

THE IMPACT OF HOMELESSNESS ON ADOLESCENTS' SENSE OF SELF:
IMPLICATIONS FOR THEORY AND PUBLIC POLICY

by

ERROL OZWALD RODRIGUEZ

A dissertation submitted to the Graduate Faculty in Psychology in partial
fulfillment of the requirements for the degree of Doctor of Philosophy, The City
University of New York

2006

UMI Number: 3214736

Copyright 2006 by
Rodriguez, Errol Ozwald

All rights reserved.

UMI[®]

UMI Microform 3214736

Copyright 2006 by ProQuest Information and Learning Company.
All rights reserved. This microform edition is protected against
unauthorized copying under Title 17, United States Code.

ProQuest Information and Learning Company
300 North Zeeb Road
P.O. Box 1346
Ann Arbor, MI 48106-1346

© 2006

ERROL OZWALD RODRIGUEZ

All Rights Reserved

This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

Peter Fraenkel, Ph.D

Date

Chair of Examining Committee

Joe Glick, Ph.D

Date

Executive Officer

Paul Wachtel, Ph.D

Steve Tuber, Ph.D

April Kuchuk, Ph.D

Tom Hameline, Ph.D

Supervision Committee

THE CITY UNIVERSITY OF NEW YORK

ABSTRACT

The Impact of Homelessness on Adolescents' Sense of Self: Implications for
Theory and Public Policy

by

Errol O. Rodriguez

Adviser: Peter Fraenkel, Ph.D.

This study examined the effects of homelessness on adolescents' sense of self in the areas of self development, school life, peer relations, and coping style. Fifteen adolescents between the ages of thirteen and eighteen participated in this study, completing a semi-structured interview and self-reports of behavioral problems and self-concept. Additionally, a parent of each adolescent completed a questionnaire about their child's behavioral problems to validate adolescent responses and determine agreement between the two measures. It was believed that self-concept will be affected by the experience of homelessness and that these effects will have an impact on a broad range of behavioral symptoms. The correlational analyses revealed statistically significant relationships between self-concept and behavioral problems such as lying, cheating, stealing, fighting, and appearing withdrawn, depressed, and anxious. These findings confirm the hypothesis that a specific relationship exists between homeless adolescent self-concept and behavioral problems. No significant agreement was found between the parent and adolescent reports. A comparison group matched by age and urban city dwelling was used for further analysis. It

was found that adolescents in this study were significantly more compromised than their homeless and housed-poor peers in the comparison study. In addition, eight adolescent interviews were identified for qualitative investigation using the grounded theory method. Qualitative analysis found no striking differences across four groups. However, sixteen key factors were identified which represent the overall impact of homelessness on adolescents. Clinical and public policy implications of these findings are discussed.

ACKNOWLEDGEMENTS

I would like to thank first and foremost the adolescents and their families who participated in this study. I am grateful to them for sharing their experiences in such a candid manner given the awkwardness of a video interview. Their stories will never be forgotten.

Thank you to my committee members for helping me complete this dissertation. A special thanks to Dr. April Kuchuk with whom the seeds of my thinking on adolescent development and homelessness began. Drs. Steve Tuber and Paul Wachtel receive special thanks for their invaluable contributions to my thinking as a clinician over the last several years which ultimately impacted this dissertation. Thank you to Dr. Tom Hameline for having the vision and desire to engage homeless families which provided me the opportunity to train under the mentorship of Dr. Fraenkel and eventually design a study culminating in this dissertation. In addition, Drs. A.J. Franklin and Jeffrey Rosen provided the initial critiques of this study during the proposal stage and offered invaluable suggestions. Thanks A.J. and Jeff.

I would like to especially thank Dr. Peter Fraenkel for so many things, in particular for recognizing my clinical strengths and encouraging me to use them not just as a therapist but as a clinical psychologist and researcher. From day one, Dr. Fraenkel has been a mentor and friend, always looking to further my thinking and my professional career. This dissertation would not have been completed without his guidance and support. I am truly grateful.

This dissertation was additionally supported by the Ackerman Institute for the Family, which allocated grant support for the overall project. HELP USA and the staff of the Center for Time, Work, and the Family also deserve a thank you.

A special thanks to Dr. Diana Gutierrez and Dr. Bhupin Butaney for their support and technical guidance throughout this process.

I would like to thank all of my closest friends for allowing me the space to work on my study and complete this degree without the guilt of being an absent friend. I love all of you guys.

Most importantly, I would like to thank my wife, Mandy, for her unwavering support, love, and patience throughout this process. For the many late nights working on this project and on the computer, and of course my periodic labile mood, I thank you and I love you. I also thank my mother, Rev. Harriett Rodriguez, for her unwavering support and love, playing the dual role of father and mother, taught me a great deal about persistence, diligence, and integrity. Her spirit, energy, and dedication to me and all my pursuits have undoubtedly contributed to the person I am today.

Finally, this dissertation is dedicated to Anna L. Ingram and Ellsworth Ewing who both supported by studies and with whom much laughter, tears, and love was shared. I miss you both. I know you would be incredibly proud.

TABLE OF CONTENTS

CHAPTER I: INTRODUCTION	1
The Impact of Homelessness on Adolescents' Sense of Self	1
CHAPTER II: REVIEW OF THE LITERATURE	3
Adolescent Identity Development.....	3
Resiliency & Adolescent Identity	11
Impact of Homelessness on Families	12
Impact of Homelessness on Children	15
Personal Observation in Support of the Literature	22
Significance of the Study	24
Statement of Hypothesis.....	25
Overview of Current Study.....	25
The Larger Study.....	25
CHAPTER 3: METHODS	27
Participants	27
Instruments	27
Adolescent Interview v.2.....	27
Piers-Harris Children's Self-Concept Scale.....	29
Youth Self-Report.....	32
Achenbach Child Behavior Checklist (CBCL).....	34
Procedure	35
Data Analysis	37
Qualitative Analysis	37

Quantitative Analyses.....	39
CHAPTER4: RESULTS.....	41
Quantitative Results: Relationship between Self-Esteem and Behavioral Adjustment	41
Qualitative Results	47
CHAPTER 4: DISCUSSION.....	89
APPENDIX	110
Adolescent Interview.....	110
REFERENCES.....	116

LIST OF TABLES

Table 1: Correlations between Global Self-Concept & Behavioral Problems.....	42
Table 2: Summary of Higher-Order Codes & Corresponding Groups.....	87

CHAPTER I: INTRODUCTION

The Impact of Homelessness on Adolescents' Sense of Self

This study explores the effect of homelessness on the developing adolescent identity. It has been designed with three key questions in mind:

- 1) How do adolescents experience and cope with homelessness?
- 2) To what degree does being homeless affect their evolving sense of self?
- 3) In what way does being homeless affect their school life and peer relations?

School life and peer relations are significant variables in the development of identity and are often key resources in mitigating adversities.

Theories of adolescent identity development from psychoanalytic and developmental models, as well as empirical research on homeless families with children are central conceptual domains relevant to this research project.

This study is part of a larger study that examines the challenges families experience in their transition from welfare to work. These families reside at a Tier II emergency housing facility in the South Bronx. Tier II facilities are designed to provide temporary transitional housing for homeless families.

Previous research highlighted the impact of homelessness on well-being (Rafferty & Shinn, 1991). In particular, research has found that homelessness affects physical and psychological health, and may contribute to developmental delays and educational underachievement in children. However, little research has investigated the impact of homelessness on adolescents' identity. As such, many questions remain unanswered such as how homelessness impacts school

and peer relations, interpersonal and romantic relationships, employment goals, and self-esteem.

This report is organized as follows: Chapter 2 begins with a review of the literature in the domains of adolescent identity development, resilience and adolescent identity, the impact of homelessness on family, and the impact of homelessness on children. Chapter 2 concludes with a personal observation and the significance and overview of the current study. Chapter 3 begins with a description of the methodology, subjects, instruments, procedures, and data analysis. Chapter 4 summarizes the findings of this study and provides detail discussion of the limits of this study and directions for future research with this population.

CHAPTER II: REVIEW OF THE LITERATURE

Adolescent Identity Development

It is widely accepted that adolescence is a time of great turmoil, as adolescents enter the world of mature relations. In addition to physiological changes, adolescents also experience great change psychologically. Barbel Inhelder and Jean Piaget (1958) emphasized a change in the sequence of the thinking process. Whereas children make observations and then develop theories to explain what they see, adolescents contemplate possibilities, and then look outward for validation of their hypotheses. This transition from concrete thinking to formal operations is a milestone of adolescence. Possibilities for imagining alternative futures develop through the use of formal operational logic (Piaget, 1972). Adolescents entering this stage of cognitive development are able to engage propositional logic, hypothetical reasoning, combinatorial logic, control of variables, and probabilistic reasoning. Early adolescents are just entering this stage of development and are just beginning to understand the complexity of reasoning and thus unable to articulate this reasoning on any consistent basis. However, these cognitive skills are critical to the cognitive operations involved in the identity formation process (Kroger, 2000).

Research has generally supported the link between formal operations and identity achievement (Marcia et al., 1993; Wagner, 1987). Identity formation requires the flexible, abstract thinking skills and reality testing that often accompanies full formal operations (Kroger, 2000). Other research cautions against a purely cognitively-based model such as Piaget's and suggests that

one's ability to make future oriented decisions is not simply based on rational information but on experiential information as well and thus a prerequisite to attaining identity achievement (Klaczynski, Fauth, & Swanger, 1998).

So what happens in the case of homelessness? How does homelessness affect this stage of development? Homelessness can be considered a form of adversity that may challenge an adolescent's ability to effectively utilize formal operational processes. It is possible that homelessness prematurely challenges early adolescents' abstract reasoning abilities, given the tenuousness of formal operations. Furthermore, formal operations allow adolescents to think things through on their own, develop a stronger sense of autonomy leading to further differentiation of self from other. Thus, homelessness may challenge autonomy and self-differentiation similar to earlier milestone challenges during the pre-oedipal stages of childhood development.

Another widely held view on adolescent identity development is that children develop connections to self and other in the home, where needs and wants are met, and a sense of basic goodness and worth develops. Winnicott (1971) believed that children maintain a view of the world that is clear, defined, and secure, as long as the family is adequate. So what happens in the case of homelessness? If the home is believed to be a secure base in which identity develops, it may be that losing a home has some effect on identity development. Research has demonstrated that children who do not live in a protective environment are less likely to develop the sense of security and confidence necessary for creating and pursuing goals (Aber & Allen, 1987; Terr, 1991).

Donahue & Tuber (1995) noted that recent clinical reports also suggest that violence and unpredictability inherent in shelter life have a profound impact on homeless children's feelings of control and self-efficacy, which may develop into states of passivity and learned helplessness.

In addition, adolescents look outside the home for further development of the self through peer relationships, school achievement, and courtship. Adolescent friendships and peer groups enable one to experiment with expressions of identity, including affection and love. Whereas parents influence their adolescent's attitudes toward the future in perception of social reality, peers provide the ground for learning new social skills and support in sharing new experiences. In the later stages of adolescence, teenagers begin to shift away from parental control and authority and become more intensely involved with friends and peer groups (Jackson, 1993). Although this shift of focus certainly does not imply that parents no longer make significant contribution to their adolescent's development, it does suggest that subtle changes are taking place intrapsychically. Some of these changes include individuation, renegotiation between external and internal representations of parents, and assuming more responsibility for their own decisions and life courses. Thus, feedback from friendships and peer groups provide not just a support but also a mirror for the self, as different behaviors are attempted and different possibilities for self-definition are tested.

So what effect might homelessness have on peer group relations? How does living in a shelter affect an adolescent's ability to negotiate these

relationships and to what degree does this impact the self? Developing intimate relations is a significant aspect of identity development, and age appropriate individuation reflects not only the emergence of a personal identity but also a capacity or style of intimacy in relationships both within the family and with peers. Furthermore, the peer group also helps facilitate awareness of one's sexual and sex role identity and provides important confirmation of self-esteem. In addition, Lauder (1993) pointed out that adolescents' life directions are critically dependent on the nature of their educational decisions and peer group relations.

Erik Erikson (1956) has generally been credited with first focusing both popular and scientific attention on the meaning of identity. Erikson described identity as involving a subjective feeling of self-sameness and continuity over time--that is, a feeling of being the same person across contexts. In addition, others also respond to the continuity of person, thus identity becomes as much about the person as it is about the person within the context of others. Erikson (1969b) believed that identity was both a conscious and unconscious process; as a conscious sense of individual identity and an unconscious striving for continuity of personal character (Kroger, 2000). Erikson also believed that identity was the product of "silent doings of ego synthesis," as well as an inner togetherness between ideals and values of a significant social group. Erikson considered identity to be a gradual integration of biological givens, libidinal needs, favored capacities, significant identifications, effective defenses, successful sublimations, and consistent roles (Erikson, 1969b).

Erikson's work on identity formation during adolescence has spawned much research between the interplay of intrapsychic, biological, and sociocultural factors. According to Erikson, exploration is at the heart of the adolescent transition; in short, exploration is the identity crisis (Erikson, 1959). Preceding this phase of development, identity had been primarily formed through identifications with significant others. As Erikson points out, identity and identifications have common roots, for they both involve making use of significant others in the service of composing the self.

Erikson has characterized adolescent identity exploration as being accompanied by fluctuations in ego strength. Cognitive destructuring and the view of the self were believed to result in reduced ego strength and impairment of coping (Kidwell & Dunham, 1995). In addition, Erikson believed that a variety of symptoms are likely to occur during this phase such as subjective discomfort, confusion, mood swings, ego defenses, impulsivity, acting out, and exacerbated physical and somatic complaints. Therefore, Erikson believed the adolescent identity exploration phase to be one of particular vulnerability.

A life-span perspective was developed by Erikson to explain these vulnerabilities and to understand psychosocial transitions during development. In each stage of development, the person is confronted with a crisis to which they must resolve, and the resolution further develops ego strengths. Identity versus role confusion is the central task of adolescence and builds on previous resolutions from preceding stages. Role confusion is the antithesis of identity, as it refers to an inability to move toward identity-defining commitments. This stage

may be marked by problems in the sense of industry and time, as well as difficulty in interpersonal relationships. Kroger (2000) stated that adolescents may opt to merge with a leader as a form of identity resolution or withdraw and distance oneself to avoid enmeshment. Adolescents who experience role confusion often report experiencing an inner void and anhedonia. Life is lived passively according to Erikson. Erikson and Peter Blos both described the passive identity formation process. For Erikson, a passive identity can be seen in a foreclosing process, where an adolescent accepts without exploration and evaluation the roles and self-images provided by others, while a diffused identity relates to role confusion. Blos described the passive adolescent identity as a “prolonged adolescence” marked by arrested movement through the resistance to make final choices (Adams, 1992). Both theorists believed that passive identity youths harbor self-doubt and uncertainty, and adolescents are believed to lose an aspect of themselves when removed from the foreclosed and structured environment in which they live (Adams, 1992). Yet on the other hand, it is a normative process to experience some role confusion as adolescents are letting go of childhood identifications to forge their own identity.

One approach to studying identity development during mid-adolescence based on Erikson’s theory has been the identity status model of James Marcia (1966; Marcia et al. 1993). Marcia (1980, p. 159) defined identity in structural terms:

I would like to propose another way of construing identity: as a self-structure—an internal, self-constructed, dynamic organization of drives, abilities, beliefs, and individual

history...The identity structure is dynamic, not static...Over a period of time, the entire gestalt may shift.

Marcia greatly expanded Erikson's task of identity versus role confusion by proposing that adolescents may adopt one of several styles of approaching the key identity-defining decisions, such as one's vocational goals. Marcia identified: 1) identity achieved, as one who has undergone a period of exploration prior to making identity-defining values and commitments; 2) identity moratorium, as one who is in the process of exploring various identity-defining values and commitments; 3) identity foreclosure, as one who has adopted identity-defining values and commitments without sufficient exploration; and 4) identity diffusion, as one who is unable or unwilling to commit to identity-defining decisions with or without exploration. These four identity status models occupy unique positions along the dimensions of exploration and commitment. Identity statuses are both outcomes of the process of identity formation and structural properties of the personality, and each portrays a dominant way of relating to the world. Marcia believed that each status was positioned along a continuum from a healthy adaptation to a maladaptive identity formation. For example, identity diffusion is the least developmentally advanced status, yet has adaptive aspects of functioning under certain conditions.

There is research that has examined the relationship of the identity status model to parental socialization. Adams (1985) and Campbell, Adams, and Dobson (1984) researched family correlates of identity formation. They found diffused identity formation related to adolescent perceptions of maternal and

paternal rejection, and poor affectionate relations with the mother, while paternal perceptions of the adolescent are rejection, control, and withdrawn behavior. Mothers tend to see their adolescent as low in affection. Foreclosure is related to adolescent perceptions of an affectionate relationship with the mother, while the mother perceives her child as a companion with high affection, and the father perceives his adolescent child as withdrawn. Moratorium and identity achievement were associated with adolescent perceptions of low maternal control and regulation, maternal encouragement of independence, father's fairness with discipline and moderation of praise, high companionship, and physical affection, and the parents perceived the adolescent as independent.

Donovan (1975) and Jordan (1971) cited findings consistent with Adams et al. (1987). They found foreclosure to be associated with close relationships with parents, while diffuse patterns were associated with strained and distant relationships between the adolescent and their parents. Sons often experienced their parents as rejecting and disapproving (Jordan, 1971). Jordan also reported that sons who were currently in crisis or had been in crisis reported inconsistent and ambivalent relationships with their parents. Baumeister (1986) believed that a degree of ambivalence toward the parents is conducive to the identity crisis and "negative feelings toward the parents help set off the repudiation of parental values, and the positive influence of parents produces the inner resources needed in the struggle to achieve a new identity" (p. 204). These studies, however, are correlational and therefore cannot state unequivocally that a particular socialization style has an effect on adolescent identity formation. Yet

the findings are compelling. In particular, it suggests an intersubjective dynamic between the parents and their adolescents that contributes to the formation of identity

Resiliency & Adolescent Identity

Froma Walsh (1998) described resilience as the capacity to rebound from adversity strengthened and more resourceful. Wolin & Wolin (1993) pointed out that not all survivors of adversity are resilient and in fact some become trapped in the role of victim, blocked from growth by anger and blame. By contrast, resilience enables a person to heal and take charge of their lives. Ultimately, resilience becomes part of a person, part of the way they describe themselves, and the way they cope with stressors. Thus, resilience becomes a factor in identity.

Early research on resiliency focused on understanding vulnerability and susceptibility to risk and disorder (Garmezy, 1974; Murphy & Moriarty, 1976), while other studies focused on protective factors bolstering resilience (Dugan & Coles, 1989; Luthar & Zigler, 1991). Many of these studies reported on the factors that enable children to live productive lives despite parental mental illness, family dysfunction, and histories of neglect and abuse.

More recent research considered resilience within a social context. A study by Garmezy (1991) examined individual risk and resilience in the face of devastating social conditions such as poverty. Felsman and Vaillant (1987) conducted a study of 75 high-risk, inner-city males who grew up in financially and socially disadvantaged families. The family histories included mental illness,

substance abuse, crime, and violence. Many of these men went on to live successful lives.

Other research has focused on individual traits such as an easy-going temperament and intelligence as precursors to resilience. Walsh (1998) reported that these traits are not essential but tend to elicit more positive responses from others, as well as facilitate coping strategies and problem solving skills. However, Rutter (1985) noted that high levels of self-esteem and self-efficacy make successful coping more likely, whereas a sense of helplessness is more likely to increase the probability that one adversity will lead to another. Werner (1993) extended the work began by Kobasa (1985) by noting the essential component of resilient individuals is a core belief that the odds or the adversity can be surmounted. Murphy (1987) and later Seligman (1990) reported an “optimistic bias” or a “learned optimism” that allowed children and people in general to persevere adversity and yield success.

Impact of Homelessness on Families

Homelessness has become a fixture of the American landscape. Despite the many opinions about the causes of homelessness, there remain few permanent solutions. Sadly, poverty has claimed America’s children as its greatest victims. In only 10 years, the number of children living below poverty increased nationwide by nearly 25 percent (Nunez, 1994). In the 1980’s, the number of poor children increased by more than three million, and outpaced the overall population growth of children. By 1992, one in every four children under

the age of six was poor. Within these statistics lay a tragic experience that has altered the life course for many families with children: homelessness.

Although many Americans today assume that homelessness is the plight of transient individuals, homeless families with children are the fastest growing group of the homeless (Nunez, 1994). During the early 1990's in many large urban cities, including New York, families make up over 50 percent of the homeless population (Nunez, 1994). In New York City, the number of families and children in city shelters rose by more than 30% during 2002 (Partnership for the Homeless, 2003). According to Partnership for the Homeless statistics, children comprise 55% of the shelter population and as reported previously, children and their families are the fastest growing sub-group of the homeless during 2002. As of June 2003, statistics on families sleeping in New York City shelters were as follows: 9,237 families; 16,759 children; 13,457 adults; average family size was 3.27; average length of stay in the shelter was 329 days; 1,960 families stayed one to two years; 2,729 families stayed six months to a year; and, the racial composition was 90% African-American and Latino (Partnership For The Homeless, 2003).

Other cities with unusually high rates of child homelessness are Portland, Oregon; Trenton, New Jersey; and Norfolk, Virginia (Nunez, 1994). In New York City, children comprise 36 percent of the homeless population in city shelters, and represent the city's largest homeless subgroup (Nunez, 1994). The United States Conference of Mayors (1990) reported estimates for the annual number of homeless families with children in the United States may be as high as two

million, which by comparison is the total population of the city of Miami. Since 1986, the annual surveys conducted by the United States Conference of Mayors have estimated homeless families with children make up about one third of the national homeless population. Children are the highest risk age group among those who are homeless, as they are often exposed to crowding, violence, and other stressors that impact their overall well-being.

As Nunez (2000) pointed out, to understand the story of a homeless child, one has to understand the parent. Homeless children are typically raised by a single mother who receives no support from the child's father (Institute for Children and Poverty, 2000). The profile of a typical homeless parent is a twenty-seven year old woman--eight years younger than a typical homeless parent a decade ago—who is likely unemployed and undereducated. In a study by Bassuk et al. (1986), 94% of families residing in shelters in Massachusetts were headed by women. Ninety one percent of these families were on AFDC (Aid to Families with Dependent Children). While sixty percent of the parents had completed high school, only a third had sustained work longer than a month. Thirty-three percent of the mothers reported some form of abuse during their childhood, and another two-thirds previously experienced a major family disruption. Other reports suggest that rates for parental history of abuse may be as high as 47% (Nunez, 2001). Nunez (2001) also reported that of those parents who are homeless, roughly eight percent of them were homeless as children themselves, while thirteen percent were in foster care. This pattern also continued as eleven percent of these parents currently have at least one child living in foster care or

with a family or friend. Bassuk et al. (1986) also found that at the time of the interview, almost two-thirds reported having minimal supportive relationships and one-fourth of the mothers reported their children as their main source of support. Conceptualizing homelessness as an adversity that disrupts family life can be misleading given the above statistics and the report that 56% of homeless families lived with friends or relatives prior to becoming homeless. This suggests a continuity of family adversity. Yet like other adversities such as abuse, violence, and addictions, they tend to be chronic and intergenerational, thus raising the question once again about the effects of homelessness on adolescents, but children in general as well.

Impact of Homelessness on Children

Thus far, research on homeless adolescents is imbedded in studies on homeless families and runaway or throwaway youth. Although this study focuses on homeless adolescents residing with their families in a shelter, some of the issues converge with those of runaway youth such as behavioral and psychological issues. For many homeless runaway youth many of these problems are characteristic of a family life that has been ridden with parental substance abuse, family violence, child maltreatment, long-term family conflict, and dysfunctional parents, many of whom have severe psychological and behavioral problems (Smollar, 1999).

The high prevalence rates of mental health problems among children in homeless families confirms research which has identified an association between mental disorders in children and exposure to risk factors such as physical or

mental illness among parents, marital conflict and domestic violence (Quinton and Rutter, 1984), and other adversities (Goodyer, 1990; Pierce, 1993). Some children may be protected against some of these risk factors by stability in other social relationships such as extended families, peer group, and school (Goodyer et al., 1989).

A number of studies have reported high prevalence rates for a variety of mental disorders among homeless youth. Based on a behavior checklist administered to a sample of 118 homeless youth, Shaffer and Caton (1984) reported rates as high as 50% for girls and 30% for boys. Feitel, Margetson, Chamas, and Lipman (1992) found 50% of a sample of 150 youth from a New York City shelter met the criteria for at least one major affective disorder as assessed by the Diagnostic Interview Schedule for Children (DISC). Bassuk and her colleagues (Bassuk & Rubin, 1987; Bassuk et al., 1986) studied 156 children from 82 families sheltered in Massachusetts. On the Children's Depression Inventory (CDI; Kovacs, 1983), 54% of the 44 homeless children over the age of 5 scored above the cutoff score of 9, indicating a need for further mental health assessment, while 31% were clinically depressed. In fact the mean score of 10.4 was higher than the mean for six of eight clinical comparison groups studied during the development of the test. On the Children's Manifest Anxiety Scale (Reynolds & Richmond, 1985), 50 school-aged children scored an average of 14.4 and 30% scored in the clinical range, again indicating the need for mental health evaluation. Two other studies support earlier findings using the CDI to assess for depression. Wagner & Menke (1990) found that 50% of 76 homeless

children between the ages of 7 and 12 years manifested a need for mental health evaluation, and 35% were clinically depressed; boys scored higher than girls (11.3 vs. 10.3 respectively).

Whitman and her colleagues (Whitman, 1987; Whitman, Accardo, Boyert, & Kendagor, 1990) observed severe language disabilities and impaired cognitive ability among 88 children living in a shelter for homeless families in St. Louis. More specifically, 35% of these children scored at or below the borderline/slow learner range on the Slosson Intelligence Test (Jensen & Armstrong, 1985). It was also reported that 67% were delayed in their capacity to use and produce language as assessed by the Peabody Picture Vocabulary Test (Dunn & Dunn, 1981).

In a cross-sectional study by Meredith van Ry (1993), it was reported that 50% of the families developed new physical health problems since becoming homeless, and other pre-existing health concerns worsened. Of those families that participated in Ry's study, 78% reported that homelessness has affected their emotional well-being. Families reported greater incidence of depression among the family members living in the shelter, and parents identified anger and worry as emotional issues as well as experiencing more behavioral problems with their children. This is very much in line with other studies that report high incidences of emotional and behavioral problems in children as a result of family homelessness (Bassuk, 1990; Cumella et al. 1998).

Several studies have examined parents' reports of their children's behavior using the Achenbach Behavior Problem Checklist (CBCL; Achenbach &

Edelbrock, 1981, 1983). Overall, mean differences between homeless and poor-housed children are somewhat elusive, but more homeless children tend to score in the clinical range (Rafferty & Shinn, 1991). Wood, Hayashi, Schlossman, and Valdez (1989) found no difference between 194 homeless and 193 stably housed-poor children on the Behavior Problems Scale (adapted from the CBCL). This may suggest the common denominator effect of poverty across both populations.

The Citizen's Committee for Children (1988) reported a study of 83 sheltered families in New York City. Of the 83 homeless families, 66% of the parents had observed adverse behavioral changes in their children since becoming homeless. The most frequently cited changes were acting out, fighting, restlessness, depression, and moodiness.

Rafferty and Rollins (1989) reviewed the educational records of the entire population of 9,659 homeless school-aged children that were identified by the Board of Education for the period between September 1987 and May 1988. Those children in grades three through ten (3,805), who took the Degrees of Reading Power test, 42% scored at or above grade level compared with 68% citywide. There were similar results found for the Metropolitan Achievement Test in mathematics, where 4,203 homeless children in grades two through eight scored 28% at or above grade level compared to 57% citywide (Rafferty & Shinn, 1991).

Several other studies have reported that homeless children are more likely than housed-poor children to have repeated grades (Masten, 1990: 38% vs.

24%, respectively; Wood et al., 1989: 30% vs. 18% respectively). Other studies also found high rates of grade retention without utilizing comparison groups (Dumpson & Dinkins, 1987: 50%). Mediating factors that influence underachievement in homeless children include poor school attendance, lack of adequate educational services, inadequate shelter conditions, and shelter instability (Rafferty & Shinn, 1991).

Government estimates for the number of school-aged children who do not attend school regularly ranges between 15% and 30% (Rafferty and Shinn, 1991). However, the National Coalition for the Homeless (1987a) reports 57% of school-aged homeless children do not attend school regularly. And in general, homeless children miss more days from school in a given week than housed poor children (Wood et al., 1989). For housed children, the primary reason for absences was illness; for homeless children, it was family transience. In New York City a study found among 6,142 homeless students, homeless high school students had the poorest rate of attendance (51% vs. 84% citywide) followed by junior high school (64% vs. 86% citywide) and children in elementary school (74% vs. 89%).

One of the most significant obstacles to receiving appropriate educational services after the onset of homelessness is the excessive number of school transfers. Of 97 children who were receiving remedial assistance, bilingual services, or gifted and talented programs in New York City prior to the onset of homelessness, only 54% were able to continue receiving these services while they were homeless (Rafferty & Rollins, 1989). Rafferty & Rollins (1989)

interviewed 277 homeless families and found that 71% were in temporary shelter facilities in a different borough than that of their previous home. The chaotic and frequent bouncing of families from one facility to another and in different boroughs compounds the effect of homelessness and disrupts schooling. Rafferty & Rollins found that 66% of the families had been in at least two shelters, 29% had been in at least four shelters and 10% in seven or more shelters. This upheaval in school significantly hindered children's continuity of education and disrupted their social relationships with classmates and friends.

The literature is abundant with data on emotional, behavioral, and health problems related to family homelessness for children, but limited data on identity development for homeless adolescents. The changes that are occurring externally such as moving from the Emergency Assistance Unit (EAU) to a family shelter, uprooting connections to families, friends, and schools, and being in a new and often chaotic and disorganizing environment, must create changes internally which affect identity.

Previous research indicates that homeless children are undereducated and at risk for severe, generational poverty-significantly more than other poor children (Nunez, 2001). Homelessness uproots families from their neighborhoods and separates children from their friends. As families move between temporary homes, homeless children miss classes and change schools repeatedly. Not surprisingly, homeless children experience academic difficulties, and early research has found that 30-57% of homeless children do not attend school regularly. School attendance for teenagers in homeless families drops to 51%

(Partnership for the Homeless, 2003). In addition, 30-43% of homeless children are academically retained each year.

Research on identity and residential relocation, which is defined as geographic migration due to upward mobility or upheaval, has reported significant changes in self-esteem. The reasons for residential relocation, the magnitude of the contextual change, the frequency of residential changes, age at time of transition, and family supports through the process are all extremely important variables to consider in understanding the impact of residential relocation on adolescents (Kroger, 2000). Homelessness is a form of adversity, which creates upheaval and a chaotic life experience for the whole family. Erikson (1968) believed that for healthy identity formation to occur, the environment needed to remain an average expectable environment. There is nothing average and expectable about homelessness.

Several investigators explored the relationship between residential relocation and identity. In particular, it was found that residential relocation occurring simultaneously with other changes such as school changes, pubertal development, and family dynamics, increased the likelihood of disruptions in self-esteem. In regard to school life, residential relocation and other changes were associated with lowered self-esteem in girls, whereas both boys and girls experienced lowered grade point averages and more restricted extracurricular participation as multiple transitions increased (Kroger, 2000). Erikson (1968) believed in the importance of comfort and facilitative quality of an average expectable environment in healthy development of teens' identity. In contrast,

homelessness is a transition often sparked by upheaval, and often requires multiple shelter stays before securing a permanent home. How do adolescents experience this relocation from a home to a shelter and to what degree does it impact the self?

Personal Observation in Support of the Literature

The inspiration for this study emerged from my work with homeless children over the past several years. I have observed the devastating effects of living in a shelter on the child's ability to initiate and sustain relationships, maintain academic success, and lower self-esteem. These observations are consistent with those reported by Hughes & Borad (1983), Waxman & Reyes (1987), and Bassuk & Rubin (1987). The following case describes an adolescent male who is explaining what happens when a girlfriend visits him at the shelter. This case, and others like it, provided the impetus to my dissertation research.

JM began by explaining how terrible it is to live in a shelter. After I prompted him to explain further, he stood up abruptly and in an emotional tone explained that his girlfriend visits him sparingly, because when she comes, he has to speak to her through the steel bars that surround the premises rather than invite her inside. Inviting her inside and up to his unit, violated the shelter rule, which could result in his family losing their unit at the shelter and having to return to the emergency assistance unit (EAU)--an overly crowded emergency shelter that accommodates families awaiting placement. JM further explained that he is not a criminal and fathomed what could he have possibly done to deserve living like this. He sighed deeply and stated that he just wanted out of the shelter and

to have a home like everyone else. I remember leaving this meeting feeling very emotional and curious, and wondered what other adolescents felt about living in the shelter and being homeless. I also began to think about the consequences on identity, a hallmark of adolescence. How did JM think of himself, how did he interact with his peers, and how did he cope with this experience were questions I began to entertain. In addition, JM isolated himself both at school and at the shelter. This is also consistent with the literature on homeless school-aged children who tend to withdraw and appear moody (van RY, 1993).

In another case, I was the therapist for a mother who had an adolescent child and a school-aged child residing in another Tier II shelter for families. I observed the multiple challenges that parents and children experience as a result of being homeless. MR was a young mother who was struggling with depression related to adjustment issues of leaving a violent relationship and consequently becoming homeless. Although I never saw her sons in treatment, I could hear their story through their mother's tears. MR talked about feeling worthless and her fear that her children felt the same way. MR was unable to sustain work due to the special academic needs of her youngest child and the lack of resources at the school. She reported that she was unable to help them academically nor had the patience anymore. Her adolescent son began to show signs of depression as well. MR's report of her and her children's psychological symptoms and overall sense of demoralization are supported by the research literature showing the impact of homelessness on mental health (Bassuk & Rubin, 1987; Grant, 1990; Wolnar, Rath, & Klein, 1991).

I began to wonder why programs weren't developed for families with children within the shelter that could provide academic and emotional support, and other needed services. Therefore, another aspect of this study is to link some of the findings to public policy and shelter programming.

Significance of the Study

The literature has examined the impact of homelessness on school-aged children and runaway youth. However, there remains a gap in the literature on the effects of homelessness on adolescents living in a shelter with their families, in particular the effects of homelessness on identity development. Many homeless adolescents present at mental health clinics and other treatment settings with a range of symptomatology from depression to acting out behavior, which may in fact be secondary symptoms to the multiple effects of poverty, as well as those symptoms exacerbated by homelessness on adolescent development. By providing the adolescents an opportunity to share their experience of being homeless, ways in which they have coped with being homeless, its effects on peer relations, identity, and school life, this study will provide necessary data for the construction of theory that will enable clinicians to address the core issues of homeless adolescents.

In addition, current social policies and programming for homeless families, in particular homeless families with adolescents do not address the central issues experienced by these families. In short, policymakers and program developers are creating services that do not adequately address what the families are experiencing and what the families feel they need to surmount the

adverse effects of homelessness. Therefore, the theoretical framework, as well as the approach to data analysis used in this study, provides an opportunity to close the gap between what the policymakers believe homeless families need and what homeless families state they need.

Statement of Hypothesis

In keeping with the principles of qualitative research, particularly grounded theory (expanded upon in Methods section, below), I am reluctant to approach the data with any established hypotheses. However, I do expect to discover common themes within the data that will develop into a model that can offer an understanding of how homelessness affects an adolescent's sense of self.

Overview of Current Study

The Larger Study

There were two related purposes of the larger study. The first purpose was addressed in the first phase of the study: to identify in a comprehensive manner the ways in which the physical health and psychological functioning of individual family members, how they function as a family unit, and how their experiences being homeless affect the parents' ability to engage successfully in employment, or to engage in employment-related activities such as job skills training programs and placement programs. The hypothesis was that greater numbers of physical health problems in adults and children, greater numbers of psychological and behavioral difficulties in adults and children, and more problems in family coping abilities and relationships will be associated with less likelihood that adult family members (e.g., parents) will engage in employment or

in programs designed to assist them in obtaining employment. One important aspect of the larger study was to test the hypothesis that how a family functions can have just as much impact on a parents' success in getting or keeping a job as his or her own psychological or physical health problems.

The second purpose of the larger study corresponded to the second phase: to evaluate the effectiveness of a program for families designed to support them in the transition from welfare to work. The program was designed based on the information gathered in previous preliminary research with this population on the individual and family factors that appeared to interfere with or promote adult family members' job-related efforts. The intervention has been field tested with this population but without a comparison group.

This study seeks to investigate the impact of homelessness on adolescent's identity development, and, as such, focuses in on one part of the larger study on families. Thus, the data already collected from the larger study will be analyzed, isolating the data provided by adolescents from that of the whole family.

CHAPTER 3: METHODS

Participants

The larger study from which the data for this dissertation were collected was a collaboration between the Ackerman Institute for the Family, City College, and a major non-profit organization, specializing in providing supportive services and transitional housing for homeless families. Participants for the study were recruited from the South Bronx Tier II site. The shelter is a large multi-tier building with a courtyard and playground and enough units to accommodate over two hundred families. The shelter is designed to provide temporary housing for homeless families; on average families resided at the shelter for eight months. The adolescents ranged in ages from thirteen to nineteen and resided in the facility with their parents. The population is predominately African-American and Latino adolescents.

Instruments

Adolescent Interview v.2

In order to qualitatively assess the impact of being homeless on an adolescent's sense of self, the Adolescent Interview v.2 (see Appendix A.) was used. Adolescents are interviewed by the principal investigator or by a research assistant trained by the principal investigator. The Adolescent Interview v.2 has thirty-eight questions along with questions to systemically probe responses for positive and negative associations. The questions are in four domains:

1. Emotional & identity development: The Self
2. Peer relations

3. School life

4. Coping with homelessness

In addition, there are two other sets of questions, focusing respectively on adolescents' feelings about a parent moving from welfare to work, and their suggestions for development of a psychosocial program. The semi-structured interview format allows both a degree of standardization across interviews, and the flexibility to pursue unique directions introduced by the respondent. The interview items were formulated by the principal investigator of this study and the principal investigator of the larger study (Peter Fraenkel), reviewed and edited by a team of four other doctoral students in clinical psychology involved with the project, and edited slightly after the first few interviews with the teens.

There are 18 questions under the category of Emotional & Identity Development: The Self, targeting adolescents' experience of themselves prior to homelessness and currently in the shelter, and how they see themselves within their family-namely, their identified role in the family. In addition, there are questions that pull for both positive and negative self-representations. A decision was made to refrain from interjecting the phrase homeless until the adolescent identified her/his self as homeless. This decision was based on responses of the first two teens interviewed to the question, "How long have you been homeless," in which they declared that they were not homeless, and offered other words for their situation. Therefore, in subsequent interviews adolescents were asked what word or words do they use to describe their current situation.

The Peer Relations domain is composed of five questions that inquire about initiating and developing relationships with peers, and how homelessness has affected their ability to make friends or date—all significant contributors to identity development.

The School Life domain has three items, targeting adolescent's experiences in school since becoming homeless and how homelessness has affected their ability to succeed in school.

The Coping with Homelessness domain has six items, focusing on strategies that adolescents' have found helpful in dealing with their experience of homelessness. A few questions probe for both internalized self and object representations, particularly of those persons who adolescents credit for assisting them emotionally to continue doing tasks and other activities despite being homeless.

Administration of the entire Adolescent Interview v.2 requires approximately one and one-half hours.

Validity in qualitative research is determined by the degree to which the questions result in detailed descriptions by the respondents.

Piers-Harris Children's Self-Concept Scale

In addition to the interview, quantitative measures were utilized to further assess the impact of homelessness on an adolescent's identity. The Piers-Harris Children's Self Concept Scale, subtitled "The Way I Feel About Myself," is an 80-item self-report measure designed to assist in the assessment of self-concept in children and adolescents. Self-concept is defined by the instrument as a

relatively stable set of self-attitudes, reflecting both a description and an evaluation of one's own behavior and attributes. Construction of the Piers-Harris is based on the belief that individuals hold a relatively consistent view of themselves which stabilizes over time. It focuses on children's conscious perceptions, rather than attempting to infer how they feel about themselves from their behaviors, and the evaluation by others of their sense of self worth, or through projective measures that assess more unconscious experiences of self. This definition of self-concept is consistent with Wylie's (1974) phenomenological view of self-concept. It is also consistent with Harter's (1999) description of self to the degree that adolescents describe themselves along the lines of a trait (e.g. "smart"). Harter believes that this type of self-labeling represents higher-order generalizations that are based on an integration of behavioral features.

The Piers-Harris is based on six theoretical assumptions about the nature of self-concept in children. First, self-concept is viewed as essentially phenomenological in nature--that is, it is not something that can be observed directly but that it is a subjective state that must be inferred from either behaviors or self-report. Second, self-concept is viewed as having both global and specific components. Global self-concept represents how one feels about their total person, whereas more specific components pull for how one feels about themselves in particular areas. Some of these areas are relatively broad such as pulling for feelings about the physical self, the moral self, and the academic self. The importance of each of these areas determines the degree to which success and failure affect overall self-evaluation (Piers, 1996). Third, self-concept is

relatively stable, and, although shaped by experience, it is not something that changes easily or rapidly. Erikson (1950) noted that certain areas of self-concept were more difficult to change than others and others may only change during certain “critical periods”. Fourth, self-concept has a self-evaluative and a self-descriptive component. It represents a person’s accumulated judgments concerning themselves, which may include internalized views of others. Fifth, self-concept is experienced and expressed differently at various stages of development. The infants’ primary task is to differentiate self from other and develop a reciprocal relationship with the primary caretaker (Mahler, Pine, & Bergmann, 1975). During adolescence, certain aspects of self-concept undergo rapid change or differentiation, while others aspects of the self develop in a more continuous, stable way (Dusek & Flaherty, 1981). Sixth, self-concept provides an organizing function and plays a key role in motivation.

The Piers-Harris can be administered individually or in groups. Children consider whether the items, which reflect how some people feel about themselves, apply to them by indicating a “yes” or “no” response. Items on the scale are scored in either a positive or negative direction, which indicates whether a child positively or negatively evaluates him/herself. Thus, a high score indicates a positive self-evaluation and conversely, a low score indicates a negative self-evaluation.

Test-retest reliability for the revised 80-item scale demonstrated better stability than the original scale using both a 2-month ($r = .77$) and a 4-month ($r = .77$) interval (Wing, 1966). These coefficients were based on item responses of

244 fifth graders. In addition, the Piers-Harris has demonstrated test-retest reliability with diverse populations, with coefficients ranging between .51 (Henggeler & Tavormina, 1979) and .96 (Querry, 1970) for a one year interval. It appears that the instrument's reliability compares favorably with other measures used to assess personality traits in children and adolescents.

Youth Self-Report

The Youth Self-Report (YSR) is designed to obtain self-reported competencies and problems of 11-to-18 year olds. It includes many of the items of the Child Behavior Checklist (CBCL 4-18). The measure assumes that adolescents are cognitively and socially more mature than younger children, and able to recall and report the way they feel and behave across a variety of situations. In addition, the measure was designed to obtain adolescent's views of their own functioning in ways that would allow comparisons to other measures such as the CBCL 4-18, which is completed by parents. This type of comparison allows for a more comprehensive understanding between the ways in which adolescent's view themselves and the ways in which they are perceived by a caregiver. In addition, the use of the parent-completed CBCL enhances accuracy, as adolescent self-reports are subject to their recall at the moment, how they construe the questions, their candor, and their self-judgment.

If discrepancies are found between different sources as reported on the CBCL and the YSR, it is not necessarily concluded that the sources are unreliable, or that one source is more reliable than the other. On the contrary, the authors of the YSR believe that the discrepancies between sources may validly

reveal different facets of an adolescent's functioning, each of which deserves attention when evaluating needs and outcomes, and planning interventions (Achenbach, 1991).

The 17 competence items on the YSR parallel the competence items of the CBCL 4-18. The YSR omits the CBCL questions regarding special class placement and grade retention, as it was deemed inappropriate to ask adolescents to report these facts about themselves.

In addition, there are open items that follow the competency scale that allow for youth to describe illnesses, disabilities, concerns about school, other concerns, as well as things to about themselves. These items are not scored, but provide useful information and starting points for interviews (Achenbach, 1991).

The problem items on the YSR assess the degree to which adolescents are willing to acknowledge an issue as a problem or not. Adolescents are instructed to circle 0 if the item is not true, 1 if it is sometimes true, 2 if the item is very true. The problem items are similar to those items on the CBCL 4-18, with exceptions made on those items that were deemed inappropriate to ask adolescents to report about themselves. These items were replaced by 16 socially desirable items.

Reliability for the YSR was assessed by asking 50 youths in a general population sample to complete the YSR twice at intervals averaging seven days. Raw scores on the YSR competence scales resulted in a mean 7-day test-retest reliability score of $r = .68$ for 11-14 year olds and $r = .82$ for 15-18 year olds. For

the problem scales, the mean scores were .65 for 11-14 year olds and .83 for 15-18 year olds. The mean change in scores was 0.8 over the seven day period.

Content validity is supported by the ability of most YSR items to discriminate significantly between demographically matched clinically referred and non-referred adolescents. Clinical cutpoints on the scale scores also demonstrated significant discrimination between demographically matched referred and non-referred adolescents. To optimize discrimination, adolescents can be classified as normal if their total competence and problems scores are both in the normal range and as deviant if both of these same scores are in the clinical range (Achenbach, 1991). Adolescents who score in the normal range on one score and in the clinical range on the other are classified as borderline.

Achenbach Child Behavior Checklist (CBCL)

The Achenbach Child Behavior Checklist was designed to address the problem of defining child behavior problems empirically. It is designed to assess in a standardized format the behavioral problems and social competencies of children as reported by their parents (Achenbach, 1991).

The CBCL consists of 118 items related to behavior problems which are scored on a 3-point scale ranging from not true to often true for the child. In addition, there are 20 social competency items used to obtain parents' reports of the amount and quality of their child's participation in sports, hobbies, games, activities, organizations, jobs and chores, friendships, how well the child gets along with others and plays independently, and school functioning.

Reliability for the CBCL was completed using individual item intraclass correlations (ICC) of greater than .90 between item scores of mothers filling out the CBCL at 1-week intervals, mothers and fathers filling out the CBCL, on their clinically-referred child, and three different interviewers obtaining CBCL's from parents of demographically matched triads of children (Achenbach, 1991). Stability of ICCs over a 3-month period was .84 for behavior problems and .97 for social competencies. Test-retest reliability of mothers' ratings was .89. Some differences were noted between mothers' and fathers' individual ratings. Several studies have supported construct validity and correlates of the CBCL with analogous scales on the Quay-Peterson Revised Behavior Problem Checklist (Achenbach, 1991). Clinical cutpoints on the scale scores were also shown to discriminate significantly between demographically matched referred and non-referred children (Achenbach, 1991).

Procedure

The shelter director and administrative assistant provided a shelter census, which is a compilation of all the families currently residing at the shelter. In addition, the census was pre-sorted, printing only those families who had at least one adolescent member residing with them at the shelter. The census was organized with heads of household listed first, then their dependents, as well as their admission dates and case managers. The census is sorted by unit numbers, starting with A101, A102, A103...D439. Each unit starting with A101 was assigned a number, which was used to randomly select families for the study.

The numbers were three digit numbers to account for up to one hundred families. Therefore, unit A101 was assigned 001, A102 assigned 002 through D439, which was assigned 066, accounting for 66 possible families for selection. The unit number and the assigned three-digit number replaced all identifying data for the family (e.g., the family name was converted to the unit number and the assigned three-digit number) to safeguard anonymity.

A Simple Random Sampling (SRS) design was used to select those families with adolescents after stratification by not greater than 3-months length of stay at the shelter. The larger study targeted thirty-five families for selection. Once a family was selected for the study, a research assistant trained by the principal investigator contacted the family by phone, presented the objectives of the study, and requested a face-to-face meeting to discuss in detail the project and obtain their informed consent to participate. Families were told that they could decline to participate now or at any time during the project without penalty. If a family agreed to participate in the study, each member of the family including school-aged children signed informed consents. There were separate informed consents for adolescents to sign, agreeing to be interviewed alone for the purpose of this study.

After completing the interview, the family was given a twenty-five dollar stipend. In addition, given that the time of the interview overlapped with most families' dinner meal preparation, the family was given a pizza dinner. Following the interview, the family was given a packet of self-report measures to complete at home. The questionnaires target a range of indicators of adult and child

physical and mental health, as well as family relationship variables. Each adolescent is given a set of questionnaires, including a measure to assess self-concept to complete and return to a research assistant a week later. After completing the questionnaires, the family received an additional twenty-five dollar stipend.

The interviews are videotaped for coding and further training purposes, and are explicitly detailed in the informed consent.

Data Analysis

Qualitative Analysis

Coding: Grounded Theory:

The analysis of qualitative interview data will be guided by the principles of grounded theory. Grounded theory is a method of qualitative analysis developed by sociologists Glaser and Strauss in 1967. Grounded theory is developed from the data, systematically gathered and analyzed through the research process. This model places a priority on discovering the participant's meanings of their experiences and perceptions of reality. Charmaz (1995) described as:

The interpretive tradition relies on knowledge from the 'inside'. That is, this tradition starts with and develops analyses from the point of view of the experiencing person...Such studies aim to capture the worlds of people by describing their situations, thoughts, feelings and actions and by relying on portraying the research participants' lives and voices. Their concerns shape the direction and form the research. The researcher seeks to learn how they construct their experiences through their actions, intentions, beliefs and feelings. (p.30)

From this point of view, data collection, analysis, and development of theory stand in close relationship to each other (Strauss & Corbin, 1998). Whereas quantitative researchers set out to test hypotheses and theory, qualitative researchers in general do not begin the process with any pre-conceived theory in mind unless the goal is to extend and elaborate an existing theory. For this study, grounded theory will provide the conceptualization of the raw data. Glaser and Strauss believe that theory derived from the data is closest to the reality of the phenomena under study rather than putting together concepts or speculating from experience. Grounded theory has the benefit of offering insight, enhancing understanding, and providing a meaningful guide to action (Strauss & Corbin, 1998).

Grounded theory uses three sets of coding techniques to deconstruct, analyze, and make meaning of the data. The three coding systems are open, axial, and selective coding, all of which will be utilized in this study.

Each interview is videotaped, which allows the principal investigator and research assistants to study the data in detail and develop content and process codes within the open coding system. Broadly speaking, during open coding, data are deconstructed into discrete parts - usually phrases or sentences in length—closely examined, labeled with a code that summarizes the meaning of the phrase. Subsequent phrases are compared to codes for similarities and differences (Strauss & Corbin, 1998), and either classified using the existing codes, or new codes are created. Basic codes that are considered conceptually

similar in nature or in meaning are grouped under more abstract concepts or higher order codes called categories. These categories become the basis for further reorganization of coding via axial and selective coding, resulting in development of a descriptive theory of the impact of homelessness on adolescent identity. Axial coding is the process of relating categories to their subcategories and selective coding organizes the major categories into a theoretical scheme that takes the form of theory. To aid in the recording and clustering of codes into higher level theoretical themes, Atlas Ti, a qualitative data manager, will be used.

Quantitative Analyses

The quantitative analysis will evaluate the degree to which sense of self is linked to behavioral difficulty. It is believed that self-concept, as measured by the Piers-Harris, will be affected by the experience of homelessness, and that these effects will have an impact on a broad range of behavioral symptoms as measured by the Youth Self-Report (YSR) and the Child Behavior Checklist (CBCL). The quantitative analysis is divided into three parts:

1. Compare this sample with national data on homeless families with adolescents and housed-poor children. The national data will provide a comparative sample.
2. Correlate the CBCL and YSR scores to assess how similar or dissimilar the scores are for a given parent-child unit and a correlation of the Piers-Harris and YSR to evaluate the relationship between how adolescents view themselves and reported behavioral problems.

3. Parse the sample (also called a median split) in which only those cases that fall furthest from the mean are analyzed for qualitative themes.

The scores obtained for each adolescent on the Piers-Harris will be correlated with scores obtained for the same adolescent on the YSR. Thus, an adolescent may score in the clinical range on the YSR and also score low on the Piers-Harris, suggesting problems affecting identity that may or may not be in response to homelessness. There is no assumption that homelessness caused the resulting scores on the Piers-Harris or Youth Self-Report. In addition, scores will be compared to national data on housed-poor children to examine differences, if any, between housed-poor children and homeless children.

CHAPTER4: RESULTS

Quantitative Results: Relationship between Self-Esteem and Behavioral Adjustment

Teen and Parent Ratings

The hypothesis for which quantitative measures were utilized in this study is that adolescents who reported themselves as having relatively “good” self-esteem or a “healthy” self-concept as measured by the Piers-Harris Self-Concept Scale were expected to report fewer behavior problems as measured by the teen version of the CBCL, the Youth Self-Report Scale, or YSR. Table 1 presents data relevant to evaluating this hypothesis. This table presents correlations between the most “global” scale scores, i.e., the total scores as opposed to subscale scores (including the total scores for the Piers-Harris, and for the YSR, the total scores for Internalizing and Externalizing behaviors and the combined Total Problem score).

As seen in this table, the “global” self-concept measure of the Piers-Harris, using only the raw scores, consistently displayed negative, moderately strong, significant correlations with the total scores of the YSR, with less of a relationship demonstrated with the Internalizing measure. (The raw scores, as opposed to t-scores, were used as raw scores are recommended for comparing scores within a sample with no comparisons made with other samples.) The Piers-Harris Total Score displayed moderately strong, negative, and statistically significant correlations with two of the three Youth Self-Report measures, i.e., with the Youth Self-Report Total Problems Scale, i.e., $r = -.45$, $p = .047$ and with the

Externalizing Score of this same measure, i.e., $r = -.50$, $p = .029$. There was also a “trend toward significance” with the Internalizing dimension of the Youth Self Report, i.e., $r = -.35$, $p = .102$.

That is to say, these data generally support the claim that adolescents with a self-reported “healthy” sense of self describe themselves as having relatively few behavior problems. Together, these data indicate that for this sample of homeless teens, self-concept is related to overall behavioral adjustment, with the largest amount of the variance due to the correlation between self-concept and such externalizing behaviors as lying, cheating, stealing, swearing, setting fires or running away, hanging out with bad company, drinking alcohol or using illicit drugs, demonstrating truant behavior and lacking in guilt, arguing, excessive bragging, destroying property, frequent fighting, teasing others, and displaying mood changes, and less related to Internalizing behaviors (preference to be alone, less talkative, shy, underactive, sad, withdrawn, somatic problems, loneliness, cries frequently, feels worthless, nervous, fearful, guilty, suspicious, worrisome, and self-preoccupied).

Table 1

Correlations between Global Self-Concept & Behavioral Problems

Scale	YSR Total Problem Score	Internalizing Score	Externalizing Score
Piers-Harris Total Score	-.447	-.348	-.500

The parent version of the Child Behavior Checklist (CBCL) was used in this study to validate YSR responses by adding another observational perspective about the teens' behavior – that of the teens' mothers. However, the parents' CBCL ratings did not demonstrate a significant correlation with the teen-endorsed YSR, $r = -.107$, $p = .704$. In other words, parents and teens did not significantly agree on the presence or absence of teen behavioral problems. The lack of a significant relationship between the CBCL and the YSR has been found in other research with certain clinical and sub-clinical populations (Handwerk, Larzelere, Soper, and Friman, 1999; Najman et al. 2001; Sourander, Helstela, and Helenius, 1999). As a result, it was decided to use the CBCL for comparison with other homeless teen and housed-poor samples but to omit the CBCL from the median split procedure used to identify those teens whose scores fell furthest from the mean on the self-concept and behavioral problem measures, for comparison of qualitative themes. In order to compare qualitative themes, it made most sense to use the teens' self-assessment of their degree of behavioral difficulties given that both measures were self-assessments.

Comparison of Present Sample to Other Homeless and Housed Teens

A two sample t-test was used to examine the differences between the means of the homeless adolescents in this study and those of Masten et al.'s (1993) study. Masten et al. compared a sample of homeless adolescents ($N = 147$) with a housed-poor sample ($N = 54$), matched for age and urban city dwelling. There are six groupings for comparison to the present study's results:

- 1) Total Problem Score from this study to Masten's homeless sample (Group 1);

Internalizing Score from this study to Masten's homeless sample (Group 2);
Externalizing Score from this study to Masten's homeless sample (Group 3);
Total Problem Score from this study to Masten's housed-poor sample (Group 4);
Internalizing Score from this study to Masten's housed-poor sample (Group 5);
and, Externalizing Score from this study to Masten's housed-poor sample (Group 6). In addition, the *d* statistic was used to measure the effect size given the small sample size of this study.

For Group 1 (homeless to homeless comparison), the difference between the means was not significant, $t(159) = 1.681$, $p = 0.09466$, with the mean for the present study = 60.7 and the mean for the comparison group = 54.9. This is a non-significant finding at $p \leq .05$, but is significant at $p \leq .10$. However, this is somewhat misleading given the sample size. Factoring out sample size using the *d* statistic, an effect size measure was generated, $d = 0.464$, representing a moderate effect. This suggested that the overall behavioral adjustment of the homeless adolescents in this study appeared to be worse than in Masten's homeless sample.

For Group 2 the difference between the means was not significant, $t(159) = 1.895$, $p = 0.059$. Similar to Group 1, this is a non-significant finding at $p \leq .05$, but is significant at $p \leq .10$, with the mean for the present study = 58.1 and the mean for the comparison group = 52.2. Factoring out sample size using the *d* statistic, an effect size measure was generated, $d = 0.501$, representing a moderate effect. This again suggested that in terms of internalizing symptoms, the homeless adolescents in this study were more compromised than those

adolescents in Masten's sample. Specifically, the adolescents in this study appeared to have more behavioral and emotional problems such as depression and anxiety, and, in general appear more withdrawn and have more somatic complaints than those homeless adolescents in Masten's sample.

For Group 3 the difference between the means was significant, $t(159) = 1.387$, $p = 0.16733$, $d = 0.415$, with the mean for the present study = 60.6 and the mean for the comparison group = 56.0. This is a significant finding at $p \leq .05$ with a moderate effect size. This suggested that the adolescents in this study were significantly more compromised in terms of externalizing symptoms than those homeless adolescents in Masten's sample. Specifically, the adolescents in this study demonstrate significantly more behavioral problems such as delinquent or anti-social behavior (e.g., frequent swearing, lack of remorse, associates with bad company, use of alcohol and illicit drugs), and, in general appear more aggressive (e.g., frequent arguing and fighting, loud and threatening behavior, mood swings) than those homeless adolescents in Masten's sample.

For Group 4 (homeless to housed-poor) the difference between the means were significant, $t(66) = 2.316$, $p = 0.02366$, $d = 0.688$. This was a significant finding at $p \leq .05$ with a large effect size. This suggested that the adolescents in this study were significantly more compromised in terms of total problem score than those in Masten's housed-poor sample. This suggested that the overall behavioral adjustment of the homeless adolescents in this study appeared to be worse than those in the housed-poor comparison group.

For Group 5 the differences between the means were significant, $t(66) = 2.6$, $p = 0.01148$, $d = 0.745$, with the mean for the present study = 58.1 and the mean for the comparison group = 49.4. This is a significant finding at $p \leq .05$ with a large effect size. This suggests that the adolescents in this study are significantly more compromised than those in the housed-poor comparison group. Specifically, the adolescents in this study demonstrate significantly more behavioral problems such as appearing withdrawn, feeling anxious and depressed, and experiencing greater somatic problems (e.g., fatigue, headaches, and skin problems) than those adolescents in Masten's housed-poor sample.

For Group 6 the differences between the means were significant, $t(66) = 2.105$, $p = 0.03907$, $d = 0.659$. Again, this is a significant finding at $p \leq .05$ with a large effect size. This suggested that the overall behavioral adjustment of the homeless adolescents in this study appeared to be worse than in Masten's housed-poor comparison sample. Adolescents in this study demonstrated more behavioral problems such as delinquent and anti-social behavior (e.g., frequent swearing, lack of remorse, associates with bad company, use of alcohol and illicit drugs), and, in general appear more aggressive (e.g., frequent arguing and fighting, loud and threatening behavior, mood swings) than those adolescents in Masten's housed-poor sample.

In summary, despite the small number of participants in this study ($N = 14$), the adolescents demonstrated significantly more behavioral problems than their peers in a comparison sample of homeless and housed-poor adolescents. Specifically, adolescents in this study demonstrated greater overall behavioral

problems such as being under-active and withdrawn, experiencing more somatic problems such as headaches, fatigue, skin and stomach problems, feeling depressed and anxious with a heightened degree of suspiciousness and fearfulness of others, being teased by others, feeling awkward in social situations, and a greater degree of aggression, delinquent behavior, inattention and impulsivity than both their homeless and housed-poor peers.

Qualitative Results

To examine the qualitative themes of the most extreme cases, a median split was used to identify those cases with a total score on the Piers-Harris and YSR that fell within four groups: 1) Low Piers-Harris/Low YSR; 2) Low Piers-Harris/High YSR; 3) High Piers-Harris/Low YSR; and, 4) High Piers-Harris/High YSR. A median t-score of 56 was obtained for the Piers-Harris and a median t-score of 50 was obtained for the YSR. There was one case with missing data, resulting in fourteen total cases to be divided into four possible groups. This procedure resulted in a total number of three cases for Low Piers-Harris/Low YSR (Group 1)—that is, those adolescents who endorsed having a poor self-concept or sense of self with few behavioral problems; four cases for Low Piers-Harris/High YSR (Group 2)—that is, those adolescents who endorsed having a poor self-concept or sense of self with significant behavioral problems; four cases for High Piers-Harris/Low YSR (Group 3)—that is, those adolescents who endorsed having a positive strong sense of self and few behavioral problems, and three cases for High Piers-Harris/High YSR (Group 4)—that is, those adolescents who endorsed having both a positive strong sense of self and yet

also reported significant behavioral problems. In each group only the two most extreme cases were selected for qualitative investigation—that is, only those cases, which fell furthest from the mean, were identified for comparison with teens in the other three “conditions.” As described in the Methods section, each of the selected cases and their respective qualitative interviews were coded using grounded theory.

After analyzing all coded data, there were no striking differences across all four groups. Surprisingly, teens across all four groups generally reported in their interviews experiencing similar problems in school, peer-relations, and self-concept, and adopted similar styles of coping. In other words, there were very few data from these teen interviews that could be used to explain the quantitative findings showing a correlation between self-esteem and behavioral adjustment.

However, as hoped for, the coded data do provide a rich description of the possible effects of homelessness across four domains: 1) Self; 2) School Life; 3) Peer-Relations; and, (4) Coping Style. Therefore, in the subsequent presentation of data, the qualitative themes for the four groups will be combined and presented in a narrative form, as in a case description, rather than as lists of codes for each teen. For more direct comparison of the codes for the teens in each group, see [Table 2](#), which lists the codes comparing the eight teens in the four groups. To review the process of qualitative analysis described in more detail in the Methods, the first step of coding is creating “open” (using coder’s language) or “in-vivo” “substantive” codes (using participants’ language) that capture the expressed meaning of a particular statement. These basic codes are

then clustered under *categorical* codes, and these categorical codes are then further clustered under broader, higher-order *theoretical* codes, which form the basis of descriptive theory. In the following description of the results, the categorical codes are italicized, and the theoretical codes are underlined.

Self

Homelessness as the Hardest Life Experience

Shelter Life is Hard

Over 50% of teens in this study reported that becoming homeless and living in a shelter was the hardest life experience they had to endure. In particular, many adolescents in this study experienced shelter life as oppressive.

Dee¹ and Mary, teens from Group 2 (Low Self-Esteem/High Behavioral Problems), did not report experiencing life within the shelter as a prison as did several teens; however they both reported experiences that made shelter life hard. Dee reported that in one previous shelter she was stuck accidentally by a hypodermic needle, requiring medical attention. She stated that shelter staff suggested she have an HIV test but only drew blood and sent her back to the shelter. Most strikingly, Dee said she still had the needle, but was unsure why she kept it. In addition, Dee reported feeling upset with frequent shelter relocation without any explanation from staff. Dee explained:

¹ All names of participants in this study have been modified to preserve anonymity and confidentiality.

It was a long time [stay in EAU] because they kept on switching us to different shelters. But they only kept us a day and switched us to a shelter. There for thirteen, ten days, and we get moved and moved.

Mary experienced similar frustrations in the EAU. She reported that the frequent relocation to new shelters was a “pain”, and that they were moved from one community to another. Like Dee, there was very little understanding or explanation for such frequent moving.

Todd, a teen from Group 3 (High Self-Esteem/ Low Behavioral Problems), shared that the shelter experience was hard because he had experienced living in a shelter several years earlier and that this time involved a tumultuous domestic relationship that required him and his mother to remove themselves from their home. As a result, Todd had to “start over” and “meet new people.” Todd did not elaborate on his previous shelter experience and any specific emotional challenges of having to start over.

Eric, a teen from Group 4 (High Self-Esteem/High Behavioral Problems), also reported that living in the shelter and the process of becoming homeless were his most difficult life experiences. Specifically, Eric stated that the EAU and the whole process leading up to the shelter such as family separations were the hardest life experiences he has had to endure.

Oppressive Quality of Shelter Living

Shelter experienced as jail

Kevin, a teen from Group 1 (Low Self-Esteem/Low Behavioral Problems), appeared less aware, or, at the very least, minimized several key issues that may

have impacted his sense of self. In particular, Kevin, like many adolescents in this study, experienced the shelter as similar to “being in jail.” Although he did not elaborate specifically on this point, he, like many adolescents in this study, reported that the shelter had an oppressive quality that was similar to a prison environment.

Similarly, Al, a teen from Group 1, also experienced the shelter as similar to being in jail. Al reported feeling “trapped down” or prevented from playing his music in his shelter unit, or simply having the freedom to do “what you want to do, as when you are in your own house.” In addition to other residents’ negative living habits such as throwing garbage on the floor and not maintaining a clean environment, contributing to an already extensive rodent infestation, Al stated that it was hard to “know who you can trust” in the shelter and that a culmination of these issues contributed to his experience of the shelter as being “hard.”

Security & other staff experienced as oppressive versus supportive

Several adolescents in this study shared that many of their interactions with staff produced negative feelings. Mary reported, what perhaps is the most worrisome aspect of her experience in the shelter, that residents were being treated “like dogs” by shelter staff. Mary stated:

And sometimes over here they treat you like dogs. The way they talk to you is like it’s not right because for me it’s like just because they are not in the same predicament we are in, they talk down to us. I don’t feel that’s right because just because you have a place to go doesn’t mean you can treat us the way you do. And I don’t find that right.

Mary stated that she would “piss them off” deliberately because she was upset. However, she remained aware that the shelter staff had the power to evict her and her father from the shelter. As a result, she was reluctant to assert herself when she felt devalued by staff. Because of these experiences with staff, Mary described the shelter as “being in hell.”

Kevin also shared witnessing shelter security guards infantilizing parents in the shelter. Kevin felt that security guards in the shelter related to residents as if “they were eight years old” and that it would make him “mad.” Kevin did not report any infantilizing experiences he personally encountered with security staff; however he did give the general impression of being angry having to witness staff disrespecting others.

Punitive Approaches to Control Residents by Shelter

AI reported that the shelter staff responded punitively to those residents who violated the “48-rule”—that is if a resident returned to the shelter after 48 hours of absence without prior approval from shelter administration, the resident and his or her family would be penalized by being placed in the “rat book” or watch list, or be evicted from the shelter. AI did not elaborate on how this practice affected him. However, he gave a general impression of feeling angry and upset, having to worry about such a practice, and that this was another approach by staff to control residents and inhibit their freedom to choose.

Similarly, Todd was greatly concerned about the punitive actions taken by shelter staff for violating the rules. Todd stated that “staying out” beyond curfew, resulted in a warning, and a second offense resulted in eviction and a return to

the EAU to start the process all over again. In addition one of the most striking issues in Todd's story was his report of security video surveillance. Todd described being "cautious" in the shelter as a result of frequent video monitoring by shelter staff. Todd stated:

So you have to be like, very cautious of what you do. Because they be watching you.

They got cameras, watching you all the time.

Some adolescents in this study reported that the shelter required all residents to appropriately and promptly respond to all fire drills, even if it occurred during sleep hours (e.g., 2 am). Eric, like other adolescents in this study, was affected by this practice and experienced it as punitive even though it was not intended as such. Eric commented:

If we have a fire drill in the middle of the night, at like one o'clock in the morning, and they don't knock on my mother's door for the fire drill, we get written up for that. They didn't knock on my mother's door and she was asleep. So sometimes my mother be mad, she be furious. And I be mad, too, because we got written up for stupid. It's very hard.

Loss of Freedom: Curfew and Sign-In & Out Procedure

Like many adolescents in this study, Dee felt that the shelter rules were too strict. The rules inhibited her ability to play with and enjoy her bike inside the shelter. Curfew, having been cited by other adolescents in this study as the antithesis to freedom of choice, is confusing to Dee. The concept of a curfew imposed by others outside her family is troublesome for her. In addition, she is unsure of her own shelter-imposed curfew time because time restrictions are related to the age of each resident.

Eric reported that the rules and regulations of the shelter made it difficult to live in the shelter. Like other adolescents in this study, Eric explained that curfew and the sign-in-and-out procedure, which every resident had to do upon entering and exiting the shelter, significantly contributed to his negative experience in the shelter.

Mary, like many of her peers in this study, felt the rules were too strict. Specifically, Mary reported that the sign in and out procedure, which residents must do upon exit and re-entry to the shelter, was a “pain.”

Al shared that being homeless and living in a shelter created a feeling of “being trapped down” or unable to freely come and go due to the shelter’s rules. Furthermore, Al felt these rules created a sense of not being real – feeling inauthentic. The impression was that strict shelter rules, particularly curfew, prevented him from exercising choice and free will, and that these experiences, coupled with feelings of despair and frustration, created a sense of inauthenticity.

For Todd, curfew restricted him and other residents from “staying out” late and that even during the summer months everyone had to honor their curfew.

Todd explained:

Whereas up here, you have curfew; can't stay out. Some people can't come in. Like if you were outside, right there, you have to go in at nine o'clock. And, if it's a hot day, on the weekends, they'll still say you have to go in.

Todd further reflected on his experience of having a home and the ability to come and go without worry of curfew. The only authority to check in with was his mother. Todd explained:

I have a place to go, you know. I don't have to worry about a certain time. I mean I was young. But, you know, I don't have to worry about a certain time, where you get major consequences for it, like in here. You know, start all over, if I come in late. I had to check with my mother. That's the only requirement that I had. Yeah, that's it.

Unsafe and Unlivable Conditions of EAU/Shelter

Dee reported that the Emergency Assistance Unit (EAU), where she and her mother registered as homeless and temporarily resided, was dirty and infested with roaches and rats. The EAU was over-crowded and many people, including Dee, slept on benches or on the floor. In addition to the EAU's rodent infestation, Dee described the EAU as "dirty" with "mad rats" (slang for many rats), and that many residents have pets, despite the "no pet rule" in the shelter. Dee reported that the rodent problem was so severe that she asked her mother if she could stay at her grandmother's house on the weekends. Dee also shared that the food provided by the EAU was inedible. She reported witnessing fellow EAU residents getting sick from eating the food in the EAU. Dee and her mother had limited income to purchase food outside of the shelter. However, on occasion her mother bought food from McDonald's Dollar Menu as an alternative to the dinner served in the EAU. Dee shared:

In the EAU... We had to eat there, but we went up to McDonalds sometimes. It was real nasty. And they had little kids, my mother's friend's son, he had food poisoning. And that's why we didn't want to eat stuff in here [EAU]. But we ate anyway.

Similarly, Mary reported that the EAU was "dirty" and that many young children in the EAU were unkempt, ungroomed, and appeared to have a "bad

smell". In addition, and perhaps most worrisome for Mary, was her father getting sick from the "filth in the EAU". Mary stated that her father had "rashes all over his body."

Like Dee and Mary, Shelly shared that the EAU conditions were unlivable. Specifically, Shelly reported that she became ill, after eating food from the EAU and had a difficult time getting well in that environment. Shelly reported that her condition, which she described as a stomach virus, worsened when she entered the shelter.

In addition, several teens shared either witnessing frequent physical fights in the shelter or being directly involved in a physical altercation with another shelter resident. Dee described frequent physical violence in the EAU and during transport between shelters. She reported one incident where a man in the EAU pulled out a knife on another resident during a fight. No one was hurt in the fight; however, Dee recalled feeling afraid.

Like Dee, Mary reported that there were frequent fights in the EAU, and that witnessing these fights increased her isolation and withdrawal from social interaction in the EAU. Mary stated:

Since I been in this whole process, I have been a quiet person. I know how to interact with other kids, but it has been lowered. I really don't interact with other kids because of the EAU. Because when I was in the EAU I was talkative with a lot of people and, if I said something, they would go and turn it around and they would go and tell somebody and that person would tell another person and there be a lot of fights. So that is why I learned to stay by myself and just be quiet.

In addition, Mary was threatened directly by another resident in the shelter. According to Mary, a woman in the shelter who she borrowed money from, demanded her to pay more than she borrowed and threatened her with a knife. Mary reported that she allowed the woman to say whatever she wanted and that, as close as they came to fighting, a fight never occurred. Mary acknowledged that she could have reported her to shelter staff; however, filing a report may have created more problems than it solved. According to Mary, if she had decided to report this woman, it is likely that shelter staff would have held her equally responsible and that it would have been used against her applications for permanent housing.

Similarly, Shelly reported a high frequency of physical fights in the shelter. She stated that she witnessed fights, at times, on a daily basis. On one occasion, her friend, who Shelly described as bi-sexual, was attacked in the shelter by other adolescents simply because she was “different.” Shelly stated that she felt “stressed “by this experience. Shelly shared:

It was really stressful because my friend that lives here, she's like my best-friend in this place, and what really stressed was that it's stupid how girls could fight over the dumbest things. What stressed me out was that, when people wanted to fight her because of what she was, that stressed me so bad. I mean, it just drove me crazy; I had to write a song about that. She goes both ways. I don't look at her like that, you know, like she's a bad a person and she don't know what she doing... she making the wrong decisions in her life. I don't look at her like that. I liked her because she was “real” you know. She gave me advice about people in here and what to expect in here and what not expect in here and

how to go about things in here. I've been here a long time ago. What stressed me was that people wanted to fight her for the stupidest things -- and when she had a fight one day people was running in my face telling me that how she got punched in the eye. That really stressed me out because I was like get away from me, don't talk to me, and don't even touch me. I was so stressed out I started crying, and, when I started crying, I didn't want to talk to nobody. But then she called me on the phone after she had the fight. People really don't want to talk after they fight, but she called me and she told me that she was okay.

Another issue that alarmed Dee, which was reported by two other teens in this study, was that residents stole from each other. Dee recalled, "It was on the third and fourth floors. They would steal going through people's windows." She reported almost witnessing a theft and she still appeared quite upset when reporting this during the interview.

Mixed Emotional States

Less Motivated & Active

Many adolescents in this study reported having difficulty remaining motivated to complete tasks or even participate in extra-curricular activities due to the increased stress of living in a shelter. Todd shared that he was having difficulty remaining motivated to do things in the shelter due to constant worry of being relocated to another shelter. According to Todd, having to meet new people and start over in a new shelter significantly diminished his motivation. Similarly, living in very small units in the shelter, where multiple family members

must find adequate but limited space, significantly increased his frustration and diminished his motivation. Todd shared:

There's me, my mother, and two, and us three... And she has to sleep where the kitchen is at. It's not cool. And you can open the door and you'll see her in the morning, when we go to school. And we sleep in the back. It's not really a room neither. There's a window, no door, a closet, bathroom is right there. It's very, you know, cramped up. You know, and sometimes you get frustrated. You just want to do nothing. Just sit here. Have to deal with it, you know, to get through it. You have to deal with it.

In addition, some adolescents reported perceiving themselves differently since moving into the shelter. Todd shared that he experienced himself as less active, highlighting a more active lifestyle prior to homelessness. Todd reported feeling bored and having fewer activities to do since moving into the shelter. Similarly, Mary described herself as “talkative, outgoing, and a fun person to be around.” However, since moving into the shelter, Mary reported perceiving herself as less fun and less able to express herself authentically. Mary shared:

I had my friends... it was just fun and I got to express myself and I got to be me and not pretending to be somebody I'm not. Over here I don't know these people and if I say something wrong, I won't be able to be myself because people may think of me like crazy.

In addition, Mary noted that, after several fights and confrontations inside the EAU, she had become more isolative and withdrawn. Mary gave the general impression that she perceived herself as more active and engaged

interpersonally and that after several incidents with peers in the EAU, she became more constricted and withdrawn socially.

Increased Worry & Hopelessness

Both Shelly and Dee identified two feeling states that they struggled with while in the shelter. Shelly shared that experiencing the death of her friend's mother in the shelter increased her worry about her own mother's mortality. Shelly's mother has known medical problems and smokes cigarettes, which have exacerbated her conditions. Shelly has the additional responsibility of caring for her mother, as her mobility is limited. Shelly explained:

I told my mother recently, I was like, "Mom you need to stop smoking. You need to stop doing a lot of things." She looked at me... she was like, "Yeah, I know." But, I think she knew what I was trying to get at. But you know, I care... cause recently my friend told her that her mother died in here. She died. I just talked to that girl's mother like... like the week before she died I just talked to her. That made me think about my mother. Four people died up in here recently and I feel like it's ... my mother is all I have and she ain't going no where. She ain't going to be dying quickly like that like all these other people cause I swear if I lose my mother ... I ain't going to be the same.

Dee shared feeling hopeless that adult caregivers such as her mother and teachers were powerless to change her experience of being teased by school-peers. Consequently, Dee suppressed her feelings and reported few problems to her mother. When asked about her mother's or teacher's reaction to being teased by her peers, Dee shared:

No. Cause they [peers] just talk about me. I ain't tell the teachers that I am. If I told them...but what could they do? Tell my mother? And what would she do?

Changes in the Family System

Disruption of Family Time & Routine

Eric reported that given the various things he has to attend to as a result of being homeless, he was unable to visit and spend time with extended family. Eric stated that he felt “bad” about this, but also appeared helpless and hopeless.

Eric explained:

I don't get to see much of my family that much no more, since I don't have my own apartment yet. And I don't get to see much of my distant family, like my cousins. And my sister, I don't get to see them that much no more. So like the role that I play, is like, it's not there that much like it used to be. So I don't get to do what I do that much for my family. Or at least until I get out of here. It makes me feel bad. Because I know my little cousin would like to see me and my other family. And I can't get the chance to go see them because I got to do this and do that.

In addition, Eric reported that since his family moved into the shelter, he has had significantly less time with his mother due to her focus on obtaining an apartment. As mentioned earlier, Eric enjoyed his quality time with his mother and reported that he felt “most like his real self” when he was with her. Therefore, any significant loss of time with her affected him. Eric recalled:

She used to take us to museums. She used to take us to the zoo and stuff. But now, I don't think she's much interested in that. She's mostly interested in getting her apartment, so she don't want to go to the zoo and the museum. She is focused on

getting her apartment, and she won't have the money for it, because she got to buy stuff with the welfare card and all that. And she won't have enough money for us to go to the museum and to the zoo and all that.

Kevin noted that the hardest life event he has had to adjust to was living with his mother in the shelter. Although he lived with her prior to living in the shelter, he admitted that the additional stress of living in the shelter increased tension between them. Kevin reported that his mother has "mood swings", and, since moving to the shelter, she has yelled at him repeatedly, and, at times, unfairly. The additional stress from living in a shelter appeared to exacerbate an already troubled parent-child relationship. In addition, Kevin reported that his identified role in the family has changed to be a "mediator between his older brother and his mother." Kevin stated, "The shelter is making my brother and my mother crazy, and I am trying to hold them together."

Adultification

Todd stated that he felt more worried and tense. Prior to living in the shelter, Todd reported his only worry was "life" and "completing homework" so that he could attend trips, and watching television shows. However, since moving into the shelter, his concerns have shifted from completing homework to getting an apartment. Interestingly, before the interview, Todd was unaware of how involved he was in the daily functioning of the family. In fact, as he described a typical day of events, he reflected on the many things he was now responsible for and surprised at the sheer amount of extra work he did for his mother since moving into the shelter. Todd shared:

The things I worry about then, to now, compared to now, was life...Or I have to do my homework, so I don't miss a trip. Now I have to worry about, I have to get home. I have to make sure my mother's OK. I have to see where my brother is at. Get in contact, you know, with my aunt or something. You know, see how they're doing. Make sure, you know, the hospital, who's going to the hospital for me...have to stay on it. Apartments, we have to stay on that. Make sure everything is getting through. Make sure we get our mail. Make sure she checks the mail. Make sure it's good news. You know, stuff like that. Actually, I didn't really...I didn't really notice that I had to do all that, until now.

Interestingly, Todd felt that his increased responsibilities within the family increased both his own self-awareness, his awareness of others, and his awareness of how his behavior affected his mother. In fact, he felt that he now had more empathy for his mother, after having to manage adult daily tasks. Todd shared:

I see it as, if I didn't take on the bigger picture, it'd take me a long time to do certain things like I do now. Like, worry about people who work. Like my mother. Worry about my mother. I'd have probably never been worried about it. She would have been there, and that would have been it. But now, you know, I know certain things. I know what she's going through and that makes me more aware. And I'm more there, so I can take on bigger things, and I don't have to worry about the small things...Sometimes when we play a lot, and she be drained out, I'll go up there and give her a hug and a kiss. You know, she won't go to sleep like, "Why do I always have to talk to them this way?" Even though we do these things, we still thinking about you. We didn't do it just to hurt you. We just did it, you know. We just, you know, bored. We just needed something to do.

School Life

Major Disruption of Academic Experience & Performance

Negative Effects of Shelter Relocation

Most adolescents in this study reported similar challenges with regard to academic performance, achievement, and overall school experience. The most striking issue reported was the effect of frequent shelter relocation.

Academically, Dee struggled to maintain satisfactory grades; however, her struggle was exacerbated by frequent relocations between the EAU and Tier II shelters. Dee reported that, at times, the EAU staff would wake her up at 3:00 am to go to another shelter, interrupting her sleep and making it virtually impossible to be mentally and physically prepared for school. Dee stated that she was “mad” and that she would not go to school due to fatigue, resulting in a significant increase in school absences. As a result, Dee’s academic performance plummeted and she had to attend summer school that year.

Unlike Dee, Mary withdrew from school as a result of frequent EAU relocations. The chaos of having to change schools frequently made it impossible for Mary to adjust to her new school. In fact, Mary not only had to change schools, but she also had to relocate to a different borough or community that was unfamiliar. Mary stated:

I haven’t been to school because of the EAU; how could I go to school if I went from one shelter to another shelter to another hotel to motel to hotel...and in Queens I was only there for three weeks and if they put me in school in Queens, how am I gonna report to school, if they are gonna transfer me over here. That is why we decided that once we

found a steady place, then I would start school. But I am not gonna start school in the Bronx and then go to Queens and then from Queens to the Bronx or I am not gonna stay in school in Queens and move to the Bronx and then go to school in Queens. That was crazy. So my father and I decided that once we are in a steady place, that is when I would go back to school.

In addition, Mary lost a year of school due to the frequent relocations and chaos of the shelter system, and, consequently, was retained as a junior in high school.

Kevin reported that he dropped out of school prior to moving into the shelter as a result of two previous academic retentions and difficulty gaining admission to local schools. Apparently, Kevin continued to attend a school where he lived prior to moving into to the shelter. However, once in the shelter, his commute to school required him to wake up at 5:30 am each day, resulting in increased fatigue and difficulty maintaining academic interests. Eventually, Kevin decided to drop out of school and begin a GED course at a local school.

Eric reported that because of frequent relocation to new shelters, he had to change schools regularly. According to him, he changed schools “every six months”. However, Eric denied any emotional reaction to this disruption in his routine, and, when asked about any concern he had about school peers knowing his status, he replied, “I don’t think about it”—a very similar approach shared by several adolescents in this study. In addition, Eric did share that he missed his friends from school and that having to regularly relocate to a new shelter, interrupted his connection with those friends.

Eric explained:

It bothers me because I'll be thinking about those was my friends, and I don't get to see them no more, and all of that. So that bothers me sometimes a little...I probably had the phone number, but I lost it. That really made me mad.

Increased Absences & Tardiness

Several adolescents in this study reported experiencing significant difficulty arriving at school on time and more absences as a result of increased fatigue and illness.

Shelly experienced significant disruption in her academic life. Shelly reported that due to illness, she experienced greater difficulty getting up in the morning and going to school. Shelly did not, however, report that the shelter environment caused her illness. However, it appeared clear that she noticed that she was sick more, and that this had a negative impact on her academic performance. In addition, Shelly also reported having greater difficulty getting to school on time. She reported that her absences and tardiness in school resulted in missed exams which reduced her academic grades significantly. Shelly explained:

So when I'm at school, I just like doze off in math or science....As we moved here, me getting to class on time was like a problem...that's why they changed my program to like 4th period. Getting here, getting from here to school on time for second period wasn't making it for me, and I was skipping class so that went on my report card. My grades were bad and I didn't like that. So this semester I'm trying to get my grades back up.

In addition, Shelly shared that she noticed a significant reduction in her overall academic performance and attributed this change to not getting enough sleep.

Shelly did not explicitly attribute her difficulty sleeping to the shelter environment. However, based on other reports from other adolescents in this study, it is likely that the shelter environment was less conducive to healthy sleep patterns, and that the shelter environment played a significant role in her experience.

Challenges in Teacher-Student Dyad

Uniquely, Shelly reported experiencing a lack of empathy from her teachers specifically when she tried to explain why she was absent and tardy.

Shelly shared:

So, I was really not feeling ... this year. But it really hurt me, cause I couldn't really go to school. The teachers asked me why I was excessively absent and, you know things like that, and I like to tell them. But when I tell them that, they look at me like I'm crazy. They say that's no excuse. That is a good excuse, cause I aint come to school, if I'm sick. I don't want to pass my germs down to the next person that's sitting next to me in the classroom.

Peer Relations

Emotional Challenges with Peers

Reluctance to Disclose

All adolescents in this study reported experiencing challenges in interpersonal relationships since becoming homeless and living in a shelter. Specifically, most adolescents felt reluctant to disclose their homeless status to peers often due to previous negative experiences from disclosure and/or anticipated negative reactions from peers. Many adolescents were greatly

concerned with the way their peers would treat them after disclosure of their homeless status.

Todd, who appeared to have some success with making friends in and out of the shelter, withheld disclosing his homeless status to school peers. He anticipated that, if he disclosed living in a shelter to his peers, they would act differently to him. Todd shared:

People might make jokes about it and stuff. Friends I have now, probably, would stay away. I don't know why, but they probably would. I would have to make new friends, with different people that are not really bothered by it. So, I just keep it to myself.

When Todd was asked to elaborate, he shared:

Just you know, they might change. Act a different way. They might act different. Oh, you're in the shelter. Do you really, this, or... You don't act the way you was just before I told you that, so that's why I just keep it away. You know, don't worry about that. That is why I don't go forward with that

Todd explained that he was very cautious with whom he shared his homeless status. In fact, he only shared his status with others in similar circumstances. He reported that he was even unable to share his experiences with close peers. In addition, like other adolescents in this study, he was unable to report to the interviewer any feelings about this struggle such as embarrassment or humiliation.

Like Todd, Carlos decided not to disclose his homeless status to anyone. And like Todd, Carlos was unable to report any feelings about this struggle. In fact, Carlos denied any struggle by stating, "I don't really care anyway as long as

I have a place to sleep". However, when asked why others might not share their experiences of being homeless with their peers, Carlos responded that "they would be embarrassed".

Kevin, like some adolescents in this study, reported having little difficulty making friends within the shelter. Kevin reported using basketball and other casual arrangements such as sitting on the bench in the courtyard to meet friends. However, making friends and sustaining friendships outside the shelter was more complex, as it required him to withhold sharing where he lived or any information that could be interpreted as "living in a shelter". In other words, Kevin reported "no difficulty" making friends outside the shelter, as long as he withheld disclosing his living situation. Kevin admitted that he never shared his living situation with anyone in school. Kevin stated that he was quite "embarrassed" and ashamed of living in a shelter, and decided not to tell anyone about his living situation. Kevin believed that, if he disclosed living in a shelter, his peers would "single him out and tease him for a month or two. And that even when the jokes stopped, people would still bring it up." According to Kevin, if he disclosed his homeless status, he would become a scapegoat for his peers. In particular, during moments when peers are joking and teasing each other, if he were to laugh at their jokes, a peer could easily say, "oh, you live in a shelter, shut up." Interestingly, Kevin did disclose his homeless status to one very close friend, whom he believed would not tell others.

Dee struggled to explain her situation to a friend who wanted to come to her home. Dee shared that she has had to come up with alternate explanations to discourage friends from asking to come over to her home. Dee stated:

Yeah, my friend, Laquisha at school, she wants to come to my house. And I don't even know what to say to her. What am I supposed to say? I been in the shelter? And she ain't my true friend, that I trust her with that...Oh yeah, she wants to come and I was like, "You can't come over today, because I have to go to my after school program." Well I can't tell her that all the time. So what am I supposed to say? My mother don't like company? That won't make sense. Especially she don't ask me no more. I don't really care.

When asked why she didn't tell her friend, Dee further explained:

Tell her about the shelter? I ain't telling her that. That's something you keep to yourself. You don't tell that to people. Cause you never know, she might tell that to the whole school. Cause that happened to me at PS 157. My shelter was right here, and my school is right across the street. And they found out that I was in the shelter. And they kept on picking on me. I was crying sometimes. But it was like, I told my mother, but, she didn't do nothing.

Dee became very cautious with whom she shared her homeless status as a result of previous teasing and rejection by peers.

Mary, like Dee and other adolescents in this study, struggled with finding a balance between initiating and maintaining friendships without disclosing her homeless status. However, Mary reported more emotional challenges. Mary

stated that she is “scared” of disclosing her living situation for fear of her peers’ reaction. Mary shared:

I am scared to say something because of what people might think of it...like oh she’s in a homeless shelter; she has no home this and this and that...nah so I just keep it to myself.

Mary anticipated negative reactions from her peers, if she disclosed her homeless status. Consequently, Mary isolated herself from her peers, and, like Dee, developed alternate explanations for her living situation. Even her closest friends believed that she lived with her grandmother; Mary gave them her grandmother’s contact information to avoid explaining her living situation.

Overall, Mary reported seeing her friends less and “unable to have a good time” as in previous years. As a result of her reluctance to disclose her homeless status, Mary creatively used other relative’s telephone numbers and addresses to “sidestep” questions regarding her living situation. Mary explained:

I would not give them this address. I would not let them know that I live in a shelter. I would give them my grandmother’s address at 167...It’s not that I am ashamed of it; I’m really not. It’s just people; they are rude and some don’t have nothing nice to say. I wouldn’t want anybody talking about me like oh she lives in a shelter, she is homeless. So for that I just give them my grandmother’s address. I don’t give any of my friends in Jersey this number. Like when my father had his cell phone, I would give them his cell phone number and he would pass the phone to me. But I would not give them this number. If not I would give them my grandmother’s number and my grandmother would be like oh she is not here.

Although Mary reported feeling no sense of embarrassment or shame about living in a shelter, one would imagine that her efforts to create other numbers and addresses were attempts to avoid shaming by others and perhaps an attempt to cope with her own shame.

Shelly was equally cautious with disclosure of her homeless status and had to find creative ways to effectively maneuver around questioning and discussion of her living situation. Shelly explained:

The reactions that they [peers] might give; what they might say or how they'll feel about me in a different way. So I just, I just leave it. Most of them really don't ask me, where I live at, cause I don't tell them. But if you ask me where I live, I'll tell you, the Bronx. Just like that, "Bronx."

Difficulty Connecting with Peers In & Out of the Shelter

Mary reported that she isolated herself from peers within the shelter. According to Mary, it was rumored that many peers in the shelter used drugs, and, given her own past drug use and decision not to use, she protected herself from relapse by isolating from most peers in the shelter. Mary also shared that there were frequent fights in the shelter which further contributed to her decision to "keep to herself." Mary further explained:

When I am here, I really stay inside. I don't go out to talk to other kids. I really don't go out and just stay outside. I stay inside because I talk to people and I don't know what they are or what they're about. It's true you can never judge a book by its cover, but for that same reason I would stay inside because you never know what that person is about. Me

personally I would not like to live in a shelter. I just hope that we get our place soon and get out of here. I don't like to be in here forever. It's terrible.

Although Todd reported no significant problems making friends outside the shelter, he did report anticipating difficulty making friends inside the shelter.

When asked about making friends within the shelter, Todd reported that he has not attempted to make friends due to the frequent moving of residents. According to Todd, his experience being in other shelters led him to believe that making friends inside the shelter was useless and "bothersome." Todd shared:

By the time you become real friends, one of them leaves. They move on. They go far, they go close. But they have to leave. If you do hi, bye, that's it.

During his last shelter stay, Todd made a few friends who lived in the community and visited him in the shelter. Todd shared:

I had a couple of friends. Like people come to your house, though, they lived there. They actually lived there. They actually lived in the area, and I was in the shelter. And we were friends for a while. Then we had to come here. And if it's going to be like that, it's no use.

In addition, Todd, like other adolescents in this study, was unable to invite friends to visit him or any "overnight guests." As a rule, no one was allowed to visit residents in their units. Todd appeared less affected by this practice than other adolescents in this study. His strategy was simply to visit his friends in their own house and when asked about his home he would explain that his home was "too far away."

Unlike some of his peers, Al experienced little difficulty making friends in the shelter. However, he withheld disclosure of his homeless status from peers outside the shelter. Many of his peers already knew he lived in a shelter, because some of his peers from the shelter attended the same school and others used to live in the shelter. Most striking was Al's visible discontent with being unable to visit friends that lived outside the shelter for any extended period of time due to shelter curfew rules. Al felt that these rules, among others, created a feeling of "being in jail" and that he "just wanted to get out" of the shelter.

Disruption in Dating Practices

Embarrassment & Worry

When it came to dating relationships, Kevin reported that living in a shelter inhibited his desire to date. In fact, Kevin developed an elaborate scheme to discourage dating relationships. Specifically, Kevin shared that, if a girl was interested in dating him and wanted to come to his house to see him, he would say playfully, "You are out of luck, my mother is home. You can't come over. I can't have company." Although Kevin did not elaborate on how this experience impacted him emotionally, he gave a general impression of feeling embarrassed or ashamed of disclosing his living situation and admitted as much in his previous discussions.

Todd, like Kevin, felt constricted by his experience in the shelter and the emotional dilemma of having to explain his living situation. Todd stated:

If a person wants to come over, to come pick me up, or might want to meet parents or something. You know, I would have to tell them the whole thing. So you know I just have friends, girls, as friends.

Todd shared feeling embarrassed by his living situation, and he worried that his homeless status would negatively effect a potential romantic partner's reputation. In other words, he worried that his partner would worry. Although he had not experienced this situation, he believed it could happen if he disclosed. Todd explained:

Maybe because of her reputation, she thinks her reputation might get ruined or something. You're going out with a person that lives in the shelter.

Shelter Rules

Several adolescents in this study reported that the shelter rules limited their ability to date. However, Todd is the only adolescent that provided a description that also addressed the loss of parental authority in dating decisions. Todd explained that the rules of the shelter, particularly curfew, prevented dating and that in previous years he would simply ask his mother and notify her of his whereabouts and he would be able to remain on his date until later in the evening. However, at the shelter, his mother was no longer the authority figure, as her parenting style is overshadowed by the rules of the shelter and enforced by the security staff. In other words, Todd's mother did not have the "final say" whether he could go out on a date and return home to the shelter at a time they both agreed. Given these various emotional challenges, Todd decided to put dating on hold, as did several other adolescents in this study.

Carlos stated that he refused to date anyone who lived in the shelter and did not state whether he dated anyone outside of the shelter. Carlos did not offer any explanation or elaboration, and when asked about his decision to refrain from dating within the shelter, he simply stated, "I don't know why."

Coping

Disidentification² through Positive Reframing

Reframing Homelessness

Most adolescents in this study rejected the notion of being homeless and instead used positive reframing to describe their current living situation. These descriptions appeared to provide a certain distance or detachment from identification with homelessness and its associated feelings.

Al rejected the notion of being homeless and recasted his experience as simply "without an apartment". Al stated:

The situation is that we got to get an apartment and it's not like we homeless cause we got a place to live and a place to stay, and we got food on the table to eat and it's... We got clothes on our backs and shoes on our feet. So basically, it's like, all I want to do is just get out of here. That's my main thing.

Similarly, Todd did not accept the perspective of being homeless. Instead, Todd recasted his experience, describing it as "living in a shelter, and therefore not homeless." In addition, and quite interestingly, Todd reported that he was "in

² The term has been used essentially to describe the process of preserving self-esteem in situations in which one is psychologically vulnerable. Steele's (1992) theory of disidentification has been used to explain African-American students' poor academic performance and their paradoxically high self-esteem.

between homeless and homelessness.” In other words, Todd found it difficult to describe his “place” in the sense that he has a roof over his head to protect him from the rain and food to eat, but he was equally aware that it was not his own home. However, this was not simply a play on words, but rather a mental juxtaposition, one that made it difficult to commit to and therefore identify with being homeless. Todd shared:

Homeless to me is you know a person on the streets, without a place to eat and sleep.

When it's raining, you might have no place to go. That's what I think homeless is. Me, I think I'm just, you know, I would say homeless, but not homelessness. It's you know, in between.

Todd further described his experience of having to grow up quickly, as a result of living in a shelter, and having to go through homelessness, as an education or “preparation” for the future. Specifically, Todd stated:

Growing up fast, you know, it's good in a way. So you won't have to go through certain things. Like, knowing things before you are actually supposed to find out. So when it actually comes up, you'll be aware of it. Mother is talking to me about this. You'll say, if I have these responsibilities now, when I get older and have kids; I'll know what to do and how to act towards them, things like that.

Shelly acknowledged that others might view her as homeless, but she, like Todd, recasted her experience as one in which she has a roof over her head, clothes, and is well-groomed. Shelly explained:

I mean people would look at it...you know other people would look at it like, "You homeless; you're a bum" and stuff like that. But see, I don't look at it, I still look at it like

we got a roof over our heads and we have clothes on our back, and we always stay fresh and clean.

Carlos rejected the perspective of being homeless as well. Carlos believed that he was not homeless because he did not sleep on the street. Instead, Carlos recasted living in a shelter as a “helpless” situation. Carlos explained:

I think homeless is when you really have no where to stay ...like now I have somewhere to sleep, I'm not outside on the streets outside sleeping in the sidewalks...that's homeless when you sleep on the sidewalks and not inside.

Mary did not define herself as homeless. Specifically, Mary acknowledged that she had other housing options such as living with her mother. Instead, she chose to live with her father in a shelter. Perhaps having other housing options from which to choose buffered some of the effects of living in a shelter. Mary's only other coping strategies were somewhat simplistic and concrete: to isolate from peers, avoid problems in the shelter, and “take one day at a time”.

Eric, like many other adolescents in this study, used reframes to modulate his experience of shelter life. Specifically, Eric viewed living in the shelter as normal as living in a house with rules and regulations to which one has to comply. Eric explained:

It really don't bother me. Because living in shelter is normal, like living in a house. You just got to live by rules and regulations. So it really don't bother me that much. Like, I don't feel uncomfortable telling people where I live at.

Although Kevin did not explicitly reject the perspective of being homeless, he did make use of a reframe that likely buffered his experience. Kevin believed

that he had “hit rock bottom and that it [his situation] can only get better.”

According to Kevin, his situation was already improving. Kevin shared:

And when I think to myself, like, I’m like at rock bottom, so I don’t think... it can’t get no worse than this. Only thing it can do is get better, so. And it’s getting better.

Cognitive & Affective Suppression

Thought Blocking

Throughout the interviews, several adolescents reported coping with their living situation by suppressing their thoughts and feelings about being homeless and living in a shelter out of their immediate awareness.

Al mentioned “not thinking about it” as his primary way of coping with living in a shelter. Al shared that “by not thinking about it, (he) is able to stay calm” and remain relatively free of frustration.

Eric reported that he too tried not to think about the shelter. When outside the shelter, he pursued his interests, and only when it was curfew, did he think about the shelter. Eric did not elaborate on this point, however, he gave the general impression that he attempted to “block” or negate the thought of the shelter from his conscious experience for a considerable time period.

Similarly, Todd believed that it was important not to think about the shelter while away from the shelter, especially in school or during activities away from the shelter.

Use of Primary & Extended Social Support System

Having Supportive Family & Friends

As discussed earlier, many adolescents in this study reported losing connections with friends and extended family as a result of being homeless and frequent shelter relocations. However, some adolescents were fortunate to sustain their interpersonal connections to supportive friends and family despite being homeless.

Although Kevin felt he had little familial support while adjusting to the shelter, he did acknowledge having supportive friends from his old neighborhood and using them to distract him from his shelter woes. These friendships appeared to have some mediating effect on his adjustment to the shelter. However, Kevin did not elaborate on his use of this coping strategy.

Shelly discussed receiving very helpful advice from her grandmother, father, and mother which she appeared to draw strength from in the face of adversity particularly her shelter experience. Shelly proclaimed:

Advice. She [grandmother] tells me, "Shelly you're young, intelligent, unique girl... you know, and you're the only one in your family that's a girl... in my family", and she says, "You could sing you have a nice voice. You could play basketball I've seen." She never has seen me play basketball. She even put me in the choir with my family. I volunteer... I said, "Yeah grandma, I'll be glad to join your choir." So I have to go over there weekends to practice with them. My mommy. My daddy and a lot of people... my friends [are supportive].

Similarly, Mary reported that her strongest source of support was her father, who lived with her in the shelter, and managed to create a "home" for her within the shelter. Mary shared:

Even though this isn't my permanent home, this is, just for him; he makes it feel like it is. He makes the place feel safe and with him I feel like I can count on him and I have a place. He is the one that makes the place feel like home. Because, if it was just my mom and my sister and me and my brother, it would feel like the old home again. It wouldn't feel right. He is the one who makes it feel right.

Todd provided the best description for use of this coping strategy. He shared that not only talking to family helped to reduce the stress associated with shelter life, but that it specifically increased hope. Todd found hope and strength through his conversations with his family living in the shelter. Todd explained:

Sometimes, something bothering you, you know, you don't really feel like talking about it, after a while you'll talk about it. After a while, I'll talk about it. You know, she'll tell you, she'll bring up things so I can be happy about it. Like, because she sent out applications for the apartment, right? So she's like, We about to fill out this one right here. And we'll fill it out together. I'll be like, yeah, this one going to come through. And she'll like, when we apartment hunting, she'll say things like what we'll put in this room, other rooms, stuff like that. Give a person hope.

Reach Out, Ask for Help, & Talk

Talk about Shelter Experience

A few adolescents in this study reported experiencing a degree of relief from stress by talking to others about their shelter experience.

Kevin shared that, if playing sports or engaging in shelter activities weren't possible, talking to other residents was helpful in his adjustment to the shelter.

Kevin suggested to “sit on the benches and talk to somebody”, as a way to utilize peers and other residents of the shelter in stress reduction.

Todd explained that talking about the stress of living in a shelter was helpful, but that discussions should not be limited to just problems. Todd believed that conversations with friends and family about topics unrelated to the shelter were equally important in combating stress and adjusting to the shelter. Todd shared:

So if you have stress, you have to talk about it. And then you'll be OK with it. You might not be a hundred percent, alright. At least you got something off your chest, to talk about. You have other peoples' point of view about what you were thinking about or what was bothering you. You'll see how they think about it. Then you'll think about it in a different way. So then you'll calm down about it.

Maintain Continuity and Connection to Pre-Shelter Lifestyle

Preserve Interests & Daily Routine

Two adolescents reported a coping style that focused on preserving their connections to their lifestyle and daily routine prior to becoming homeless. The general impression was that they attempted to “carry on” with the traditions and rituals they were accustomed to prior to homelessness in an attempt to minimize the effects of their current living situation.

Eric suggested that pursuing positive interests particularly those prior to homelessness, alleviated stress or at least minimized its effect on him. Eric explained:

Try to do what you used to do when you wasn't living here as much as possible. So you won't be stressed out and miserable and all that.

Like Eric, Shelly too believed that, by maintaining her daily routine, she was able to manage her stress and maintain a feeling of continuity with her lifestyle prior to becoming homeless. Shelly stated that she “comes and goes” and “goes to school and comes home,” similar behavior patterns to her life prior to the shelter.

Use of Activities & Entertainment Media

Listen to Music & Watch Television

Most adolescents in this study made use of activities and entertainment media to combat the emotional hardships of homelessness. Not surprisingly, approximately 30% of adolescents in this study reported watching television as their primary tool in regulating their emotions and managing their stress.

Eric reported various coping strategies that he regularly utilized to cope with his shelter experience. Watching television and listening to music were two strategies he used to effectively manage his emotional reactions to living in a shelter. Eric also reported that hanging out with friends and simply “trying to make the best out of it” were also helpful strategies. Eric explained:

Me, it's tough. I just try to make the best of it. I just try to make the best of it, like I'll still go out with some of my friends when I want to. Like if I'm in the house, I just sit down, listen to music, and watch TV. So I just try to make the best out of being here. I'm going to have to deal with it no matter what.

Shelly also shared that she too has found music to be effective in reducing her stress. Shelly reported:

Certain things stress me. I don't know what. Like, okay just sometimes me and my mom we don't really have like a tight bond like that. That really stresses me cause I could do the littlest thing. She'll yell at me. But I let it go. I just go and my CD player. And then if she tells me I can't go outside, I get mad and I just go in the kitchen and write a song. It's always something with me doing with music. If I get an attitude with somebody, I go in the house and do something that got to do with music or else I would not be the same.

Participate in Activities

Some adolescents reported participating in activities within the shelter to reduce their stress while others reported a need to seek activities outside the shelter.

Eric shared that participating in activities outside the shelter helped to alleviate stress from events inside the shelter. Eric explained:

Yeah, I find them [activities] helpful, because it can get my mind way off the things here. Like stressful things here. I ain't got no apartment to live in, and all that, so when I go out there, it takes my mind off of all that. Off of being stressed in the house.

Similarly, Todd stated that one way he adjusted to living in the shelter was staying active. Todd felt that by staying active and keeping himself preoccupied with activity helped him deal with his shelter experience. Todd did not specify whether the activity was inside or outside the shelter. However, the general impression during the interview was that most of the activity was outside the shelter.

Kevin also acknowledged that being involved in activities within the shelter was very helpful and aided his adjustment to shelter life. According to Kevin, having the opportunity to play basketball, football, or use the “multi-purpose room” provided a forum and activity to relieve stress.

Respite Time Away from Shelter

Getting Away from Shelter Provides a Temporary Reprieve

Several adolescents reported throughout the interviews a need to leave the shelter whenever possible and that their absence from the shelter provided time to reconnect with friends and not have the pressures of the shelter “in their face”, as one adolescent put it.

Kevin credited leaving the shelter for several hours a day as being helpful and providing a temporary reprieve from the stress of the shelter. Kevin gave the general impression that he used each opportunity to leave the shelter as a way to balance his overall experience of homelessness.

Al, like Kevin, found relaxation and pleasure by leaving the shelter for several hours a day. According to Al, he would return to his previous community and attend parties and “have fun on the little side”—in other words, have fun outside the shelter without the shelter’s knowledge.

Find a Balanced Perspective

Identify Positive Factors of Shelter

Uniquely, Shelly reported that she found comfort from viewing staff as helpful and that this perspective allowed her to make adequate adjustments to shelter life. Shelly shared:

Now, see, I mean like, y'all are crazy. I was like it might be crap, it might be bootlegging, it might be ghetto, but at least you're still here you know. You're still here. You have people around you that will help you and see you through it, and see that you do have a real place to stay. I think nobody in here should be saying any of those things, cause if that's the case then -- if they have a domestic violence case, you have somewhere to stay where nobody is gonna come in here and do nothing to you because you have a lot of safety -- you got people who care.

Think Positive

Al shared that thinking positively and minimizing negative self-talk also aided in his ability to cope with shelter life. However, Al did not elaborate on his use of this coping strategy.

Discharge of Anger

Yell or Punch Something to Release Anger

Kevin uniquely reported that he coped with living in the shelter by using various strategies such as remaining patient and trying to “stick it out and make the best of the situation.” However, Kevin also acknowledged that he does get quite angry with the shelter rules and that, if he is unable to do something because of the shelter’s rules, he would “punch something” or “yell” to release his anger rather than take his anger out on someone.

Table 3

Summary of Higher-Order Codes and Corresponding Groups

	Group 1		Group 2		Group 3		Group 4	
	TEENS							
Higher-Order Codes	1	2	3	4	5	6	7	8
Hardest life experience	•	•	•	•		•	•	
Oppressive quality of shelter living	•	•	•	•		•	•	•
Changes in the family system	•					•	•	•
Mixed emotional states			•	•		•		•
Major disruption of academic experience and performance	•		•	•			•	•
Emotional challenges with peers	•	•	•	•	•	•		•
Disruption in dating practices	•				•	•		
Disidentification through positive reframing	•	•		•	•	•	•	•
Cognitive and affective suppression	•	•				•	•	
Use of primary & extended social support system	•			•		•		•
Reach out, ask for help & talk	•					•		
Maintain continuity and connection to pre- shelter lifestyle							•	•
Use of activities & entertainment media	•					•	•	•
Respite time away from shelter	•	•						
Find a balanced perspective		•						•

In summary, comparisons of the qualitative codes among the four groups formed from high and low behavioral problems and high and low self esteem did not reveal meaningful differences. However, as expected, the data did provide a range of themes that were clustered into sixteen conceptually-rich categories, seven of which represented the effects of homeless and nine of which represented the coping strategies used by these homeless adolescents. These categories created the foundation of a descriptive theory of the effects of homelessness on adolescents' sense of self. The categories representing the effects of homelessness on adolescents' sense of self were: homelessness as the hardest life experience, oppressive quality of shelter living, changes in the family system, mixed emotional states, major disruption of academic experience and performance, emotional challenges with peers, and disruption in dating practices. The categories representing these adolescents' coping strategies were disidentification through positive reframing, cognitive and affective suppression, use of primary & extended social support systems, reaching out, asking for help & talking to others, maintaining continuity and connection to pre-shelter lifestyle, use of activities & entertainment media, use of respite time away from shelter, find a balanced perspective, and aggressive discharge of anger.

CHAPTER 4: DISCUSSION

Several empirical studies have investigated the effects of homelessness on school-aged children's psychosocial well-being. However, few studies have examined the effects of homelessness on adolescent development and even fewer studies have been devoted to the study of the impact of homelessness on adolescents' sense of self. The purpose of this study was to examine the impact of homelessness on adolescent sense of self across four domains: 1) self concept; 2) school life; 3) peer relations; and 4) coping style. It is believed that these four domains significantly contribute to adolescent psychosocial functioning and development of selfhood. Furthermore, it is believed that the self will be affected by the experience of homelessness and that these effects will have an impact on a broad range of behavioral problems.

Findings

Analyses of the quantitative data obtained a statistically significant correlation between adolescents' self-concept and behavioral problems. The analyses found moderately strong significant negative correlations between the Total Score of the self-concept measure and the total problem score of the YSR, as well as with the Externalizing subscale, with less of a relationship demonstrated with the Internalizing subscale. In other words, the data generally supported the claim that adolescents with a self-reported "healthy" sense of self also reported themselves to have relatively few behavior problems. In addition, the self-concept measure displayed a "trend toward significance" with the Internalizing dimension of the behavioral measure.

There was no evidence to suggest that the parents of homeless adolescents reported their child's behavior in the same manner in which their children described themselves. The correlation between parent and child agreement on self-report measures of behavioral problems in this study was -.107.

This finding is consistent with previous reports that have compared the YSR to the CBCL particularly within a clinical and sub-clinical sample. Several studies have found a very low-to-moderate parent-adolescent agreement. In one study it was found that adolescents reported significantly more problems than their parents did and that girls reported significantly more distress than boys, and the discrepancies between the two measures were greater for girls and observed mainly on the internalizing dimension (Sourander, Helstela, & Helenius, 1999). Sourander et al. (1999) reported correlations between the CBCL and the YSR in the range of 0.4. In a meta-analysis by Achenbach et al. (1987) the correlation between parent and adolescent reports was 0.25 and several more recent reports confirmed a similar low-to-moderate parent-adolescent agreement. Najman et al. (2001) found little relationship between parent and adolescent ratings. Lastly, Drotar et al. (1995) cautioned researchers using these two measures particularly when interpreting the data from culturally, ethnically, and economically diverse samples. In particular, the meanings of various problems such as depression, psychotic, or somatic problems may be interpreted by parents from diverse socio-economic experiences differently, and they may have different thresholds for distress or concern about a particular problem or both.

Based on the present study's findings, a decision was made not to use the CBCL in dividing up the adolescents into 4 groups and utilize only the YSR in comparison to the Piers-Harris Self-Concept measure. This decision was consistent with the recommendations from several researchers who believed that adolescents are likely the best reporters of their own behavior, and therefore, the YSR would best represent adolescents' self-reported behavior problems.

At the same time, because the CBCL is the most utilized measure of parent reporting of their child's behavior, and most studies that compare homeless youth to normative samples use the CBCL, the CBCL was still used in the present study to compare parents' responses from this study to another sample of homeless parents with adolescents. That is, use of the CBCL provided the most robust comparative measure of children's behavioral problems as reported by their parents to compare to other homeless adolescents and a normative sample of housed-poor adolescents. It should be noted that there were no studies found that utilized the YSR in comparison to other adolescent YSR reports within a homeless population—an obvious direction for further study with this population.

Adolescents in this study demonstrated greater overall behavioral problems such as being under-active and withdrawn, experiencing more somatic problems such as headaches, fatigue, skin and stomach problems, feeling depressed and anxious with a heightened degree of suspiciousness and fearfulness of others, being teased by others, feeling awkward in social situations, and a greater degree of aggression, delinquent behavior, inattention

and impulsivity than both their homeless and housed-poor peers from the Masten sample. These results are congruent with two other studies of homeless school-age children. Both studies found higher but not necessarily significantly higher scores on the CBCL in homeless children when compared to housed-poor children. In addition these two studies found higher rates of homeless children in the clinical range (Bassuk & Rosenberg, 1990; Rescorla, Parker, & Stolley, 1991).

There were several adolescents in this present study reported as having severe behavioral problems and clustered at the clinical to sub-clinical range. In fact, 43% of the adolescents in this study fell in the clinical range -- defined as a T score of 60 or higher for Total Problems, Internalizing, and Externalizing. This finding is significantly higher than Masten's (1993) sample which found only 37% of homeless adolescents in the clinical range. In addition, 43% of adolescents in this study scored in the clinical range on the Internalizing measure, while only 27% were found in the clinical range in Masten's sample. On the Externalizing measure of the CBCL, 50% of the adolescents in this study scored in the clinical range, while only 40% of those adolescents in Masten's sample scored in the clinical range.

Overall, homeless adolescents in the present study demonstrated significantly more behavioral problems than their peers in a comparison sample of homeless and housed-poor adolescents.

In addition, adolescent interviews were analyzed for thematic data and revealed significant evidence of scholastic, social, interpersonal, and familial

disruption that the teens attributed to homelessness. In fact, global themes appear across all of their interviews, painting a clear picture of how the process of homelessness and living in a shelter affected their sense of self and overall well-being. Several interviews were identified from the median split procedure for thematic coding based on whether the total scores on the Piers-Harris and YSR fell within four groups: 1) Low Piers-Harris/Low YSR; 2) Low Piers-Harris/High YSR; 3) High Piers-Harris/Low YSR; and, 4) High Piers-Harris/High YSR. This procedure evaluated whether there was significant convergence or divergence of experience with regard to being homeless and living in a shelter. Surprisingly, there was little divergence across the four conditions. In fact, most themes centered on several key issues that speak to the challenges adolescents confronted as a result of living in a shelter and their attempt to negotiate and survive their experience. What follows is a theoretical synthesis of these emotional challenges and coping strategies.

Theoretical Synthesis

The findings from this study have implications for psychological theory of the possible effects of homelessness on adolescent identity development. Homelessness and living in a shelter under such strict superimposed order by shelter staff; harsh, violent, and inadequate living conditions; cut-offs from supportive others; and difficult academic adjustment, all negatively impact the exploratory process.

Erikson (1963) viewed adolescence as a developmental stage critical for the formation of ego identity and this process involved an integration of social

roles and interactions. The present study demonstrates that homelessness may truncate or exaggerate adolescents' family roles—that is, some have experienced reduced roles in the family while others have noticed increasingly responsible roles. Some adolescents reported taking care of their siblings more than prior to being in the shelter, and others reported taking on more adult functions to assist their parent, losing opportunities to explore self through after-school programs and other peer-related activities. This pattern of adultification of adolescents could potentially lead to role confusion or foreclosure of exploration of self-interests. This may manifest in the form of amotivation, depression, confusion, and struggles with self-direction or agency—all of which were reported by adolescents in this study. Loss of self-agency and motivation can potentially lead to despair, hopelessness, and a loss of future aspiration. Donahue and Tuber (1995) reported that homeless children, particularly those who have been homeless for a longer period of time, demonstrated limited aspiration and sense of accomplishment. Similarly, most adolescents in this study demonstrated limited ability to think futuristically and aspire toward goals. This is consistent with Eriksonian ideas of foreclosure and identity confusion in which adolescents discontinue self-exploration due to increased premature social demands. Premature discontinuation of self-exploration limits development of fidelity—the ability to genuinely commit to a person or task. In other words, homeless adolescents may struggle to some degree to commit to a person such as a boyfriend or girlfriend or a task such as educational or vocational goals as a

result of current challenges to think hopefully about their future. As Erikson (1959/1980) stated when describing adolescence:

The danger of this stage is identity diffusion; as Biff puts it in Arthur Miller's *Death of a Salesman*, "I just can't take hold, Mom, I can't take hold of my life." Where such a dilemma is based on a strong previous doubt of one's ethnic and sexual identity, delinquent and outright psychotic incidents are not uncommon. Youth after youth, bewildered by some assumed role, a role forced on him by the inexorable standardization of American adolescence, runs away in one form or another; leaving schools and jobs, staying out all night, or withdrawing into bizarre and inaccessible moods. (p. 97)

In addition, peer groups provide adolescents with the relational experience to experiment with expressions of identity. It is true that parents influence their adolescents' attitudes toward the future and perception of social reality. However, peers provide the ground for learning new social skills and support in sharing new experiences (Zani, 1993). This study demonstrated the significant disruption in peer group experience and the challenges of self-exploration. Self-exploration requires freedom to explore self with others. The self-peer group exploration is limited by shelter rules such as curfew and the anticipation of being shamed by peers upon disclosure of living in a shelter. Consequently, homeless adolescents may withdraw and isolate from interpersonal relationships and forgo dating relationships which may ultimately retard development of fidelity and relationships skills.

School experiences provide another forum in which adolescents experiment with explorations and expressions of identity. Homeless adolescents

in this study generally struggled academically, with several withdrawing from school entirely. Peer teasing, unempathic stances taken by teachers, increased absences and tardiness as a result of frequent shelter relocation or difficulty sleeping soundly due to shelter chaos, significantly contributed to overall academic decline. For homeless adolescents school may become less of an opportunity for self-discovery and further exploration, and more a place to risk further shaming and humiliation by peers.

Given the various emotional challenges of living in a shelter, adolescents in this study had to develop coping strategies to adjust to their environment. There were nine key coping strategies reported.

Disidentification is a process by which one attempts to redefine oneself by renouncing aspects of self with the hope of relieving anxiety. Jose Esteban Munoz (1998) defines disidentification as “the survival strategies the minority subject practices in order to negotiate a phobic majoritarian public sphere that continuously elides or punishes (p. 4)” subjects who fail to conform to normative culture. This is clearly evidenced in the social stigmatization of homeless adolescents and their families. Several adolescents in this study reported using positive reframes to disidentify with both the conscious experience of homelessness and the resulting affect. Some adolescents outright rejected the notion of being homeless. Perhaps the most interesting reframe reported was to view growing up quickly in a shelter as preparation for future decision making. These reframes allowed adolescents to reject or at least distance themselves from emotional conflict and likely increased their sense of hope.

These findings on disidentification and the use of reframes to reject the felt experience of homelessness is consistent with previous studies. Deforge et al. (2001) reported rejection of being homeless as a major theme among children's perceptions of homelessness. Disidentification has been written about extensively in the area of gender and academic identity, but little, if any, has been written about this process with homeless adolescents, particularly those of ethnic minority origin. This is an obvious area for future research.

Thought suppression is defined as the purposeful forgetting of thought content of an affect or sensation. In other words, a person attempts to forget thoughts that arouse negative emotions as a way of regulating mood and reducing distress. Some adolescents reported suppressing thoughts about the shelter and placing being homeless out of awareness. For example, one adolescent stated, "I just don't think about the shelter" and others stated that not thinking about being homeless helped them maintain a sense of calmness.

Many adolescents coped with shelter life by utilizing primary and extended social supports. Visiting friends from their old neighborhood and extended family created a sense of connection and belonging. Many adolescents found comfort away from the shelter and made use of every opportunity to participate in activities outside the shelter. However, there were several factors that limited access to this coping approach such as curfew, 48 hour rules, inability to have visitors in units, and the stigma of being homeless.

Some adolescents found it helpful to reach out and talk to others in the shelter. This strategy provided both a social connection for adolescents, as well

as a source of comfort and camaraderie. However, there were several factors that limited access to this obvious coping strategy. Several adolescents reported fear of making a connection with other peers who then leave the shelter unpredictably. In addition, several adolescents feared violence and theft of personal property if they reached out to others in the shelter.

In addition, several adolescents reported attempts to maintain continuity with their pre-shelter lifestyle. Many adolescents attempted to maintain pre-shelter activities, their usual daily routine, and connections to people that represented life prior to the shelter. This strategy likely provided a degree of normalcy and familiarity which had been lost entering the shelter system. However, there were several factors that limited access to this coping strategy such as curfew, inability to have visitors, frequent shelter relocation, and the stigma of being homeless.

Other coping strategies included utilizing media entertainment such as watching television or listening to music. These devices were used to self-soothe and normalize their experience.

Finally, some adolescents found comfort creating a balanced perspective by using positive thinking and positive self-talk, and reflecting on positive attributes of the shelter. This strategy may have provided a sense of hope and gratitude. Unlike the positive reframe approach, the goal of this strategy was not to disidentify with homelessness. Rather, the use of this strategy required accepting homelessness and acknowledging both positive and negative aspects of shelter life.

There was one additional coping strategy that is worth noting. This strategy was reported by an adolescent whose interview was not discussed. It expanded on the strategy of finding a balanced perspective on present circumstances by projecting into a more positive future. Temporal displacement to the future is a defensive reaction to current dysphoria. Essentially, a person using this coping strategy attempts to imagine the future as a more hopeful, pleasant experience. According to Akhtar (1996), these fantasies protect a person from grieving over the unattainable and from experiencing forbidden pleasure in their current life. One adolescent shared that he would imagine what it would feel like to leave the shelter and obtain a job, and what it would feel like to have a home at some point in the future. Many homeless adolescents who live in a shelter for a prolonged period of time begin to feel helpless and hopeless about their situation and less confident about attaining permanent housing. This strategy provided both an endpoint to current dysphoria and hope for a more positive future.

Implications for Public Policy

The findings from this study have many implications for public policy and shelter programming. Based on this study, homeless adolescents experience many emotional challenges. The overall impact on the self, school, and peer relations are substantial. However, shelters may find it difficult to develop policy and programming that potentially could intervene in these areas. Clearly, the typical authoritarian style of management in shelters does not seem warranted given the research showing the negative impact of such a style on homeless

families. Shelters are required to maintain order and minimize chaos, but many do so using overly strict rules and consequences that are perceived by adolescent residents as punitive. In the process of maintaining order and safety, the shelter may unwittingly reinforce shame and demoralization.

Currently, there is a great deal of policy transition at the state and city level nationwide. In New York, as part of its five year plan to end chronic homelessness and reduce dependency on shelters, the city created *Housing Stability Plus*, a restructuring of rental subsidy programs. In November 2003, Mayor Bloomberg convened a group of public, private, and nonprofit leaders to develop a long-term, multi-sector strategy to respond to the increasing family homeless population. On June 23, 2004 Mayor Bloomberg announced the Department of Homeless Services' Plan titled, *Uniting for Solutions beyond Shelter: the Action Plan for New York City*, a long term strategy with short and mid-term objectives for reducing dependency on temporary shelter as the predominant response to homelessness. This 10-year action plan is a collaboration between business, nonprofit, and public sector communities to address homelessness at its core. The plan is a nine point strategy which marked a shift from dealing with homelessness after the fact to proactive, preventive initiatives aimed at reducing the number of individuals and families who become homeless and therefore require shelter services. The plan aimed to overcome street homeless, prevent homelessness, coordinate discharge planning, coordinate city services and benefits, minimize disruptions to families whose homelessness cannot be prevented, minimize duration of homelessness,

shift resources into preferred solutions, provide resources for vulnerable populations to access and afford housing, measure progress, evaluate success, and invest in continuous improvement. Although a bold initiative with good intentions, this plan still misses the fundamental “human” problems of homelessness. Based on this study’s findings, adolescents are tremendously and negatively affected by the oppressive nature of living in a shelter, particularly by the harsh, non-supportive experiences with shelter security, unlivable conditions, strict rules, loss of connections to supportive others, and disruption in academic performance and peer relations. As such, the best policy and programming a shelter could provide that the state and city governments could support would address the oppressive quality of living in a shelter and the major disruptions in academic and peer relations. For example, state and city governments could provide additional funding for community schools to accommodate higher numbers of homeless children, and provide an on-site educational resource center that would assist adolescents with remedial services and linkage to community-based academic programs. This strategy has the added potential of reducing frequent changing of schools and premature termination of academic development.

Friedman (2000) offered a model for shelter programming that would take into account the challenges adolescents experience while living in a shelter. Friedman suggested a “Power With” model which acknowledged both the stress and hardships shelter residents and staff experience co-existing within the shelter system. The overall model addresses the interpersonal dilemma and

power struggle between homeless residents and staff. Its basic premise is to hold all adults accountable for their actions, staff and residents alike, reducing to some extent the hierarchical nature of the relationship. From this point of view, community bonds are built, and healing and restoring of parental self-esteem, strengthening of families, enhancing service providers' sense of efficacy, and an overall sense of empowerment are all possible.

In addition to this model, other strategic changes are required. Given that adolescents are residing with their parents within the shelter, respect for parents of these adolescents is an obvious requirement. Frontline staff, particularly security guards, have an opportunity to facilitate and support bonds between parents and their adolescents that may well live beyond their time in the shelter. This shift in the manner in which staff relates to adolescent residents and their families requires a review of the mission statement and possible retraining of staff.

Furthermore, shelter administration could benefit greatly from a self-study model in which they routinely survey residents' views of services, staff relations, and make recommendations for further service and staff-resident development. Some shelters have developed a resident council that represents the opinions of other residents in meetings with administration. It may be quite effective to introduce an adolescent council to similarly offer opinions about services and activities relevant to their particular needs in the shelter.

As mentioned in a previous example, academic and peer-related problems may be addressed programmatically through in-house educational preparation

and remediation and linkage services to community-based educational resources. In addition, the shelter could offer conflict resolution workshops that teach skills to diffuse conflict, and provide engaging activities for teens that allow for peer interaction. Many adolescents in this study reported reluctance to disclose their homeless status to peers for fear of their reaction. Their fear of peer shaming affected their ability to initiate friendships and dating relationships. On-site counseling services such as individual and group may address the fear of shaming and demoralization impacting their social relationships. Furthermore, these additional services have the added benefit of increasing adolescents' use of effective coping strategies.

Given that the federal government has ceded many public policy and resource decisions to state governments, it is now possible to effectively lobby for increases in quality assurance. It is critical that state policymakers and legislators become more aware of the absence of concern about adolescents' emotional wellbeing and that this issue needs to be a criterion for quality assurance. Quality assurance issues include the physical environment of the shelter, food, health, social, and recreational services, and shelter rules and enforcement of such rules. These quality assurance measures would need to also address the health hazards of the EAU.

Implications for Clinical Work

Clinicians who work with homeless adolescents need to understand the emotional challenges specific to their situation. Given the oppressive quality of shelter living and the major disruptions in academia and peer relationships, it is

little surprise that homeless adolescents may present with a range of behavioral problems such as frequent fighting, lying, cheating, and arguing, and exhibiting truant behavior, as well as emotional problems such as prolonged sadness, amotivation, loneliness, anxiety, anger, frustration, and guilt. Clinicians who are aware of these problems and understand the possible sources such as fear of or having the experience of being shamed and humiliated by others (e.g., shelter staff, peers, teachers, and therapists), fear of violence within the shelter, living conditions of the shelter, loss of a sense of normalcy and daily routine, and loss of connections to supportive others, have an opportunity to effectively intervene. By listening empathically and remaining aware of homeless adolescents' sensitivity to shaming and demoralization, clinicians are in a position to offer a stable, consistent, and nonjudgmental relationship from which to work through these emotional challenges.

In addition, clinicians working with homeless adolescents and their families need to understand how they cope with their experiences. Adolescents in this study reported use of many coping strategies. In particular, the use of positive reframes and suppression of thoughts about the shelter was most common. Clinicians may assist homeless adolescents to further develop effective coping strategies while identifying those current approaches that seem less effective.

Limitations & Future Directions

Although this study has many advantages over previous studies whose authors examined the different effects of homelessness on adolescents' overall

well-being, the findings must be viewed with caution given the limitations in the study's design and measurement of key variables. There are two major limitations that compromise the findings in this study: the correlational and cross-sectional nature of the design; and, a small sample size.

The correlational and cross-sectional nature of the study's design makes it impossible to determine causality. For example, it may be the case that those adolescents who were reported to have significant behavioral problems already had behavioral problems prior to the experience of homelessness. One could argue that homelessness is a process involving several stages of stressors and that the root causes of homelessness such as poverty created a degree of vulnerability to behavioral problems in children and adolescents. It is also possible that adolescents may attribute some of their problems to homelessness when, in fact, the problems may be due to other sources such as learning problems, mental health issues, and family conflict.

To address these important arguments, one that could potentially tease out the contributing factors, a longitudinal design could be employed. Adolescents whose families are at risk of homelessness could be interviewed to determine current challenges and then those that become homeless could be re-interviewed and compared to those who remain housed. This kind of study is increasingly feasible given that some shelter operators are now offering preventive services to families at risk of homelessness.

The small sample size of 15 teens is the study's greatest limitation. Having such a small sample created two problems: one, when comparing the means

from this study to the means of a comparison study; and two, when using the median split procedure to divide the interviews for qualitative analysis. Having a small sample size made it difficult to demonstrate significant effects. Therefore, the d statistic was used to estimate the size of the effects without being “penalized” for having a small sample. Hopefully, future studies using a larger sample can replicate these findings.

In addition, the low number of participants in this study resulted in only a few cases in each of the four conditions for qualitative investigation. The risk of not obtaining a case in a condition was therefore higher as a result of this small sample.

In addition to replicating the findings of this study and taking into account some of the limitations and suggestions already discussed, there are several interesting directions future research might take to extend the findings of this study. Three general directions worth pursuing are possible mediators and protective factors involved in the relationship between homelessness and psychosocial adjustment, the impact of race and ethnicity on self-concept and behavioral problems among homeless adolescents, and the use of particular coping strategies to mediate the effects of homelessness. These are discussed in turn below.

Few researchers have focused on those factors that appear to buffer the experience of homelessness. It is true that some adolescents in this study appeared relatively unscathed and reported few behavioral problems and no significant problems in the way they view themselves. It would be interesting to

know what protective factors assisted these adolescents, not just coping strategies. For example, two questions could be added to the interview that may pull for additional protective factors: Who in your family do you feel the most connected to and experience the most hope from; and, what spiritual or philosophical ideas have helped you adjust to living in the shelter? A child's attachment to a parent or other significant person and the use of a spiritual practice has been shown to be useful protective factors that may increase resistance to risk factors for behavioral problems (e.g., drug abuse).

In addition, given that the sample was overwhelmingly populated by ethnic minority participants, it would be wise in future studies to investigate the impact of race and ethnicity on self-concept and behavioral problems. Although adolescents in this study did not report any experiences with racial discrimination or other race-related issues prior to living in the shelter, it is possible that race played a role in the way adolescents viewed themselves and in their psychosocial adjustment to shelter life particularly given the oppressive quality experience of the shelter.

One question ripe for further clinical conceptualization and discussion is to what extent disidentification by reframing and thought blocking, which were both popular coping strategies of adolescents in this study, mediate the experience of homelessness. Many studies have reported that homeless children reject the notion of being homeless and others deny or minimize experiencing any negative affect or thought in reaction to being homeless. It would be clinically useful to know how adolescents utilize this coping strategy and how effective this strategy

is in mediating their homeless experience. Given the general findings that girls tend to score higher on the Internalizing measure of the CBCL and boys on the Externalizing measure of the CBCL, it would be interesting and clinically useful to identify coping strategies and divide them across gender. This procedure may provide additional data on the different ways in which adolescent boys and girls cope with their homeless experience.

Conclusion

Homelessness is a significant social problem, affecting thousands of families each year, especially those with school-aged and adolescent children. Despite being the fastest growing segment of the homeless population in all large cities, families with adolescents are particularly vulnerable because many of these youth are at high risk for drug-use, anti-social behavior, premature-academic withdrawal, and becoming homeless themselves. Experiences of traumatic entry into the shelter system which may include physical violence and other threats by others, theft, and rodent-infested living conditions of the EAU, are heavily implicated in the overall negative experience of living in a shelter and its effect on the self. In addition, harsh, punitive, and unsupportive shelter staff who demoralize and shame homeless adolescents significantly and negatively affect their self experience. Fear of being teased by peers negatively affects homeless adolescents' desire to date and connect interpersonally, and frequent relocation to other shelters exacerbates and frustrates an already emotionally challenging academic experience. It is obvious that any effort, be it through research, clinical, or public policy, that addresses these critical issues impacting

homeless adolescents at a particularly critical period in their psychological development is noteworthy and groundbreaking. Research on homelessness, particularly with adolescents living with their families, needs to be advanced and disseminated in the general population to increase awareness of its deleterious effects.

On a final note, Harold Proshansky wrote on the significance of place identity and the meaning and ownership of places. From his point of view, having a stable home is crucial to successful integration of the self in adolescence. Places and objects within those places shape the evolving sense of self, becoming integral parts of the person. Rivlin (1991) in a tribute to Proshansky wrote:

Prominent in all of the work on home is the power of the feelings about home—sometimes for the childhood home, sometimes for the home created as an adult, and sometimes for the home that never was or the home that was lost. (p. 10)

APPENDIX

Adolescent Interview

Emotional & Identity Development: The Self

--How would you describe yourself?

--Tell me about something that you've done or that happened in your life that says something about who you are as a person? (After the teen has described the incident, if you're not sure whether this event occurred before or after he/she entered the shelter, find out).

--In which situations do you feel most like yourself-situations where you can really be you?

--In which situations do you feel that you have to be different or act differently than you would like to, just to fit in?

--What experiences, people, events, or other things in your life have made you who you are today?

--Tell us the hardest thing or things you've gone through in your life.

--Tell us something that happened in your life or that you've done that you feel proud of.

--What is your role in the family? For instance, are there particular things you do or say in the family that others don't do or say?

--What do you like most about yourself?

--What do you like least about yourself?

--What word or words would you use to describe the situation you and your family are in now? (If teen asks, "What do you mean?," say, "You know, being here.")

--When did you first use those words to describe it that way?

--What words do others in your family use to describe it?

--What other words have you heard people use to describe this situation?

What are your thoughts and feelings about those words?

-- (If teen has not used the word "homeless," ask): What about the word, "homeless?"

--If I had met you before your family (USE TERM THAT TEEN OFFERED FOR CURRENT SITUATION), how would you have described yourself then? And why?

(IF TEEN SAYS HE/SHE WOULD NOT DESCRIBE HIM/HERSELF DIFFERENTLY, ASK) How did it stay the same?

--How has your role in your family changed, if at all, since (USE TERM THAT TEEN OFFERED FOR CURRENT SITUATION)?

--Have you begun to work? If so why? If not, why? (Teens 14+)

--Have you given thought to what job you would like in the future? Why that particular job?

Peer Relations

--How do you generally go about making friends? How has that changed if at all, since your family (USE TERM THAT TEEN OFFERED FOR CURRENT SITUATION)?

--How has being (USE TERM THAT TEEN OFFERED FOR CURRENT SITUATION) affected your ability to make friends at school? At other places?

--Have you tried to make friends in the shelter?

--Have you thought about dating? Have your feelings about dating changed since you (USE TERM THAT TEEN OFFERED FOR CURRENT SITUATION)?

--Who have you told that (USE TERM THAT TEEN OFFERED FOR CURRENT SITUATION)? Why that person? (If teen says they haven't told anyone, ask) What's kept you from telling others?

School Life

--What changes have you noticed, if any, in the way you feel about school since you and your family (USE TERM THAT TEEN OFFERED FOR CURRENT SITUATION)?

--Do you feel you are treated differently in school? (If teen says YES, ask) In what way?

--How do you feel (USE TERM THAT TEEN OFFERED FOR CURRENT SITUATION) has affected your ability to succeed in school, if at all?

Feelings about Parent Getting a Job

--How do you feel about your parent(s) moving from welfare to work, getting employment? (PROBE FOR POSITIVE AND NEGATIVE ASSOCIATIONS)

Coping with Homelessness

--Some people deal with (USE TERM THAT TEEN OFFERED FOR CURRENT SITUATION) in different ways. How do you deal with (USE TERM THAT TEEN OFFERED FOR CURRENT SITUATION)??

--What have you found specifically helpful to deal with living in the shelter?

--What are things you have kept doing in your life despite (USE TERM THAT TEEN OFFERED FOR CURRENT SITUATION)? (If teen seems confused, say): For instance, at school, after-school activities, things in the family, etc? How have you done these things?

--When you think about yourself as a person, your good qualities, what's helped you cope with keeping doing these things even though you're (USE TERM THAT TEEN OFFERED FOR CURRENT SITUATION)?

--What are the qualities about your family or other people in your life that have helped you cope with keeping doing these things even though you're (USE TERM THAT TEEN OFFERED FOR CURRENT SITUATION)?

--If you could think of a few things that you would recommend to other teenagers about how to cope with (USE TERM THAT TEEN OFFERED FOR CURRENT SITUATION) and living in a shelter, what would you recommend?

Recommendations for Program

--Thinking about all that you have told me today, would you find a program of some sort helpful here at HELP Morris for teens like yourself who are living in a shelter? (If teen says NO, ask) Why not? (If teen says YES, ask):

- What would be most helpful to have and do in such a program? What activities? What should be talked about?
- What do you think about having or doing some creative art activities? (If teen says No, ask) Why not? (If teen agrees, ask) What type of creative activities? (If teen cannot come up with an idea, ask) What do you think about doing something visual, or creating a rap or putting together a performance as part of the activities for the group? (If teen says No, as) Why not? (If teen says YES, ask) I have mentioned those things, what else do you think would be helpful?
- How would these things and the program as a whole be helpful?

--From previous interviews with families and running a program for families, we already plan to have a program in which families living in the shelter come together to talk about (USE TERM THAT TEEN OFFERED FOR CURRENT SITUATION), and moving from welfare to work. How do you feel about being in such a program? What would be good about it? What would you not like about it?

--How do you think we could bring the two parts of the program together - the group with teens, and the family group?

--Anything else you'd like to add?

--Do you have any questions for us?

REFERENCES

- Aber, J.L., & Allen, J.P. (1990). Effects of maltreatment on young children's socioemotional development: An attachment theory perspective. In L. Eugene Arnold (Ed.), *Childhood stress* Canada: John Wiley & Sons. (Original work published 1987)
- Achenbach, T.M. (1991). Child behavior checklist/4-18 and 1991 profile. Burlington, VT: University of Vermont Department of Psychiatry.
- Achenbach, T.M. (1991). *Manual for the Youth Self-Report and 1991 Profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- Achenbach, T.M., & Edelbrock, C. (1981). Behavioral problems and competencies reported by parents of normal and disturbed children aged four to sixteen. *Monographs of the Society for Research in Child Development*, 46 (Serial No. 188).
- Achenbach, T.M., & Edelbrock, C. (1983). *Manual for the Child Behavior Checklist and Revised Child Behavior Profile*. Burlington, VT: University of Vermont, Department of Psychiatry.
- Achenbach, T.M., McConaughy, S.H., Howell, C.T. (1987). Child/adolescent behavioural and emotional problems: implications of cross-informant correlations for situational specificity. *Psychology Bulletin* 101: 213-232.
- Adams, G.R. (1985). Identity and political socialization. In A.S. Waterman (Ed.), *Identity in adolescence: Processes and contents* (New Directions for Child Development, No. 30, pp. 61-77). San Francisco: Jossey-Bass.

- Adams, G.R., Gullota, T.P., & Montemayor, R. (1992). *Adolescent identity formation*. Newbury Park: Sage Publications.
- Adams, G.R., Gullota, T.P., Montemayor, R. (1992). Introduction and overview. *Adolescence*, 22, 23-35.
- Akhtar, S. (1996). "Someday..." and "If only..." fantasies: Pathological optimism and inordinate nostalgia as related forms of idealization. *Journal of the American Psychoanalytic Association*, 75, 723-753.
- Bassuk, E. (1990). The impact of homelessness on children. *Child & Youth Services*, 14(1), 19-33.
- Bassuk, E. L., Rubin, L., & Lauriat, A. (1986). Characteristics of sheltered homeless families. *American Journal of Public Health*, 76, 1097-1101.
- Bassuk, E., & Rubin, L. (1987). Homeless children: a neglected population. *American Journal of Orthopsychiatry*, 57(2), 279-286.
- Bassuk, E.L., & Rosenberg, L. (1990). Psychosocial characteristics of homeless children and children with homes. *Pediatrics*, 85, 257-261.
- Bassuk, E.L., Buckner, J.C., Weinreb, L.F., Brooks, M.G. (1999). Homeless and its relation to the mental health and behavior of low-income school-age children. *Developmental Psychology*, 35(1), 246-257.
- Baumeister, R.F. (1986). *Identity: Cultural change and the struggle for self*. New York: Oxford University Press.
- Campbell, E., Adams, G.R., & Dobson, W.R. (1984). Familial correlates of identity formation in late adolescence: A study of the predictive utility of

- connectedness and individuality in family relations. *Journal of Youth and Adolescence*, 13, 509-525.
- Charmaz, K. (1995). Grounded theory. In A.J. Smith, R. Harre', & L. Van Langenhove (Eds.), *Rethinking methods in psychology* (p. 30). London: Sage Publications.
- Citizens Committee for Children (1988). *Children in storage: Families in New York City's barracks-style shelters*. New York: Author.
- Cumella, S., & Vostanis, P. (1998). Mental health problems of homeless children and families: Longitudinal Study. *British Medical Journal*, 316, 899-902.
- Cumella, S., Grattan, E., Vostanis, P. (1989). The mental health of children in
DeForge, V., Zehnder, S., Minick, P., & Carmon, M. (2001). Children's perceptions of homelessness. *Pediatric Nursing*, 27(4), 377-383.
depressed school-aged children. *Psychological Medicine*, 19, 165-174.
- Donahue, P.J., Tuber, S.B. (Spring 1995). The impact of homelessness on children's level of aspiration. *Bulletin of the Menninger Clinic*, 59(2), 247-249.
- Drotar, D., Stein, R., Perrin, E. (1995). Methodological issues in using the Child Behavior Checklist and its related instruments in clinical child psychology research. *Journal of Clinical Child Psychology*, 24(2), 184-192.
- Dugan, T.F., & Coles, R. (Eds.). (1989). *The child in our times: Studies in the development of resiliency*. New York: Brunner/Mazel.

- Dumpson, J. R., & Dinkins, D. N. (1987). *A shelter is not a home: Report of the Manhattan borough president's task force on housing for homeless families*. New York: Author.
- Dunn, L., & Dunn, L. (1981). *Peabody Picture Vocabulary Test--Revised manual*. Circle Pines, MN: American Guidance Service.
- Dusek, J.B., & Flaherty, J.F. (1981). The development of the self-concept during the adolescent years. *Monographs of the Society for Research in Child Development, 46(4)*
- Erikson, E.H. (1950). *Childhood and society*. New York: Norton.
- Erikson, E.H. (1956). The problem of ego identity. *Journal of the American Psychoanalytic Association, 4*, 56-121.
- Erikson, E.H. (1963). *Childhood and society* (2nd ed.). New York: W.W. Norton.
- Erikson, E.H. (1968). *Identity: Youth and Crisis*. New York: Norton.
- Erikson, E.H. (1969b). The problem of ego identity. *Psychological Issues, 1*, 101-164.
- Erikson, E.H. (1980). *Identity and the life cycle*. New York: W.W. Norton.
(Original work published 1959)
- Feitel, B., Margetson, N., Chamas, J., & Lipman, C. (1992). Psychosocial background and behavioral and emotional disorders of homeless and runaway youth. *Hospital and Community Psychiatry, 43(2)*, 155-159.
- Felsman, J.K., & Vaillant, G.E. (1987). The invulnerable child. In E.J. Anthony & B.J. Cohler (Eds.), *Resilient children as adults: A 40-year study*. (pp. 289-314). New York: Guilford.

- Fergusson, D.M., Lynskey, M.T., Horwood, L.J. (1993). The effects of maternal depression on maternal ratings of child behavior. *Journal Abnormal Child Psychology, 21*, 245-269.
- Friedman, D.H. (2000). *Parenting in public*. New York: Columbia University Press.
- Garnezy, N. (1991). Resilience in children's adaptation to negative life events and stressed environments. *Pediatric Annals, 20*(9), 459-466.
- Goodyer, I.M. (1990). Family relationships, life events, and child psychopathology. *Journal of Child Psychology and Psychiatry, 31*(3), 491.
- Goodyer, I.M., Wright, C., & Altham, P.M. (1989). Recent friendships in anxious and depressed school-aged children. *Psychological Medicine, 19*(1), 165-174.
- Handwerk, M.L., Larzelere, R.E., Soper, S.H., & Friman, P.C. (1999). Parent and child discrepancies in reporting severity of problem behaviors in three out-of-home settings. *Psychological Assessment, 11*(1), 14-23.
- Harter, S. (1999). *The construction of the self: A developmental perspective*. New York: Guilford.
- Hendershott, A.B. (1989). Residential mobility, social support, and adolescent self-concept. *Adolescence, 24*, 217-232.
- Henggeler, A.W., & Tavormina, J.B. (1979). Stability of psychological assessment measures for children of Mexican American migrant workers.. *Hispanic Journal of Behavioral Sciences, 1*(3), 263-270.

- Hughes, H.M., & Barad, S.J. (1983). Psychological functioning of children in a battered women's shelter: a preliminary investigation. *American Journal of Orthopsychiatry*, 53(3), 525-531.
- Inhelder, B., & Piaget, J. (1958). *The growth of logical thinking from childhood to adolescence*. Great Britain: Basic Books.
- Institute for Children and Poverty. (2001). *Multiple families: Multiplying problems* (1). New York City: Institute for Children and Poverty.
- Jackson, S. (1993). Social behavior in adolescence: The analysis of social interaction sequences. In S. Jackson & H. Rodriguez-Tome (Eds.), *Adolescence and its social worlds* (pp. 15-45). Hillsdale, NJ: Lawrence Erlbaum.
- Jensen, J.A., & Armstrong, R.J. (1985). *Slosson Intelligence Test (SIT) for Children and Adults: Expanded norms, tables, application, and development*. East Aurora, NY: Slosson Educational Publications.
- Kidwell, J., Dunham, R. (1995). Adolescent identity exploration: A test of Erikson's theory of transactional crisis. *Adolescence*, 30(120), 785.
- Klaczynski, P.A., Fauth, J.M., & Swanger, A. (1998). Adolescent identity: Rational vs. experimental processing, formal operations, and critical thinking beliefs. *Journal of Youth and Adolescence*, 27, 185-207.
- Kobasa, S.C. (1982). Commitment and coping in stress resistance among lawyers. *Journal of Personality and Social Psychology*, 37, 1-11.

- Kovacs, M. (1983). *The Children's Depression Inventory: A self-rated depression scale for school-aged youngsters*. Unpublished manuscript. University of Pittsburgh School of Medicine, Pittsburgh, PA.
- Kroger, J. (2000). *Identity development: adolescence through adulthood*. Thousand Oaks, California: Sage Publications.
- Lauder, H. (1993). Psychosocial identity and adolescents' educational decision-making: Is there a connection?. In J. Kroger (Ed.), *Discussions on ego identity* (pp. 21-46). Hillsdale, NJ: Lawrence Erlbaum.
- Luthar, S.S., & Zigler, E. (1991). Vulnerability and competence: A review of research on resilience in childhood.. *American Journal of Orthopsychiatry*, 61, 6-22.
- Mahler, M.S. (1968). *On human symbiosis and the vicissitudes of individuation*. New York: International Universities Press.
- Mahler, M.S., Pine, F., & Bergmann, A. (1975). *The psychological birth of the infant*. New York: Basic Books.
- Marcia, J.E. (1966). Development and validation of ego identity status. *Journal of Personality and Social Psychology*, 3, 551-558.
- Marcia, J.E., Waterman, A.S., Matteson, D.R., Archer, S.L., & Orlofsky, J.L. (Eds.). (1993). *Ego identity: A handbook for psychosocial research*. New York: Springer Verlag.
- Masten, A. S. (1990, August). *Homeless children: Risk, trauma and adjustment*. Paper presented at the 98th Annual Convention of the American Psychological Association, Boston.

- Masten, A.S., Miliotis, D., Berman, S.A., Ramirez, M., & Neeman, J. (1993).
Children in homeless families: Risks to mental health and development.
Journal of Consulting and Clinical Psychology, 61(2), 335-343.
- Munoz, J.E. (1998). *Disidentifications: Queers of color and the performance of politics*. Minneapolis: University of Minnesota Press.
- Murphy, L.B. (1987). Further reflections on resilience. In E. J. Anthony & B. J. Cohler (Eds.), *The invulnerable child* (pp. 84-105). New York: The Guilford Press.
- Najman, J.M, Williams, G.M., Nikles, J., Spence, S., Bor, W., O'Callaghan, M., Le Brocque, R., Andersen, M.J., Shuttlewood, G.J . (2001). Bias influencing maternal reports of child behaviour and emotional state. *Soc Psychiatr Epidemiol, 36*, 186-194.
- National Coalition for the Homeless. (1987a). *Broken lives: Denial of education to homeless children*. Washington, DC: Author.
- Nunez, D., R (1994). *Hopes, Dreams, and Promises. Institute for Children and Poverty Homes for the Homeless, Inc. New York*
- Nunez, R. (2001). Family homelessness in New York City: A case study. *Political Science Quarterly, 116*(3), 367-379.
- Nunez, R.A. (1994). *Hopes, dreams, and promises: The future of homeless children in America*. New York: Institute for Children and Poverty.
- Partnership for the Homeless. (2003, June). Families and Children. In *Facts about homelessness in New York City*. Retrieved from
http://www.partnershipforthehomeless.org/facts/facts_home.html

- Piaget, J. (1972). Intellectual evolution from adolescence to adulthood. *Human Development, 15*, 1-12.
- Piers, E. (1996). *Piers-Harris Children's Self-Concept Scale* (Rev ed.). Los Angeles: WPS.
- Pine, F. (1990). *Drive, ego, object, & self*. New York: Basic Books.
- Querry, P.H. (1970). A study of the self-concept of children with functional articulation disorders and normal children. Unpublished master's thesis, University of Pittsburgh, PA.
- Quinton, D., & Rutter, M. (1984). Parents with children in care. II. Intergenerational difficulties. *Journal of Child Psychology and Psychiatry, 25*, 231-250.
- Rafferty, Y., & Rollins, N. (1989). *Learning in limbo: The educational deprivation of homeless children*. New York: Advocates for Children. (ERIC Document Reproduction No. ED 312 363)
- Rafferty, Y., & Shinn, M. (1991). The impact of homelessness on children. *American Psychologist, 46*(11), 1170-1179.
- Rescorla, L., Parker, R., & Stolley, P. (1991). Ability, achievement, and adjustment in homeless children. *American Journal of Orthopsychiatry, 61*, 210-220.
- Reynolds, C., & Richmond, B. (1985). *Revised Children's Manifest Anxiety Scale manual*. Los Angeles: Western Psychological Services.
- Rivlin, L.G. (1991, August). *Home, homeless, and place identity: A tribute to Harold M. Proshansky*. Paper presented at A.P.A Committee on

- International Relations in Psychology American Psychological Association
Annual Convention, San Francisco.
- Seligman, M.E.P. (1990). *Learned optimism*. New York: Pocket Books.
- Smollar, J. (1999). Homeless youth in the United States: Description and developmental issues. *New Directions in Child and Adolescent Development*, 85, 47-58.
- Sourander, A., Helstela, L., & Helenius, H. (1999). Parent-child agreement on emotional and behavioral problems. *Soc Psychiatry Psychiatr Epidemiol*, 34, 657-663.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research*. Thousand Oakes, CA: Sage.
- Terr, L.C. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry*, 148, 10-19.
- Vaillant, G.E. (1971). Theoretical hierarchy of adaptive ego mechanisms. *Archives of General Psychiatry*, 24, 107-118.
- Van Ry, M. (1993). *Homeless families: Causes, effects, & recommendations*. New York: Garland.
- Wagner, J. (1987). Formal operations and ego identity in adolescence. *Adolescence*, 22, 23-35.
- Wagner, J., & Menke, E. (1990). *The mental health of homeless children*. Paper presented at the meeting of American Public Health Association, New York City.
- Walsh, F. (1998). *Strengthening family resilience*. New York: Guilford Press.

- Waxman, D., & Reyes, L. (1987). *The continuing growth of hunger, homelessness, and poverty in America's cities*. Washington DC: United States Conference of Mayors.
- Werner, E.E. (1993). Risk, resilience, and recovery: Perspectives from the Kauai longitudinal study. *Development and Psychopathology*, 5, 503-515.
- Whitman, B. (1987, February 24). *The crisis in homelessness: Effects on children and families* (Testimony presented before the U.S. House of Representatives Select Committee on Children, Youth, and Families). Washington, DC: U.S. Government Printing Office.
- Whitman, B., Accardo, P., Boyert, M., & Kendagor, R. (1990). Homelessness and cognitive performance in children: A possible link. *Social Work*, 35, 516-519.
- Wing, S.W. (1966). A study of children whose reported self-concept differs from classmates' evaluation of them. Unpublished doctoral dissertation, University of Oregon, Eugene.
- Winnicott, D.W. (1971). *Home is where we start from: Essays by a psychoanalyst*. New York: W.W. Norton.
- Winnicott, D.W. (1960b). The theory of the parent-infant relationship. In *The maturational processes and the facilitating environment* (pp. 37-55). New York: International Universities Press.
- Wolin, S., & Wolin, S. (1993). *The resilient self: How survivors of troubled families rise above adversity*. New York: Villard.

- Wood, D., Hayashi, T., Schlossman, S., & Valdez, R.B. (1989). *Over the brink: Homeless families in Los Angeles*. Sacramento, CA: State Assembly Office of Research, Box 942849.
- Working Youth Around the World: Exploring Developmental Issues*, (Eds) Marcella Raffaelli and Reed Larson. Jossey-Bass.
- Wylie, R. (1974). *The self-concept: A review of methodological consideration and measuring instruments* (Vol. 1). Lincoln: University of Nebraska Press.
- Zani, B. (1993). Dating and interpersonal relationships in adolescence. In S. Jackson & H. Rodriguez-Tome (Eds.), *Adolescence and its social worlds* (pp. 95-119). Hillsdale, NJ: Lawrence Erlbaum.