Based Family Therapy (EBFT). EBFT was originally designed as an alternative to foster care and institutional placement based on crisis intervention theory, which postulates that families are most open to change when they are faced with a crisis (Slesnick & Prestopnick, 2005). The program is structured to provide immediate, intensive services to a family over a brief time period with the goal of family preservation, or in the case of homeless youth, reunification. Through a randomized control trial of EBFT compared to treatment as usual at a runaway shelter, youth in the EBFT group reported greater reductions in overall substance use than the treatment as usual group, which received more traditional individual counseling (Slesnick & Prestopnick, 2005). However, both treatment groups showed improvement in internalizing issues, externalizing issues, family relations, and communication up to fifteen months after initiating therapy.

Another form of family therapy that has some promise of efficacy with at risk youth is Multisystemic Therapy (MST). MST is an intensive family- and community-

based treatment that addresses multiple aspects of serious antisocial behavior in adolescents (Wayman, 2009). The main goal of MST is to empower family members to design a treatment plan with the youth and encourage behavior changes by utilizing strengths and resources in the youth's life, such as family, peers, school, and the community. Evaluations of MST have demonstrated many benefits, including improvements in family functioning, decreased recidivism, reduced drug and alcohol use, reduced crime rates, as well as decreased behavioral and mental health problems (Wayman, 2009). As evidence suggests very high-risk youth benefit from MST, it is highly likely that youth who are already homeless may benefit as well if reunification is a possibility.

Functional Family Therapy (FFT) is another potentially beneficial type of therapy for this population. In FFT, the therapist focuses on the family as the primary point of intervention. Rather than solely targeting antisocial or unhealthy behaviors, therapists using FFT motivate families to change by identifying their strengths, helping them build on those strengths, facilitating the enhancement of self-respect, and offering recommendations for improvement. Data from randomized controlled trials indicated FFT is can be a highly successful intervention, even in comparison to probation support, residential treatment, or alternative therapeutic approaches (Wayman, 2008).

Prior research has shown that one of the major barriers to the success of therapeutic programming for homeless youth is treatment attendance (Ensign & Bell, 2004). Additionally, treatment attendance is the greatest single predictor of positive outcomes for youth (Piacentin, Rotheram-Borus, Gillis, Graae, Trautman, Cantwell,

Garcia-Leeds, & Shaffer, 1995). Therefore, follow up with youth receiving these types of services is essential to treatment maintenance. An exploratory study examined the relationship between childhood abuse, history of suicide attempts and treatment attendance among a sample of substance abusing homeless youth between the ages of 14 and 22. Their results indicated youth with histories of child abuse and suicide attempts had higher rates of treatment attendance (Slesnick, Kang & Aukward, 2008). Overall, the implications of their study illustrate that youth can be engaged and maintained in substance use counseling and mental health services once the barriers of transportation, trust, and financial services are met by the service providers (Slesnick, Kang & Aukward, 2008).

Housing Based Transitional Living Programs

The final major type of program funded by the Runaway and Homeless Youth Act is transitional living programs. Due to the requirement to attempt to reunite minors with their families, most long-term housing programs are geared toward youth ages 18 to 25, and tend to cater to either single youth or young parents. In one study conducted by the Family and Youth Services Bureau, approximately 82% of youth who leave federally-funded transitional living programs, whether they complete them or not, make what are termed “safe exits,” moving on to either a private residence or a residential program, rather than onto the street, to a homeless shelter or other unknown location (Quotah & Chalmers, 2006). There are a range of housing-based transitional living program models that address the needs of homeless youth, including the Sanctuary model, the Foyer model, and a continuum of housing options model (Dworsky, 2010). The Sanctuary

model utilizes trauma-sensitive milieu treatment to foster trust and community through residential care. The Foyer model, developed in the United Kingdom, empowers residents to develop action plans and provide learning opportunities and accommodations within the living environment. The Continuum of Housing model provides a variety of types of housing varying in level of support. Housing is an important prerequisite for stabilization, yet for youth, the task of acquiring housing can act as a barrier to successful integration into independently functioning adulthood (Slesnick, Kang & Aukward, 2008).

Even though long-term shelter services and transitional living programs afford youth the most security and support, these services receive less than adequate federal funding. The development and efficacy of transitional living programs has received relatively little attention in empirical research when compared to research on risk factors for homeless youth. Rashid (2009) conducted a quantitative study of outcomes for 23 former foster youth in a transitional living program. At a six-month follow-up, the youth demonstrated improvement in hourly wages, housing situation, employment and money saved (Rashid, 2009). Nolan (2006) studied outcomes for LGBTQ youth living in a transitional living program in New York City; her qualitative inquiry revealed that the youth participants reported that the program gave them a sense of responsibility and staff provided expectations and maintained their accountability. Additionally, youth reported that the program helped them grow in the area of interpersonal communication skills and that they gained a supportive network of caring adults (Nolan, 2006). Another qualitative study with youth in transitional living programs noted that after having access to stable housing, the youth participants identified internal attributes, attitudes and behavior such

as a sense of maturity, determination and independence that had helped them to effect positive changes in their lives (Lindsey, Kurtz, Jarvis, Williams & Nackerud, 2000).

Noland (2006) also states more research is needed to understand how transitional living programs benefit homeless youth.

Sanctuary Model

One empirically supported intervention designed for residential programs is the Sanctuary Model. This model was designed to address the treatment needs of clients with emotional and behavioral disturbances and trauma histories such as abuse, neglect or exposure to domestic and community violence (Rivard, 2004). A fundamental premise of the intervention is that the treatment environment, often referred to as the therapeutic milieu, is the vehicle for promoting healthy relationships among interdependent community members (Rivard, 2004). The two core goals of the Sanctuary Model are to strengthen the therapeutic community environment and empower clients to influence their own lives and communities in positive ways (Rivard, Bloom, McCorkle, & Abramovitz, 2005). Sanctuary is a registered trademark and the right to use the Sanctuary name is contingent on engagement in a certified training program and an agreement to participate in an on-going, peer-review certification process (Bloom & Sreedhar, 2008).

The organizations that attempt to serve individuals with trauma histories often fall into parallel symptomatic presentations to their clients. Social service systems experience significant organizational stress due to funding cuts and are vulnerable to the whims of larger organizations. It follows naturally that staff who run distressed and

financially strapped non-profit social service institutions (such as transitional living programs) also experience high amounts of stress and disorganization. Administrators under stress feel the need to make quick decisions without the input of their staff and utilize reactive problem-solving practices to “fight fires” (Bloom, 2005). These practices perpetuate policy decisions that appear to compound existing problems. In reaction, staff feel increasingly demoralized, “burned out,” and helpless to serve their clients effectively. Ultimately, if this vicious cycle is not halted, the service organization begins to behave in surprisingly similar ways to the traumatized clients it is supposed to be helping (Bloom, 2005). The Sanctuary Model offers a solution to this problem by providing a parallel framework that provides guidance for organizational structure as well as client treatment.

Aspects of the model. Within the context of safe, supportive, stable, and socially responsible therapeutic communities, a trauma recovery treatment framework is used to instruct clients in effective coping skills to replace non-adaptive cognitive, social, and behavioral strategies previously acquired as means of managing traumatic life experiences (Rivard et al., 2005). The trauma recovery framework is represented through the four stages of trauma recovery (Safety, Emotional Management, Loss, and Future) and is pervasive throughout the implementation of the model (Rivard et al., 2005). A democratic therapeutic community is fostered through the use of community meetings. Community meetings serve many purposes including the dissemination of information, an open and public forum, a modality for problem-solving, and a vehicle for community support to follow group norms (Bloom, 2005). Staff and clients alike develop safety

plans to promote self-care, and clients are introduced to the model through psychoeducational groups.

Bloom and Sreedhar (2008) describe the seven commitments of the Sanctuary model that shape the values and practices of the implementing organization:

- Culture of Nonviolence – to promote safety and a commitment to higher goals.
- Culture of Emotional Intelligence – to teach affect management skills.
- Culture of Inquiry & Social Learning – to build cognitive skills.
- Culture of Shared Governance – to create civic skills of self-control, self-discipline, and administration of healthy authority.
- Culture of Open Communication – to overcome barriers to healthy communication, reduce acting-out, enhance self-protective and self-correcting skills, teach healthy boundaries.
- Culture of Social Responsibility – to rebuild social connection skills, establish healthy attachment relationships.
- Culture of Growth and Change – to restore hope, meaning, purpose and empower positive change.

Results of empirical research. One mixed methods study conducted at a residential treatment program for clients, ages 12 to 20 assessed outcomes from the initial implementation of the Sanctuary Model in residential units as compared to a control group (Rivard et al., 2005). In addition to focus groups with youth and staff as well as process notes, the researchers measured changes over time using surveys and standardized assessments in both therapeutic community aspects and in the youth themselves. Rivard (2004) outlines the hypothesized effects of the Sanctuary Model on the experimental group at the three- and six-month follow up assessments:

Therapeutic Communities:

- Increase in perceived sense of community/cohesiveness
- Increase in democratic decision- making and shared responsibility in problem-solving
- Reduction in critical incidents and use of physical restraints

Youth:

- Reduction in traumatic stress symptoms
- Increase in level of self-esteem
- Greater internal locus of control
- Greater use of social network
- Improvement in decision-making and problem-solving skills
- Decrease in aggressive behavior

By the six-month data collection period, Sanctuary Model units scored significantly higher than the control group on five constructs of the Community Oriented Program Environment Scale (Moos, 1996). The Sanctuary Model units scored significantly higher on mutual support of community members, the expression of feelings, promotion of self-sufficiency and independent decision-making, understanding of personal problems and emotions, as well as the promotion of physical, social, and psychological safety for staff and clients (Rivard et al., 2005). Additionally, youth in the Sanctuary units demonstrated a significant increase in perception of control over their lives as well as a significant decrease in ineffective communication strategies, minimization of problems and verbal aggression. Control group participants, however, significantly increased their use of verbal aggression over time (Rivard et al., 2005). These few positive youth outcomes suggest that implementation on an organizational scale may yield an even greater benefit to clients (Rivard, 2004).

Fit of the Sanctuary Model for TLPs. The Sanctuary Model was originally developed in a short-term, acute inpatient psychiatric setting for adults who were traumatized as children (Bloom, 2000). Since its conception, the model has been adapted for residential treatment settings for children, domestic violence shelters, group homes, outpatient settings, substance abuse programs, parenting support programs and has been

used in other settings as a method of organizational change (Bloom, 2000; Bloom, 2005). Transitional living programs serve youth and young adults who have been abandoned by family, escaped hostile or neglectful home environments, come from the foster care system, or have experienced harmful situations while living on the street. Any of these experiences constitutes a trauma history. Given that transitional living programs provide a community living environment for trauma-exposed youth run by direct care staff and administrative teams, it is likely that the Sanctuary Model would benefit these programs organizationally as well as promote positive youth outcomes.

Looking Forward

Summary of Literature

After reviewing a broad perspective on the prevalence, needs and treatment options for homeless youth, it is possible to focus in on what still needs to be done in terms of research in the field. Much data have been collected over in the recent past on the characteristics, family backgrounds, and street experiences of homeless youth (Alvi et al., 2010; Haber & Toro, 2009; Kidd, 2004; Whitbeck & Hoyt, 1999). The adverse life events that put youth at risk of homelessness are many and varied, stemming from societal and cultural systems to family systems or individual characteristics. Wayman (2009) points out that many studies fail to address the diversity in backgrounds of youth who experience homelessness and simply refer to the group at large as either “homeless youth” or “runaway youth.” Looking more closely at the individual needs of these youth by asking them to speak for themselves may prove very useful in planning service programs and evaluation research.

There exists a spectrum of services, shelter, and housing available to some homeless youth. However, we know little about their comparative effectiveness in ending youth homelessness as there is little evaluation research, and data collection methods and purposes vary widely amongst the few existing rigorous studies (Wayman, 2009). Therefore, it is difficult to offer comparisons among competing service models, especially when limited funding is available. What little research there is on homeless youth indicates this population has multiple needs to be met, including therapeutic, educational, vocational, and housing needs. There is a large amount of research that quantitatively examines the characteristics and trends among homeless youth (Kidd, 2007; Ensign & Bell, 2004, Keeshin & Campbell, 2011; Rice et al., 2005). There is less literature available that qualitatively captures the perspectives of these youth, and much of it focuses on past experiences (Kidd, 2004; Kidd & Evans, 2011; Tyler, 2006). There have been few empirical or formal evaluations of interventions to assist homeless youth (Toro, Dworsky, & Fowler, 2007). Additionally, there have been very few studies conducted that consider the viewpoints of the youth receiving services as the main focus of data collection. Residents of homeless youth shelters can and should play a more important role in the evaluation and design of the programs that serve them than they have to date (Spiro, Dekel & Peled, 2009).

Purpose of this Study

This goal of this study is to collect both qualitative and quantitative data from homeless youth living in transitional living programs in order to better understand their current needs, aspirations and utilization of services while being a part of the program.

Both forms of data were collected initially and again after a six-month period to gain a sense of participant change over time. The quantitative data collection measures provide a baseline and change measures of mental and occupational health as well as perspectives of community support and emerging adulthood. The qualitative data collections measures allow the participants to individualize their personal histories, challenges and successes. The qualitative focus groups and interviews are designed to be solution focused, meaning they facilitate participants visualizing the positive outcomes and goals they are working toward. Solution-focused therapy is a research-based mode of social work, in which the interview is the intervention (Kim, Berg & Szabo, 2005). The solution directed focus group questions enable the participants to think critically about what achieving their goals might look like in the future and gather information that help them work toward those goals toward independence. Additionally, the service agencies may gain perspective about the goals and views of the population they serve from a solution-focused angle. Finally, this study gives voice to the experiences of homeless youth, sheds light on the various aspects of their life and identity that change during the time they are engaged in transition-based housing programs.

CHAPTER III

METHODS

This mixed methods study explored the experiences of homeless young adults (ages 18 to 21) in transitional living programs. A transformative-emancipatory paradigm (outlined on the next page) is used to structure and interpret the study, and social justice theory is explained and connected to research with homeless people. These concepts are being used for two main reasons. The first is to highlight the institutionalized injustice and intersectionality of oppression that homeless youth face while transitioning to adulthood. The second is to empower the participants to take charge of their lives and pursue their own goals via transitional living programming. The study used both quantitative and qualitative data gathered from surveys, standardized assessments, and interviews. The quantitative data were used to obtain clinical measures of participant mental and occupational health status as well as to make connections between the different facets of the participants' sense of independence and support. The qualitative data were used to understand the perspectives, opinions and goals of the individual participants, and is integrated with the quantitative data in the analysis to paint a complete picture of the participants and their growth over time. Additionally, focus groups were conducted to explore homeless youth's opinions about experiences in transitional living programs. The implication of the findings for policy and society are discussed. The following chapter will detail the study's transformative emancipatory

paradigm, social justice theory, position of the author, transformative mixed methods design and procedures by which the research was conducted.

Research Questions

This exploratory study addressed two major research questions. The main aspects of being a previously homeless young adult in a transitional living program were explored:

1. What are homeless youths' perceptions of themselves and how do they change over time?
 - How do previously homeless youth accessing transitional living programs in a large metropolitan city view themselves in relation to their previous life experiences, current status, and goals for the future?
 - What progress towards self-stated goals do youth in transitional living programs make over the course of six months while having a stable place to live and access to services?
 - How do youth in transitional living programs rate themselves on current mental health status, functional skills, sense of community and in independence, and how do these ratings relate to youth's progress toward self-stated goals, if any, over time?
2. What are homeless youth's perceptions of transitional living programs and how do they change over time?
 - How do these youth view the services they are currently receiving from transitional living programs?

- What kinds of supports and services to these youth think would be helpful to unaccompanied youth in general?

Transformative-Emancipatory Paradigm

The paradigm that was used for this study is transformative emancipatory paradigm. This framework advances the empowerment of marginalized populations through rigorous and ethical research (Mertens, 2009). Within this framework, knowledge is recognized as subjective to the power and social dynamics in society, and it is seen as the social researcher's goal to construct new knowledge to legitimize the experiences of oppressed groups and utilize that knowledge to inform potential improvements (Sweetman, Badiee & Creswell, 2010). The transformative paradigm's central mode of inquiry is to give "precedence to the voices of the least advantaged groups in society" (Mertens, Holmes & Harris, 2009, p. 89). This paradigm is well-aligned with the purposes of this study because the research focused on the opinions and experiences of homeless youth, a population that has extreme deficits in socio-economic status, is at risk for negative adult outcomes, and has traditionally had little power in the operations of our society (Bantchevska et al., 2008). This study contributes research that showcases unaccompanied youth's experiences by documenting and interpreting the perspectives of homeless youth along with their self-ratings of mental health and life skills. Additionally, interpretations of this evidence contribute critical suggestions for crucial policy change and argue for society to rethink the stereotypes and negative biases against people who are homeless.

Social Justice Theory

Social justice is a theory discussed and promoted in multiple disciplines, from social work to philosophy to education. The basic tenets of the theory revolve around recognizing realities are constructed and shaped by social, political, cultural, and economic values in our society (Mertens, 2007). Those people whose values are closest to what is central or typical in a society are the ones who hold societal power, and the privileges enjoyed by those in power further promote their own values as mainstream, perpetuating the values of those in power as reality. Social justice theory exists to look critically at the power distribution in society and attest to the injustice and unfairness inherent in a power dynamic that is biased toward the white and wealthy. A socially just society would be one in which everyone affected by a decision being made has a role in making that decision (Greene, 1998); unfortunately, we live within a society in which those with privilege, generally meaning white, upper middle class professionals, along with a few very wealthy individuals, are the ones charged with making decisions that affect the marginalized members of society, the impoverished, the racial and ethnic minorities, as well as the young people and the sexual/gender minorities.

The United Nations sought to address this issue by establishing a Convention on the Rights of the Child. In the resulting document, the UN (1990) states that children should grow up in a family environment with happiness, love and understanding, and be fully prepared to live independently in society. However, these ideals are not being upheld in the case of youth who are pushed out of their homes or have fallen through the cracks in the social services system. Homeless youth are marginalized persons within our

society; the amount of effort it takes to meet basic needs as a homeless person leaves little time or capacity for self-advocacy, especially for large-scale issues. Denzin (2009) describes how critical research makes a difference in society by promoting human dignity and social justice: “The pursuit of social justice within a transformative paradigm challenges forms of human oppression and injustice [and] is firmly rooted in a human rights agenda” (p. 12). In the transformative-emancipatory paradigm, social justice theory calls researchers to give voice to those people who are not often heard in the research context or in larger society. With the scope of this study in mind, this means that the voices of the homeless youth taking part in the study are given precedence and the role of the researcher is viewed through a critical lens in the discussion of the findings.

Positioning of the Author

I was inspired to conduct research with this population after becoming involved in an ongoing qualitative study concerning homeless families and youth and their access to education via the implementation of the McKinney-Vento Act at my university. I come from an upper middle class Caucasian family background but have had a focused passion for social justice for over six years. The initiation of this focus could be attributed to my attendance at a white privilege workshop at my undergraduate college. This workshop changed my perspective on how much my white friends, family and I take for granted the privilege afforded to white people in American society. I have since been driven to expose inequalities and uncomfortable truths and have dedicated my academic and professional work to service and advocacy. While studying school psychology at Loyola

University of Chicago, I became connected to the transitional living programs involved in this study through working with Dr. Martha Ellen Wynne's research team on the McKinney-Vento Act research project. I was and am still actively involved in reaching out to homeless shelters for families and transitional living programs in the local metropolitan community to establish partnerships in order to learn more about the first-hand experiences of homeless families and youth accessing school under the Act. I have also played a part in building relationships with the shelters through volunteer and advocacy work as well as conducting focus groups with former clients at one of the transitional living programs. However, I had not met any of the prospective participants before as I had not been otherwise involved with any of the sites for approximately eight months by the time the actual data collection took place. As both of the transitional living programs involved in this study utilize therapeutic milieu settings, I frequently visited the sites in between data collection periods to allow the youth to get to know me outside of the researcher role and to act as a supportive adult in the milieu. As a part of the study, I gave my contact information to the participants (email and phone number). One of the youth involved in the study who was struggling emotionally asked for me to visit him, which I did weekly. Therefore, I spent more time in the milieu at one transitional living program than I did in the other.

Mixed Methodology

The underlying purposes of the transformative paradigm and social justice theory are to critically view phenomena from the perspective of marginalized people as well as call others to create and participate in democratic practices. When working in the

transformative paradigm, it is important to provide an accurate description of the hard facts as well as descriptive information that explains the reasons and complexities surrounding phenomena experienced by people whose perspectives are not often heard in our society. Due to this need for varying types of data, it is reasonable that the research could potentially benefit from combining qualitative and quantitative methods.

Mixed methods research is a research design that integrates a philosophical approach with methods of inquiry as well as a mixture of qualitative and quantitative procedures for data collection and analysis (Creswell & Plano Clark, 2011). It has been used historically and is valued in the pursuit of sociological study, program evaluation and education-focused research (Creswell & Plano Clark, 2011; Greene, 1998; Mertens, 2007). Mixed methodology lends itself well to these fields precisely because it allows the researcher to take an integrated approach to understanding social phenomena, programming and institutions. An integrated approach allows the various methods to interact with each other over the course of the study in order to report on different facets of a singular phenomenon (Greene, 2007). Transformative mixed methodologies specifically provide a rational and respectful mechanism for addressing the complexities of culturally sensitive research that has the potential to initiate social change. A qualitative dimension is needed to gather stakeholders' perspectives at each stage of the research process, while a quantitative dimension provides the opportunity to demonstrate outcomes that have credibility for community members and scholars (Mertens, 2007). In the case of this study, the qualitative dimensions serve to reveal the complex experiences

and perspectives of the youth and the quantitative aspects serve as data for triangulation that provide another facet through which change can be understood.

There is a dearth of literature on outcome evaluations of services that showcase the perspectives and opinions of the homeless youth themselves; more research is needed so that policymakers, researchers and practitioners can better understand multifaceted perspectives and experiences of this population. In order to promote this understanding, the qualitative data in this study is weighted more heavily than the quantitative data. Furthermore, the rich description that emerged from the qualitative data collection greatly outweighs the statistical analysis of the quantitative data since the sample size was not large enough to detect any statistically significant differences.

Procedure

The data collected for this study were diverse in order to triangulate the multiple aspects of both transitional living programs, the young adults served in these programs, and their experiences. The data collection and data analysis procedures both utilized mixed methods, which allowed for complementarity. Having complementary methods allows the researcher to gain a broader and deeper understanding of a complex phenomenon from different perspectives (Greene, 2007). In order to appropriately interpret the data collected and compare findings from before and after a significant period of time, a multiphase combination mixed methods design was used. Concurrent timing occurs when a researcher conducts both qualitative and quantitative data collection at the same time; sequential timing occurs when one data collection phase follows another (Creswell, 2011). In order to address the first set of research questions,

multiphase combination timing was used in that concurrent qualitative and quantitative data collection occurred across a sequence of two distinct phases (see Figure 2 for a visual design map).

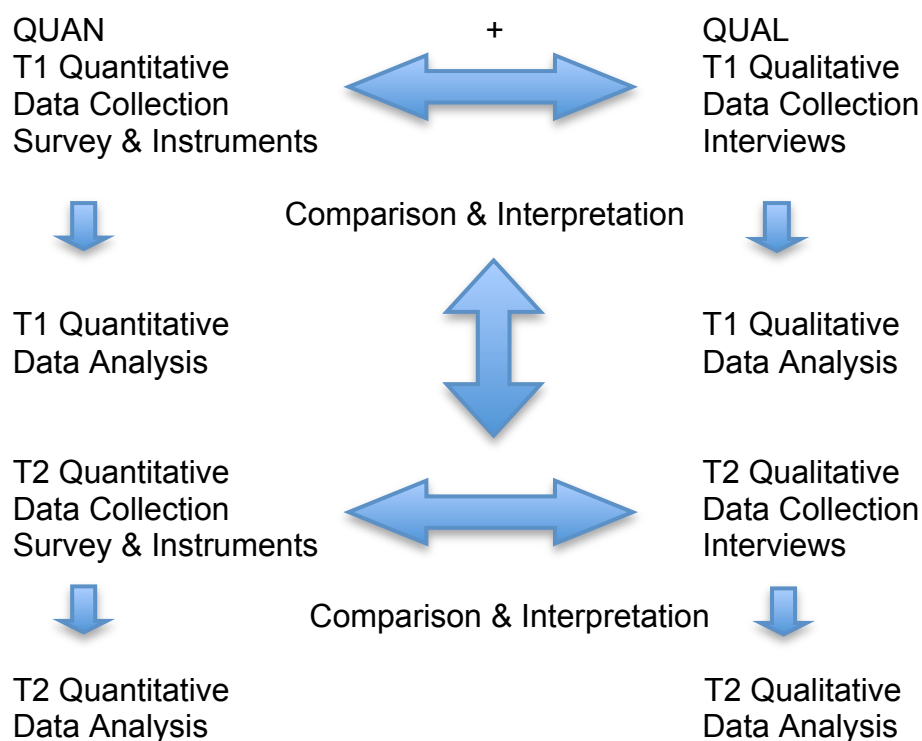


Figure 2. Concurrent and Sequential Complementary Design

In order to address the second set of research questions, one focus group was conducted at each participating transitional living program approximately halfway between T1 and T2 interviews.

Data Collection

First, the TLPs involved in this study provided letters of consent to participate and all research procedures and intents were checked by Loyola University's IRB. As can be seen in Figure 2, the qualitative and quantitative measures were collected at the same

time: at Time 1 (T1) and at Time 2 (T2), six months later. It was decided that six months would be an appropriate length of time because it is long enough to view growth and development, but short enough to gain consistent access to the majority of potential participants. The amount of time that a youth may stay in a transitional living programs varies from agency to agency, and some youth exit early due to rule breaking, becoming pregnant, finding alternative living resources, or for other educational or vocational opportunities. For example, the approximate length of stay at one of the shelters involved in this study is seven to ten months, but youth are allowed to stay for up to two years (Dworsky, 2010). Methods conducted at T1 and T2 include interviews and questionnaire batteries. The focus groups were conducted between T1 and T2 data collection periods. The next section will outline the data collection steps, including the sampling procedures, measures, and data collection methods.

Sampling Strategy

The sampling strategy used in this study was purposive. This approach was used because it is well established that it is difficult to sample homeless populations randomly (Collins & Barker, 2009; Wright, Allen, & Devine, 1995). In the case of this study, participants self-selected into the study by volunteering to join after being informed about it. The numbers of transitional living programs that serve homeless youth are few, and efforts have been made to discover and contact all sites meeting this definition in the surrounding metropolitan area. The researcher utilized the connections she has made in the local metropolitan homeless service sector to develop partnerships with four local

agencies that have transitional living programs designed for young adults who qualify as homeless under the Homeless and Runaway Youth Act.

Collaborating with two agencies broadens the scope of this study, as the agencies are located in very different areas of a large city and serve somewhat different subpopulations of homeless youth. To see the breakdown of the populations served by the shelters involved in the study (see Table 1). It should be noted that although most of the clients at the agencies listed below belong to the specific population mentioned, participants who identify differently are still welcome at some of these agencies. For example, both agencies also serve Caucasian youth as well as youth that identify as LGBTQ.

Table 1. Agency Descriptions

Agency	Number of Youth in TLP	Population Served	Number of Interview Participants	Number of Focus group Participants
Agency 1	24	Predominately African American—mixed gender	4	7
Agency 2	16	African American and Latino—males	4	3

Partnering Site Descriptions

The two participating agencies are both transitional living programs operating in a large urban setting and serve youth ages 18 to 21. Both agencies share common short and long-term goals for their residents. Short-term goals include providing for basic needs, improving independent living skills, educational and/or employment skills, increasing youth's savings/income and addressing clinical concerns. Long-term goals

include improving or maintaining self-sufficiency and developmental growth as well as transitioning youth to permanent housing (Night Ministry, 2006). Both agencies serve both heterosexual youth as well as youth who identify as LGBTQ, and both serve youth who predominately come from urban neighborhoods often characterized by high poverty rates, gang violence, and substandard housing.

Agency 1 was founded in 1976 and opened their TLP in 1994. The TLP program is based on the Sanctuary model, but is not officially Sanctuary Certified. At least one administrative staff member has worked in a Sanctuary Certified organization. Agency 1 houses up to 24 youth at a time; the average length of stay is six months, but youth may stay for up to 18 months. Agency 1 then refers clients to a supportive apartment placement program and aftercare services once they are deemed ready to begin financially supporting themselves. Agency 1 provides educational, vocational, physical, nutritional, and psychological assessments to identify strengths and growth priorities. Then, residents formulate and implement their own Individual Action Plans (IAPs) based on the various assessments. Youth who make significant progress on these action plans may choose to apply to the agency's independent living program. Others may choose options such as college housing, shared apartments, or other permanent housing programs. Each youth has a master's-level clinical case manager who acts as advocate, offers guidance, coaching, and support, and connects them to resources. Depending upon individual needs, youth receive educational and vocational assistance, counseling and psychiatric services, as well as life skills training. Agency 1 also operates an Outreach service that sends vans with hygiene supplies and food to areas of the city where

homeless youth congregate to provide resources, transportation and information about shelter.

Agency 2 was founded in 2002, and opened the doors to its TLP in 2006. Their TLP serves youth ages 16 to 21 and houses up to 16 youth. Agency 2 based their TLP programming on the model of Agency 1. Residents are allowed to stay for up to two years. No staff members have worked at Sanctuary Certified organizations in the past. The mission of this TLP program is to work collaboratively with the youth, demonstrate empathy, cultivate mutual respect, and provide access to resources and opportunities; and to create a just experience for all people. This transitional living program is the first to intentionally serve bilingual male in this urban context. Agency 2 also offers scattered site housing units to youth who require more permanent supportive housing as well as a drop-in center that provides outreach and engagement services to youth in the community as well as to youth in the TLP.

Focus Group Participants

The participants in the focus groups were volunteers, purposefully sampled to be youth between the ages of 18 and 21 residing in transitional living programs. Participants (seven males, three females) ranged in age from 18 to 21 years ($M_{\text{age}} = 19.5$ years) and had been residing in their respective TLPs from three weeks to three years ($M_{\text{stay}} = 7.5$ months). The participant who reported staying for three years had lived in the TLP for 18 months then transitioned to their scattered site apartment program, but regularly returned to the TLP to participate in group activities and lessons. This author recruited focus participants at community meetings and in the TLP milieu. Service providers at the

transitional living program facilitated the recruitment process by advertising the project to eligible youth through posters and mentioning the project at meetings. Focus group participants were given dinner and refreshments as a thank-you for participating. Only one interview participant also participated in a focus group.

Interview Participants

The participants in the interviews were volunteers, purposefully sampled to be youth between the ages of 18 and 21 currently being served by a transitional living program. Participants' (six males, two females) ages ranged from 18 to 22, ($M_{\text{age}} = 19.63$). Length of stay at the TLPs ranged from six to 13 months at T1 ($M_{\text{stay}} = 7.38$). This author recruited interview participants at community meetings and in the TLP milieu. Interview participants were informed of the researcher's intent to follow up with them over the course of the next six months. Follow up contacts were to be made with interview participants two months and four months following T1. Each participant received a gift card to Target following each interview as a thank you for participation.

Qualitative Measures

Focus Groups

One semi-structured focus group was conducted on-site at each transitional living program. The researcher advertised for the focus groups by asking TLP staff about available times and dates, posting flyers indicating the location and time of the group, and by speaking with residents about the upcoming focus group at community meetings.

The focus group format is advantageous because group conversations are naturalistic, paint a better portrait of the combined local perspectives, meaning the focus

group dynamics reflect a mix of opinions from people part of a particular population or community (Duncan & Marotz-Badden, 1999). The focus group format also allows for multiple viewpoints to be explored (Kvale & Brinkman, 2008). In addition, participants in focus groups listen to what others say, build their own ideas off of each other's, and interact in a multi-part conversation about the topic (Kitzinger & Barbour, 2001). Focus groups have been increasingly used for practical purposes such as evaluation (Patton, 1990). The focus groups followed semi-structured protocols to ensure consistency in the delivery of questions, were audio recorded with the participants' permission, and transcribed for analysis. Focus group questions ask participants to state their opinions about what they like and don't like about their TLPs, as well as what types of services they would provide if they were to open a TLP in the future. The focus group protocol can be found in Appendix C.

Interviews

The researcher advertised for individual interview sessions at community meetings and in person in the TLP milieu. The interviews were conducted at the agency site in a quiet location convenient for the participants. A second interview was conducted approximately six months later (T2) with the youth participants from T1. At T1, the researcher asked the participants for the best ways to reach them over the course of the next six months, and contact them via those modes to verify any updates to their contact info at two and four months following the T1 interview. Interviews followed semi-structured protocols, were audio recorded with the participants' permission, and transcribed for analysis. T1 interviews lasted approximately 20 to 40 minutes.

At T1, questions concerning the participants' journeys and life experiences that brought them to the transitional living program as well as their experiences with social support and independence before coming to the agency were introduced. This was followed by a discussion of their current involvement in support services, employment and education. Participants also were asked about personal goals that they would like to accomplish in the next six months as well as their long-term goals. The whole interview took approximately an hour. Data collection sessions at T1 were scheduled to take place on a particular day or set of days designated by the agency at each site.

At T2, the participants were asked about the progress they have made toward their goals since last meeting. They were asked about how the agency has helped them to meet their goals and what other services or supports might help them to achieve unmet goals. They were asked about how their sense of social support and independence has changed after being involved in the transitional living program for an extended period of time. If participants who were involved at T1 had left the program by T2, the researcher attempted to follow up with those persons and conduct individual interviews, modifying the questions slightly to capture their journey. The semi-structured T2 interviews lasted approximately 20 to 30 minutes (see Appendix D for the interview protocol).

Quantitative Measures

In order to get a quantitative measure of participants' mental health and vocational goals, a questionnaire battery was administered to the participants immediately after the individual interview. The researcher reviewed the questionnaires with participants and gave them the option of having it read aloud to accommodate

participants with low reading levels. Questionnaires and surveys are used frequently in research with homeless youth to assess mental health status (Kidd, 2006), social supports (Rice, Stein & Milburn, 2008) and treatment outcomes (Slesnick, Kang & Aukward, 2008). Outlined below are the three assessments that were included in the questionnaire battery.

Standardized Measures

In order to gain clinical insight into mental health status and overall well-being of the participants, two standardized measures were used. The first measure was the Achenbach System of Empirically Based Assessment Adult Self-Report (ASR; Achenbach, 1997). Previous research on service outcomes for homeless youth has relied on the Achenbach Self-Report in order to assess various aspects of mental health (Ferguson & Xie, 2008; Slesnick et al., 2007). The purpose of this scale is to allow the participant to identify concerns they have about their social/emotional functioning and better understand their own current strengths and challenges. In order for agencies to appropriately understand and meet the service needs of their clients, it is important to screen for particular mental health concerns.

The Achenbach System of Empirically Based Assessment (ASEBA) offers a comprehensive approach to assessing emotional functioning. The ASEBA Adult Self-Report (ASR) consists of 126 items on which respondents report emotions and behaviors over the past six months. The ASR measures substance use, adaptive function and Diagnostic and Statistical Manual (DSM)-oriented symptoms as well as eight mental health syndromes: anxiety/depression, withdrawal, somatic complaints, thought

problems, attention problems, aggressive behavior, rule-breaking behavior, and intrusive behavior. These are grouped into normed scales for internalizing behaviors (i.e., anxiety/depression, withdrawal, and somatic complaints) and externalizing behaviors (i.e., aggression and rule breaking). Higher scores reflect a higher degree of problem behaviors. Internalizing behaviors raw scores between 18 and 23 for men and 20 and 24 for women are within the borderline clinical range; externalizing behaviors raw scores between 19 and 22 for men and 17 and 21 for women are within the borderline clinical range. Internalizing behaviors scores above 23 for men and 24 for women and externalizing behaviors scores above 22 for men and 21 for women are in the clinical range. Previously reported Cronbach alphas for internalizing and externalizing behaviors on the ASR are $\alpha = .67$ and $\alpha = .61$, respectively (Achenbach, 1997).

The ASEBA Adult Self-Report (ASR) Syndrome Scale measures eight syndromes: anxiety/depression, withdrawal, somatic complaints, thought problems, attention problems, aggressive behavior, rule-breaking behavior, and intrusive behavior (Achenbach, 1997). These are grouped into normed scales for internalizing behaviors (i.e., anxiety/depression, withdrawal, and somatic complaints) and externalizing behaviors (i.e., aggression and rule breaking). Higher scores reflect a higher presence of problem behaviors; scores are measured on a t-scale, with 50 being the mean score and 100 being the maximum score with a standard deviation of 10. Scores between 60 and 65 are considered to be in the borderline clinical range, while scores above 65 are considered to be in the clinical range.

The DSM-Oriented Scale measures participants' endorsement of symptoms that fall into the diagnostic criteria for disorders listed in the DSM-IV. These disorders include depressive problems, anxiety problems, somatic problems, avoidant personality problems, ADHD-Combined Type, antisocial personality problems, ADHD-Inattentive Type and ADHD-Hyperactive Type. Higher scores reflect a higher presence of problem behaviors; scores are measured on a t-scale, with 50 being the minimum and 100 being the maximum score with a standard deviation of 10. Scores between 60 and 65 are considered to be in the borderline clinical range, while scores above 65 are considered to be in the clinical range.

The Adaptive Scale measures the self-perceived quality of participants' friendships, family life, work and education. Scores are measured on a t-scale, with 100 being the maximum score with a standard deviation of 10. Scores between 35 and 30 are considered to be in the borderline clinical range, while scores below 30 are considered to be in the clinical range. On the Substance Use Scale, higher scores reflect a higher presence of problem behaviors; scores are measured on a t-scale, with 50 being the mean score and 100 being the maximum score with a standard deviation of 10. Scores between 60 and 65 are considered to be in the borderline clinical range, while scores above 65 are considered to be in the clinical range.

The second standardized measure used is the Occupational Self-Assessment self-rating form (OSA v. 2.2; Baron, Kielhofner, Iyenger, Goldhammer & Wolenski, 2006). This measure has been employed in empirical studies of the life skills needs of homeless youth as well as with homeless adults (Avlies & Helfrich, 2004; Gorde, Helfrich, &

Finlayson, 2004). The OSA is a self-report that explores a client's performance, habits, roles, volition, and interests and provides a measure of the participants' perceptions of their service needs. The OSA is derived from the Model of Human Occupation (MOHO; Kielhofner, 2002). This theoretical model, developed in the field of occupational therapy, views humans as occupational beings who are motivated to engage in daily life activities and move toward a fulfilling future (Aviles & Helfrich, 2004). The OSA looks at a person's volition, personal causation, values and interests. Volition is defined as what one holds as important, and how effective a person is in pursuing those things (Kielhofner, 1995). Personal causation refers to what a person believes about his or her own effectiveness. Values are seen as what a person believes is worth doing and what goals he or she feels are important. Interests include a person's disposition toward certain occupations or activities (Kielhofner, 1995). The OSA measure contains questions that allow the respondent to reflect on his or her own functional work skills, adaptive behavior, life skills and motivations as well as identify priorities for change and next steps (Baron et al., 2006). Life skills can be defined as behaviors that allow a person to be functional and self-sufficient (Gourley, 2000). Life skills include activities of daily living such as hygiene and eating; instrumental activities of daily living such as meal preparation, household maintenance and money management; and community skills such as accessing transportation, social interaction, and community safety (Okkema, 1993).

The OSA is a 25 item self-report measure of a client's performance, habits, roles, volition, and interests that provides a measure of the participants' perceptions of their service needs (Baron et al., 2006). The Competence Scale refers to what a person

believes about his or her own effectiveness in adaptive functioning skills. Values Scale measures a summation of the adaptive functioning activities that a person believes is important to them. All items are rated on a 1-4 Likert Scale and both the Competence and Value Scales are measured on a 100-point scale where 1 is the least occupational competence or value and 100 is the most occupational competence or value. Reliability testing for the Occupational Competence scale of the OSA was .91 and for the Values scale was .92 on the Cronbach alpha measure; the OSA has been determined to have strong internal validity and reliability (Kielhofner, Forsyth, Kramer, & Iyenger, 2009).

The intent behind the OSA and underlying the framework of MOHO is to facilitate a client's ability to identify their own areas of strength in terms of life skills while simultaneously communicating their beliefs about what is important to them (Kielhofner, 1995). It is empowering for youth to engage in reflection because it can increase agency and self-understanding. Attempting to reconnect homeless adolescents and young adults to their own abilities may assist them in planning for their future (Aviles & Heilfrich, 2004). Homeless youth have reported needs for assistance in planning, advice, support, and encouragement in life skill training from service providers (DeRosa, Montgomery, Kipke, Iverson & Unger, 1999). Clients are viewed as the expert on themselves when identifying and determining goals on the OSA (Aviles & Heilfrich, 2004). As stated previously, many homeless youth have mistrust of adults in authority positions (Ensign & Bell, 2004); therefore, encouraging youth to have input into their own goals and the services they may want could assist them in building better relationships with adults and persons of authority in general.

Survey

The questionnaire battery also included a short survey developed by the researcher. This survey measures two major constructs. First, it measures participants' subjective feelings pertaining to belonging to a community by asking them to consider their feelings of safety, security, trust and support from those who live with them or near them. The second construct measures the objective and subjective aspects of independent adulthood. These scales were designed with the intent of facilitating participants' reflection upon the social supports they perceive as available to them in their living situation as well as upon their own self-efficacy and overall independence. Finally, the survey includes questions about the demographic characteristics of the participants. Survey questions can be found in Appendix E.

The researcher piloted this survey with young adults from ages 18 to 21 currently attending community colleges in the same or demographically similar urban neighborhoods as the TLPs where the current participants reside. The majority of the youth who participated in the pilot study were comparable to the participants in the present study in terms of ethnicity and background; however, it is likely the youth in the present study come from lower socio-economic status backgrounds than the pilot study participants. Some changes were made to the survey after conducting the pilot study; the pilot study contained too many scales for the participants to fill out in a reasonable time. Two scales from the survey were retained from the pilot study: Community and Adulthood. The Community construct is measured by eleven items and in the resulting data reduction procedure, the eleven item Community matrix was found to have a

Cronbach alpha of .98. Three items were removed due to similarity to other items.

When the procedure was re-run, the Cronbach alpha was found to be .96, leaving an eight-item matrix with item-to-total correlations ranging from .76 to .89. The Adulthood construct was measured by nine items and in the resulting data reduction procedure, the nine-item matrix was found to have a Cronbach alpha of .87. When two items were removed and the procedure was run again, the Cronbach alpha was found to be .91 leaving a seven-item matrix with item-to-total correlations ranging from .58 to .85. Table 2 below depicts how the various sources of data to be collected will inform each of the research questions.

Table 2. Research Questions and Corresponding Measures

Question	Qualitative Measures	Quantitative Measures
1. What are homeless youth's perceptions of transitional living programs and how do they change over time?		
How do these youth view the services they are currently receiving from transitional living programs?	Focus Groups	
What kinds of supports and services to these youth think would be helpful to unaccompanied youth in general?	Focus Groups	
2. What are homeless youths' perceptions of themselves and how do they change over time?		
How do previously homeless youth accessing transitional living programs in a large metropolitan city view themselves in relation to their previous life experiences, current status, and goals for the future?	T1 and T2 interviews	T1 and T2 Surveys T1 and T2 ASEBA T1 and T2 OSA

What progress towards self-stated goals do youth in transitional living programs make over the course of six months with a stable place to live and access to services?	T1 and T2 interviews	
How do youth in transitional living programs rate themselves on current mental health status, functional skills, sense of community and in independence, and how do these ratings relate to youth's progress toward self-stated goals, if any, over time?	T1 and T2 interviews	T1 and T2 Surveys T1 and T2 ASEBA T1 and T2 OSA

CHAPTER IV

RESULTS

Initial Quantitative Analysis Phase

Descriptive statistics were calculated for all participants and measures conducted at T1 and T2, including the mean, standard deviation and ranges for the Community Sacle, the Adulthood Scale, the Occupational Self-Assessment (Baron et al., 2006), and the ASEBA Adult Self-Report (Achenbach, 1997). The standardized measures were scored according to their administration manuals. All quantitative scores were converted into z-scores for cross-battery comparison. Due to the small number of participants, the quantitative results will not be tested for statistical significance. Therefore, this data will be used to provide information to the participants and service providers as well as to complement and triangulate the focus group data interpretations. The data were also used to illustrate trends in change over time, represented in tables, and to illustrate individual change for each participant, represented in line graphs. SPSS was used to conduct all statistical analyses.

Initial Qualitative Analysis Phase

To initiate analysis of the qualitative data for this study, the researcher transcribed the focus groups and interviews conducted at each of the shelter partnership sites. The major form of data analysis used for the qualitative research is discourse analysis. In order to code and analyze the qualitative data, the researcher utilized colleagues to engage in Consensual Qualitative Research (Hill, 1997). To do this, the researcher first

read through all of the transcripts to get a sense of the overall meaning and began to identify broad themes, compiled in codebooks. Next, the researcher utilized an auditor to check the utility and feasibility of the broad themes. The auditor was a doctoral candidate for school psychology from the same program as the researcher who participated on this researcher's research team and was familiar with CQR. Third, the researcher, the auditor, and one other research team member coded the data initially into thoughtfully agreed-upon domains or topic areas. Finally, the author compared data systematically and tabulated the number of cases that fit in the emerging categories within each domain.

Focus group data from each agency were compared and contrasted. Frequencies of responses were tabulated and results are discussed in the context of level of integration of the Sanctuary Model. Interview data were coded for themes and organized by overarching themes and subcategories. Interview themes pertaining to participants' backgrounds are discussed as a whole. Additionally, themes relating to participants' goals were analyzed using process/experience analysis, meaning the data one subset is analyzed in the context of a larger subset, in this case, goals and progress toward goals. Process/experience analysis also includes a temporal component, and therefore facilitates the researcher making inferences about changes over time (Onwuegbuzie, Slate, Leech, & Collins, 2009). A time-ordered matrix for analysis was constructed to organize the data into narratives that highlight key themes while retaining cohesion (Onwuegbuzie et al., 2009).

Integrated Analysis Phase

The integrated data analysis is case-oriented and utilizes data from the interviews and the quantitative measures. Case-oriented analyses are analyses that focus primarily or exclusively on selected cases in order to interpret the perceptions, attitudes, and opinions of one or more persons; in contrast, variable-oriented analyses involve identifying relationships among entities, which are conceived of as variables and often lend themselves to statistical analysis (Onwuegbuzie et al., 2009). Thus, a case-oriented analysis lends itself to both particularizing and analytical generalizations. Particularistic generalizations involve making inferences about data obtained from one or more representative or elite participants to the sample from which the participant(s) was/were selected, and analytic generalizations are inferences applied to wider theory on the basis of how selected cases fit with general constructs (Onwuegbuzie et al., 2009). In a qualitative-dominant mixed research study such as this one, the researcher takes a qualitative, transformative-emancipatory approach to provide rich, detailed description while, at the same time, including quantitative data create more facets through which more complex interpretations can be made (Onwuegbuzie et al., 2009).

The researcher triangulated the data collected by combining the quantitative data and the qualitative interview data by sorting them into protective and risk factor groups. Taking into account variations in theme appearance between interviewees and between agencies as well as outlying data, the researcher then made inferences and assumptions based on the information available.

Reliability and Validation

Several steps were taken to check for the reliability and validity of the data collection and analysis. All of the transcripts were checked by at least two researchers to ensure that no obvious mistakes were made during transcription. The codebook was frequently maintained and annotated to prevent drift in the definition of the codes. Coders communicated regularly, and codes were cross-checked by an auditor. All interview results were member-checked by the original participants in the study. Specifically, individual reports including a copy of the interview transcript, a copy of the questionnaire battery, and a synthesized evaluation report were presented and explained to the participants. The researcher reports on her biases in the Discussion in order to honestly reflect on how her background or action agenda may have influenced the research process. Finally, both a peer debriefer and an external auditor read the study, asked questions, and gave feedback to ensure clarity and generalizability of the interpretations made.

Focus Group Data

The focus group at Agency 1 was made up of four girls and four boys ($M_{\text{age}} = 19.6$; $M_{\text{agemales}} = 20$; $M_{\text{agefemales}} = 19.25$). The length of participants' stay in at Agency 1 program ranged from one week to three years ($M_{\text{stay}} = 8.3$ months; $M_{\text{staymales}} = 11.8$ months; $M_{\text{stayfemales}} = 4.75$ months). The focus group at Agency two was comprised of three boys ($M_{\text{age}} = 18.7$) whose length of stay ranged from three months to 10 months ($M_{\text{stay}} = 5.3$ months). Table 3 represents the demographics for all focus group participants.

Table 3. Focus Group Participant Demographics

Name	Rianna	Nira	Jalen	Coco	Anthony	Adam	Jerry	Aleem	Roger	Alex	Tony
Gender	F	F	F	F	M	M	M	M	M	M	M
Race	AA	AA	AA	AA	W	AA	AA	AA	L	AA	AA
Age	21	19	19	18	20	19	21	20	19	18	19
Stay in months	9	1	5	4	5	6	36	0.25	10	3	3
Agency	1	1	1	1	1	1	1	1	2	2	2

Key: F = Female; M = Male; AA= African American; L = Latino

*Note: Pseudonyms are used to protect the identity of participants.

The two focus groups conducted resulted in data that detailed what participants liked and did not like about their respective TLPs. Three overarching themes were identified. The first is Services, which comprises the main characteristics of the program directly delivered to benefit the youth. The second theme, Supports, describes facets of the program that involve the day-to-day function of the milieu, including the other residents and direct care staff. The third theme is Environment, which encompasses organization of the agency as a whole, the social culture within the program, and the local community where the agency is situated. Each focus group highlighted areas of the program that worked well, functioned inconsistently, and that were not working well.

Services

The participants at Agency 1 reported that they felt very positive overall about the services they had received. They mentioned basic services such as housing, toiletries, food, and other amenities, health care and case management as being helpful to them.

Additionally, participants noted programmatic features that were particularly useful such as educational services, job coaching, and assistance in acquiring a job as well as life skills development. Participants spoke about how aspects of the program taught them accountability and the importance of self-care, which were not always taught to them in their original homes. Coco remarked on how simple program rules help residents move toward independence:

A lot of people come from households where they were able to do whatever they want. And they don't know how to deal with transition or management when they have to...you know, how to deal with consequences when you do something wrong. How to be responsible for your actions. You know so, I mean that kinda helps as well, knowing there's a reason that you have to be in check, knowing that you have to follow rules and be responsible for yourself. Also like you know um, clean your room, your laundry and stuff...I view it as a good thing; it'll kind of teach you good hygiene, and how to take care of yourself when you get outside by yourself.

Adam spoke about how Agency 1's program provided him with structure and assistance with skills that he did not have access to when he was on the street.

I just feel like, if you don't come here with your life in check, they'll teach you that you are accountable for your actions. Like to save money and stuff, they work hard to get you in school, to get you a job. So it's different from being on your own, because when you are on your own you may be thinking I really want to do this but you don't get that extra push that's special because you are used to not doing nothing, or stuff gets in the way. But living here, they will push you. And they'll push you because it's so comfortable living here. And you don't want to get kicked out, so you keep things in check and stuff.

One life skill in particular that was mentioned was cooking. Nira explained how residents learn from each other when they take turns cooking for the rest of the TLP:

When we have to take turns cooking, at first I didn't like that when I first got here, but you know I kinda do. A lot of people cook different ways, so you kinda learn like different techniques by having people cook, or whatever, and sometimes different stuff tastes good... And you learn from other people, and that's a good

experience, learning from other people, especially peers and people your age. So I kinda like that, so everybody shows their creativity.

The only aspect of services that the residents felt was lacking was the availability of counseling; while a psychiatrist was available for residents who needed medications, the residents either were unaware of counseling services or felt there were not enough access to therapy.

Participants at Agency 2 had more mixed views about services they had received than participants at Agency 1. The services they noted as positive were housing, educational support, case management and assistance with food stamps. Roger noted how access to transportation provided by the agency allowed him to continue increasing his independence:

If it wasn't for them [Agency 2], I probably wouldn't have found a way move myself around while job searching. Just like for a person to be able to communicate, transportation is the next most important thing that we would need to grow and develop, which they provide here and what sometimes people take for granted.

The other services participants mentioned had both positive and negative aspects. While Tony was happy with his counseling services, Roger felt like there were not enough counselors to meet the needs of all the residents. Alex noted how some of the aspects of the life skills program helped him:

They help me grow up basically. Like I'm not used to doing stuff for myself, that's one thing they make you do here. They help you do the stuff, but they don't do it for you. Basic stuff by yourself. When I came here. I wasn't used to doing stuff for myself, I was used to other people doing it.

However, there were aspects that he did not like: "They make you save 30% of your money whatever you make, which is kind of irritating sometimes."

Staff Support

The participants at Agency 1 tended to have mixed views about the provision of staff support; however, the majority of their comments were positive. Participants spoke highly about the level of respect between residents and staff at Agency 1. Adam's comments alluded to the idea that treating young people as adults is a very appropriate type of support for them developmentally.

I like that they made me feel like I was an adult. I liked that they gave us privacy you know? And the other thing I liked about being here is that you get to make your own decisions so those decision will reflect on you when you move out. And they help you make better decisions, and that's something I noticed when I first moved in, when I first moved back.

Rules and behavior management are concrete examples of supports in place at TLPs, and the way staff enforce these rules affect residents' perceptions of overall staff support.

Residents at Agency 1 had specific reasons for why certain general rules, house duties and aspects of the behavior modification system did not work for them. For example, Adam explained how the chore of washing dishes could become complicated in communal living situations:

One thing that I would change about this program is I mean like the dish system. They give you a check if you left your dish out, like you got a specific dish with your name on it, but like say for instance I was not here today and someone used my dish, despite the rule, and they leave it out I would get a check for it even though I wasn't there today. But could have thought I had left it out before I left.

Residents also disagreed on the rule restricting access to resident rooms during the day;

Aleem was in favor:

I'll just say that I'm used to it, that the rooms are locked from 9 to 4, it don't bother me. I know that I have my mornings where I be tired and I don't want to get up and out the bed.

Rihanna argued that the rule does not work for everyone's schedule:

I would change the fact that we have to be out of our rooms from nine to four because not everybody's on that same schedule where they could be awake from nine to four. Some of us work nights and would like to be in our rooms in the daytime.

In summary, the participants at Agency 1 reported that on the whole, they felt the staff treated them respectfully and appropriately encouraged them to make good choices. However, the some participants felt the way certain supports were administered or set in place did not particularly suit their individual needs.

At Agency 2, the participants had mainly negative perceptions of the staff attempts at support and the organizational supports. Roger commented that the staff's warmth and general attitude help create a supportive atmosphere at Agency 2: "And it's just like they [staff] are all positive here, I guess you could say, and it just like helps. I mean not just me, I've noticed it in other residents, it helps them move forward too." However, Roger also noted how staff friendliness with residents can sometimes backfire when appropriate boundaries and consistent rules are not enforced.

Like he says, they are trying to be buddy buddy, but then it plays as favoritism, and there was an incident where my name was brought up during a situation in the house. One of the staff's immediate reaction was what did they do to so and so, referring to me, I felt that as a lack of respect for myself. I found that the staff has been pointing fingers saying, "you did it, because I'm buddy buddy with this this guy, I know this guy,"...its just favoritism and I don't feel that's good at all.

Tony also reported lack of staff support, particularly during instances of rule violation and retribution.

Sometimes some of the staff doesn't even take like full action and stuff... they say, we are doing what we can to fix a problem, but sometimes, they kind of drop out half way and the problem doesn't really get solved.

Alex gave an example of a time that he felt the staff were not acting in a supportive manner when he needed their assistance:

Somebody took my PlayStation 4, and they [staff] were just like, everything is going to be ok...but then staff told... somebody came knocking on the door, they thought it was...they thought I was trying to get somebody to jump them, so when I said it wasn't true they started...they assumed that I was going to go get somebody. But I didn't, and then, yeah they just assumed, then they told me that everything is going to be okay.

A detailed examination of the data revealed that the majority of the participant's issues with staff stemmed from a perceived lack of consistency in implementation and enforcement of rules and consequences for behaviors. Their observations suggest that warmth and positivity are positive qualities for direct care staff to possess, but it is equally or even more important that they are also able to establish boundaries and provide ways to solve community problems in a way that conveys respect and fairness to the residents.

Environment

The environment of a TLP is defined by the culture of the organization that runs the programming as well as the overall atmosphere in the milieu, which is colored by staff and residents' interactions with each other. At Agency 1, participants noted that they felt safe living there and felt that private rooms added a respect for privacy to the environment: "I like that they made me feel like I was an adult. I liked that they gave us privacy you know?" Physical and psychological safety and security could not be a more critical aspect of the environment for this population, and all of the participants who commented on this aspect had positive things to say. Additionally, Jerry explained how the environment allows residents to feel like independent adults while at the same time

providing a space where they can learn about the natural consequences of decision-making:

Everybody is around 18 which leads to us making our own decisions so we can either make a good decision or a bad decision, it's our choice. And there are consequences to our actions in [Agency 1] and out of [Agency 1]. It's our choices to make them as we see fit.

However, Jerry also reported that there were organizational aspects that had ongoing mixed effect on the milieu environment at Agency 1:

Yeah I was about to say, it's changed, it's different...like a lot of people that used to work here don't work here either they took a new job, either for personal reasons or for educational reasons. So uh a lot of things have kind of changed over time. But I'd say, it's a riot because there's a lot of people here, sometimes people might butt heads, either good or bad, a lot of people come and go client and staff wise because it's like people either leave on a good note or a bad note. And a lot of things get changed constantly. So I say it's a riot because you have a lot of good things here and a lot of bad things there.

Jerry observed that inconsistencies or frequent changes in the environment might be due to the high numbers of staff and client turnover. In an agency that serves such a transitional population, client turnover is to be expected and will inevitably affect the dynamics of the milieu. Organizations that are involved in direct care social services often experiences high rates of burn out, which then can cause high staff turnover rates. The participants at Agency 2 had mainly negative comments about the environment that focused on the neighborhood where the TLP is located and the behavior of the other residents. As at Agency 1, the participants noted that their basic safety and privacy needs were being met inside of the TLP, which is critical in serving this population. Roger stated, "Though I like the room, not just that it's our own room, but it's like, we also have access to feeling safe." However, all of the participants at Agency 2 agreed that the

location of the TLP left them exposed to violence, crime and prostitution. Roger gave an example of this: “I was shocked that on New Year’s Day, I heard continuous gunshots, like down the street.”

Additionally, participants at Agency 2 noted two main reasons they saw the other residents as contributing to the social environment in ways that were negative or undesirable. Several participants explained that they were not happy with the male-only composition of Agency 2. Tony explained that this aspect initially deterred him from choosing stable housing:

That was a real big reason I didn't want to come here first, because it was all dudes here, and I just didn't want to come here to stay with all dudes, so I skipped my first three appointments coming in here, and then there was a time when I was just like, anything is better than [a local short-term stay shelter], cuz that place is shitty as hell, that place is like terrible.

The second major aspect of the environment that participants expressed dislike for was the lack of trust and respect amongst residents. The participants noted several times that whether or not other residents liked them affected what they would be able to do at the TLP in terms running meetings and working on projects. Tony complained, “It’s unnecessary drama, that you could avoid, but sometimes it can't be avoided because of certain residents make un-smart decisions.”

In fact, two of the three participants reflected that they felt other residents outwardly didn’t like them. Alex shared his perspective on how other residents created a negative social environment for others:

One thing when I first moved in here, there were a lot of issues with trust with other residents, like fights. Then just people always making up stuff and people saying, specially because there was a gay guy in here, openly gay and that just

caused a lot of problems in the house, even though he was just minding his own business the whole time.

Overall, according to the participants, both agencies' provision of services was mainly positive, and participants noted life skills development, provision of transportation, counseling and job assistance as beneficial services they received. The participants from each respective agency differed in their perspectives on the quality of support administered by the staff. Specifically, participants at Agency 1 thought their staff was very supportive of their independence, whereas participants at Agency 2 felt the staff sometimes crossed boundaries or were inconsistent when attempting to solve problems. Finally, participants noted Agency 1's environment positively influenced by the respect of the staff for the residents, but that the constant turnover of staff and residents caused the social environment to vary over time. Agency 2's participants felt that the all-male social environment and lack of trust amongst residents contributed to a lack of respect and a negative social environment.

Sanctuary Model

Some participants spoke about negative life experiences, indicating the possible presence of previous traumatic experiences and complex interpersonal trauma. Several subthemes emerged from their stated perspectives that highlighted aspects of the programs that were either consistent or inconsistent with the presence of the Sanctuary Model in the operations of the two TLPs. These subthemes included the Negative Life Events, Supportive Milieu and Community Meetings. Participants from each TLP held different perspectives on the functioning of Sanctuary aspects in their programs.

Negative life events. The Sanctuary Model is designed for organizations that serve clientele that have had traumatic experiences in the past. Agencies that serve traumatized individuals need to be trauma sensitive in order to assist their clients in being survivors and making positive change in their lives. Homeless youth can be particularly vulnerable to trauma. Though there were no structured focus group questions designed to elicit disclosure of trauma, several participants mentioned their prior negative life experiences. Anthony commented on the harsh living conditions he had been subjected to before arriving at Agency 1:

So, when I came here I was just grateful to have a bed to stay in. and a room to be in with a roof over my head. I didn't really have any clothes and I was sleeping in a tent. Which is not fun when it's snowing or raining.

Coco made reference to her past trauma: “When I first got here I was like in a bad situation and stuff, you know, you know when I tell people my story, people wouldn't believe me, they're like oh, wow, but you know.” Her disclosure indicates that she is somewhat comfortable discussing her traumatic history with her peers. Additionally, Coco also acknowledged the common need for mental health treatment amongst residents: “A lot of people have mental issues that they deal with mentally but also emotionally.”

Participants also acknowledged that their previous home environments had not only been unsupportive but had also caused them great stress and impediment. For example, Roger shared this comment comparing the environment of Agency 2 to living with his family:

One thing I noticed in this place they give you respect and safety, which was a bit of an issue for me with my prior housing. I honestly felt like it crippled me back where I was, because I felt like I couldn't move or open as much.

These comments all suggest that participants from both agencies are similar to other samples of homeless youth that have complex trauma histories that include familial dysfunction and harsh living conditions. It follows that a trauma-sensitive programming method would likely benefit these participants, and that they would evaluate their respective agencies on the sensitivity of their approaches to treatment.

Supportive milieu. The milieu is the social environment where treatment, programming and services are provided in residential programs, particularly in agencies such as TLPs. In the case of these two agencies, the common areas of the milieu are the kitchen and living room areas, though certainly other areas of the living space are included. The milieu becomes supportive or therapeutic when the staff are trauma-sensitive and encourage respect and understanding amongst residents. Participants from each agency held differing opinions about how supportive the milieu was. Participants at Agency 1 had many positive comments about the milieu being a supportive environment, and felt the staff modeled respect for the residents. Jerry explained how their support helped him to feel more independent:

When I first got here, I liked the whole chemistry of the place because there was like everybody treated it like a real family. Everybody got along, and everybody kinda treated each other-the staff and client-wise-like adults. Like we have our own decisions to make... and the staff kind of...not kind of, the staff respect our decisions. It kinda made me feel like I was the master of my own destiny.

Participants at Agency 2 also discussed the supportiveness of their milieu environment. They reported enjoying privacy and safety inside the TLP, but they felt the level of

respect demonstrated by staff was much lower than it should have been. Alex explained how feeling comfortable, accepted and heard by staff was something that he still wished for:

Yeah, certain people, like the people, the staff that are here now, they know what we've been through, but everyone don't know what I've been through. I'm different than everybody, some people think I'm slow or something, but it's because of what I've been through. But the staff here doesn't understand that. They hear what you're saying but they aren't really listening. I feel like that.

Additionally, participants at Agency 2 noted staff respect for residents was inconsistent, sometimes respectful and at times lacking in respect and sensitivity. These participants also had only negative perceptions of residents' level of respect for each other.

Community meeting. One central aspect of the Sanctuary Model is the community meeting. This is a space where residents and staff come together to address current issues or announcements in a democratic space. Alex, a resident at Agency 2, without knowing about the Sanctuary Model, expressed a desire for this by saying,

We need a peace circle. Because the residents be getting out of control... Basically like you get in a circle and you all basically talk, talk about problem. And if you do that here, people will don't know how to keep their mouth closed, certain people be opening their mouth at the wrong time.

He expressed pessimism at the prospect of the community meeting working at Agency 2 with the current social environment in place. He noted that residents' personal feelings about each other would likely hinder the process of engaging in collaborative problem solving at such a meeting. Alex explained,

Like he said in the beginning, everybody don't like you, right? Yeah a lot of people don't like him [Roger], right? And a lot of people don't like me. When I first came here I didn't like them two, but I'm cool with them now. But when we were sitting there doing a meeting, you can't have him [Roger] doing a meeting because everybody is not about to sit right there and listen.

In fact, both TLPs offer a weekly community meeting for residents; the Agency 1 meeting is mandatory, while the Agency 2 meeting is not.

Wants

In addition to describing their opinions of their current TLPs, participants were asked to imagine that they were to open a TLP in 15 years and describe what they would want to include in their own program. Participants mentioned elements of programming and support that they had identified as being present at their current TLPS as well as creative new ideas. Participants shared program aspects that fell into the same three major themes described above (Services, Support, and Environment).

Services. Services were the most frequently mentioned aspects of the participant's ideal future TLPs. The single most-discussed desired service at both agencies was counseling services. Roger noted that he wished they had more access to counseling services now, and would make that a priority in their future TLP:

I'd say one thing is like more social workers and counselors because here I think there is like only 2 or 3 people for all of the guys. And like recently there is like stuff I want to talk about and share, but it's like for the one person that's available, it's hard for me to set up an appointment, so more of those people.

Additionally, substance abuse counseling was specifically mentioned, as substance use seems to be a common issue. Coco explained why substance abuse counseling would be an important part of her ideal future TLP:

Because a lot of people that's here that drink and smoke, and a lot of it sometimes you know kinda can ease people's minds and get it off things and you know kinda get them you know...off track, get them to focus on other things. I feel as if someone could come in and start to get on them. Show them examples of what happens to your body when you're drinking and smoking. That would be a good service I would want.

Other health-related services mentioned included outreach services, psychiatry services and medical health care. Participants also commented on ensuring access to basic needs such as food and clothing as well as monetary support. Participants also noted that their future TLPs would include programming to teach residents independent living skills. For example, Rihanna suggested collaborating with a nutritionist:

I'll say... like twice a week have someone come in and do like, help cook a meal, a healthy meal, you know so they can kinda learn the roots of cooking then. So you know just trying to set an example.

Participants also noted the importance of job coaching and training as well as educational services. Adam explained how access to these services while living in the TLP would boost to the resident's future success and independence:

But with the help of programs like that making sure they actually have skills that they can use for whatever purpose that they want, trying to get them to come out of this program on a good note with more knowledge and more skills than they previously had so they can try to be on their own in society doing what they need to do own their own not constantly coming back to us to get more information but like along the lines of being independent.

Finally, participants mentioned access to entertainment. Tony stated he would want access to Netflix and Hulu. Jerry described his vision for enriching his ideal future TLP by encouraging creativity amongst residents:

We also need other programs like entertainment wise, like a studio for music, which we have here. Like to make music and get people to try to express themselves. The Idol Show, They Got Talent, like our music entertainment comedy-wise, improv-wise, acting skills stuff like that, just to try to get teens more involved instead of just having the program to sit around doing nothing barely trying to help them.

Supports. Participants noted that while rules were essential for running a TLP, they did not want to use behavior modification systems to teach residents appropriate

behavior. Additionally, Alex emphasized the importance of employing staff that could empathize with the residents: “Having people that understand, who have been through that situation.” Participants also mentioned that they wanted to address issues such as age restrictions for clients as well as find ways to reduce the waiting lists for TLPs.

Environment. There were several aspects of the TLP environment that were mentioned as important parts of in ideal future TLP. Participants mentioned single occupancy bedrooms and structured programming as two qualities they would want. As Aleem put it, “More organization and a safe environment.” At Agency 2, there was a discussion about creating a TLP in neighborhoods that were both safe and accessible to homeless youth. Additionally, participants on the whole reported they would want to have an open and accepting social atmosphere, including being LGBT friendly. Tony noted that religious affiliation could affect the culture of his ideal future TLP: “I wouldn’t have it be associated with any type of religious place, because a lot of kids that come in here are not Christian.”

Focus Group Summary

When asked about the aspects of the TLP they currently lived in, participants focused equally on the actual services they received, emotional support provided via the direct care staff, and their comfort level in the social environment created by the agencies. Participants at both TLPs had positive responses about the services they received. There were mixed feelings expressed about the support from staff as well as about the environment within the TLPs. There were aspects of programming and treatment from the staff that seemed to follow the practices of the Sanctuary Model, and

some that did not. Particularly, participants from Agency 2 noted areas of staff behavior, resident behavior, and programming that could be changed to be more consistent with the Sanctuary model at that TLP. Finally, when asked what their ideal TLP would look like if they were to start their own agency, participants focused more on the services they would want to provide and less on the support and environmental aspects.

Interview Data

In order to answer the second research question about the young adults' individual experiences and their change over time, a variety of self-reported data were collected. As the initial and central part of that data collection process, participants completed semi-structured interviews about their past experiences and current goals. Interview participants were eight young adults from Agencies 1 and 2 who self-selected to participate in a long-term research study when approached by the researcher in the milieu. There were seven resulting valid participants for this study (6 males, 1 female). One female did not complete the Time 2 interview due to moving out of the program into a college setting (see Table 3 for means and standard deviations of school, gender and race). As can be seen in Table 4, the participants' ages ranged from 18 to 22 ($M_{\text{age}} = 19.25$). Length of stay at the TLPs ranged from six to 13 months ($M_{\text{stay}} = 7.38$) and the number of participant's reported total lifetime moves ranged from two to 19 ($M_{\text{moves}} = 7.13$).

Table 4. Interview Participant Demographics

Pseudonym	Agency	Gender	Age	Length of Stay, months	Number of Moves	Race
Trisha	1	Female	18	7	8	African American
Avante	1	Male	20	7	6	African American
Alejandro	2	Male	21	12	9	Latino
Olivia	1	Female	21	7	2	African American
Roy	2	Male	20	5	4	African American
Deon	2	Male	19	7	19	African American
Darryl	1	Male	19	8	4	African American
Roger	2	Male	19	6	5	Latino

The semi-structured interview protocols first asked youth to share their personal histories to the extent that they felt comfortable, mainly focusing on their life events leading up to their move to the current transitional living programs. Youth shared information about these experiences, and several organizing themes emerged, which are illustrated in Figure 3. The themes were divided into protective factors and risk factors. Protective factors included structural factors, individual factors that include choices to work, be involved in the school community or self-advocate, as well as perceived support from peers, family and adults. Risk factors identified by participants included frequency and type of moves, trauma, individual factors that include family dynamics, lack of money, crime and organization, as well as perceived lack of support from peers, family or friends. Overall, Participants spoke about protective favors just as frequently as risk

factors. All but two participants reported more protective factors than risk factors, and all but one participant gave more examples of people in their lives supporting them than examples of a lack of perceived support.

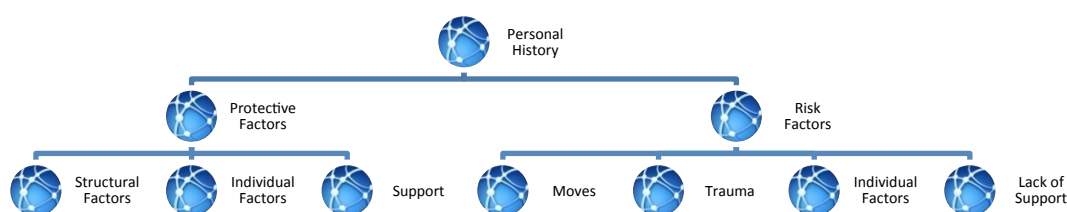


Figure 3. Interview Themes

Risk Factors

Risk factors that participants mentioned were divided into four subcategories: Moves, Traumas, Individual Factors, and Lack of Support. The subcategory Moves included information about the specific transitions that the participants made and the reasons why they left home. The Trauma subcategory encompassed themes that identified certain life events or interactions with family members or other people as stressful or traumatic experiences. The Individual Factors subcategory addressed included information youth shared about aspects of their personal lives that had been negative influences on their path to adulthood, such as unemployment, being out of school, being involved in crime, and not having enough time.

Moves. Participants varied in the number of moves they reported over their lifetime before arriving at Agency 1 or 2. The data shows a marked variability in number

of moves, from 2 to 19. Additionally, every participant except for Roy and Darryl reported negative family issues. Darryl, however, reported running away from home. Roy, on the other hand, reported moving back in with his mother and sister by T2. The four participants that reported former involvement with the Department of Family and Child Services all reported frequent moves both during childhood as well as in late adolescence. For example, Trisha summed up her history of housing instability since her involvement in foster care:

When I was younger, me and my sister and my brother was taken from my momma. And me and my sister was together and our brother was separated from us. But um, then we moved in with a lady first, we stayed with her for a little while. Then we moved in with my sister's auntie. Then it was good, regular. Then we started having problems with her, so she got in contact back with my momma, we moved in with my momma, had problems there, so we moved back with my grandma. Then, my grandma moved me back to being with my momma, still having problems, so I winded up coming here to [the emergency youth shelter]. and [there] they offered me, they asked me did I want to come upstairs to [Agency 1] when I turned 18 and I said yeah. So like the day I turned 18 they came and I moved in.

The types of moves reported were very diverse. Some participants moved back and forth between their extended family and their nuclear family. Alejandro mentioned that he and his mother had moved around many times when he was growing up due to housing instability.

Well, when I started off, well I was in high school when this occurred, it was about my junior year in high school, I was just about turning 18. I went to the [redacted] Naval Academy. I remember one day, my mom was telling me we were having problems with money, we couldn't afford where we were living, She's going to try to talk to the landlord, maybe he could help us stay a little longer, she'll just pay more rent money throughout the months, but I guess it didn't go on as planned, so one day she told me that we have to get out. So I was nervous, I was like I don't know what to do, I don't want to go through all of this right now.

Others reported couch surfing, meaning they temporarily stayed with family or friends, moving from place to place often. Deon describes one temporary living situation he had with his brother after leaving their adoptive mother's home.

So after a while we had to move, and I got introduced to his friend Raymond, and he was doing the same thing as us, so we stayed at his girlfriend's house. And the girlfriend wasn't having it. And we talked to her and she let us stay for a couple of months. She had the keys to some other dude's place, like her boyfriend, the dude older. She was like in her twenties. But after a while it got worse because her and him were always arguing. He would say that he was going to tell on us, that we really shouldn't have everybody in the house like that. So then after a while um...She made us leave the house...she kicked us out, me and my brother.

Three participants reported staying for a short time with adults connected through community supports or the school. Several participants shared information about moving to temporary shelters designed for youth or designated for adults. Roy noted that his only moves were to an out of state university and to the TLP.

Four participants reported choosing to leave their homes, while the other four stated that they were asked to leave or were forced out of their homes. Here, Darryl explains how he ended up running away from home:

The first time, Let's see, I was at my grandma's house. And then after that, I was back at Mom's. Um, well when I first got here I first got here, I was 17, and I went to the [youth emergency shelter] and Uh, the reason that I was there because I was running away from home. Yeah so I spent pretty much the whole night in a police station waiting for help. And then I didn't really get help until about 10 the next morning.

Here, Roger explains that conflict with his step-father led to his housing instability:

For a while everything was good, and recently after a bad overnight event, there was a misunderstanding a miscommunication that led to arguing and it's led to a lot of problems and issues with my step-dad. He asked me to leave more than once. The first time was during my junior year of high school. I ended up getting kicked out at that home. And then after that it was a lot of periods of getting kicked out, leaving, coming back and getting kicked out and leaving.

Only one participant reported that he had spent time on the streets after being forced out of his adoptive mother's home. His story was long and complicated, involving sleeping in substandard accommodations and staying with acquaintances. Deon describes experiencing the harsh realities of sleeping in public.

So we basically just walked the night, all night. And so we came back, and we knock on the door, trying to get in, and she wouldn't let us in, so there was an inside door, so we slept on the porch. Well, I was just like sitting there. I wasn't asleep. It was too cold outside. So then I woke Michael up and said let's go, and we went to the hospital. And we slept there and then the cops came.

While Deon's story of homelessness is long and complicated, it appears that while he and his brother only spent one night sleeping on the streets, this night impacted him enough to share it as a part of his journey.

Trauma. All but two participants reported some type of trauma history or negative life event. Roger shares about homeless as a child affected him:

Well there has been a lot of things that happened to me I guess that put me at where I am now, and when I was about 1 and a half, my biological father left me and my mom alone. And if it wasn't for my godmother, me and mother would have been on the street for longer.

Participants spoke about how negative and stressful life events impacted them. Three participants spoke directly about the trauma they experienced as young children that also caused early housing instability.

I was a systems kid, meaning I was in DCFS for most of my life; I was adopted at the age of 12, and released into the world at 18 by my adopted parents. I've been away from them since that time. I don't want to go into the gory details of life.

I'm adopted. I was adopted when I was ten. Before that, my parents were dealing cocaine and heroin. Um, and we were taken from them by the FBI, and put into child care all the way from age 6 to—I was in DCFS from age six to ten.

Other participants described how their community or living environments had negatively influenced them. Avante noted,

There were a lot of changes to environment. I lived all over the place already but, It was different coming back to the city, last time I lived in the city I was six. It's a lot rougher.

Moves to temporary shelters seemed to be particularly stressful for participants. Those participants who had stayed in temporary shelters designed for adults described the chaos and lack of safety in those environments. Alejandro explains how one temporary shelter for adults impacted his psychological safety.

I was only there for a week, and I actually know someone who was there for several months, who lives here and I told him dude you are like super strong. And this one it was kind of the same thing, but it was more of like youth, and I hated it, there was a lot of violence, and people were like yelling, like people from all over Chicago, it made me really uncomfortable and I felt like I was going to get robbed too.

Here, Deon shares how the poor sanitation and lack of accommodations for vulnerable clients negatively influenced his physical safety.

Michael came with me and we went to another shelter. It was a different one for grownups. So we went there... This guy said that we too young to get in but they let us in. So he just send us to his room. I didn't like it cuz he had bugs. I woke up and I saw all of these bed bugs, and I woke up and was like I'm gonna sleep out here. Then I went to sleep, woke up, we had to get out early.

Due to the fact that Avante spent approximately ten years living in the suburbs, he noticed a contrast in this feeling of safety when he transitioned to an urban community:

There were a lot of changes to environment. I lived all over the place already but, It was different coming back to the city, last time I lived in the city I was six. It's a lot rougher.

Avante appeared to have felt the harsh realities of urban living when he moved back to the city as a young adult, whereas he may not have understood them to the full extent when he was six-years-old and living with his parents in the city.

Individual risk factors. Participants also reported several individual factors that are known risk factors for homelessness or other negative outcomes. Participants shared negative family issues they had experienced. For example, one resident explained how a negative and volatile relationship between his brother and his adoptive mother impacted him:

But I didn't really, like, see him as much. So then there came a time where.... I had my brother's phone, and I brought it to the house, and she didn't like having his stuff in the house. And so and then he came to the house to get his phone and she turned on all the lights, I was in my room. and she called the cops and told them that he was throwing rocks at the house and then I got mad I guess cause she's laughing. After a while, she gave him the phone. And the cops never showed up. So she was still like calling the cops. So she came back in the room and she was like, "See what you did? With the phone?" So then, she said well you can either stay or leave. So I just left.

Only one participant reported engaging in criminal activity during the interview. Here, Avante speaks about how his engaging in illegal activity led to a cycle of housing instability.

I grew up in a pretty, a really good family with money. And then I started selling drugs when I was fifteen. And, didn't have a reason to, just cuz, you know. I moved out, I got in an argument with my dad over marijuana. Which if I would have admitted it was all mine, he wouldn't have cared too much, but the fact that I was not telling the truth, he didn't want me living in his house, got into another program, got an apartment. Started selling more drugs, started robbing people. So I moved back to the city at age nineteen. I turned nineteen the summer where I got evicted.

One main barrier that emerged as an individual risk factor theme was access to money.

For example, Avante noted that he was not able to currently achieve his goals because he

could not afford the college he wanted to attend: “I got into um college, American Academy of Art and SAIC, I just didn’t have the money to pay for it.”

Additionally, several participants mentioned time constraints as an individual risk factor. Not having enough time to support oneself, manage all the life tasks required of an independent adult and keep up with school work seemed to be a common theme that obstructed some participants from making progress toward their goals. Several participants also spoke about feeling as though work and school together were necessary for them to build savings and make progress, but many felt it was difficult to fit in all of their tasks and requirements.

There was actually a time when I was doing full time work and full time high school. I was dying. I was sleeping a few hours in school and at home all I did was take showers and eat... I was 18 and I was working full time and I was a high school student, I don't know if this is supposed to be normal.

Mental health was another individual risk factor theme that emerged. Olivia shared how her past trauma and current mental illness was slowing down her progress toward her goals:

Oh yeah, that’s the interesting part about me. So I just recently got a diagnosis for major depression and anxiety due to some things that happened in my life that I haven't really addressed until now, so I feel like, it’s not holding me back, but I know that I have to do this first in order to, I have to get treatment for this first.

Perceived lack of support. Three different groups of people who either did or did not demonstrate support during difficult times for participants were identified in the transcripts: family members, peers, and other adults. Only three participants mentioned perceived lack of support from these various groups. Alejandro explained how homelessness in general made him feel isolated:

I kind of closed myself off when I was in high school. Like I said I wasn't comfortable where I was at. It was a dark time, you know to feel like you have no home or people you could go to.

He gave an example of a time when a school staff demonstrated a lack of compassion and understanding that negatively impacted him:

But there were times there were ones who didn't [help]. I remember one day when I really got struck by it, it was this woman. And what I really got struck by was this woman, she really hurt me, I'd never been hurt, that's a lie, that's the first time and the last time I ever let anybody hurt me because of my problem. I was in the office and I was asking for help I think, I don't remember necessarily what I was asking. And I was talking to her, I was like damn, so she was like oh you, you're going through these problems and this is like your own fault. You're not really trying to help yourself you know. Or something like that, and I was like really shocked that anybody had told me that.

This participant also saw his school social worker as someone who was supposed to help him with his residential instability but did not. He reports,

In the beginning when I got homeless, I went to the social worker to talk, and he was like, "oh that's not my problem," you know, that's what he told me. I was like I didn't have any idea what to do, and I expected that school would be the number one place.

Deon also shared an example of when his school staff attempted to help but did not attempt to find a long-term solution for him and his brother:

We kept on going to school and trying to get some help. We would talk to people, they'd say to us you should go to a shelter, and we would say we aren't trying to go to a shelter.

Deon also spoke about how his principal did not offer him any useful solutions when he attempted to self-advocate at his high school:

So we um we just went back to school and then talk to the principal and stuff. I told him about everything, about like the shelter and stuff. So basically he was like telling me to go back to live with our mom. And I was like; I want to be with Michael.

Isolation from peers also led to perceived lack of support during the struggles of homelessness. One participant described how he felt his former friends could not relate to what he was going through and the fact that they took their family lives for granted made him want to distance himself from them.

I had problems not just with like doing the work [in high school] but with like people. It was hard to communicate with people after that, because you are going through homelessness. And you know what, it was a real eye opener. Even though back then it was an eye opener, people were talking about ... 'oh my mom, I hate my mom,' and I'm like, you know you hear them saying all that stuff, and to me I'm like damn, you're lucky because you have parents that can have a steady job who can support you. Even when you don't you don't love them, they love you enough to put a roof over your head and give you clean clothes, a warm meal at night.

Participants also explained how other adults in the community had failed to support them.

Deon shared how one well-meaning adult had attempted to help him by getting social services involved:

When we um, at the same time, I was still talking to my girlfriend and my girlfriend's friend and she talking to her mom the same thing about it. She knew about our situation. So then she got all excited about it. So then we went to DCFS. And then the lady, we told her our story like and then the lady called our adopted mom to come. And knowing that they going to take her side over our side because she older than us. So, the lady was like, 'if you are going to go back to her house you have to go by her rules.' But it wasn't even like that. It was just that she was lying.

Even though the intentions of the friend and the DCFS caseworker were good, their efforts ended up harming Deon and his brother because his adoptive mother's story was accepted over theirs.

Protective Factors

The protective factors that emerged during the interviews fell into three subcategories: Structural Factors, Individual Factors, and Perceived support. The

structural factors that were discussed included access to social capital through education and involvement in prosocial activities as well as financial capital. The individual factors that arose during the interviews included being employed, positive life events, positive family-related events and self-advocacy. Finally, participants spoke about times when family, friends, or other adults provided them with support.

Structural protective factors. Access to social capital is a known protective factor, and education is one very tangible way to gain that type of capital. Every participant who spoke of being homeless during high school years noted that they had finished high school in time and received their diploma. Olivia explained how her valuing of education helped her make it through high school:

Yeah you know I've always been a very academic person, meaning I take pride in my education and what I know. I've always maintained a 4.0 no matter what. That's the one thing I feel like I owe myself is a good education... I finished high school, which was one thing that everybody was counting on me not to do, so I finished high school I moved on to some college courses.

Additionally, the majority of participants were currently enrolled in college courses. Several participants noted that they benefitted from access to money, or having the financial capital to make progress toward their goals or maintain stability. Roger noted with confidence that he had been making financially smart choices since arriving at Agency 2: "At this moment I have enough savings, I've managed to learn how to budget myself, if that means I have to sit down every month and just do it." Avante noted that due to his diagnosed mental illnesses, he was eligible for Supplemental Security Income, which provides a small amount of money each month to disabled Americans. While

access to SSI afforded him spending money while at the TLP, it is not enough for Avante to live independently or to pay for college tuition.

Individual protective factors. The majority of participants were employed at the time of the first interview. Several participants were employed in mainly service jobs, specifically in the areas of food service and security. One participant was working as a tutor in an afterschool program. Here, Roger speaks about how his job inspired him to pursue a particular career path:

I love what I do for a job, its helped me changed my idea of what I want to do for a career. I was a summer mentor for sixth graders though high school doing community service and like community projects. I really liked it because I like the idea of leadership for example as a teacher does and it made me realize that maybe I do want to be a lawyer but at the same time I have a passion for wanting to be a teacher.

Several participants also noted the benefits of their involvement in pro-social activities.

For example, Alejandro shared that he was involved in a wide variety of activities:

I was in a lot of activities, I was in sports and clubs, and I was in this one activity that paid me, and I wasn't really wanting to get paid I just wanted to do the activity, it was a video production thing.

Additionally, the theme of Self-Advocacy emerged from the interviews. This theme was applied to identify specific instances during which participants used their knowledge of their rights or asked for help from adults. For example, Alejandro spoke about how he went to his school staff and disclosed his homeless status.

By then, I started asking for help in school. And people were really helpful, some people gave me money once and a while, like 'here's ten bucks, go get something to eat' or you know. And I couldn't afford to buy my own school supplies, so they were giving me like pencils or pens or paper. And because I couldn't reach internet, they were like, "you know, it's alright, you can hold that off.

Because he self-advocated and disclosed to his teachers, they provided him with accommodations so he could keep up with his school work and graduate on time.

Perceived support. Participants also spoke about people in their lives that had provided them support or were currently playing a supportive role in their lives. Again, participants noted those people in supportive roles were family, friends, and other adults, both in and out of school. In contrast to the perceived lack of support theme, every participant noted having at least one support person during their journey.

Very few participants noted family members as playing a supportive role in their homelessness journeys. Deon gave an example about how his younger brother, who was experiencing homelessness with Deon, had helped him:

So I told Michael, and he was like, “don't worry dude, I got you.” So we were staying at this house, he got a friend out there so he said I could stay with him for a couple months.

Roger's story about how his godmother had supported him illustrated a contrast between her support and the lack of support from his nuclear family: “Then I moved in with my godmother for three months, and it wasn't then until my mother actually tried looking for me and saying to come back.”

School staff were identified as support persons by several participants. Alejandro shared about a time that a school staff member let him stay at his home, inferring through his choice of words that this gesture is considered to be inappropriate even though it led to more substantial support in the end:

I remember somebody took me in for a week at his place, it was a teacher, I'm not going to say his name. But um he was really cool about it, he was like, you know we'll help you out. And he eventually found this program.

Several participants noted that there were other adults outside of school who had helped them when they were struggling to find stable housing. Roger shared this story about getting compassion and support from his employer:

At one point through an internship that I had in Berwyn, IL, I, basically my boss, he noticed some change of attitude in me, and I basically handed him like a notebook saying a few things that had happened. Because his wife worked in counseling with youth crossroads, and basically, he kind of talked to me, helped me out, and his wife talked to me and helped me out, and his wife drove me a round to a few housing programs and at the end I ended up staying in this one.

In this case, Roger's boss noticed some warning signs in Roger's presentation, and therefore Roger opened up to him and disclosed his homeless status.

Olivia shared that she feels the support she is getting from her therapist now is helping her make progress toward her goals, whereas before she did not understand what was standing in her way:

I always wondered why I'll start something and stop and just not know why. But I see it's because this mental issue, I'm not able to deal with it, but now I'm in regular treatment and everything, so I feel confident in my ability to move forward.

Participants also recognized that peers had provided significant support. Alejandro noted how being at the TLP gave him the opportunity to share and learn from peers who have been through experiences similar to his own.

But when I got here I started talking to people more, more open. I could be more of a guy I guess, too. I could just start talking to guys, like what's up. and there's so many stories that I heard throughout the entire process that made me be the person I am. Like this is what happened to you and now you're trying to do this, that's cool. Some are really inspirational and others, I think they keep on repeating the same mistakes, because it's like it's all they know.

In summary, participants provided information that explained their life journeys and how they came to be living at the transitional living program. Many participants

shared stories of chronic family instability, and noted that a lack of support from others had prolonged their struggle with homelessness. A few participants noted how their own behavior contributed to their situation, while most pointed out factors beyond their control. Every participant mentioned some kind of social support that had helped them to find more stable housing. Participants all shared a common protective factor in education. As many homeless youth are at risk for dropping out and struggle to complete high school on time, it is significant that all participants in this sample had their high school diplomas and all but one of them experienced homelessness during high school.

Time 1 Goals

This researcher directly asked interview participants about their short and long term goals for their own future. Table 5 depicts the participants stated housing, school, work and personal goals at T1. The numbers in the table below represent the number and type of goals each participant set for themselves at T1, broken down into goals set to be completed in six months, one year and five years. The types of goals identified were work-related, educational, housing-related or personal. The following section will give some examples of the goals that participants set for themselves.

Table 5. T1 Goals

Name	Housing Goals			School Goals			Work Goals			Personal Goals		
	6m	1y	5y	6m	1y	5y	6m	1y	5y	6m	1y	5y
Trisha	1	1	-	2	1	-	-	3	1	2	-	-
Avante	1	1	1	2	1	1	2	1	-	-	2	1
Alejandro	1	-	-	1	-	1	1	-	-	-	1	2
Olivia	-	-	-	2	1	-	1	-	2	3	-	2
Roy	1	1	1	-	-	-	2	-	1	1	1	2
Deon	1	1	1	-	-	-	1	1	-	1	1	2
Darryl	1	-	1	-	1	1	-	1	1	-	-	-
Roger	1	1	1	1	1	2	1	-	1	-	2	2

Housing. Five of the eight at T1 participants had specific plans to stay at their respective TLPs for the following six months. Roger shared during his interview about how his plans to stay at Agency 2 would positively impact him for the next six months:

For six months from now, hopefully I will have enough saved up for like 5 months' worth of rent, and to continue to take benefit and advantage of this program and I'm thankful for the fact that in here I'm respected as a person I'm encouraged to do what I want to do and I'm given the support I need.

Olivia, who did not specifically state any housing goals, ended up leaving the program before the T2 interviews to go to beauty school. Alejandro had plans to move into his

own apartment within a couple of weeks of his T1 interview. Deon stated that he planned to live in an apartment with his brother in six months' time. Avante stated that he hoped to be accepted into Agency 1's scattered-site independent living program during that six-month period.

Only two participants explicitly stated they planned to still be living at their respective TLPs in a year's time. Three participants expected to be living in their own apartments at that time, either on their own or through Agency 1's independent living program. Of the three participants who did not have housing goals for one year, Darryl informally noted he would like to stay on at his TLP and Alejandro expected to continue living in the apartment he would soon be getting from Agency 2's independent living program, saying "Yeah, I don't think I'll have a problem keeping my apartment, I have a lot of money saved up from these years."

In five years' time, all participants who mentioned housing goals stated they hoped to be living independently or with family. For example, Darryl shared, "Five years from now I see myself in my own apartment." Deon noted that he would like to purchase a house with his brother in five years.

School. All but three participants set school-related goals for themselves for six months from T1; specifically, all of them hoped to be enrolled in university courses at that time. Olivia had picked out the course of study she planned to pursue:

I'm actually going to go to a university; I'm applying to different universities now so that I can get myself in there by the fall. I'm going to major in dance, and I'm going to do vocal performance as a minor.

By T2, it is clear that she was not actively pursuing this goal due to the fact that she went to beauty school; however she was not available for comment at that time and thus her change of action cannot be explained or interpreted. Only one of the three participants who did not set a six-month school goal was enrolled in college at the time of the T1 interview.

Five of the eight participants had school goals set for themselves for one year from the T1 interview. Darryl stated that he hoped he would have the energy to work and attend school simultaneously: “Well a year from now, I think I’ll be having the mental capacity to do work and school again. Because the first time I did it wasn't so great on my health.” Trisha noted that she hoped she would be finishing her associate’s degree in one year’s time.

Only four participants mentioned a long-term school-related goal. Alejandro shared an ambitious five-year goal: “I'd have hopefully my master's degree. I want to have a master's degree in business.” Roger shared a more realistic school-related goal, given the amount of college he had completed at the time of the interview: “So five years from now, that is hopefully decided about whether I'll go into teaching or law as a major, basically be in a four year university and already completed my associate’s degree from community college.” Darryl and Avante both stated they hoped to finish their bachelor’s degrees within the next five years.

Work. All but two participants had a six-month work-related goal; the exceptions, Darryl and Trisha, were already employed as a church security guard and as a food service cashier respectively. Six-month work goals either consisted of keeping a

current job or getting a new job. Specifically Roy, Avante, and Deon were unemployed and looking for a job, while Roger and Alejandro had jobs already.

Four participants had one-year work goals. Trisha noted she wanted to find a job that suited her better: “Something with retail, because I'm a people person so I would like retail. But I also want to try interning in the field that I want to go into.” Deon included helping his brother’s employment in his own work goal, hoping they could get better jobs together in one year’s time.

The five participants with five-year work goals focused more on career choices than on maintaining stability in employment. The one exception, Roger, stated that he hoped to move up in the organization where he was already employed: “hopefully it sounds not like in a greedy, selfish way but get some sort of promotion or raise at the job since I have it part time, I can handle more.” Trisha noted that in five years, she saw herself reaching her own career goal: “In a job in the field that I want to work in, which is a juvenile probation officer.” Darryl reflected that he might not be done with his training by the five-year mark: “more than likely trying to work in physical therapy profession, I'll probably be an intern by then.” Olivia shared a more long-term, broad goal of passing along her talents to others in five years’ time:

Five years from now, I see myself, I want to be successful. I would say that I will be successful in the next five years. Um, I want to just be living my dream. It's not necessarily I don't have to be a start or anything like that; it's me passing on my abilities, my talents and everything to someone else. Not necessarily- I could be a choreographer; I could be a music teacher or something like that, but something that allows me to use my talents every day. So that's what I want to do.

Compared to other five-year work goals set by other participants, Olivia’s work goal presents as dream-like in quality. It is likely unrealistic given the five year time frame in

which she hoped to accomplish it, particularly since she had not yet begun college to study in the fields she hope to teach in.

Personal. Five participants had six-month personal goals. Trisha stated that she hoped to get her driver's license. Roy had a goals related to preparing to publish a comic book he had been working on. Olivia had some goals related to pursuing her performance talents, saying,

So I'm going to take up some of the vocalist things, being a vocalist well vocal performance class, and then I'm going to pick up dance because I've always been a dancer throughout my life I've been a dancer, so fun.

Deon wanted to start working on his music career by making more recoded songs.

Participants' one-year personal goals either focused on specific activities or general self-betterment goals. Roy specifically noted where he wanted to be in his comic book work: "Within the next year, I want to make sure that I have publication and producing more work to be published." Avante included in his personal goal to work on his music, a goal to stop buying and smoking marijuana:

Working on my record label...So I believe that when I get out of this situation, I can be more active in the music, instead of spending money on drugs, spending money on flipping the income that we already get from the label, double it, triple it, quadruple it.

Roger's one-year personal goal included self-improvement and a move toward adulthood:

"Improve my cooking skills and baking, which I know there's always room for that, other than that, just hopefully be ready to take on the world and be fully independent."

Alejandro shared, "I see myself getting more mature," as a general statement about his personal growth in one year's time.

Six participants had five-year personal goals. Roy stated he hoped to be “living off my own money” and travelling by then. Alejandro hoped to give back to the organization that had helped him, saying, “Keep on volunteering so keep in touch with the coalition, because I strongly believe in helping the homeless. Anybody could become that.” Olivia also hoped to be giving back in five years’ time: “I think it’s children are our future, I like working with kids and I don’t know why but I have such a soft spot for them, so I’ll try to do something along those lines.” Two participants had goals to start a family in five years. Deon noted that he would like to have children by then. Ricardo tied his dream to start a stable relationship with other goals for financial stability and independence:

To be able to maintain a steady flow of stable living style on my own, hopefully envisioning at least starting saving for a car which would be the next step for me, and to some guys it sounds kind of cheesy, but five years from now I kind of imagine myself being with someone, like a girl I want to spend the rest of my life with, and hopefully find her.

Overall, participants shared a variety of goals, both short term and long term. Some of the goals they shared focused on stability and maintenance of their current positions, while others focused on personal projects and pursuing advanced degrees and professional careers. This group of participants all has caseworkers that have helped them identify and refine goals to a certain extent, and therefore their stated goals may be more robust and aggressive than those that might be set by their peers who do not reside in structured, goal-oriented programs.

Time 2 Goals

Detailed analysis of the interview data indicates participants set 32 six-month goals at T1. Of those goals, 11 were completed at T2. Participants indicated that 17 of those goals were not yet complete but they were actively working on them, while there were four goals that were not actively in the process of completion. Only one participant terminated one of his goals. Table 6 illustrates the time-ordered matrix on progress toward goals.

Table 6. Participant Goal Progress Summary

Participant Name	Housing	School	Work	Personal
Trisha	1 – GNYC-A	2– GNYC-A	-	2- GNYC-A
Avante	1 – GNYC-A	2 – GC	2 – GC	-
Alejandro	1 – GC	1 – GC	1—GT	-
Roy	1 – GC	-	1 – GC	1 – GC
Deon	1 – GNYC-A	-	2-GC	1– GNYC-N
Darryl	1 – GC	-	-	-
Roger	1 – GC	1 – GC	1 – GC	-

Note: Prefix 1 = one year goal, 2 = two year goal
 GC = Goal Complete
 GT = Goal Terminated
 GNYC = Goal Not Yet Complete
 Suffix A = Active, N = Not Active

Completed Goals

Participants shared that they completed 11 out of 32 stated short-term goals.

Roger explained how he had met all of his goals and had even been working toward his long-term goals:

I feel that my goals became realities for my six months, finished college, well first year of college. So I have my job, I am working more hours during the summer now. And for that, yeah I am slowly getting into that mindset, alright I'm halfway through my time here, so I have to start getting ideas of places I might want to live, what to do once I leave here.

Roy also shared how he managed to complete all of the goals he had set for himself:

Even though I have a little help, my mom and sister are helping me pay rent where I live. I definitely have a place to stay. I just completed the [Agency 2] program. And I am getting ready to publish my comic book now; I'm working on it at the moment.

When asked if he had made any progress toward his goals, Darryl replied, “Yeah, at least I feel so because I got a second job. I completed a year of school, so when I go back, I'll be starting my sophomore year.” Deon also found a job during the six-month period.

Avante shared the progress he had made on his music career:

We are hiring a PR company to help with like, affairs with different other companies, connections and networks so it's kinda getting our name out there, um as well as, we just hired and signed some new artists, and I'm redoing the website, um we have a blog.

Goals Not Yet Achieved

Several participants shared that they were still working on the goals they had set for themselves six months prior. When asked about her progress on getting her driver's license, Trisha's response indicated that she was relying on Agency's 1's timeframe and financial support to complete this goal: “Not yet, I'm waiting on the budget, I'm waiting

to hear back about the budget from here they supposed to be getting Tuesday, and will book a trip and we should know by the end of July.” Additionally, she shared how a sudden illness had set her back in her school goals, but noted that she had self-advocated with the school so that she could continue there: “Um school-wise, when I was in the hospital, they dropped me. So I just did my appeals, and both my appeals got approved. So I'll be going back to school in the fall.”

Deon stated that he readjusted his housing goal so that he could take advantage of his time at Agency 2: “The future stuff I'm still working on. Trying to get an apartment for next year. When I probably leave outta here next year, June something.” Alejandro reflected how the goal he had set for himself to become more mature had become more ongoing and less of a main focus for him:

Become more mature...it's funny that that just comes along as you get older. I try not to force it too much. I still plan and think about what career I want, but I'll just see where school takes me. I'm not worried about it as much as I used to be.

One participant shared that he had not been actively pursuing one of his short-term goals. Deon explained: “As far as the music stuff, I haven't really gotten that...I'm like, too busy working and doing other things.” He also shared that his new job was taking up time that he had previously had free for making music.

Terminated Goals

Only Alejandro shared that he had terminated one of his goals, which was to continue to work for the six months between T1 and T2:

Um...getting a job, I haven't really, I've fallen off that. As soon as soccer league is over, I'm going to look for a job, an entry-level job. I have a lot of experience and stuff, so it shouldn't be too hard for me to get one pretty quickly.

Even though he had not been working, Alejandro shared that he was not worried about this due to the amount of money he had saved up and the extent of his work experience.

New Goals

Participants shared 11 new goals they had set during the six months that elapsed between T1 and T2. Avante shared his personal goal to become smoke-free: “To stop smoking everything, I mean everything, just stop. I’m having a smokers cough; it’s awful.” When asked if anything was holding him back from completing this goal, Avante replied, “Yeah, how easy it is to get it. Marijuana and cigarettes.” Roy also decided he wanted to set a new personal goal: “Within the next two years, I need a car.” Roger had a new car-related goal as well: “Get my license before the end of this year.” Deon had decided to go to college in between T1 and T2: “I’m going to school in the fall. Probably just two years, I ain’t trying to stay in college for like four years.” He stated he would like to get into a career where he could work with animals.

Darryl had a new work-related short-term goal that would allow him to move towards a job in his professional field of interest: “I may get a personal trainer license soon. It costs money, but it might be good. I think I’d rather get one job that pays better than both of [the ones I have now].” He also had a new housing-related long-term goal: “I guess that’s a long-term goal that I may have mentioned before. I’m trying to get a house. I plan to pay it off cash, like, no mortgage. I can do it, if everything goes as planned, yes.” Roger also set a new personal short-term goal and stated he felt confident in his overall progress: “I’m running a marathon, so just finish that. Otherwise I feel like

I am just steady for a while, I can just coast for the next few months maybe, just relax a little.”

Overall, the majority of participants were able to make progress toward or complete their short-term goals. Olivia, the participant who could not be contacted to schedule a T2 interview, was reportedly enrolled in beauty school in another part of the city and living in a different supportive housing program. Almost every resident was receiving enough adult support to continue progressing toward their goals. While two participants moved out of the TLP milieu setting into apartments, Roy and Alejandro, Roy moved in with family and his other goals were not affected. Alejandro, on the other hand, experienced a setback in his work goals due to accomplishment of his housing goals.

Quantitative Results

The quantitative data consist of demographics, two scales from a survey created by this author, the Occupational Self-Assessment (Baron et al., 2006), and the ASEBA Adult Self-Report (Achenbach, 1997). Frequencies were run on the demographic information, and descriptive statistics are displayed for each measurement with the file split to distinguish T1 and T2 data points. Then a time-ordered matrix was created to illustrate how participants' scores changes over the six month period across the quantitative measurement battery.

Demographics

Tables 7 and 8 illustrate the frequency of gender and race amongst interview participants. One participant, a female, could not be reached at T2. Therefore, at T2,

there were seven male participants and one female participant. Only two participants identified as Latino while the other six identified as African American. Table 9 illustrates the descriptive statistics for the participants' age and duration of stay at the TLP. The participants' ages ranged from 18 to 21. Length of stay at the TLPs ranged from 5 to 12 months at T1 and from 10 to 14 months at T2.

Table 7. Gender Frequencies

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	6	85.7	85.7	85.7
Female	1	14.3	14.3	100.0
Total	7	100.0	100.0	

Table 8. Race Frequencies

	Frequency	Percent	Valid Percent	Cumulative Percent
African American	5	71.4	71.4	71.4
Latino	2	28.6	28.6	100.0
Total	7	100.0	100.0	

Table 9. Participant Age and Length of Stay at TLP in Months

Time	N	Minimum	Maximum	Mean	Std. Deviation
Age	7	18	21	19.43	.976
1 Months at TLP	7	5	12	7.43	2.225
Age	7	18	21	19.71	.951
2 Months at TLP	7	10	14	12.29	1.254

Community Scale

The Community Scale measures participants' perception of their community living environment as rated on a 1-7 Likert Scale. The scale had eight items with a maximum score of 56. Participants' Community Scale Total scores ranged from 14 to 51 at T1 and from 32 to 55 at T2 as well as a reduction in standard deviation, demonstrating an increasing trend and similarity in overall scores. Table 10 depicts the descriptive statistics for this scale. Individual change analysis reveals that participants either increased greatly or decreased slightly in their community ratings. Group time analysis is depicted in Figure 4 and individual time analysis is depicted in Figure 5.

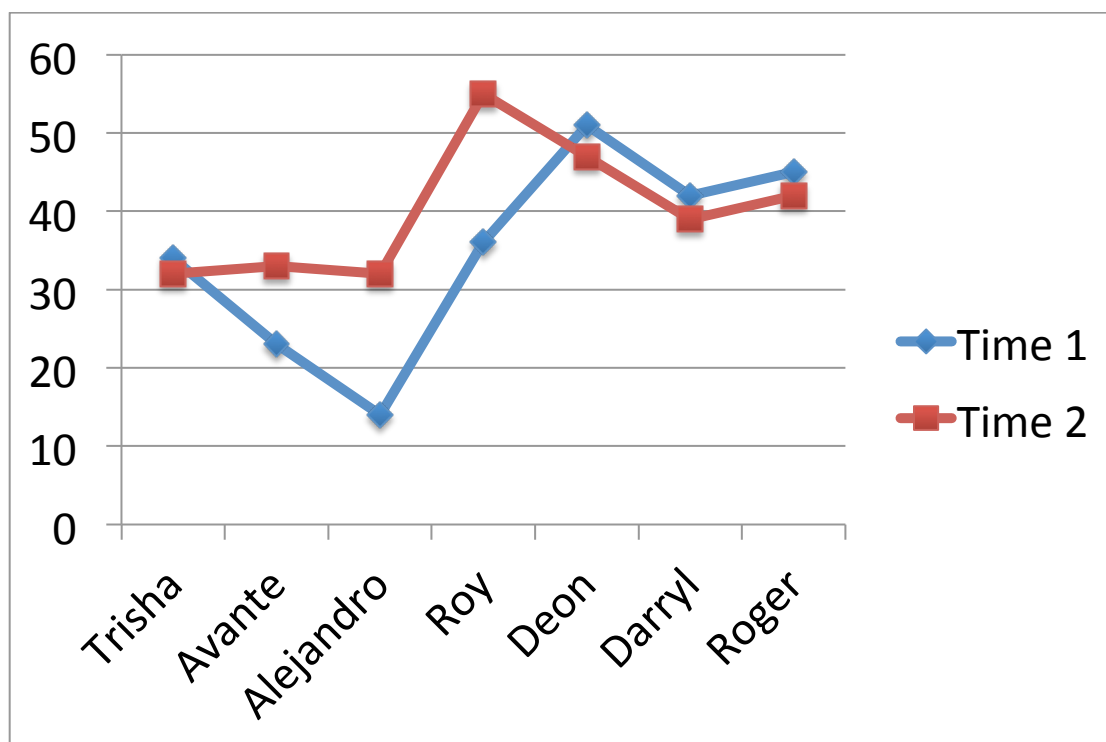


Figure 4. Community Scale Scores by Participant and Time

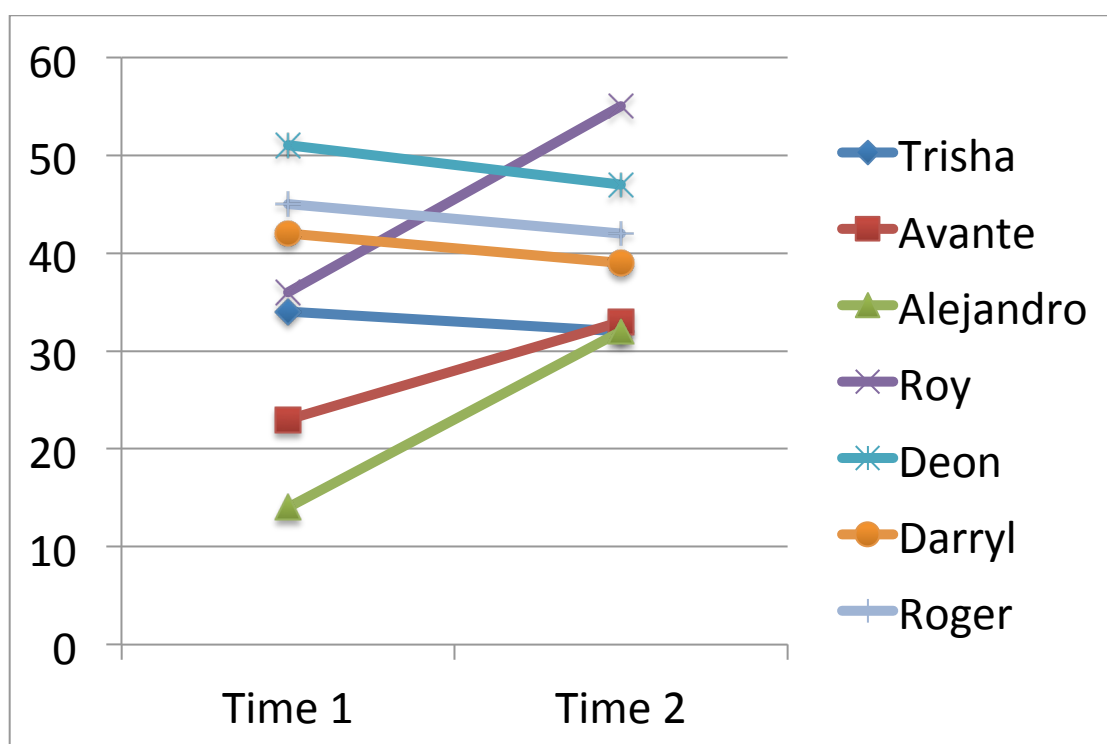


Figure 5. Community Scale Individual Time Analysis

Table 10. Community Scale Descriptive Statistics

Time		Mean	Std. Deviation
1	Where I live, I feel safe	4.86	1.345
	The people I live with keep my secrets	2.93	1.539
	The people I live with make choices that benefit us	3.29	1.976
	I like spending time with the people I live with	4.14	1.952
	I feel like I belong here	5.00	2.082
	Living here makes me happy	4.29	2.430
	I have access to the things I need where I live	5.43	2.149
	The people I live with support my goals	5.00	2.082
	Community Scale Mean	4.37	1.599
	Community Scale Total	34.93	12.795
2	Where I live, I feel safe	5.71	.951
	The people I live with keep my secrets	3.86	1.773
	The people I live with make choices that benefit us	4.43	2.149
	I like spending time with the people I live with	4.57	2.149
	I feel like I belong here	4.43	1.902
	Living here makes me happy	5.43	1.134
	I have access to the things I need where I live	6.14	1.215
	The people I live with support my goals	5.36	1.249
	Community Scale Mean	4.99	1.091
	Community Scale Total	39.93	8.729

Adulthood Scale

The Adulthood Scale measures participants' perception of their own independent functioning as rated on a 1-7 Likert Scale. The scale has eight items with a maximum score of 56; one item "I don't think I can manage all that I have to do for work," is reverse scored. Participants' Adulthood Scale total scores ranged from 39 to 54 at T1 and from 41 to 56 at T2, demonstrating an overall maintenance of participants' relatively high self-ratings. Table 11 depicts the descriptive statistics for this scale. Individual time change analysis indicates Trisha and Darryl rated themselves higher on the adulthood

scale at T2, Roy Deon, and Roger's scores stayed the same, and Avante and Alejandro had slightly lower scores at T2. Group time analysis is depicted in Figure 6 and individual time analysis is depicted in Figure 7.

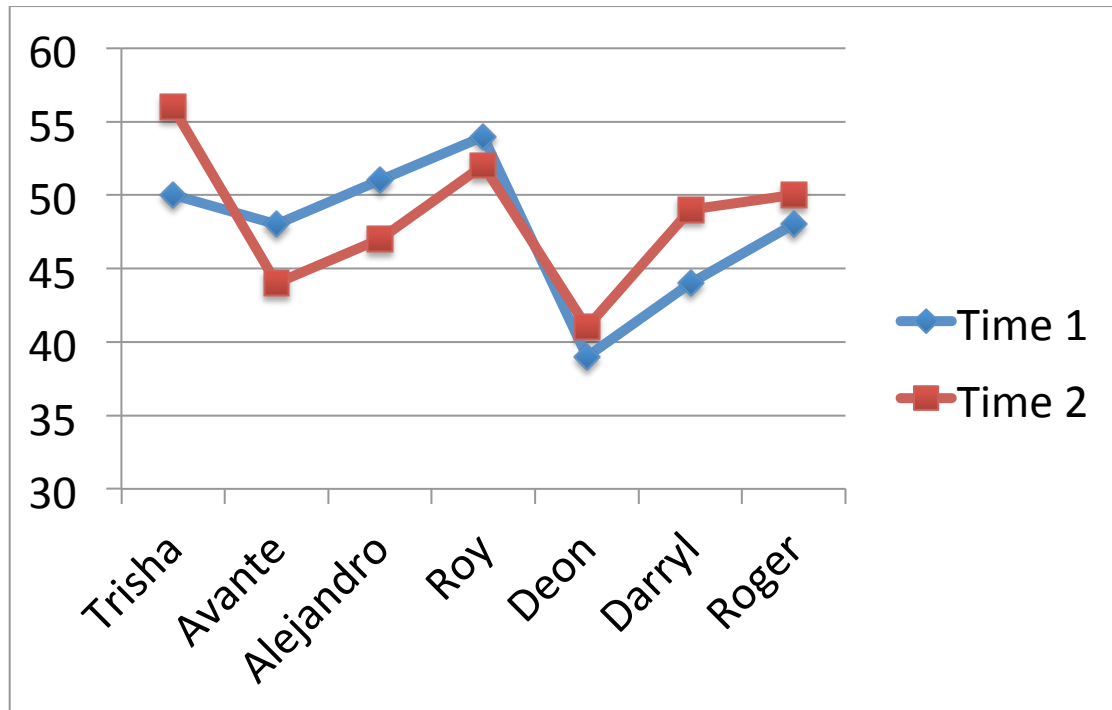


Figure 6. Adulthood Scale Scores by Participant and Time

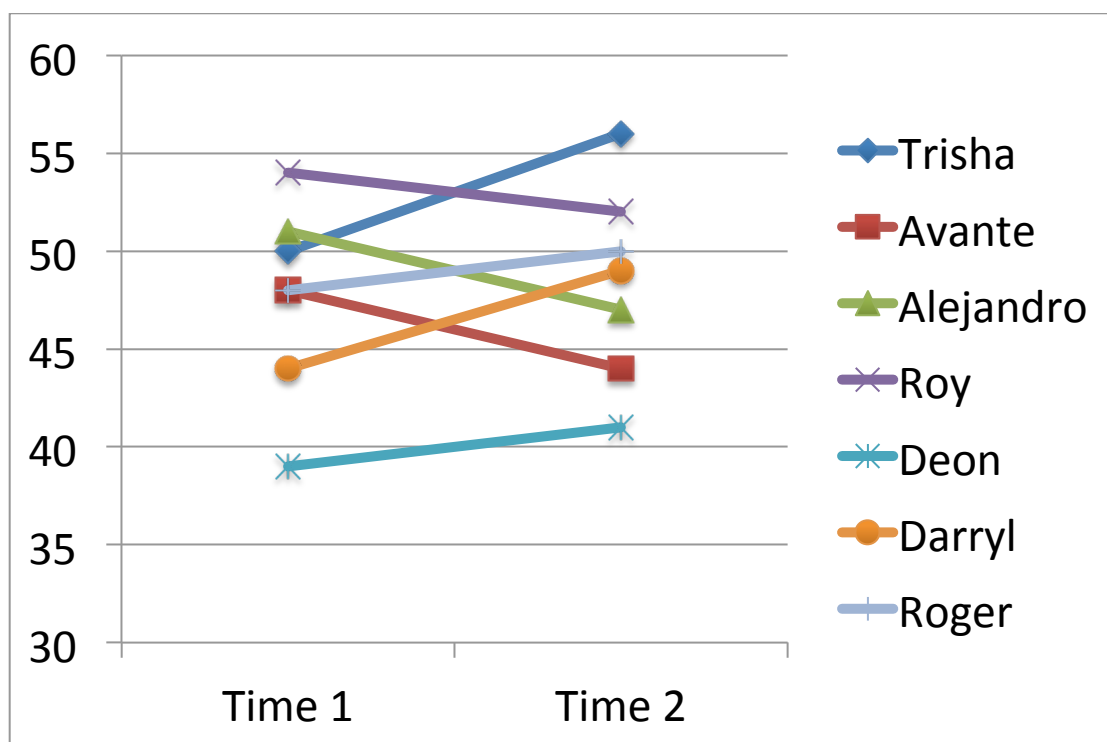


Figure 7. Adulthood Scale Individual Time Analysis

Table 11. Adulthood Scale Descriptive Statistics

Time		Mean	Std. Deviation
1	I pay my own bills	4.29	2.752
	I am making the right choices toward my goals	6.21	.994
	I am in charge of my life	6.71	.488
	I feel I do not need other people to take care of me	6.00	1.155
	I know when to ask for help	6.43	1.512
	I can take care of my own scheduling	5.86	1.464
	I keep almost all of my appointments	6.29	.951
	I don't think I can manage all that I have to do for work	5.86	1.773
	Adulthood Scale Mean	5.96	.615
	Adulthood Scale total	47.64	4.922
2	I pay my own bills	4.86	2.268
	I am making the right choices toward my goals	6.07	1.097
	I am in charge of my life	6.71	.488
	I feel I do not need other people to take care of me	6.00	.816
	I know when to ask for help	6.29	1.254
	I can take care of my own scheduling	6.71	.756
	I keep almost all of my appointments	6.43	.787
	I don't think I can manage all that I have to do for work	5.21	2.079
	Adulthood Scale Mean	6.04	.621
	Adulthood Scale Total	48.29	4.965

Occupational Self-Assessment

Table 12 illustrates the descriptive statistics for the OSA. Participants' scores on the Competence Scale ranged from 62 to 82 at T1 and 60 to 80 at T2. The changes in mean scores indicate stability in perceived competence amongst participants.

Participants' Values Scale scores ranged from 57 to 79 at T1 and 66 to 80 at T2, indicating slight improvement in low scores and consistency in high scores of participants' self-ratings of their perceived importance of various adaptive skills. The

standard deviation decreased from T1 to T2, indicating that participant's responses became more similar over time. Case by case time analysis indicates that Trisha, Avante, Alejandro and Roy had lower Competence and Value OSA scores at T2, and Deon, Darryl and Roger had consistent Competence scores but higher Value scores at T2. Group time analyses are depicted in Figures 8 and 9 and individual time analyses are depicted in Figures 10 and 11.

Table 12. Descriptive Statistics for the OSA Competence and Value Scales

Time		Mean	Std. Deviation
1	OSA Competence Total	71.57	7.413
	OSA Values Total	68.21	9.165
2	OSA Competence Total	66.00	6.690
	OSA Values Total	70.57	4.676

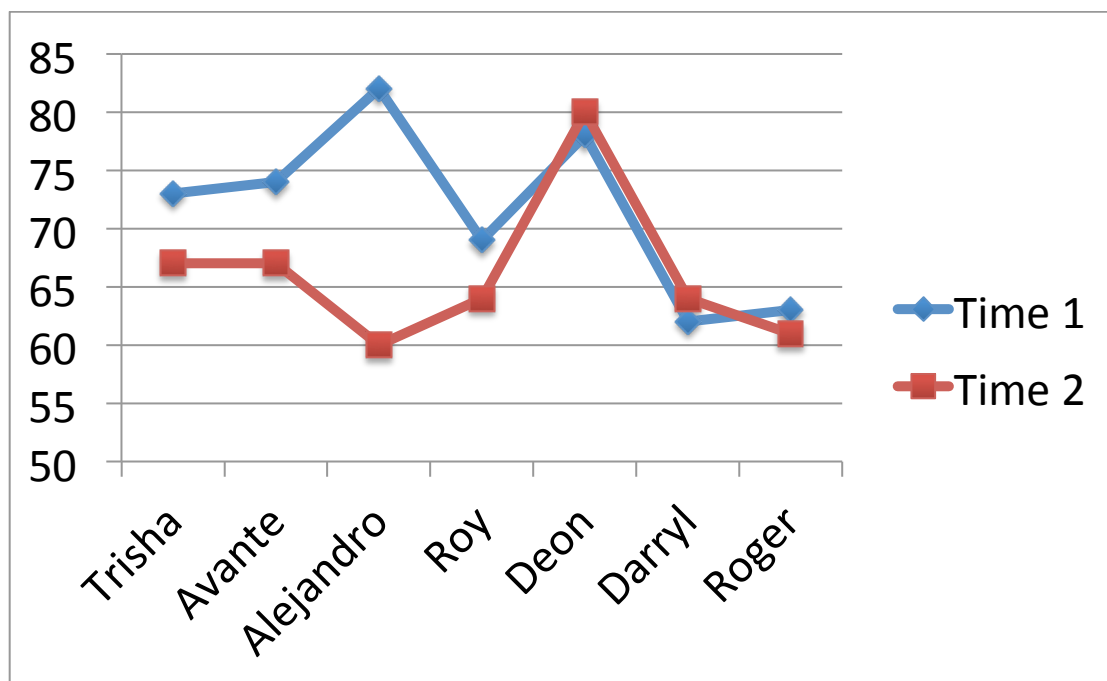


Figure 8. OSA Total Competence Scores by Participant and Time

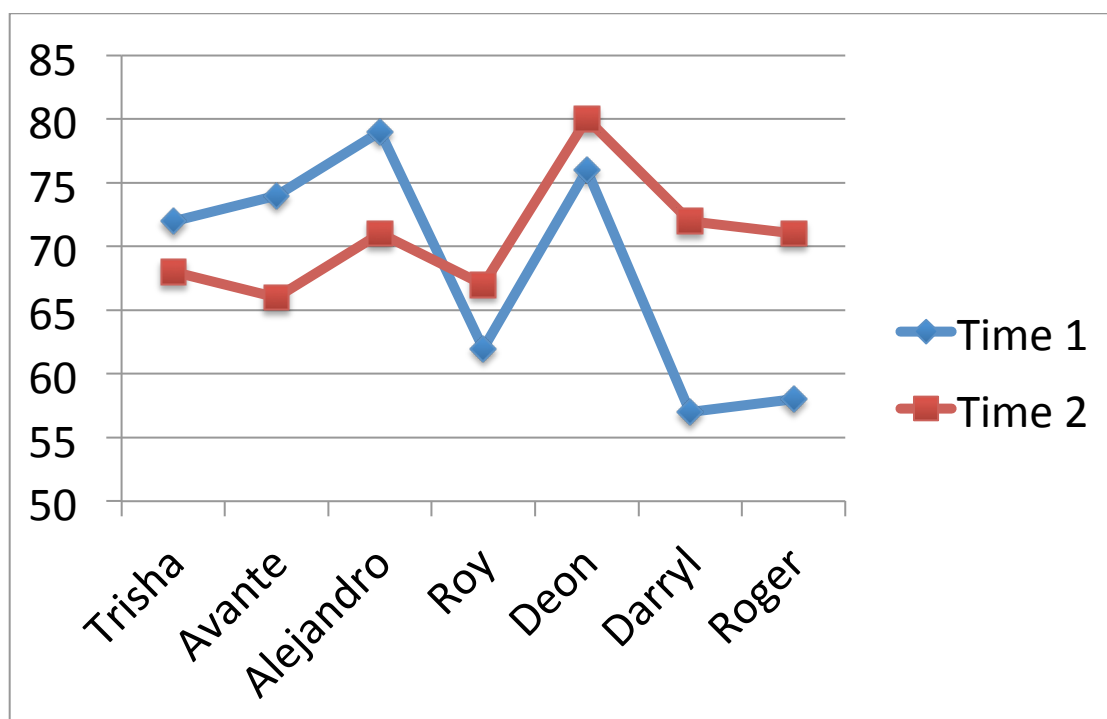


Figure 9. OSA Total Value Scores by Participant and Time

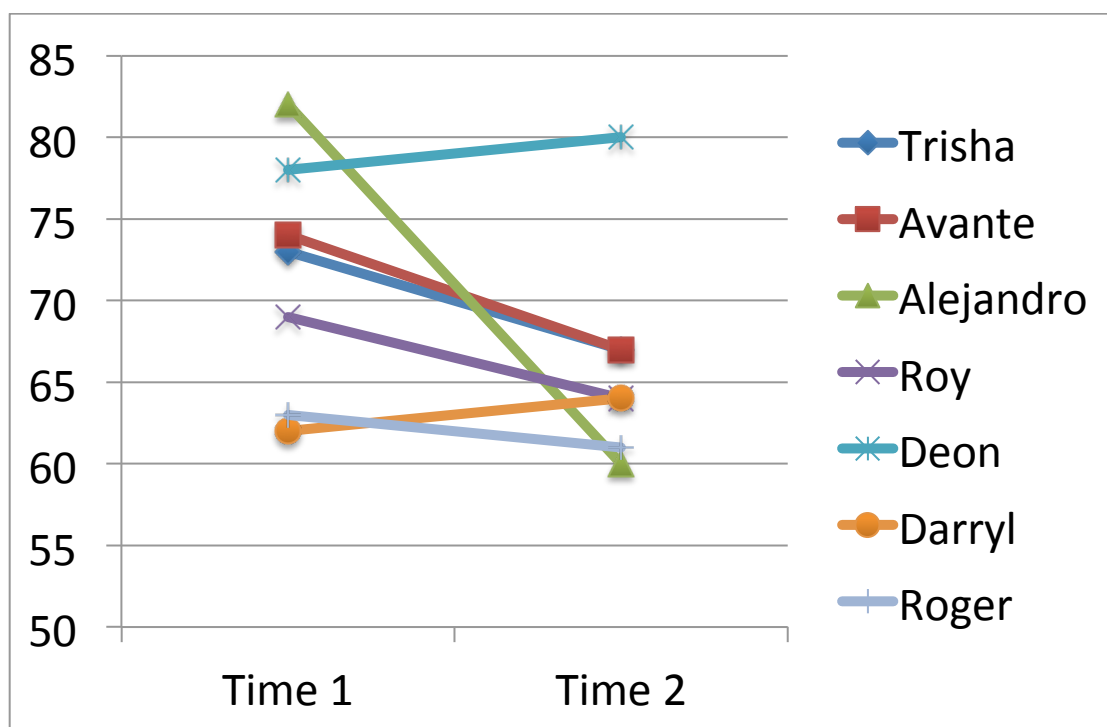


Figure 10. OSA Total Competence Scale Individual Time Analysis

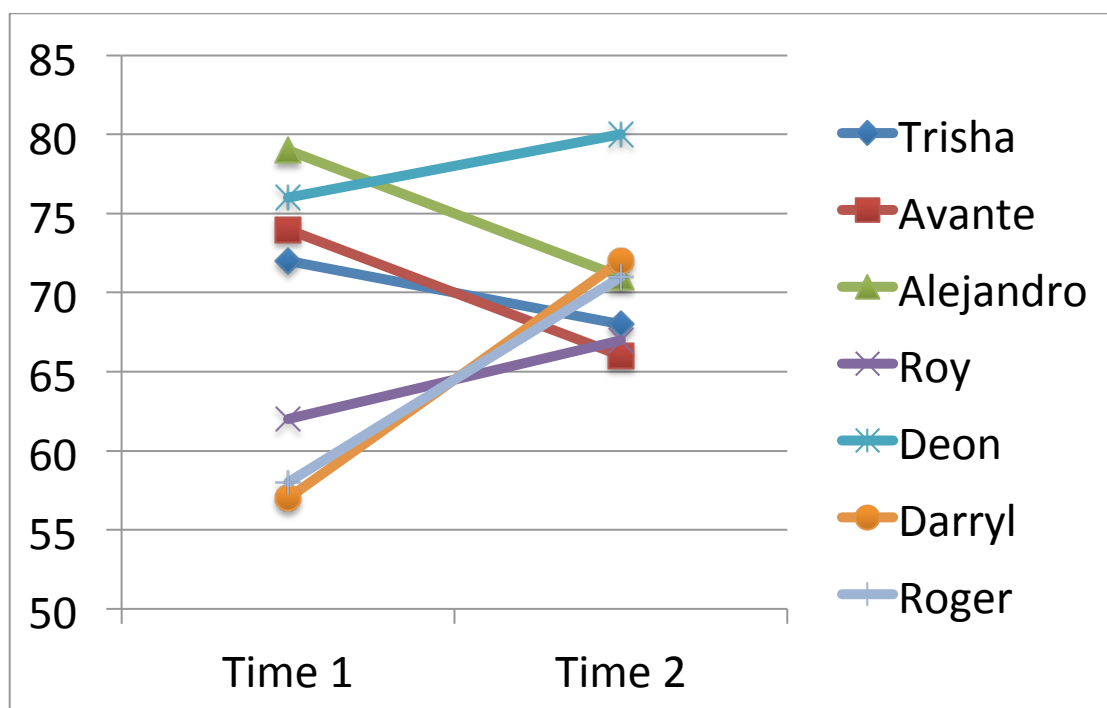


Figure 11. OSA Total Values Scale Individual Time Analysis

Achenbach System of Empirically Based Assessment Adult Self Report

ASEBA Syndrome Scale. Participants' scores for internalizing problems ranged from 38 to 64 at T1 and 45 to 61 at T2, which suggests an overall stability in their internalizing symptoms over time. Participants' scores for externalizing problems ranged from 41 to 55 at T1 and 38 to 63 at T2; the change in means from T1 to T2 suggests an increasing trend in externalizing symptoms over time. It should be noted that the overall mean scores for both T1 and T2 fall in the Normal range. Total Symptom scores are calculated by adding the raw scores for internalizing, externalizing and other problems and calculating the t-score based on that sum. Participants' scores for total symptoms ranged from 40 to 61 at T1 and 40 to 57 at T2; the change in means from T1 to T2 suggests an increasing trend in overall symptoms over time. It should be noted that the

overall mean scores for both T1 and T2 fall in the Normal range. Table 13 depicts all of the descriptive statistics for the ASEBA Syndrome Scale.

Time-ordered individual analyses on the syndrome scales reveal subtle changes in reported symptoms. On the Anxiety/Depression Subscale (see Figure 8), the two participants who reported high levels of anxiety/depression decreased their ratings by T2. Self-reported aggression and rule-breaking behavior increased by T2 for the majority of participants, which may explain why externalizing symptoms and total symptom scores appeared higher (but still below the at-risk level) at T2 for the majority of participants. Reported thought problems were higher at T1 than expected, but did decrease for most of the participants who reported them, and withdrawing symptoms increased overall by T2. Group time analyses for each of the sub scales are depicted in Figures 12, 13, 14, 15, 16, 17, 18, 19 and 20, and individual time analyses are depicted in Figures 21, 22, 23, 24, 25, 27, 28, and 29.

Table 13. ASEBA Syndrome Scale Descriptive Statistics

Time		Mean	Std. Deviation
1	Anxiety/Depression	54.43	6.373
	Withdrawn	56.14	3.934
	Somatization	52.14	3.579
	Thought Problems	60.86	6.492
	Attention	54.00	4.933
	Aggression	52.86	2.854
	Rule Breaking	51.00	1.528
	Intrusive Thoughts	51.43	1.272
	Internalizing Problems	50.57	9.016
	Externalizing Problems	47.86	4.741
	Total Symptoms	48.86	6.309
2	Anxiety/Depression	52.00	1.826
	Withdrawn	60.71	4.957
	Somatization	52.00	3.651
	Thought Problems	59.71	6.824
	Attention	54.71	3.546
	Aggression	55.14	4.525
	Rule Breaking	55.29	4.309
	Intrusive Thoughts	53.43	3.690
	Internalizing Problems	51.43	6.477
	Externalizing Problems	53.00	8.165
	Total Symptoms	51.43	5.623

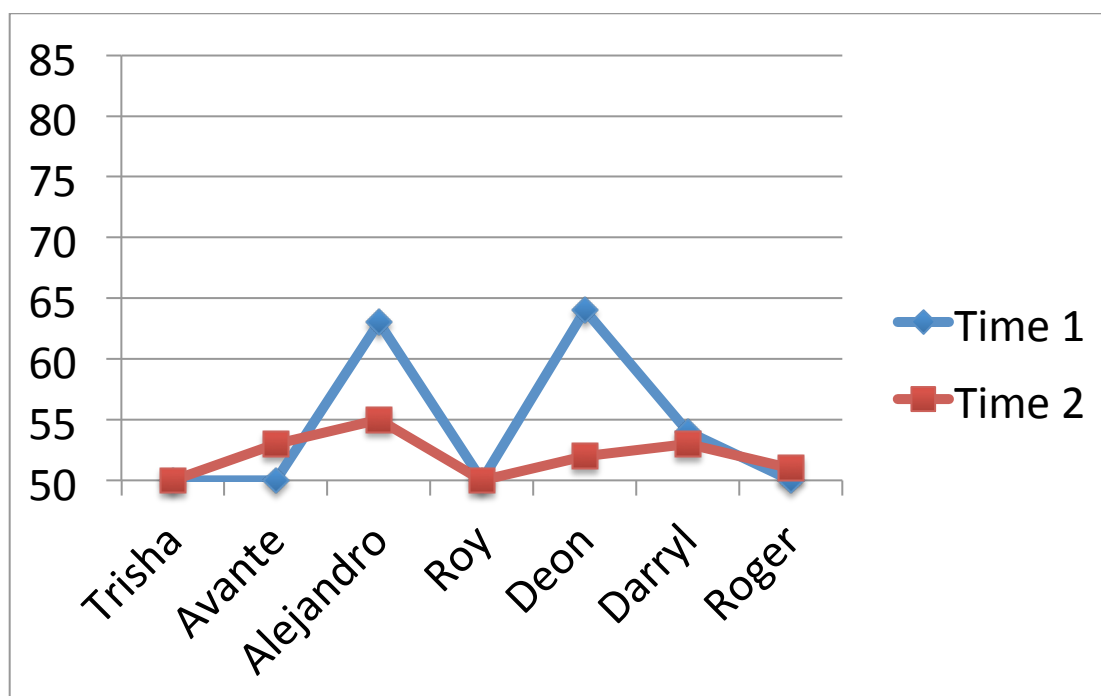


Figure 12. Anxiety/Depression Symptom Scores by Participant and Time

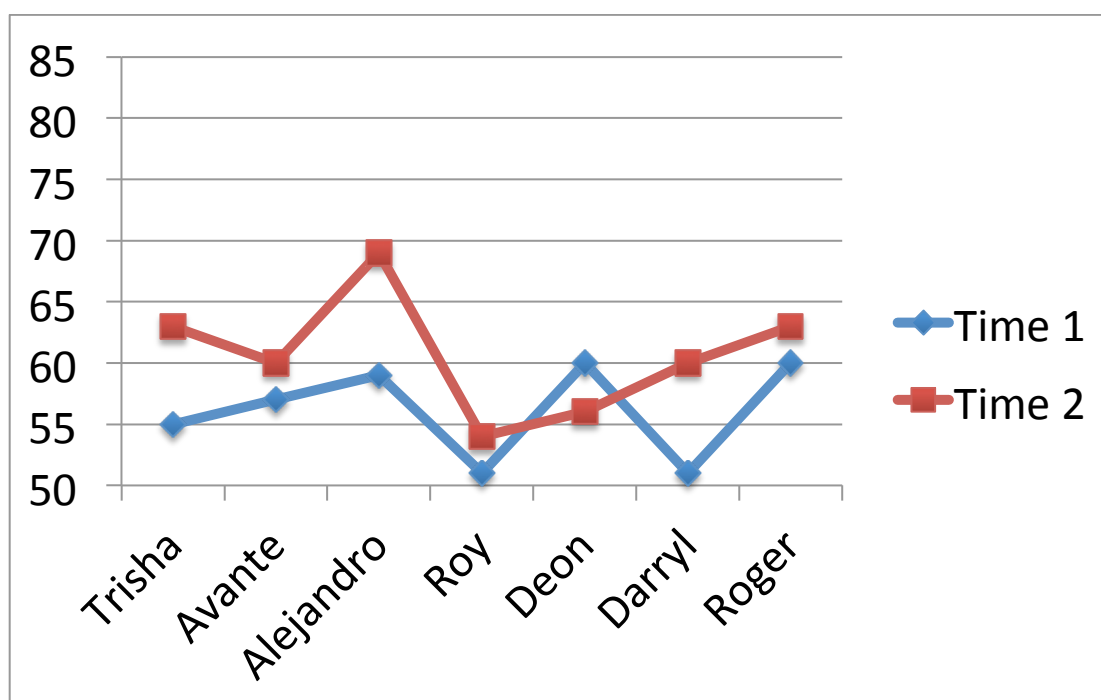


Figure 13. Withdrawn Symptom Scores by Participant and Time

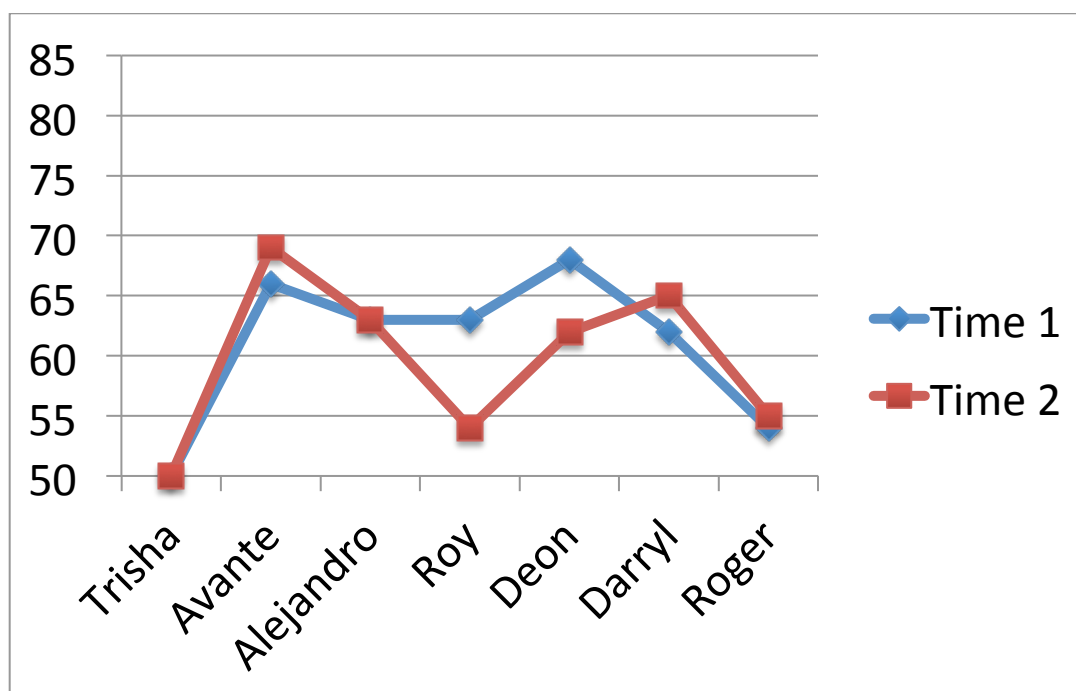


Figure 14. Thought Problems Symptom Scores by Participant and Time

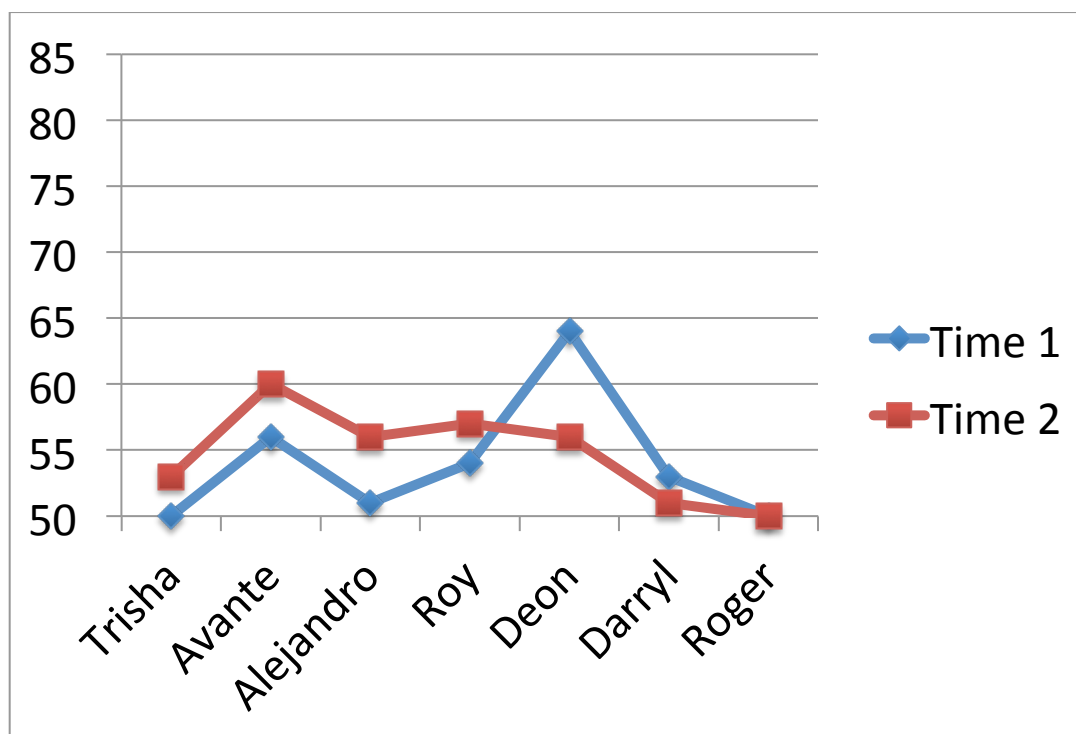


Figure 15. Attention Symptom Scores by Participant and Time

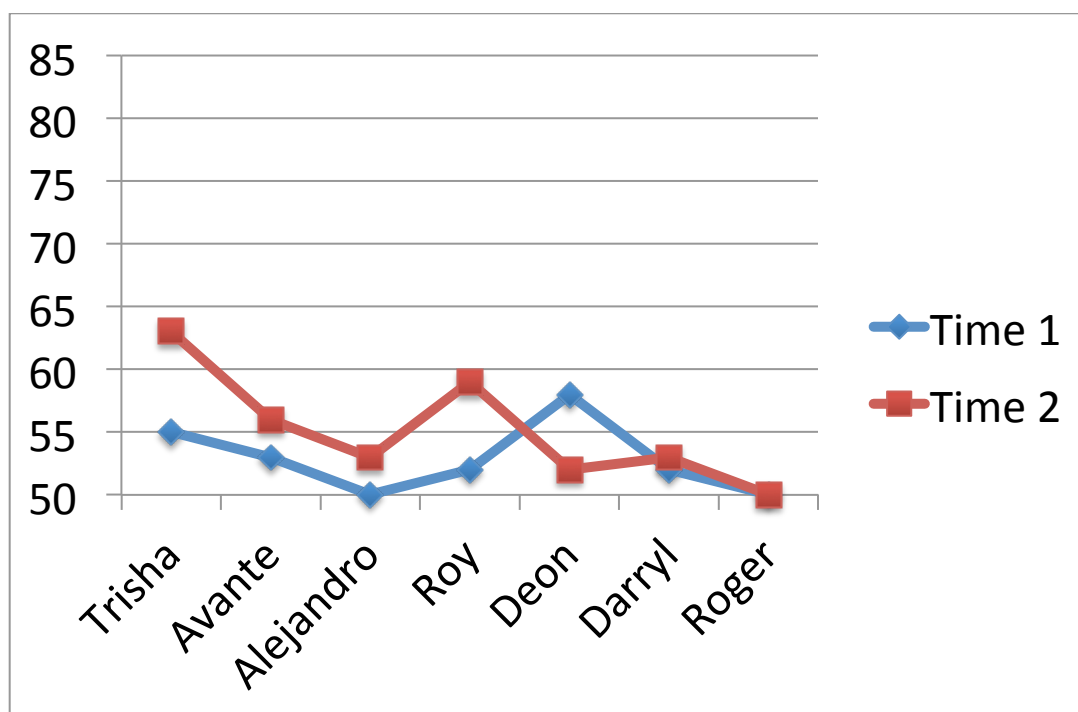


Figure 16. Aggression Symptom Scores by Participant and Time

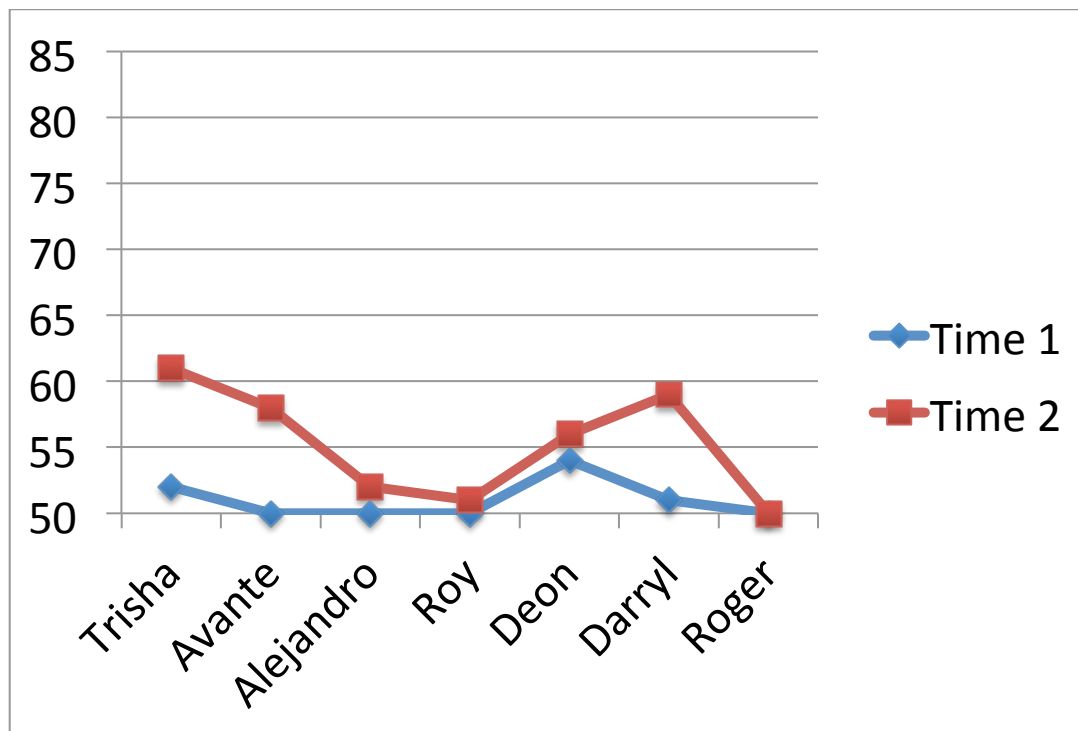


Figure 17. Rule Breaking Symptom Scores by Participant and Time

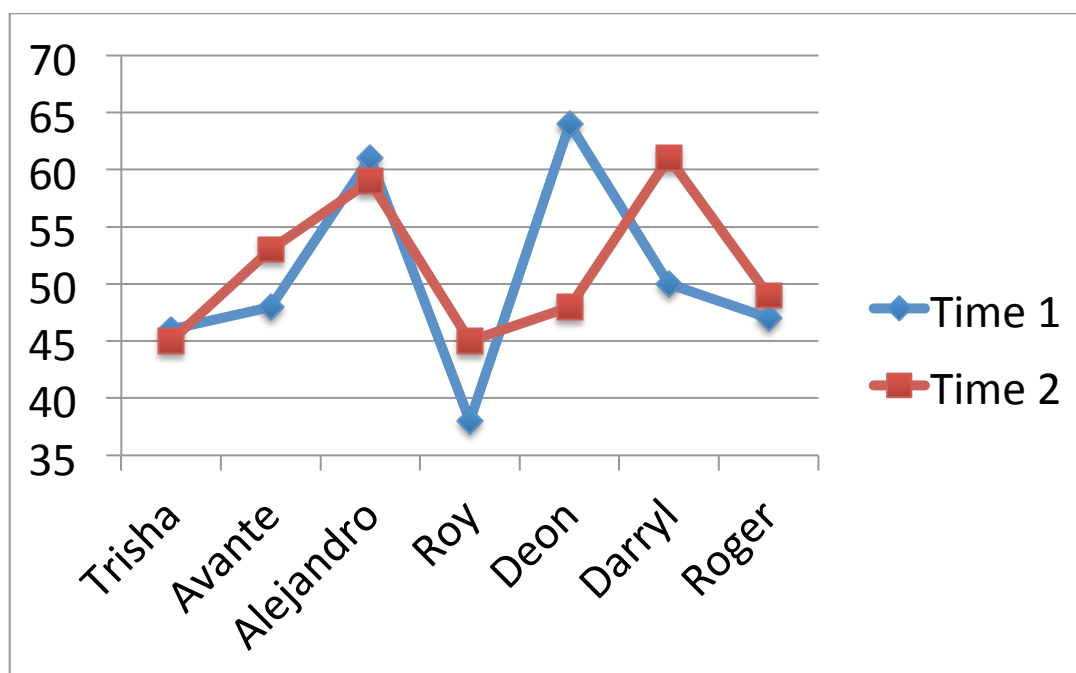


Figure 18. Internalizing Symptom Scores by Participant and Time

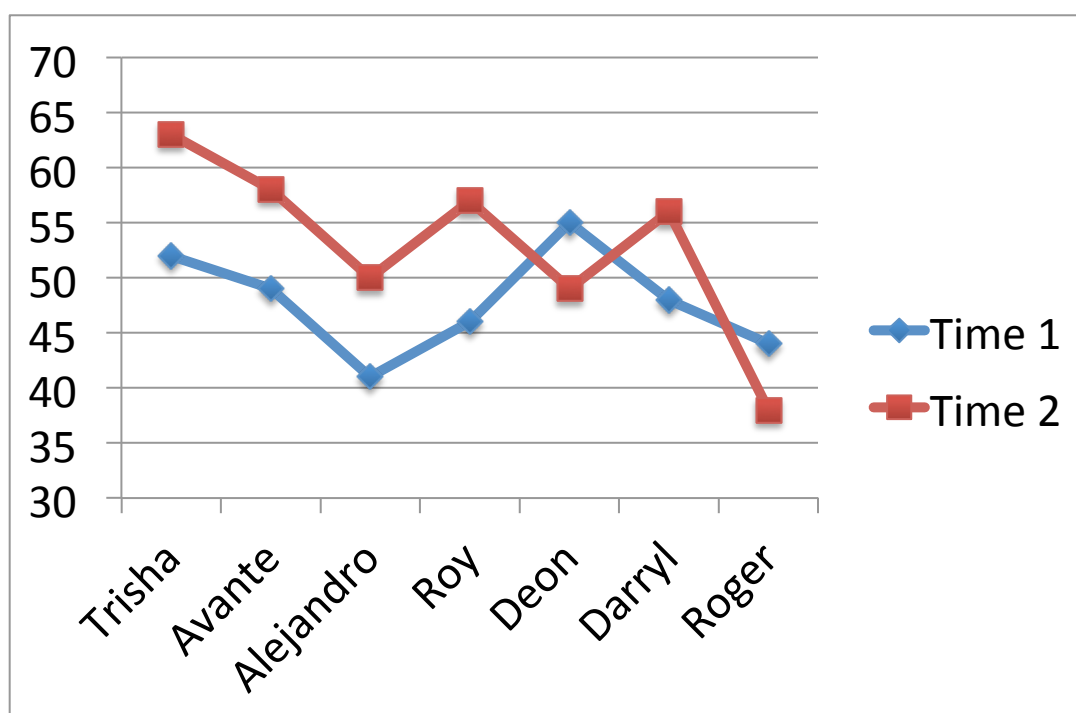


Figure 19. Externalizing Symptom Scores by Participant and Time

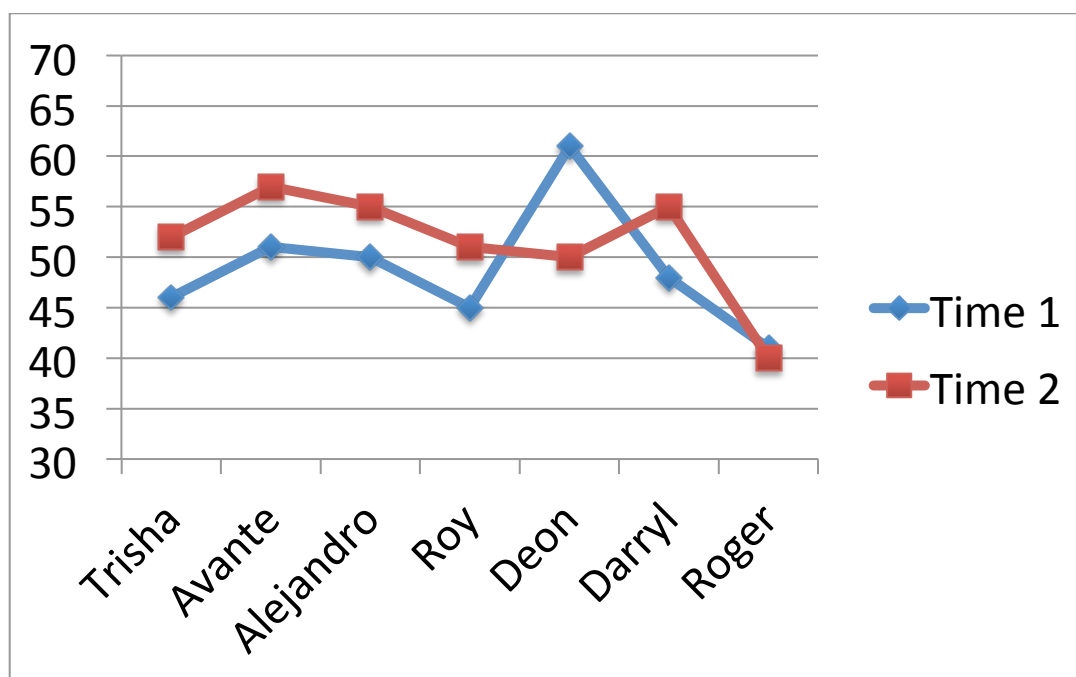


Figure 20. Total Symptom Scores by Participant and Time

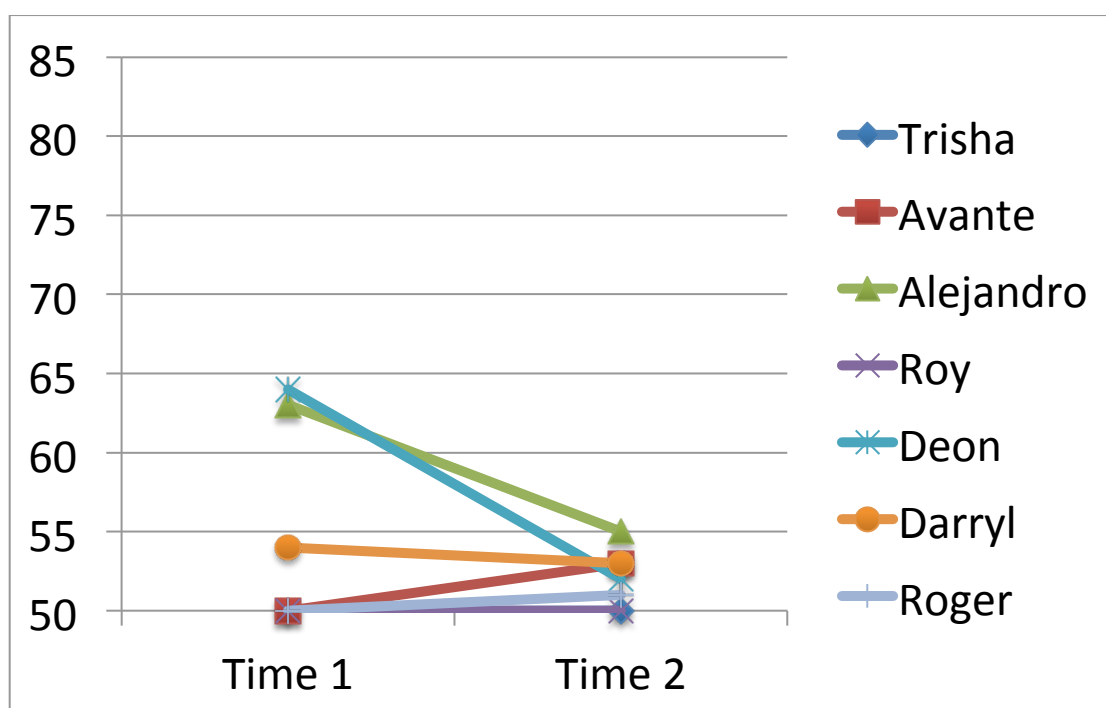


Figure 21. Anxiety/Depression Symptom Scores Individual Time Analysis

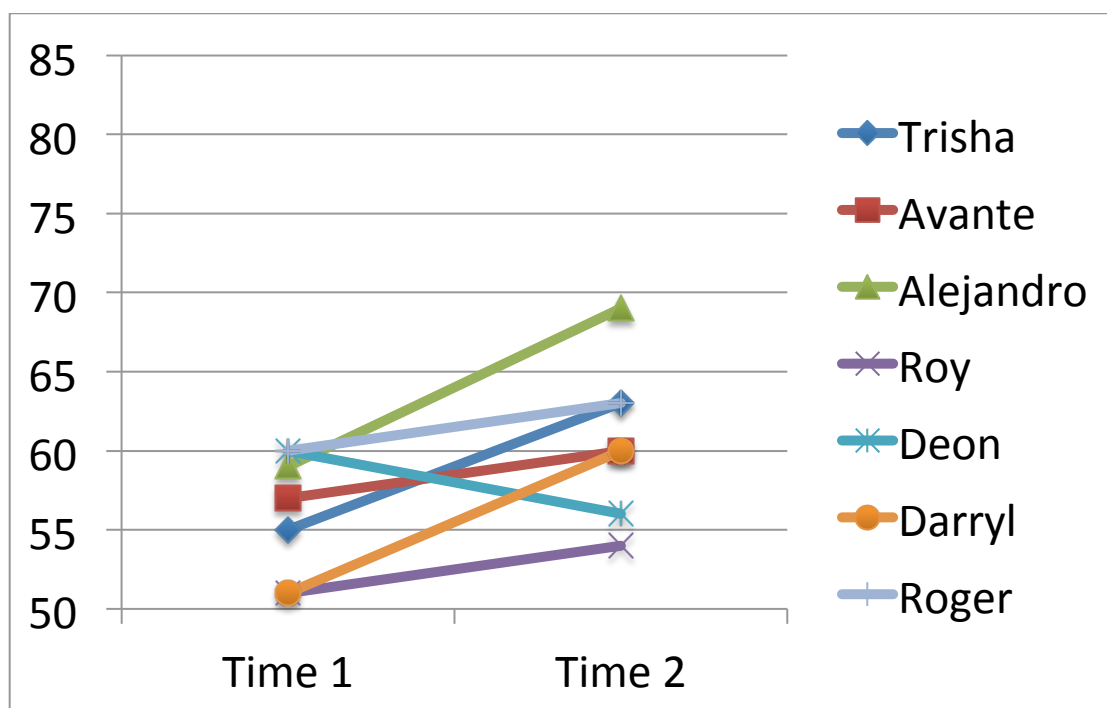


Figure 22. Withdrawn Symptom Scores Individual Time Analysis

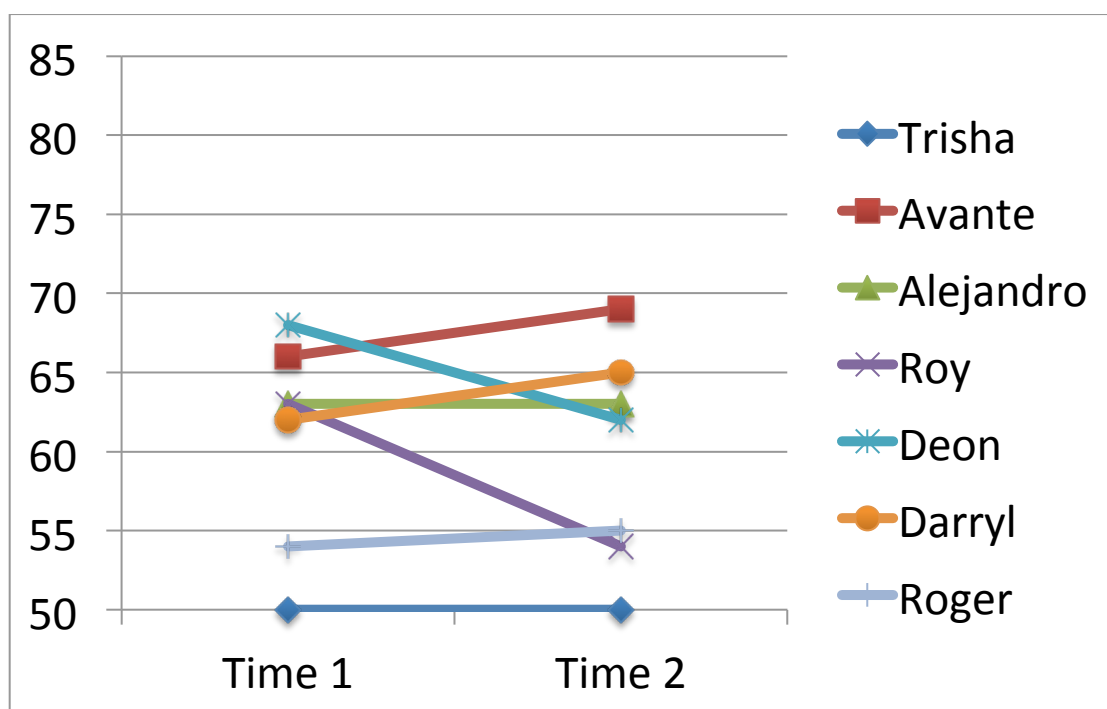


Figure 23. Thought Problem Symptom Scores Individual Time Analysis

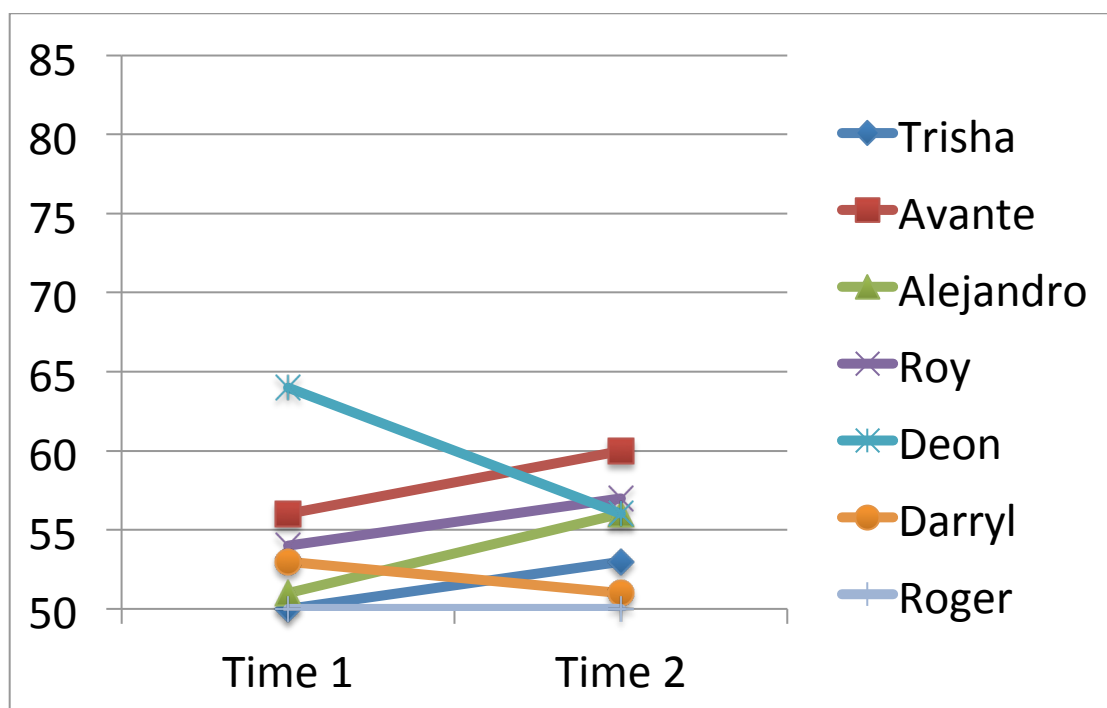


Figure 24. Attention Symptom Scores Individual Time Analysis

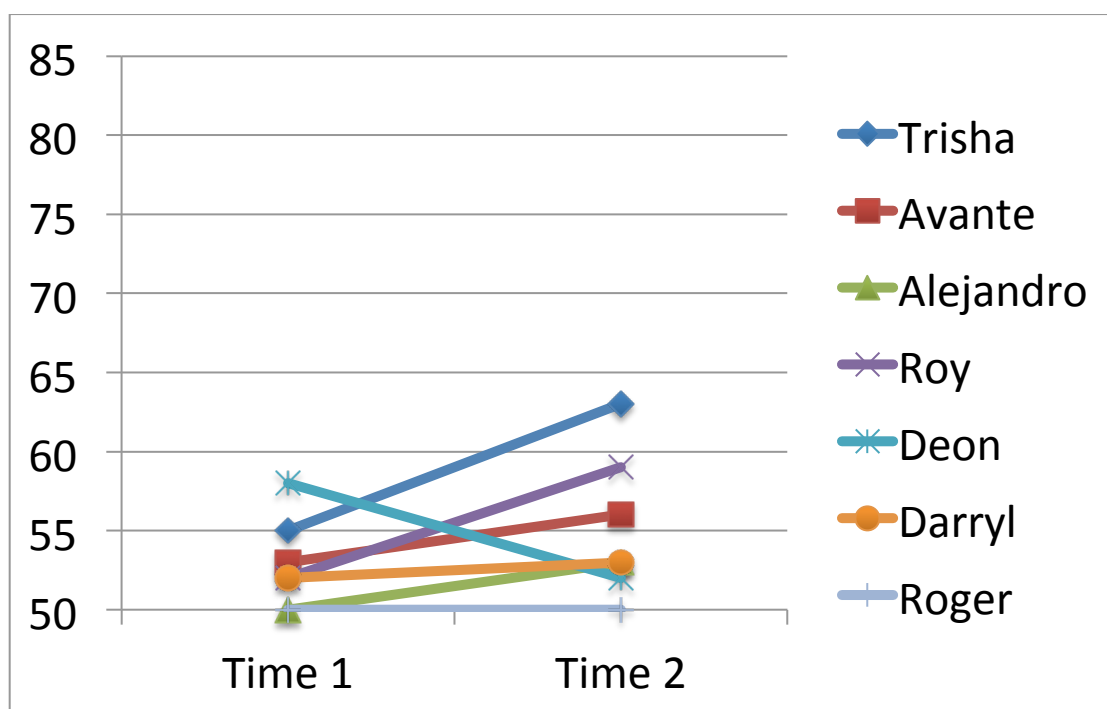


Figure 25. Aggression Symptom Scores Individual Time Analysis

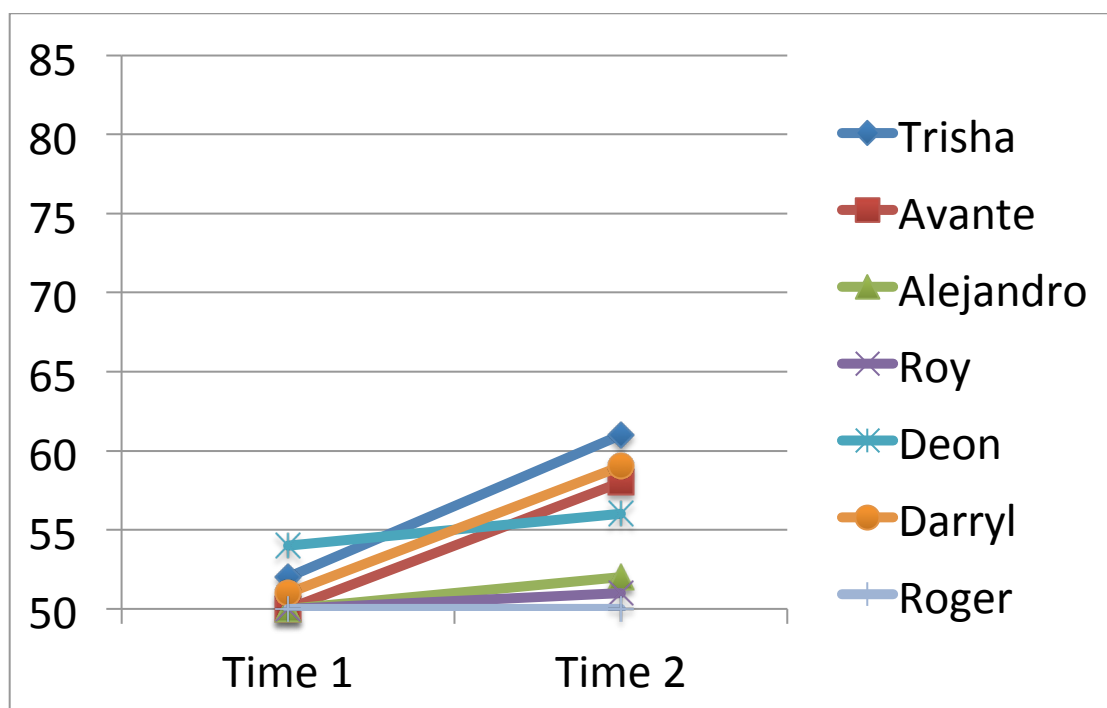


Figure 26. Rule Breaking Symptom Scores Individual Time Analysis

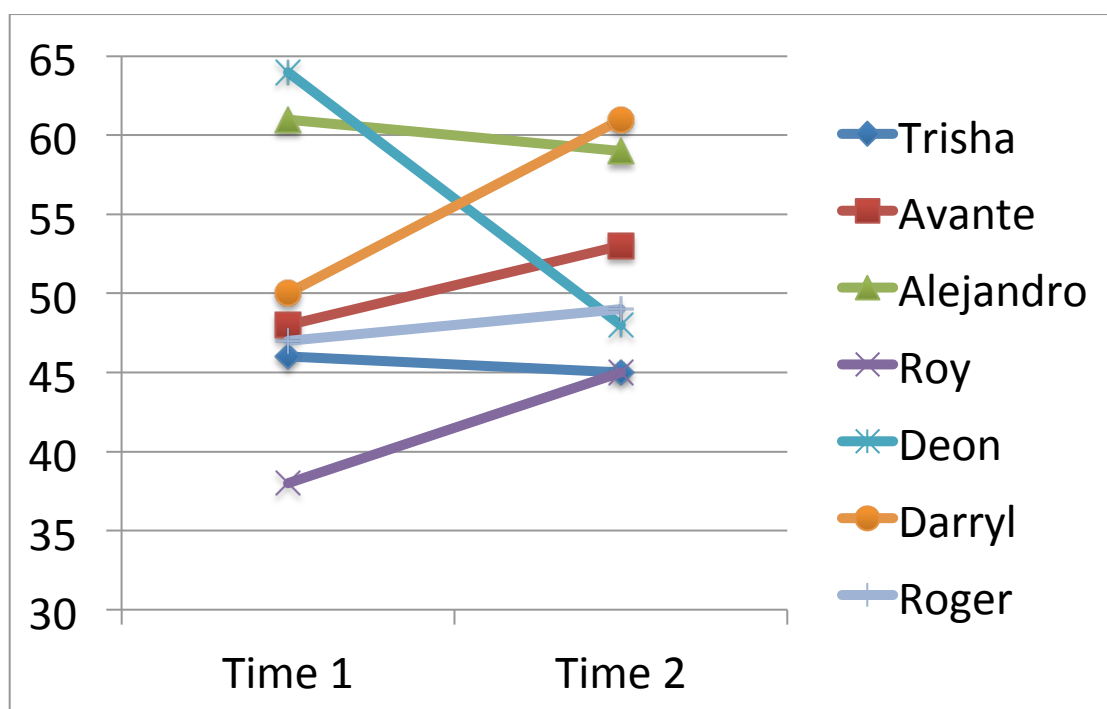


Figure 27. Internalizing Symptom Scores Individual Time Analysis

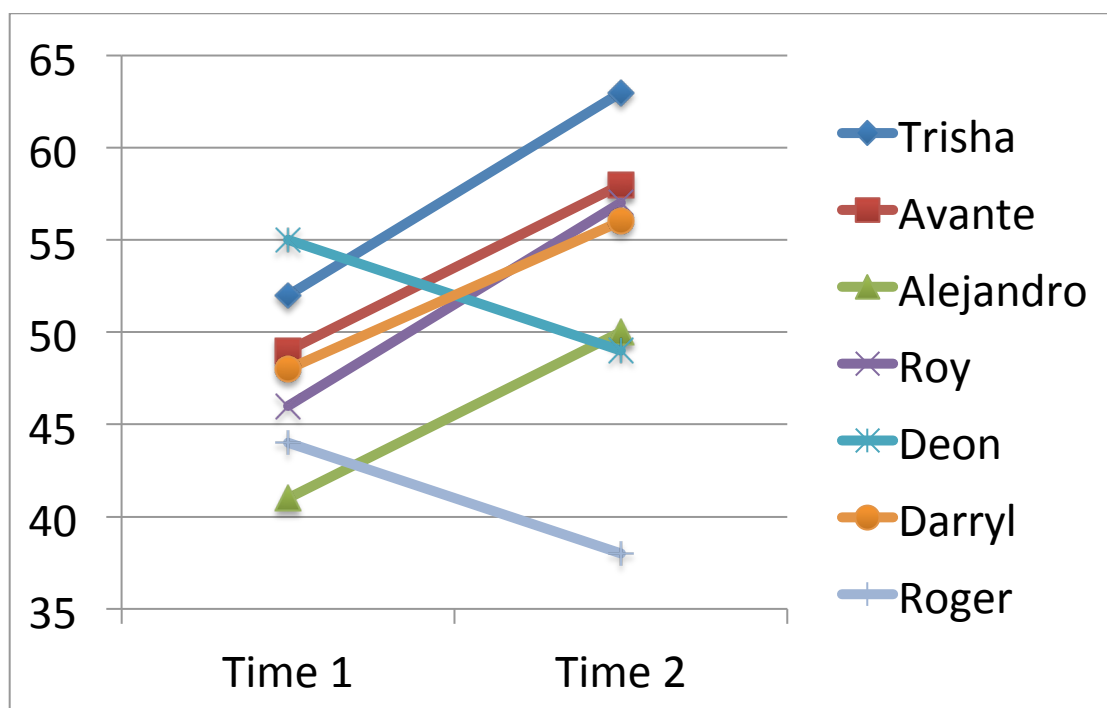


Figure 28. Externalizing Symptom Scores Individual Time Analysis

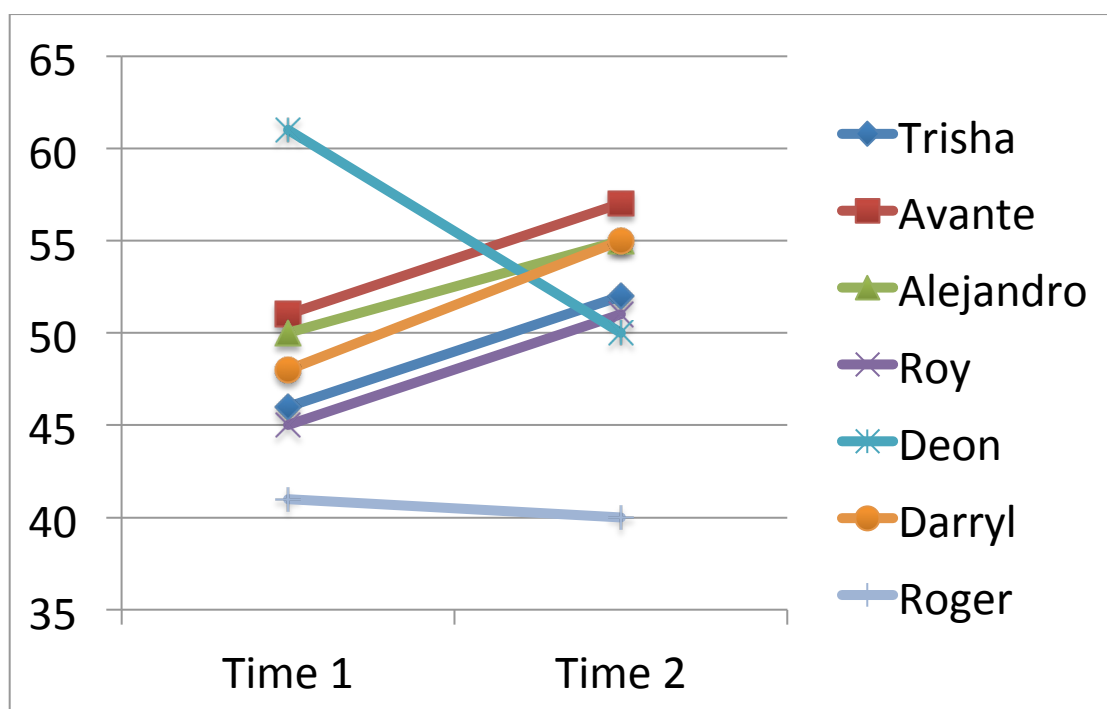


Figure 29. Total Symptom Scores Individual Time Analysis

ASEBA-Adaptive Functioning Scale. Total Adaptive Functioning Scale scores ranged from 28 to 55 at T1 and 27 to 55 at T2. Scores of zero occurred when participants did not have contact with family, did not identify friends, were unemployed or were out of school. Trends in scores indicate stability over time; the overall mean scores at T1 and T2 are both in the Normal range. However, the individual items' gain scores varied from Time 1 to Time 2. For example, the Friends and Job Scales demonstrated positive increase overall, while the Family and Education Scales decreased overall from T1 to T2. Table 14 illustrates the descriptive statistics for all Adaptive Functioning Scale. Individual analysis shows a trend that might be influenced by environment. Roy, Deon and Roger all demonstrated an increase in self-rated adaptive functioning, and all three of these residents resided at Agency 2. Trisha, Avante and Darryl, all residents of Agency 1, demonstrated decreases in adaptive functioning. Alejandro, who moved into his own apartment three days after the T1 interview, had the lowest adaptive functioning score and maintained the same score from T1 to T2. Group time analysis for this measure is illustrated in Figure 30 and individual time analysis is depicted in Figure 31.

Table 14. ASEBA Adaptive Functioning Scale Descriptive Statistics

Time		Mean	Std. Deviation
1	Friends	40.57	10.358
	Family	38.86	9.754
	Job	31.43	29.540
	Education	31.00	29.040
	Total Adaptive Functioning	40.29	8.920
2	Friends	44.29	6.075
	Family	26.00	19.587
	Job	38.71	19.881
	Education	20.29	25.695
	Total Adaptive Functioning	41.14	10.057

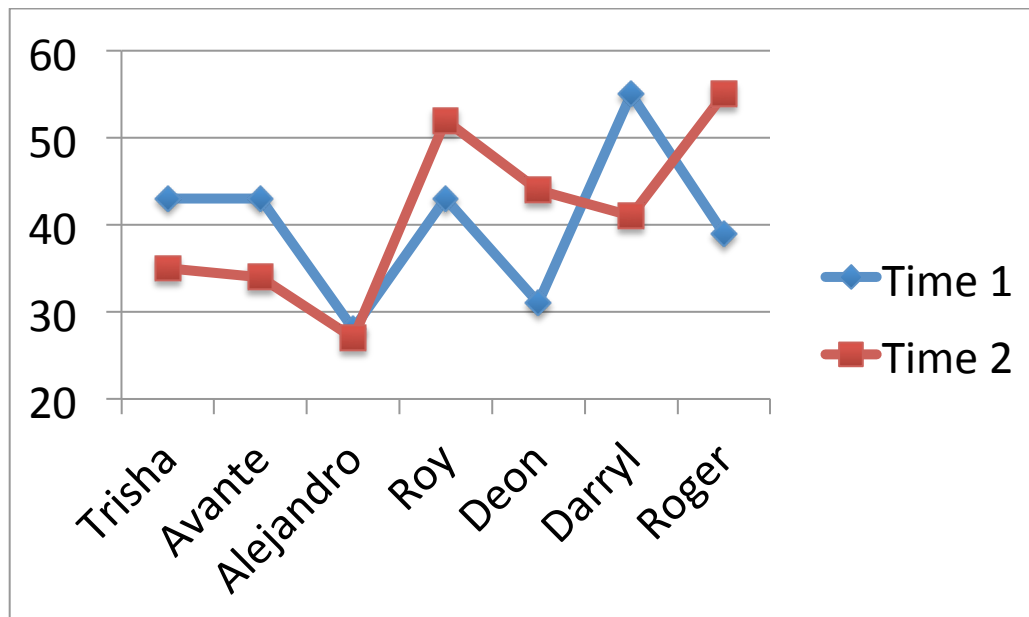


Figure 30. Total Adaptive Functioning Scores by Participant and Time

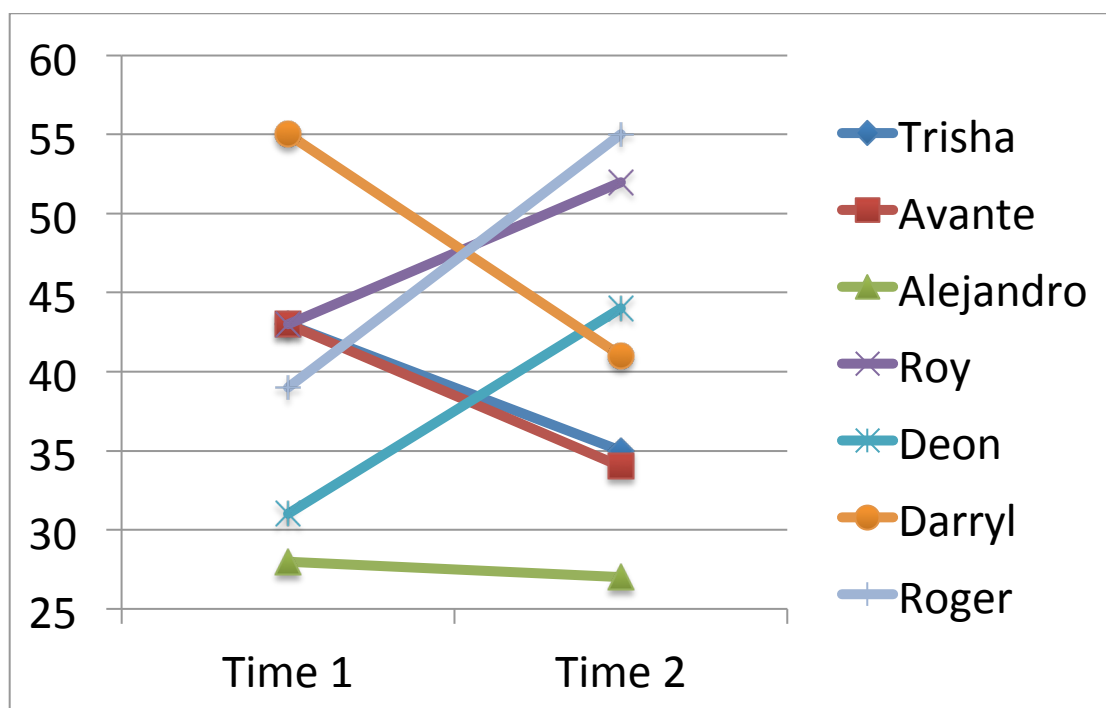


Figure 31. Total Adaptive Functioning Scores Individual Time Analysis

ASEBA-Substance Use Scale. On the Substance Use scale, participants reported how many times they had used cigarettes, alcohol and other drugs in the past six months. Substance Use Scale scores ranged from 50 to 58 at T1 and 50 to 63 at T2, indicating consistency over time. Participants' self-reports produced scores in the Normal range for all substances at all times except for other drugs, which demonstrated an increasing trend over time. Table 15 depicts the descriptive statistics for the Substance Use Scale. Table 16 illustrates differences in the Other Drugs Scale scores by agency as well as by time. When separated by agency, discrepant trends appear. Specifically, participants at Agency 1 reported a much higher level of drug use at both T1 and T2. Additionally, while scores from both agencies demonstrated an increasing trend, Agency 1's mean score for T1 drug use increased from the normal into the clinical range by T2 and Agency 2's mean score

for drug use stayed in the normal range from T1 to T2. Individual time analysis indicates that Deon and Trisha increased their reported level of drug use from T1 to T2. Darryl and Avante maintained a significantly elevated level of substance use, while Roy, Alejandro, and Roger continued to report abstinence at T2. Figure 32 depicts group score changes over time and Figure 33 illustrates individual changes over time.

Table 15. ASEBA Substance Use Scale Descriptive Statistics

Time		Mean	Std. Deviation
1	Cigarette Use	50.86	2.268
	Alcohol Use	50.00	.000
	Other Drug Use	57.14	8.915
	Total Substance Use	53.14	3.934
2	Cigarette Use	51.29	2.360
	Alcohol Use	51.00	1.291
	Other Drug Use	60.71	10.858
	Total Substance Use	54.86	5.242

Table 16. ASEBA Other Drug Use Descriptive Statistics by Agency and Time

Time	Agency		Mean	Std. Deviation
1	Agency 1	Other Drug Use	66.67	.577
	Agency 2	Other Drug Use	50.00	.000
2	Agency 1	Other Drug Use	70.67	5.508
	Agency 2	Other Drug Use	53.25	6.500

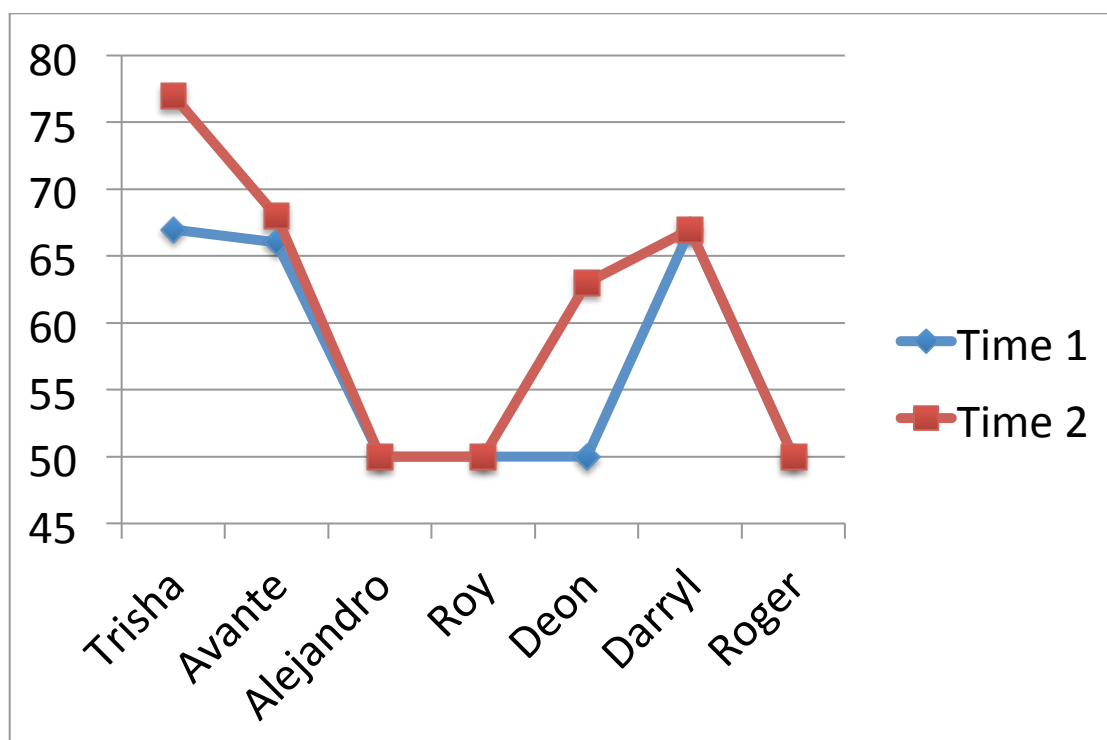


Figure 32. Other Drug Use by Participant and Time

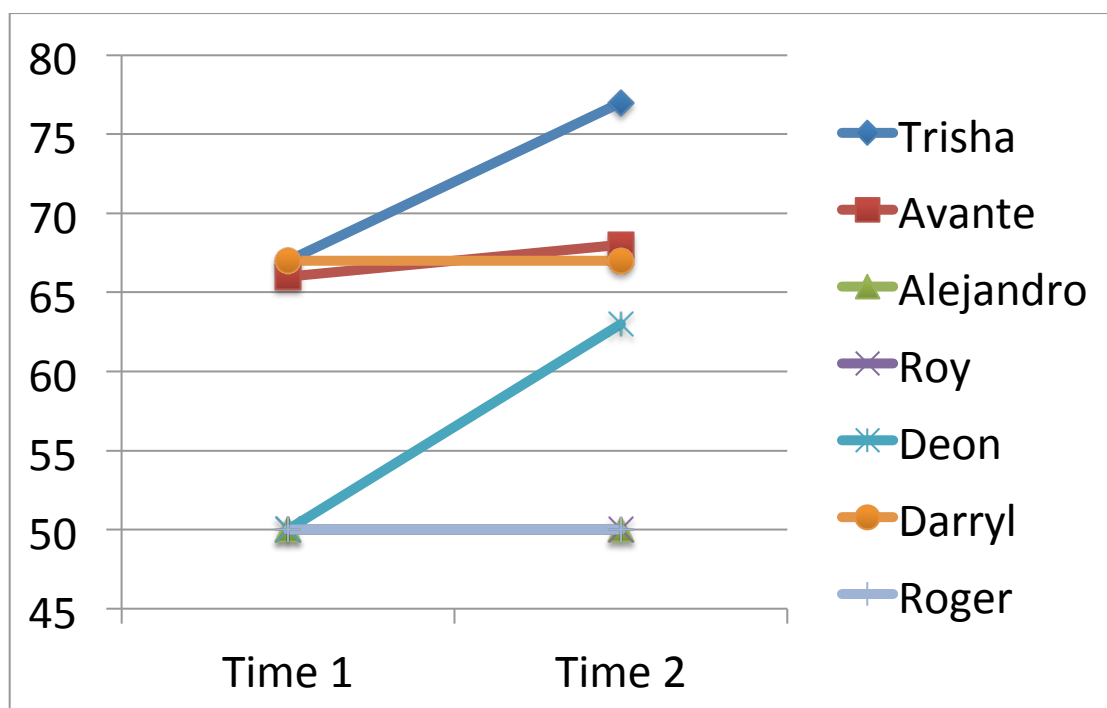


Figure 33. Other Drug Use Individual Time Analysis

ASEBA-DSM Oriented Scale. Depression Scale scores ranged from 50 to 69 at T1 and 50 to 55 at T2, which demonstrated a decreasing trend in symptoms over time. Figure 19 depicts the individual time analysis for this scale, which reveals that Deon was the only participant who noted clinically significant depression scores, and that his symptoms fell into the non-significant range by T2. The same pattern was found in the responses on the Inattention scale. All other scales demonstrated a trend of increasing mean scores; however, all mean scores on the DSM-oriented scales fell in the Normal range. Table 17 depicts the descriptive statistics for all of the DSM-Oriented scales, Figure 33 illustrates the group time analysis for the Depression Scale, and Figure 34 depicts the individual time analysis for the Depression Scale.

Table 17. ASEBA DSM-Oriented Scale Descriptive Statistics

Time		Mean	Std. Deviation
1	Depression	53.57	6.973
	Anxiety	55.14	6.067
	Somatization	52.14	4.845
	Avoidance	52.71	2.289
	ADHD Combined Symptoms	52.57	3.910
	Antisocial	52.14	4.180
	Inattention	82.14	5.669
	Hyperactivity	80.00	.000
2	Depression	51.14	2.035
	Anxiety	55.86	7.244
	Somatization	53.71	5.187
	Avoidance	55.14	5.367
	ADHD Combined Symptoms	55.71	4.386
	Antisocial	55.71	4.990
	Inattention	82.57	3.780
	Hyperactivity	80.00	.000

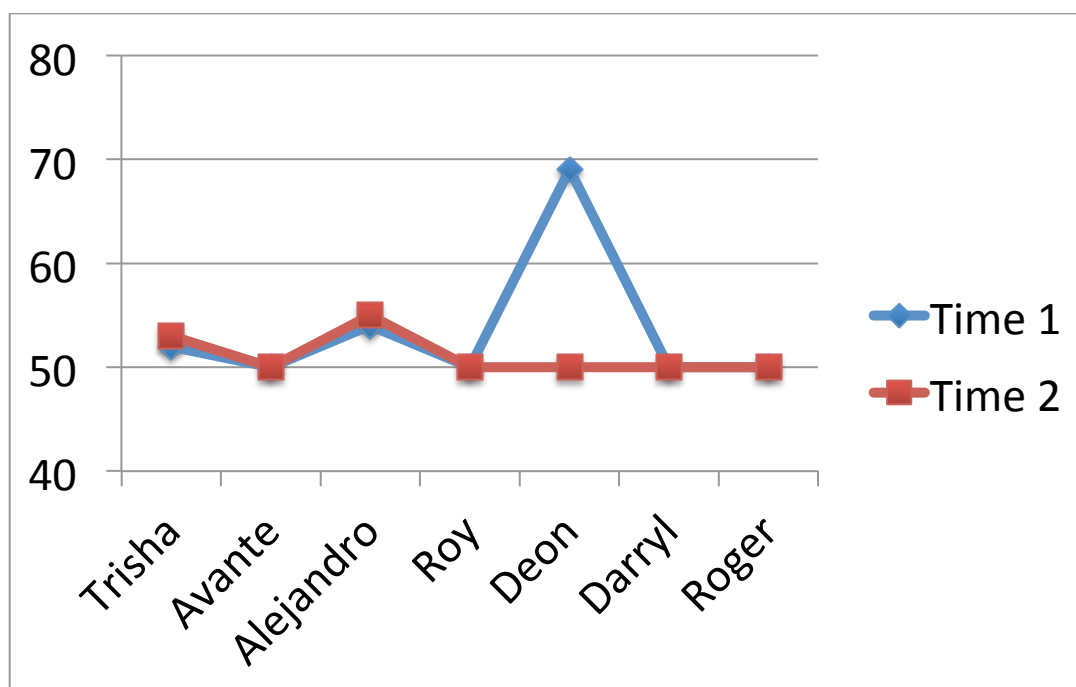


Figure 34. Depression Scores by Participant and Time

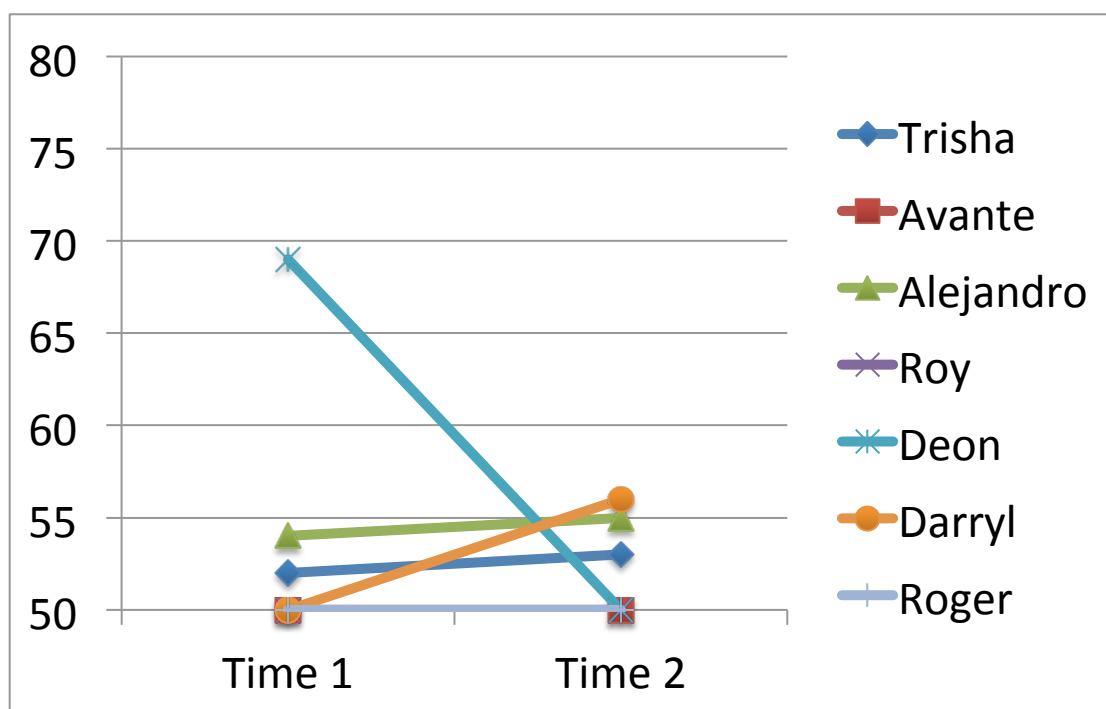


Figure 35. Depression Scores Individual Time Analysis

Gain scores. Table 18 represents the changes in scores across all quantitative measures. All scores were converted to z scores for this comparison. T2 z scores were subtracted from T1 z scores to create a final score for each participant on each measure. Positive changes are defined in this context as scores from T1 to T2 that improved, either from an increase in a rating of beneficial functioning or perception or a decrease in score on a problematic symptom scale. Negative changes are defined as scores that became worse from T1 to T2, which includes decreases in rating of beneficial functioning or perception and increased reported symptoms. Positive changes and negative changes were both totaled, and added together to create a final overall gain score. Only two participants, Deon and Roger, had positive overall gain scores. Deon had low scores across measures at T1, and due to his multiple hospitalizations for suicidal intent right before and right after T1, this researcher met with him for an hour each week until T2. He made positive changes in internalizing, externalizing and overall symptoms as well as adulthood, occupational competence and vocational value. Roger already had strong scores at T1.

Of the five participants who had negative gain scores, three of them (Trisha, Avante and Darryl, at Agency 1) all endorsed marijuana use. The only other participant that endorsed marijuana use was Deon. The other two (Alejandro and Roy), both moved out the TLP at Agency 2 before T2. Alejandro's Adaptive Factors score decreased and Roy's increased; Alejandro moved to an apartment by himself and Roy moved back in with his mother and sister. Alejandro's Internalizing Symptoms scores decreased over time, which were significantly high at T1. Alejandro's Externalizing Symptoms score

increased, as did all of Roy's symptoms scores; however, none of these scores were significantly elevated.

Quantitative Integration of Results

The integration of data collected from interview participants resulted in two distinct sections. The first is a quantitative expression of change over time, individual factors, and progress toward goals. The second is a qualitative description of protective and risk factors identified from the interviews, surveys and standardized measures and how they relate to identified progress toward goals.

Table 19 illustrates the positive changes, negative changes and gain scores identified in the quantitative measures from T1 to T2 (as illustrated in the previous table) as well as the progress toward goals identified in the T2 interviews. The data is organized to demonstrate scores for each participant who completed a T2 interview and by agency. As can be seen in this table, every participant completed at least one goal except for Trisha, who had a high number of negative changes in her self-reported quantitative scores. Only two participants had positive gain scores, and both completed goals. Two participants with negative gain scores, Alejandro and Avante, were the only two participants who had either inactive or terminated goals. Group analysis indicates that lower gain scores tend to coincide with fewer goals completed. However, four of the five participants with negative change scores were able to complete goals. This may be due to their utilization of supports available at their agencies.

Table 18. Gain Scores on Quantitative Measures

	Trisha	Avante	Darryl	Alejandro	Roy	Deon	Roger
Community	-0.18	0.92	-0.32	1.66	1.75	-0.37	-0.23
Adulthood	0.6	-4	4.5	-4	-2	2	2
Competence	-6	-7.5	1.5	-2.2	-5	2	-2.5
Values	4	8	15	-8.5	5	4	13
Adaptive Factors	-0.87a	-0.98b	-1.53a	-0.11a	0.98	1.42c	1.75
Internalizing Symptoms*	-0.13	0.66	1.45	-0.26	0.93	-2.12	0.27
Externalizing Symptoms*	1.58	1.3	1.15	1.3	1.59	-0.87	-0.86
Overall Symptoms*	1.02	1.01	1.18	0.84	1.02	-1.86	-0.17
Total Substance Use*	1.32	0.22	0.22	0	0	1.09	0
Marijuana Use*	1.03a	0.2b	0a	0	0	1.34	0
Positive Changes	3	2	3	2	3	7	5
Negative Changes	-7	-8	-6	-6	-6	-3	-3
No Change	-	-	1	2	2	-	2
Gain Score	-4	-6	-3	-4	-3	4	2

* Asterisk indicates measures where higher scores denote a worsening of symptoms and lower scores denote a lessening of symptoms. For all other measures, higher scores denote an improvement in symptoms and lower scores denote a decrease in symptoms.

a = denotes score on the original measure that falls in the “At Risk” categorical description

b = denotes score on the original measure that falls in the “Clinically Elevated” categorical description

c = denotes change over time that resulted in a score decreasing from the “At Risk” Category to the normal range.

Table 19. Gain Scores and Goals

	Trisha	Avante	Darryl	Alejandro	Roy	Deon	Roger
Agency	1			2			
Positive Changes	3	2	3	2	3	7	5
Negative Changes	7	8	6	6	6	3	3
Gain Scores	-4	-6	-3	-4	-3	4	2
Goals Completed	0	1	2	1	3	1	3
Goal Not Yet Completed Active	3	3	1	3	2	3	2
Goal Not Yet Completed Not Active	1	1	0	1	0	0	0
Goal Terminated	0	0	0	1	0	0	0

Qualitative Integration of Results

The qualitative integration of the data resulted in an analysis organized into protective and risk factor categories. The purpose of this section is to utilize some of the quantitative data collected to glean comparable information and compare those results to the stated qualitative protective and risk factors that participants discussed during the interview. This transformation was done by utilizing the descriptive labels from the quantitative measures as well as the participants' responses to the open ended questions on the quantitative measures (i.e., ASEBA stated strengths, OSA stated challenges, etc.)

Integrated Protective Factors

The protective factor category includes descriptions for the self-stated strengths identified on the ASEBA ASR and the OSA as well as the positive mental health results

and the adulthood scale results. These results are then compared with the protective factors identified in the interview data and the progress toward stated goals.

ASR stated strengths. On the ASEBA Adult Self-Report, participants shared their personal strengths in response to an open-ended question. Differences in responses from T1 to T2 were negligible, indicated a trend in stability of identity amongst participants across time. Trisha identified that she was funny, caring, easy to talk to, gives good advice, and is nonjudgmental. Avante stated that he is down to earth, an open spirit, willing to try new things, likes being around friends, and is slow to anger. Alejandro required some prompting to identify strengths, but eventually stated he thought he was friendly, interesting, thoughtful, considerate, a perceiver of goals, and a hard worker. Roy noted that he was self-motivated, creative, and positive. Deon reported that he was nice, patient, respectful and energetic. Darryl stated he was friendly, respectful, smart, modest and positive. Roger responded that he was responsible, manages his time well, respectful, adaptable to environment, patient, and has leadership skills.

OSA stated strengths. This author conducted an item-analysis on the Occupational Self-Assessment (OSA) data to identify occupational strengths by examining which items have both high Competence and high Value scores. The areas of strength that participants noted at T1 included getting where they need to go, making decisions based on what they think is important, having a satisfying routine, getting along with others and being involved as a worker or volunteer. Strengths noted by participants at T2 included communication with others, doing fun activities, working well with others, accomplishing set goals, self-care and upkeep of the living environment.

Positive stated mental health results. Two participants, Roy and Roger reported that they experienced no mental health symptoms at either T1 or T2. These two participants also had Adaptive Functioning scores in the Normal range and reported not using any substances at either T1 or T2. Furthermore, Roy and Roger both completed three of their goals, and had two active goals, which is a greater number of overall goals than any other participants. Roy, Roger and Darryl also reported no problems in the area of adaptive functioning.

Adulthood scale. Additionally, all participants except one rated themselves in the positive range (5.0 or higher) on the Adulthood scale, indicating that they are confident in their level of independence and self-efficacy. Deon rated himself a 4.9 at T1 and made a modest increase to 5.1 at T2; his scores are lower than the other participants, which is reasonable given that he was hospitalized for suicidal intent before T1 as well as after T1 and before the two-month check in. Deon also completed only one stated goal by T2, which was to acquire a job.

Interview protective factors. The protective factors that emerged during the interviews fell into three subcategories: Structural Factors, Individual Factors and Perceived Support. The structural factors that were discussed included access to social capital in the form of education, involvement in pro-social activities, and access to financial capital. The individual factors that arose during the interviews included being employed, positive life events, positive family-related events and self-advocacy. Finally, participants spoke about times when family, friends or other adults provided them with support. Participants noted those people in supportive roles were family, friends, and

other adults, both in and out of school. Every participant noted having at least one positive support person while they were homeless. Additionally, participants had access to supports and resources due to being clients at Agency 1 and 2 designed to help them generate and accomplish goals.

Every participant except Trisha completed at least one of his or her goals, and every participant was actively working on at least one goal at T2. Only Alejandro terminated a goal, which indicates participants tended to be consistently pursuing the same goals for the six-month time period between T1 and T2.

Integrated Risk Factors

The integrated risk factors include the results from the community scale, the participant's stated areas of need on the OSA, the negative mental health issues identified on the ASR, and the participant-identified risk factors from the interviews.

Community scale. Participants' responses on the Community scale revealed a trend toward neutral feelings or dissatisfaction in the aspects of their living community. Specifically, three participants were expressed neutral feelings about their living community at either T1 or T2. Two participants, Avante and Alejandro, both expressed dissatisfaction in their living communities at T1 and neutral feelings at T2. Alejandro had moved to an apartment by himself by T2, and was rating his feelings based upon the neighborhood community at T2.

OSA stated areas of need. Areas needing improvement at T1 included working toward goals, accomplishing what they set out to do, communication with others, as well as task management and completion. The majority of participants mentioned that

financial budgeting and management was definitely an area they wanted to work on. One participant mentioned managing basic needs such as food or medicine as an area needing improvement, and another mentioned relaxing and enjoying herself was an area she needed to work on.

At T2, areas to work on included handling responsibilities, being involved as a student/worker/volunteer working toward goals, communication with others and getting along with others, doing fun activities and managing finances. Deon reported that he would like to work on social skills and communicating his feelings. Additionally, Trisha shared that her major concern was trying to find a new job, where Roy stated that he struggled with trying not to do too much as once.

Mental health negative factors. It should be noted that there was a general trend of under-reporting of mental health symptoms amongst participants, given the history of mental health issues participants noted in the qualitative sections of the standardized measures, such as bipolar disorder, PTSD, anxiety, and depression. Two participants reported delusional or paranoid thoughts and auditory or visual hallucinations. When asked, one participant reported that this occurred when he was experiencing a manic episode, and the other reported that his hallucinations were religious in nature and encouraged him to do the right thing, as well as seeing “auras” around people. This participant reported experiencing both when he was under the influence of marijuana and when he was sober. Neither reported a current concern with these behaviors and were warned that if they begin to occur consistently or become scary in any way that they should tell a trusted adult.

Two participants, Alejandro and Deon, reported at risk levels of internalizing behaviors such as depression, anxiety and withdrawing tendencies at T1. Both of these participants also reported stress, trauma, lack of support from adults and frequent moves in their interviews. At T2, both participants' self-rated internalizing symptoms decreased and fell in the average range. This author maintained weekly in person, phone or e-mail contact with these two participants between the two-month follow up and the T2 interview.

One participant's self-rated externalizing problems rose into the at-risk range in between T1 and T2. This participant, Trisha, was suspended from living at Agency 1 for a month for engaging in a physical altercation with another resident between T1 and T2 interviews.

When considering overall adaptive functioning, four participants had scores in the Borderline Clinical or Clinically Elevated range on the Adaptive Functioning scale of the ASEBA ASR. Four participants were not in school during the six-month period, Trisha, Avante, Deon and Darryl. Trisha and Avante and Deon planned to enroll in school during the coming fall, and Darryl was pursuing credentialing for his work as a personal trainer. Two participants lacked close friendships, and three participants lacked family support. Four participants, Roy, Deon, Olivia and Avante, were unemployed at T1, while Alejandro was the only participant unemployed at T2.

Three participants reported engaging in marijuana use at a moderately elevated level when compared to a standardized sample of peers, while two participants noted marijuana use that fell in the Normal range and three participants reported abstaining from

marijuana use. At the two-month follow up, one of these participants reported that he has quit smoking marijuana in the past month and was feeling better and more motivated. However, three participants reported marijuana use that fell in the At-Risk range and one participant reported use that fell in the Clinical range at T2.

Interview risk factors. During the semi-structured interviews, participants also reported several individual factors that are known risk factors for homelessness or other negative outcomes. Participants spoke about negative family issues they had experienced, their involvement in criminal activity, and exposure to trauma as factors that negatively impacted them.

Three different groups of people who either did or did not demonstrate support during difficult times for participants were identified in the transcripts: family members, peers and other adults. Only three participants mentioned perceived lack of support from anyone in these groups. However, lack of family support appeared to be a subtler theme that all participants shared to varying degrees.

Three participants who had negative gain scores also had goals that they had made for themselves but were not actively pursuing them at T2. These three participants were Trisha, Avante and Alejandro. Trisha had been hospitalized for a medical concern around the time of T1 and had been suspended from Agency 1 for approximately a month for fighting with another resident; both of these factors set her back in the amount of progress she had expected to make by T2. Avante had ambitious goals set for himself, including to quit smoking marijuana, but seemed to be in a similar position six months later. Additionally, though he had acquired a job by T2, it was working in a head shop,

which sells marijuana-smoking paraphernalia. Alejandro had moved into his own apartment by T2, and after leaving the program at Agency 2, decided to quit his job and take some time off since all residents at Agency 2 are required to actively pursue work or be enrolled in school.

CHAPTER V

DISCUSSION

In this chapter, the author summarizes the conclusions drawn from the data analysis. The author highlights her personal response to the research process. Following this, the author discusses the themes that emerged in focus groups, interviews and survey data in the context of social justice and policy change. Results are examined in relationship to the literature presented in Chapter II. Additionally, The Runaway and Homeless Youth Act 2014 Reauthorization Plan is briefly reviewed and suggestions for changes to this plan and the McKinney-Vento-Act are made. Implications for transitional living programs are discussed. Finally, the author speaks to the limitations of this study and recommendations for future research with homeless young adults.

Personal Response of the Author

Even though there were only three discrete times when data were collected (namely T1 interviews, T2 interviews and focus groups), this by no means indicates that I only visited each agency three times. On the contrary, the staff and residents at each TLP welcomed me to be a part of their milieu, meaning that I was welcome to come and spend time with the residents in the kitchen and living room areas. Staff members were typically also a part of this environment. I spent time connecting with them in order to assist in maintaining communication with participants who would potentially leave the program. I often brought food, games, and music with me to put residents at ease and have some common ground to start from for getting to know them better. Additionally, I

attended community meetings with all residents in order to introduce myself and recruit for the focus groups. During these visits, no formal data were collected; however, I did spend more time at Agency 2 than at Agency 1 for several reasons. First, Agency 2 was significantly closer to my home than Agency 1. Therefore, I visited Agency 2 weekly and Agency 1 every two to three weeks. Second, one participant at Agency 2 (Deon) had struggled with depression and hospitalization for suicidal ideation; at the member check meeting, Deon shared that it would be helpful for him to meet with me weekly. During my weekly visits to the Agency 2, I spent at least an hour with Deon and provided him with positive regard, active listening, emotional support and some guidance. Overall, while I entered into each TLP as an unfamiliar guest, I felt like a welcome member of the community by the time the research project had run its course.

Summary of Findings

The problems that homeless youth face are well documented, and the outcomes-based research conducted on treatment and intervention for this population has mainly focused on quantitative data (Piacentin, et al., 1995; Pollio et al., 2006; Quotah & Chalmers, 2006; Slesnick, Kang & Aukward, 2008; Rashid, 2009). However, some researchers have looked to qualitative data to develop knowledge about the experiences of youth in TLPs (Lindsey, Kurtz, Jarvis, Williams & Nackerud, 2000; Nolan, 2006). The responses of the participating homeless young adults indicate that these young people possess a variety of perspectives and strengths in the face of similar challenges. Participants reported coming from backgrounds of family discord, involvement with social services, and histories of familial homelessness. This study provided a venue for

young adults to describe what it was like to be a homeless youth and allowed them to put additional focus on empowering activities such as goal setting, planning, and reviewing progress with the researcher. It is hoped that the youth will continue to utilize this experience as a catalyst to actively work toward manageable goals while keeping in mind their strengths and values. These results lend power to the voices and opinions of homeless youth by educating readers about the institutionalized barriers they face in society.

Overall, the majority of interview participants were able to make progress toward or complete their short-term goals. Almost every resident felt they were receiving adequate support toward their goals and many reported that their own behavior, tendencies or limits were the major obstacles they faced in meeting their goals. This result may appear benign, but when put in the context of homelessness, it speaks volumes. Both the literature and the interview participant's histories indicate that homeless youth experience many obstacles in life. The participants, all living in or exiting transitional living programs, experience the feeling of having their basic and some higher level needs being met through supportive housing. The stability and support provided by the TLPS may allow them to feel less disenfranchised and more empowered than they were before entering the programs or than homeless youth without TLP services. Mixed methods analysis indicates the sampled homeless youth have a variety of functional levels, strengths, and skills as well as fairly consistent goals over the course of six months; the findings challenge the stereotype of the instable and lazy homeless youth

and highlight the positive effects of access to life skills services, resources, and support from staff that help them reach their goals.

The results also indicate while the majority of participants had negative gain scores, only a select few had scores that categorized them as At Risk or Clinically Elevated in any category. The results demonstrate that interview participants tended to report maintenance of stability in mental health symptoms, which could be due to the consistent support a transitional living program provides young adults from unstable backgrounds. The only two mental health measures with any clinically significant scores at T2 were marijuana use, and adaptive factors, meaning access to social, cultural and financial capital via friends and family, education, and employment respectively. While it is positive that relatively few participants had significant scores, drug use and lack of adaptive functioning are both major concerns.

Both access to social capital and access to cultural capital were noted in the literature as risk factors for homelessness (Bantchevska et al., 2008; Coleman, 1988). It is no surprise that these participants also struggle with these same issues. Additionally, research indicates that high reported levels of suicidality are connected to family violence, and being forced out of the home (Kidd, 2006). Six of the eight participants reported being forced out of their homes, and three of them reported experiencing symptoms of depression, suicidal ideation or a previous diagnosis of depression. This lack of social capital is a critical feature, as it appears to be both of the origin of their homelessness and the source of their symptoms, which in turn can bring about isolation and withdrawal, in a vicious cycle. Additionally, six of the eight interview participants

reported experiencing some kind of trauma in their lives, such as homelessness in childhood, abuse, neglect or witnessing domestic violence. Untreated trauma symptoms can bring about disorientation due to the uncertainty in their lives as well as social isolation, which can lead to negative mental health outcomes later on (Murphy & Tobin, 2011).

All four participants who noted negative changes in adaptive factors had Clinically Elevated or At Risk T2 scores. All four of these participants had low Family scores as well as at least one other low score, such as Friends (Alejandro), Education (Avante, Trisha, Alejandro), or Job (Alejandro) scores as well. However, many focus group participants noted positive support as a part of their transitional living programs from TLP staff and employees, which is not measured on the ASEBA Adaptive Factors subscale. Additionally, interview participants mentioned at least one support person who helped them to achieve stability in education or housing. That interview participants were able to make progress on their goals despite a lack of social or cultural capital may suggest that the support from outside persons as well as direct care staff and service providers can contribute to positive results for this population.

Drug use is also a well-researched risk factor for homelessness. The literature indicates that the drug most popularly used amongst homeless youth is marijuana (Hagan & McCarthy, 2005; Whitbeck & Hoyt, 1999). This was also the case amongst interview participants. All Agency 1 participants who completed T2 used marijuana at Clinically Elevated or At-Risk levels by T2. Focus group participants at Agency 1 noted that they wanted substance-abuse counseling made available at or near the TLP. For some,

marijuana use may be impeding their progress toward goals by clouding their judgment or straining their budget. Lack of social capital is also related to higher substance abuse rates amongst homeless youth (Bantchevska et al., 2008), which may explain why there are clinically significant scores on both substance use and adaptive factors scales.

Additionally, three participants had At-Risk scores on the Thought Problems ASEBA Subscale at T1 and two of these participants still reported scores in the At-Risk range. The participant who dropped to the Normal range was Deon, who reported an overall improvement in symptoms by T2. Avante reported during his interview having a diagnosis of bipolar disorder, and seemed to internalize some of his experiences with mania and paranoia as a part of his current thinking. Darryl had explanations for his At-Risk Thought Problems ratings. For example, he reported that Jesus spoke to him and told him to “act right,” and that he felt he did strange things like “go running,” which could be considered strange within his social context.

When focusing on the transitional living programs themselves, participants noted that the services, supports, and the environment had a big impact on them. According to the focus group participants, both agencies’ provision of services was mainly positive, and participants noted life skills development, provision of transportation, counseling and job assistance as beneficial services they received. The participants from each respective agency differed in their perspectives on the quality of support administered by the staff. Specifically, participants at Agency 1 thought their staff was very supportive of their independence, whereas participants at Agency 2 felt the staff sometimes crossed boundaries or were inconsistent when attempting to solve problems. Finally, participants

noted the environment at Agency 1 was positively influenced by the respect of the staff for the residents, but that the constant turnover of staff and residents caused the social environment to vary over time. Additionally, interview participants at Agency 1 had decreasing Community scores, which could indicate a growing dissatisfaction with the community context as time goes on. Participants at Agency 2 felt that the all-male social environment and lack of trust amongst residents contributed to a lack of respect and a negative social environment. Based on participant perspectives, both agencies have efficacious programming implementation, but each could benefit from funding for organizational change to train staff to use a trauma-sensitive approach and intentionally create a supportive culture within their TLPs.

Policy Implications

Several interview participants shared stories about their experiences of being homeless during high school; these participants had mixed experiences in the amount of support they received from their schools. The eight youth who were interviewed for this study all finished high school on time, which may have been a factor in the self-selection of these residents to participate in an ongoing study about goals. That all seven youth interviewed at T2 for this study finished high school on time and made at least some progress toward their goals may indicate that the youth who volunteered to be a part of this study were all goal-oriented to some degree. Additionally, all of the youth participants were residents of TLPs, which are designed to support homeless youth in pursuing their goals. Therefore, without additional research, their progress over time

should not be compared to the experiences of homeless youth on the street, in temporary shelters, or living doubled up with friends or family.

The qualitative results from the interview participant's background histories revealed several examples where high school staff played a critical role in helping homeless youth; additionally, there were several examples shared that indicated school staff were either insensitive to the needs of homeless youth or were not knowledgeable of ways to assist them. Therefore, it is likely that school employees may not be consistently educated on the risk factors or rights of homeless students. The federal government should financially support policies such as the Education for Children and Homeless Youth program (McKinney-Vento Act) and provide incentives for school districts to train their staff to identify homeless youth and to evaluate their service provision.

Even though youth who are homeless face daunting challenges to remain in school and achieve academically when there is marked chaos going on in their lives outside of school, the school environment and support from staff can greatly contribute to positive outcomes for youth. Schools are a key environment to screen youth for housing instability and family issues. School staff can be trained to look for warning signs and administrators can monitor attendance and grades to identify and support youth at risk for dropping out.

While some schools attempt to implement The McKinney-Vento Act to benefit homeless youth, clear limitations in service delivery remain. The intention of law is to provide stability for all homeless students; however, the design and regulations are structured in such a way that they protect only those students who have someone to

advocate for their rights. In this study, several participants advocated for themselves in high school by disclosing their homeless status to school staff, but with mixed results. Self-advocacy has the potential to help youth if high school staff members are aware of the needs of homeless students and are knowledgeable about resources and if school staff educate the student body on the rights of unaccompanied youth in school.

However, the lack of specificity written into law and the absence of specific modifications of legal protections for unaccompanied youth often leave schools to interpret the McKinney-Vento Act as they see fit (Wynne, Flores, Desai...& Ausikaitis, 2013). This unfortunately allows some homeless youth to fall through cracks in the educational system and they therefore never access the resources they could use to help them stay in school. The law could be rewritten to include child find procedures that would obligate and incentivize schools to identify homeless students through universal screening of all students instead of relying solely on self-disclosure. Additionally, it should be mandatory for schools to identify transitional living programs and short-term shelter resources in the local community in order to refer students and collaborate with these agencies to help the youth maintain educational stability. The proposed presidential budget for the McKinney-Vento Act in 2014 is 65 million dollars (NAEH, 2014a). More of this funding needs to be made available to schools that serve a high number of homeless youth in order to train staff and provide educational or transportation support to this population.

Additionally, several interview participants struggled or were slow to make progress in their post-secondary education goals due to lack of financial support. The

Education and Training Voucher program provides up to 5,000 dollars in financial aid for college for youth aging out of foster care or who were adopted after age 16 (Federal Student Aid, 2013). Additionally, many states waive tuition for youth who are currently or were formerly in foster care. To date, there are no comparable policies specifically for homeless youth. The Department of Education should create voucher programs and incentives for colleges that expressly support the post-secondary educational pursuits of homeless youth.

Reconnecting Homeless Youth Act (RHYA) of 2008 (Pub. L. 110-378) reauthorized the Runaway and Homeless Youth Act through FY 2013. Therefore, the Runaway and Homeless Youth Act is currently up for reauthorization this year. In general, the reauthorization is calling for changes to definitions of important terms, states purposes of the programs, priorities for awards, matching requirements, and funding criteria. Additionally, a new section proposes program-specific standards, both performance and other standards, for each of the three major grant programs authorized under it. Transitional Living programs will be held to four major standards: maintain the proportion of youth transitioning to safe and appropriate settings when exiting TLP at 90% or higher; maintain the proportion of youth who are engaged in community service and service learning activities while in the program at 45% or higher; ensure youth are engaged in educational progress, job skills training or work activities while in the program; and ensure and report that youth receive health care services, which includes mental health services (Pub. L. 110-378). Family members of youth residing in TLPs are also eligible to receive mental health services under the program's grant.

Based on the study findings of community ratings than were lower than expected and did not increase over time, homeless youth would benefit from engaging in service learning or community service projects as suggested in the changes to the law. Group-conducted community service can potentially build a sense of togetherness and help youth feel empowered to be a part of and make a difference in their communities. Additionally, focus group participants requested more access to mental and physical health services as well as job training and help with employment opportunities, so these changes will likely be well-received by TLP residents.

Furthermore, TLPs will now be required to screen, assess, and identify each youth's individual strengths and needs across multiple aspects of health, well-being and behavior for treatment planning purposes and to provide a baseline for monitoring outcomes. Screening involves brief instruments, for example, for trauma and health problems, which can identify certain youth for more thorough diagnostic assessments and service needs. A multi-modal battery such as the one utilized with the interview participants would be very useful to agencies attempting to use treatment-driven standardized measures for assessment purposes.

The Presidential budget for 2014 has included 114 million dollars in funding for RHYA programming, which is a similar amount quoted in recent past budgets (NAEH, 2014). However, given the increase in responsibilities of agencies to provide outcome measures on new higher standards, a considerable increase in the proposed budget is needed to meet the needs of homeless youth and young adults. Specifically, funding should be provided for agencies to develop sustainable program evaluation practices so

that providing evidence of met standards does not cut in to funding for direct services to clients.

In 2011, more than 8,000 youth were turned away from TLPs due to lack of beds (NAEH, 2014b). Interview and focus group participants shared the harsh living conditions they experienced when living on the streets. Focus group participants noted that they benefitted from street outreach initiatives. More funding to improve the scope and consistency of emergency and outreach services is needed. The participants in this study also indicated they maintained vocational and educational stability and made progress toward their goals while living in TLPs. It is probably safe to assume that youth on the waiting lists for these programs struggle more to stay afloat and work toward their goals than those who reside in TLPs. Additionally, the youth in this study identified many programming aspects that were important to them such as life skills training, job placement, nutritional guidance, and mental health counseling. These programs should be required in all TLPs and there should be a specific increase in funding for the Transitional Living portion of RHYA that programs could utilize exclusively for these types of services. The proposed budget for the 2014 reauthorization includes 44 million dollars for TLP funding (NN4Youth, 2014). This money could be useful for improving the quality of already existing TLPs, but may not be enough to fund an expansion of TLP beds nationwide. Therefore, it is recommended that more funding be allotted for TLP beds. Additionally, TLPs could extend the time limits for youth who are having difficulty stabilizing but are making progress in the program. In Illinois, where this study was conducted, youth who are 17 years of age can apply for emancipation. TLPs should

allow 17-year-olds to reside at TLPs and assist them with emancipation in states that allow this legal process.

Furthermore, focus group results indicated youth benefit from supportive, empowering milieu settings. Youth at Agency 1 in particular noticed that the way residents treated each other was positively influenced by the way the staff treated the residents. Previous research has shown that youth in well-organized TLPs grow in responsibility, accountability and communication skills through the consistency of support and expectations provided by staff (Nolan, 2006). The RHYA should invest in training TLP staff and administration in evidence-based organizational models such as the Sanctuary Model. Summative evaluations will likely provide further evidence that well-organized and intentionally supportive agencies have more positive outcomes than unsupportive or disorganized agencies.

The laws that protect youth in Foster Care could also be modified to protect more young adults. Several of the youth who were interviewed for this study had been at some point under the care of Child Protective Services or in Foster Care. Despite the legislative efforts that have been made to support youth exiting the foster care system such as The Fostering Connections to Success and Increasing Adoptions Act (PL 110-351), these participants and other youth remain in jeopardy for becoming homeless without adequate supports to help them transition to independent adulthood. Although recently changed federal law allows states to extend federally funded care from 18 to 21, fewer than half the states have adopted that change. Child welfare laws should be amended further so that care and resources would extend to age 25, which would enable

former foster youth to attend college, find and maintain independent living and receive job training. Additionally, the state's child welfare department should continue to monitor former foster youth who have been previously adopted by foster parents to ensure they are given adequate educational and housing support once they turn 18.

Program Implications

Homeless young adults also had the opportunity to evaluate their current living situations and examine the benefits and challenges of being in a transitional living program as a part of this study. The participants in this study identified many services that were important to them and programming aspects that they wanted to see changed. Interview participants' survey results and focus group results indicated they would like to receive more programming that addressed entertainment needs, communication skill building, financial management, time management, and job placement. Additionally, focus group participants from both agencies were either already utilizing or wanted more access to mental health counseling. Transitional living programs may want to budget for employing more social workers or psychologists. In cases where there are no funds in the budget, it would be beneficial for TLPs to collaborate with local community mental health centers and outreach programs to provide homeless youth with affordable and accessible counseling in the most cost efficient manner.

Another program implication that emerged from the interview participants' survey results as well as the focus group results is the importance of a positive community culture. Interview participants' reported experiences of community culture ranged from neutral to negative, which may indicate that the youth in these agencies are not

experiencing consistent community support. Neither of these agencies are Sanctuary Certified organizations, which could indicate that good intentions and knowledge of Sanctuary practices is not enough to build a positive community environment for this population. However, the focus group participants at Agency 1 shared many examples that demonstrated a supportive community milieu, while the focus group participants at Agency 2 provided several examples that indicated a lack of community support. The Sanctuary Model explicitly includes democratic participation in treatment and decision making as an important part of implementation. Transitional living programs are a prime setting to utilize the Sanctuary Model as an organizational tool, a programming structure, and a philosophy of client care. For example, many of the youth who participated in the interviews as well as several youth in the focus group mentioned experiencing some type of trauma or chronic stress in their lives. Transitional Living Programs could provide additional stability and consistency for residents via a trauma-sensitive milieu. One important theme extracted from focus group data was about support; the youth who felt supported expressed satisfaction with their living situation while those who did not also felt that there was a lack of community cohesion in the TLP. If transitional living program staff and administrators become Sanctuary Model Certified, they would learn how they could adapt their program to facilitate more community cooperation and train their staff to be more trauma informed, which would in turn build support for the young adults living in the TLP.

Limitations of this Study

There are several limitations that the researcher encountered during this study. This study was very small in nature, looking at the experiences of homeless youth in one city, and only those living in two different TLPs. The sample size is not large enough for any of the findings to translate into data representative of the majority of homeless youth in TLPs, and even less, all homeless youth. Additionally, the number of interview participants was not large enough to use inferential statistics. The findings should be taken as a qualitative exploration of some experiences of homeless youth in transitional living programs.

Since participants self-selected into this study, one limitation of this research design was a lack of random sampling. The participants who volunteered to be in this study may have shared some characteristic of outgoingness or a desire to talk about themselves that residents who chose not to participate may not have shared. All of the interview participants graduated from high school on time and ended up making progress toward their goals by T2. Since previous research with this population has indicated that many homeless youth struggle to finish high school on time (Wynne et al., 2014), it may have been that a particular type of participant self-selected into the study. Participants may have been more goal-oriented, more self-motivated, or have more self-advocacy skills than non-participating residents.

Due to the transitory nature of the lives of many of the potential participants, there was always a very real possibility that participants might leave the program between T1 and T2 of the study. In order to prevent attrition from negatively impacting the results of

the study, the researcher collected contact information from each participant to improve the possibility of future reconnection. Between T1 and T2, the researcher maintained contact with the participants either via email, phone or in person to check on their living status and make arrangements to meet them for the T2 interview. While three participants left their respective TLPs by T2, only one of these participants was unreachable at that time. Given the often transitory nature of this population, the anticipated problem of attrition made much less of an impact than expected. However, as the one participant who did not complete the study was a female, the number of women in this study decreased by 50%; therefore, the results section mainly captures a male-dominated perspective. The small female to male participant ratio is partially due to the fact that Agency 2 was a male-only TLP. However, the lack of equal gender representation remains as one of the limitations that emerged from this study.

One limitation stemming from the study design is related to the nature of self-report. As the purpose of the study was to gain the perspective of homeless young adults on themselves, their goals, and their experiences living in TLPs, only self-report quantitative measures and qualitative inquiry methods were used. Participant responses therefore were shaped by their own biases and possible lack of self-insight. For example, at least three participants noted that they had been diagnosed with some mental illness, but their self-report ratings on the ASEBA subscales tended to hover around the Normal or At-Risk ranges. This discrepancy may be due to an overall improvement in symptoms since diagnosis due to medication, therapy, or support, but without reports from clinicians or caregivers, it is difficult to determine the how much underreporting affected scores.

Additionally, without detailed information about programs and staff policies from the perspective of TLP employees, some participant information collected in focus groups cannot be verified or corroborated.

Another potential limitation was that participants might not have felt comfortable saying negative things about the services provided by the agency, for fear of the information being reported back to the service providers. To mitigate this effect, the researcher informed all participants at the start of the study that what they say would be confidential, and they would have an opportunity to read over anything that they said. Some research indicates that focus groups can facilitate a conversation on sensitive topics when the participants feel they share personal experiences in common with each other (Farquhar & Das, 1999). Indeed, participants in the focus groups at both agencies reported both positive and negative experiences. Because the participants in each group were receiving services from the same agency and may have had some familiarity with each other, they may have felt comfortable talking about the agency in both positive and critical ways.

The final possible limitation to consider is the outsider identity of the researcher. Not only was the researcher unfamiliar to the participants at T1, but she appears different from the participants in several ways, specifically racial, and cultural differences. The potential limitation resulting from these differences might be that the participants were less interested in participating or sharing their personal stories with a stranger or with someone who looks as though she may not understand their life experiences. In order to mitigate the impact of this issue on participation in the study, the researcher met with the

potential participants before the study at community meetings to explain why she is conducting this research, what it is being used for, and how it could possibly benefit them. The researcher has been trained in basic counseling skills, such as active listening, non-leading questioning, and nonjudgmental response style during sessions, which have been designed to put participants at ease (Young, 2009). During this conversation, the researcher strived to demonstrated, through body language and tone of voice, trustworthy and approachable characteristics and honestly answered any questions participants may have had about the process. Additionally, the researcher spent time in the milieu to help interview participants and potential focus group participants become accustomed to her and to build trust. This can be seen as both a strength and limitation of this study.

Recommendations for Future Research

The small sample size and absence of random sampling in this project make it difficult to soundly generalize the findings of this study to other similar settings. Future studies hoping to study statistical trends in goal change, mental health and occupational functioning should increase the number of participants and add additional assessment times to develop a longitudinal study. TLPs or partnering research groups may want to utilize this mixed-methods interview assessment with youth who have completed the transitional living program in order to assess outcomes. Additionally, TLPs may want to utilize the focus group protocol to enrich program evaluations by including client perspectives.

Additionally, with a larger sample size, a more complex, investigative quantitative analysis could be conducted. A possible future study could use the

quantitative battery with a larger sample, and Correlations and Analysis of Variance between T1 and T2 ASEBA, OSA, community scale and adulthood ratings could be conducted. Repeated measures analysis of variance between each of the T1 and T2 various factors on the ASEBA, OSA, community scale and adulthood ratings could be conducted as well to determine any relationships that may exist between the various scales. Additionally, the large-scale version of this study should include a measure to account for differences in experience prior to arrival at the TLP, such as the Trauma History Checklist and Interview (THC; Habib & Labruna, 2006). In order to get a better picture of the nature of change over time and lasting outcomes, this large scale study should be conducted with participants who are entering clients at the TLPs. They should be monitor for at least 18 months or the full length of their stay at the TLP with follow up investigations conducted one year after exiting the program.

Another possible future study derived from this dissertation could focus on testing the Sanctuary Model. There are currently no Sanctuary Model Certified transitional living programs specifically designed for homeless youth (Andrus, 2011). A future study at a transitional living program interested in implementing the Sanctuary Model could intentionally incorporate Sanctuary model concepts into the focus group protocol, and the results could be used as a needs assessment or a readiness measure. Results could be used to help apply for grants to fund certification. Follow-up focus groups could be used after the organization has undergone Sanctuary Model training to discover if the model component has been integrated into the operations of the transitional living program.

There are many possible avenues for researchers interested in promoting social justice for homeless young adults. Researchers interested in program evaluation could utilize the transformative-emancipatory framework and help TLPs to develop culturally responsive formative and summative program evaluations. Researchers could also compare the efficacy of TLPs and examine the racial/ethnic make up of clientele, the socio-economic status of the community context and success of fundraising efforts in the relation to the evaluation results.

Another possible research pursuit could be an examination of the role of education for homeless youth and young adults. Scarce research exists to date that examines homeless youth's experiences accessing education from a policy change perspective (Aviles de Bradley, 2008; Ausikaitis, Wynne, Persaud...& Flores, submitted for publication). More research is needed to generalize these findings to other urban contexts as well as for youth living in suburban and rural environment. Researchers could also investigate homeless young adults' experiences applying for and navigating college; the findings of this study could be discussed in the context of cultural capital.

APPENDIX A
INTERVIEW CONSENT FORM

Project Title: Empowering Homeless Youth in Transitional Living Programs

Primary Investigator: Ashley Etzel Ausikaitis

Sponsor: Dr. Martha Ellen Wynne

Introduction: You are being asked to take part in a research study being conducted by Ashley Ausikaitis for a research project under the supervision of Dr. Martha Ellen Wynne, Associate Professor in the Department of School Psychology at Loyola University of Chicago.

You are being asked to participate because you are between the ages of 18 and 24 and are currently utilizing the services of a transitional living program. We would like you to share your opinions relating to your experiences living in a transitional living situation and goals for the future.

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

Purpose: The purpose of this study is to better understand about your past experiences, current life situations and goals. You will be asked questions about your feelings, functional abilities and values, your community, how you feel about yourself and a few background questions.

Procedures: If you agree to be in the study, you will be asked to:

- Sign a consent form
- Fill out a demographic survey as well as three questionnaires that ask questions about your thoughts, behaviors, goals and feelings. The questionnaires should take about 30-40 minutes to complete.
- Volunteer to participate in an interview and talk about your past experiences, present strengths and challenges as well as your goals for the future. The interview should last about 10-20 minutes.

Risks/Benefits: There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life.

There will be a general benefit to providing information that can help researchers and service providers to better advocate for homeless youth seeking housing opportunities and other support services. Individuals will receive a gift card to Target in thanks for participation, and will receive a copy of a formal summary of the information they reported about themselves that they can choose to share with their housing agency or other service providers or not. Both of these benefits will be distributed following the interview at time 1 as well as at Time 2, six months later.

Confidentiality:

- Confidentiality will be maintained by using only participant first names during the focus groups. Following the focus group session, all participants will be assigned a false name to protect their identity.
- Interview sessions will be audio recorded. Only the primary investigator, the sponsor and one of her colleagues from Loyola will then listen to the audio files and transcribe each conversation, replacing all first names with the corresponding pseudonym. Once this is completed, the audio files and any other identifying information will lock in a file cabinet at Loyola University Chicago. This information will be destroyed at the conclusion of the study. When presenting any data, no identifying information will be used when referencing participants of this study.
- The researcher will collect contact information for participants and one person who may have their contact information should it change over the course of 6 months. This information will be kept in a locked cabinet at Loyola University. Three months after Time 1, the researcher will attempt to contact participants to update any contact information.

Voluntary Participation: Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty.

Contacts and Questions: If you have questions about this research study, please feel free to contact Ashley Ausikaitis at aausikaitis@luc.edu or Martha Ellen Wynne, Ph.D. at mwynne@luc.edu or (312)-915-7014. If you have questions about your rights as a research participant, you may contact Andrew Ellis from the Loyola University Office of Research Services at aellis5@luc.edu or (773) 508-2689.

Statement of Consent: Your signature below indicates that you have read or listened to the information provided above, have had an opportunity to ask questions, and agree to participate in this research study. You will be given a copy of this form to keep for your records.

 Participant's Signature

 Date

 Researcher's Signature

 Date

APPENDIX B

FOCUS GROUP CONSENT SCRIPT

Project Title: Empowering Homeless Youth in Transitional Living Programs

Primary Investigator: Ashley Etzel Ausikaitis

Sponsor: Dr. Martha Ellen Wynne

Introduction: You are being asked to take part in a research study being conducted by Ashley Ausikaitis for a research project under the supervision of Dr. Martha Ellen Wynne, Associate Professor in the Department of School Psychology at Loyola University of Chicago.

You are being asked to participate because you are between the ages of 18 and 24 and are currently utilizing the services of a transitional living program. We would like you to share your opinions and ideas relating to your experiences living in a transitional living program.

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

Purpose: The purpose of this study is to better understand about you're your past experiences, current life situations and goals. You will be asked questions about your experiences living as a member of a transitional living program, your opinions about services received and suggestions for improvement of the program.

Procedures: If you agree to be in the study, you will be asked to:

- Verbally agree to participate after reading through the consent form
- Participate in a focus group and answer questions about your experiences with the transitional living program. This should take about 45-60 minutes.

Risks/Benefits: While the importance of confidentiality will be explained to the group, the researcher cannot control what the other members of the group will share publically following the focus group.

There will be a general benefit to providing information that can help researchers and service providers to better advocate for homeless youth seeking housing opportunities and other support services. Individuals will receive a gift card to Target in thanks for participation, and will receive a copy of a formal summary of the information they reported about themselves that they can choose to share with their housing agency or other service provides or not.

Confidentiality:

- Confidentiality will be maintained by using only participant first names during the focus groups. Following the focus group session, all participants will be assigned a false name to protect their identity.
- Focus group sessions will be audiotaped. Only the primary investigator and one other Loyola student will the listen to the audiotapes and transcribe each conversation,

replacing all first names with the corresponding pseudonym. Once this is completed, the audiotapes and any other identifying information will be locked in a file cabinet at Loyola University Chicago. This information will be destroyed at the conclusion of the study. When presenting any data, no identifying information will be used when referencing participants of this study.

Voluntary Participation: Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty.

Contacts and Questions: If you have questions about this research study, please feel free to contact Ashley Ausikaitis at aausikaitis@luc.edu or Martha Ellen Wynne, Ph.D. at mwynne@luc.edu or (312)-915-7014. If you have questions about your rights as a research participant, you may contact Andrew Ellis from the Loyola University Office of Research Services at aellis5@luc.edu or (773) 508-2689.

APPENDIX C
FOCUS GROUP PROTOCOL

Location, Duration, and Format

Focus groups will be conducted in a semi-structured format the TLP sites. The participants will be asked questions relating to their experiences at the TLP and the services and supports available to them there. Their responses will be audio taped and the facilitator will also take notes on their responses. The focus groups will take a maximum of one hour.

Roles of Those Conducting the Focus Group

Moderator. The moderator will be in charge of asking questions. In addition the moderator will summarize responses for participants' reflection and probe for additional information as necessary. The moderator will also keep the focus group on task.

Facilitator. The facilitator will be in charge of audio taping, taking notes, assigning participant numbers, and keeping the moderator on time.

Procedures

1. Welcoming participants and assigning numbers
 - a. The moderator will stand at the door and greet participants as they come in.
 - b. The facilitator will give each participant a name badge with their participant number and instruct them to say their number before they speak. The facilitator will also give participants a copy of the consent form.
2. Overview of session and consent
 - a. At this point no late arrivals will be admitted.
 - b. The moderator will explain the procedure for the evening, noting that participants are free to leave at any time and are free to get up to go use the bathroom or take care of any other needs. The moderator will note that the session will take about an hour.
 - c. The moderator will set ground rules for respect and confidentiality, explaining that nothing that is said in the room should be discussed outside of the room and that participants that are disrespectful to others in the room will be asked to leave.
 - d. The moderator will note that their responses will be audiotaped and transcribed and that only their number will be associated with their responses. The moderator will also explain that the audio tapes, facilitator notes, and transcripts will be stored in secure location to which only the researchers have access. All of this will also be explained in the consent form.
 - e. The moderator will remind participants to say their number before speaking to ease the transcription process.
 - f. The moderator will read the consent form, answer any questions, and participants who consent to participate will sign the consent form.

3. Focus group session
 - a. Once consent forms are signed and any participant who does not consent to participate has left, the facilitator will start the audio recorder.
 - b. The moderator run the session by asking questions, summarizing responses for participants' reflection as needed, and probing for more information if necessary.
 - c. Once all questions are answered, the moderator will thank participants for their participation in the focus group.
 - d. The moderator will ask participants if they have any questions.
 - e. Once any questions are asked and answered, the facilitator will turn off the audio-recorder and participants will be dismissed.

Focus Group Questions

1. How long have you been living here?
2. What do you like about living here?
3. What would you change about living here if you could?
4. What has the agency done to help you so far?
5. Has anything changed about your placement with this agency over the last six months? If so, what has changed?
6. How do you feel about living here now?
7. What services has the agency given you that have been helpful?
8. What services has the agency given you that you have not found helpful?
9. What services do you think would be helpful to you now moving forward?
10. If you ran an agency like this one, what do you think would be most important to provide for the people you serve?

APPENDIX D
INTERVIEW PROTOCOL

Interviews will be conducted in a semi-structured format at the partnering TLP sites or at a designated location convenient for the participants (i.e. local library, etc.). The participants will be asked questions relating to Loyola University Chicago's school psychology program's focus on social justice in theory (through classes) and practice (through service-learning, practicum, and internship). Their responses will be audio taped and the facilitator will also take notes on their responses. The focus groups will take a maximum of one hour and a half, with the goal of the interviews lasting one hour.

Roles of Those Conducting the Focus Group

Interviewer. The interviewer will be in charge of audio taping, asking questions, and administering the questionnaire batteries

Procedures

1. Welcome participants. The facilitator will greet the participant and introduce herself.
2. Overview of session and consent
 - a. The interviewer will explain the procedure, noting that participants are free to leave at any time and are free to get up to go use the bathroom or take care of any other needs. The moderator will note that the session will take about an hour, two hours at a maximum.
 - b. The interviewer will explain the participant's confidentiality rights.
 - c. The interviewer will note that the participant's responses will be audiotaped and transcribed and that only their number will be associated with their responses. The moderator will also explain that the audio tapes, facilitator notes, and transcripts will be stored in secure location to which only the researchers have access. All of this will also be explained in the consent form.
 - d. The interviewer will read the consent form, answer any questions, and participants who consent to participate will sign the consent form.
3. Interview session
 - a. Once consent forms are signed and any participant who does not consent to participate has left, the interviewer will start the audio recorder.
 - b. The interviewer will run the session by asking questions, summarizing responses for participants' reflection as needed, and probing for more information if necessary
 - c. Once all questions are answered, the interviewer will thank participants for their participation in the interview.
 - d. The interviewer will ask participants if they have any questions.
 - e. Once any questions are asked and answered, the facilitator will turn off the audio-recorder.
4. Participants will be asked what the best ways to contact them over the next six months and these will be written down on a page separate from the consent form.
5. Participants will be dismissed.

Interview Questions

Time 1 Questions

1. What is your age?
2. How long have you been with this agency?
3. How long have you been living where you live now?
4. Where were you living before you got involved with this agency?
5. Please tell me a little bit about your life before you came to live here, starting back as early as you'd like)
6. What are your goals for yourself for 6 months from now?
7. What are your goals for yourself for a year from now?
8. What are your goals for yourself for 5 years from now?
9. Is there anything that you think stands in your way of achieving these goals? If so, what?

Time 2 Questions

1. What progress have you made toward the goals you had for yourself six months ago (bring short info sheet to remind them)?
2. What new goals have you made for yourself?
3. What, if anything, is holding you back from achieving these goals?
4. What else do you think you need in order to achieve those goals? (services, supports, etc.)
5. Why did you decide to leave the transitional living program?
6. What did leaving the TLP change about your goals?

APPENDIX E
SURVEY

The following statements are about where you live. Please rate how much these statements describe you by putting an X in the matching box:

	Does not describe me at all 1	2	Mostly does not describe me 3	Neutral/ Does not apply to me 4	Somewhat describes me 5	6	Describes me perfectly 7
Where I live, I feel safe							
The people I live with keep my secrets							
The people I live with make choices that benefit us							
I like spending time with the people I live with							
I feel like I belong here							
Living here makes me happy							
I have access to the things I need where I live							
The people I live with support my goals							

The following statements are about you. Please rate how strongly you agree or disagree with these statements by putting an X in the matching box:

	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Neutral	Slightly Agree	Somewhat Agree	Strongly Agree
I pay my own bills							
I am making the right choices toward my goals							
I am in charge of my life							
I feel I do not need other people to take care of me							
I know when to ask for help							
I enjoy where I live							
I can take care of my own scheduling							
I keep almost all of my appointments							
I don't think I can manage all that I have to do for work							

Please circle the gender you most identify with:

Male Female Transgender Prefer not to answer

What is your age? _____

What is your sexual orientation?

Straight Lesbian Gay Bisexual Other

What is your race? Circle one:

Caucasian African American/Black Hispanic Asian

Pacific Islander Native American Biracial/Multiracial Other

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