

Experiences of Former Street Involved Youth Living in Housing:

Contributors, Themes, and Factors

by

Jennifer Lynn Gould

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Abstract

Little attention in research has been paid to post-homeless trajectories among former street involved youth (SIY), despite previous studies having revealed fragile housing stability post-homelessness. It is important to understand how former SIY are able to cope with life post-homelessness and sustain their housing, so as to prevent reengagement with street life. This dissertation presents results from a qualitative study that explored the central research question, “What are the lived experiences of former SIY living in stable housing?” Particular attention was given to experiences of personal resilience, especially as related to adversities post-homelessness, general housing experiences, and perceptions of present and future housing sustainability. Semi-structured interviews were conducted with 7 former SIY between the ages of 20 and 25 years. Length of time in stable housing without any periods of homelessness ranged from 10 months to 5 years. Data were analyzed within the framework of interpretative phenomenological analysis (IPA). Three superordinate themes emerged from the data. The first theme, coping strategies, was characterized by cognitive and behavioural strategies, environmental strategies, and therapeutic- and substance-related strategies. The second theme, benefits of housing, was characterized by emotional and cognitive benefits. The third theme, factors related to housing sustainability, was characterized by financial securities, mental health stability, and awareness of housing significance. Recommendations for mental health professionals, policy makers, and community agencies are discussed.

Keywords: homeless, street involved, youth, resilience, coping, stability, sustainability

Preface

This dissertation is an original work by Jennifer Gould. The research project, of which this dissertation is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name “Exploring Resilience Among Former Street Involved Youth Living in Stable Housing”, No. Pro00058067, July 16, 2015.

Dedication

This dissertation is dedicated to the participants of this study. Your resilience and perseverance helped me to see the world and human nature in a different way. You touched my heart, and I hope to honor you all through sharing your stories and your good fight.

“The fact is that people are good. Give people affection and security, and they will give affection and be secure in their feelings and behavior.”

Abraham Maslow

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CHAPTER ONE

Introduction

It is estimated that between 200,000 and 300,000 Canadians are homeless every year (Evenson & Barr, 2009; Gaetz, Donaldson, Richter, & Gulliver, 2013; Gaetz, Gulliver, & Richter, 2014), with between 40,000 and 65,000 of the homeless being youth (Gaetz et al., 2013; Evenson & Barr, 2009). Homeless youth, commonly referred to as *street involved youth* (SIY), are at-risk for premature death, poor health, and medical concerns, in addition to the hardships, dangers, and stresses associated with street life itself (Frankish, Hwang, & Quantz, 2005; Kolar, Erickson, & Stewart, 2012). Research with SIY has investigated individual, familial, and structural/economic factors that contribute to homelessness, as well as the risks, barriers, and hazards that are present in the daily lives of SIY (Kidd et al., 2016). As such, research with SIY has tended to adopt a deficit view, portraying the population as deviant, vulnerable, and helpless (Malindi & Theron, 2010).

Research conducted with SIY over the past 15 years has moved instead towards a resilience framework, exploring the extraordinary coping skills and strategies for survival that allow SIY to overcome the adverse effects of hardship associated with street life (e.g., Bender, Thompson, McManus, Lantry, & Flynn, 2007; Kidd, 2003; Kidd & Davidson, 2007; Kolar et al., 2012; Lindsey, Kurtz, Williams, Jarvis, and Nackerud, 2000; Malindi & Theron, 2010). While research exploring SIYs' innate capacities for resilience continues to grow, research exploring *former SIYs'* experiences of disengaging and staying disengaged from street life remains quite modest in quantity and scope.

Canadian research has documented the fragility of former SIYs' stability after exiting street life. Youth in two different studies reported being on and off the streets an average of six

times (Brown & Amundson, 2010; Karabanow, 2008), and approximately 71% of participants in an additional study reported multiple episodes of homelessness throughout their lives (Aubry, Klodawsky, & Coulombe, 2012). With regard to longitudinal research findings, Kidd et al. (2016) estimated that 25% of former SIY in their study lost their housing during the one-year study period, and Cheng et al. (2013) reported that about 31% of former SIY in their study reentered homelessness at least once during the two-year study period. Another two-year longitudinal study found that approximately 88% of formerly homeless participants moved residences at least once, suggesting instability even among those who are housed (Aubry et al., 2012). As can be seen from these studies, it is common for former SIY to struggle for an extended period of time after having exited street life. In addition to the complexities of integrating into mainstream society, former SIY are left to cope with the physical, mental, and emotional adversities that they faced before and during street life. Housing is not necessarily sufficient, in and of itself, in supporting successful transitions (Kidd et al., 2016).

It is important for researchers, practitioners, and policy reformers to have a better understanding of the factors that contribute to resilience and housing sustainability among former SIY who have shown evidence of housing stability. Such knowledge may shed light on supports and services that may help prevent deterioration of resilience, housing instability, and reengagement with street life. The purpose of the current study was to understand the lived experiences of former SIY who had been living in stable housing for an extended period of time. Specifically, this research sought to understand the factors that helped support and maintain resilience and stability among those who had shown evidence of having attained some degree of stable housing.

The current research adds to existing literature by exploring an area that has not yet, to the best of the author's knowledge, been the focus of substantive research in Canada. As previously mentioned, existing research has focused on the experiences of SIY who were either currently entrenched in street life or who were trying to transition out of street life (e.g., Cheng et al., 2013; Bender et al., 2007; Brown & Amundson, 2010; Karabanow, 2008; Kidd, 2003; Kidd & Davidson, 2007; Kolar et al., 2012; Malindi & Theron, 2010; Rew & Horner, 2003). This focus has, in turn, neglected the experiences of SIY after having exited street life. A recently published Canadian study laid a solid foundation for research aiming to expand awareness of completed street life trajectories among youth (two publications: Karabanow, Kidd, Frederick, & Hughes, 2016; Kidd et al., 2016). This study contributed to the areas of housing sustainability, housing-related self-growth, and personal coping. Although resilience-related factors did emerge, there did not seem to be an in-depth exploration of specifically helpful coping strategies related to adversities post-homelessness. The present research continues to build upon such a foundation in four central ways: a) by expanding scientific research in an exploratory area, b) by having a focused inquiry on contributors to resilience as well as factors related to housing sustainability, c) by having a minimum period of stable housing of 10 months (which is an extension of the minimum requirement in the key foundational study mentioned above – Karabanow et al., 2016; Kidd et al., 2016), and d) by recruiting a unique demographic of participants in a small, urban area (which contrasts with the majority of existing studies that were conducted in large, urban centers).

Qualitative inquiry was used to answer the central research question: “What are the lived experiences of former SIY living in stable housing?” One-on-one interviews were used to explore the following areas: (a) participants' experiences of street life, (b) participants'

experiences of disengaging from street life, and (c) participants' experiences of stable housing. The first two areas were explored to set the context; a life review approach helps shed light on current meaning making processes and lived experiences (Clausen, 1998, as cited in Kidd et al., 2016). Particular attention was given to the third area, with interview questions stimulating discussions about personal resilience, especially as related to adversities post-homelessness, general housing experiences, and perceptions of present and future housing sustainability. Interpretative phenomenological analysis (IPA) was used to understand and describe participants' experiences. The worldview of social constructivism was embedded throughout this research, from initial stages of creation to final stages of description (i.e., definitions, philosophical assumptions, methodology, and analysis were influenced by this worldview).

This manuscript is divided into five chapters, with Chapter One being the Introduction. Chapter Two (Literature Review) provides the definition of homelessness and describes the scope of homelessness in Canada and homelessness among youth. The term *resilience* is also defined. Although the present research narrows its focus on experiences *after* street life, the literature review section summarizes research on resilience among youth *currently entrenched* in street life and youth *trying to disengage* from street life, as these areas have received the most attention in the literature. The Literature Review chapter then summarizes the few published studies in the area of *life after homelessness* among youth. Chapter Three (Research Methodology) explains qualitative research and why this approach was selected; positions the researcher within the study and participants within the historical context of the area in which they were residing; and describes phenomenological research, with a focus on IPA. Embedded within this section is the method of the current research, which highlights participants, procedures, and analysis. Chapter Four (Results) presents the life histories of participants and

thematic findings from the current research. Chapter Five (Discussion) considers implications of the study findings in relation to practice, policy reform, and future research.

CHAPTER TWO

Literature Review

Defining Homelessness

The Canadian Homelessness Research Network (CHRN, 2012) published a Canadian Definition of Homelessness, which states:

Homelessness describes the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing. (p. 1)

The CHRN (2012) further elaborates on homelessness by providing a typology that encompasses a range of accommodations that people without appropriate and secure housing may experience. First, *unsheltered* (individuals) refers to those who lack housing and who do not access emergency shelter accommodations unless under extreme weather conditions. Typically, unsheltered individuals reside in places that are considered unfit for human habitation, such as sidewalks, parks, vacant buildings, and cars. Second, *emergency sheltered* (individuals) refers to those who access emergency overnight shelters and system supports, which are typically not-for-profit, faith-based, or volunteer-run services offered for little or no cost to the user (e.g., overnight shelters for homeless persons, runaway youths, those fleeing domestic violence, or those whose accommodations have been impacted by natural disasters or other destructive forces). Amenities such as food and clothing may be provided and length of residency varies. Third, *provisionally accommodated* (individuals) refers to those who are temporarily

accommodated, with no prospect of permanency. Interim housing accommodations, for example, typically have time limitations concerning length of stay, but provide services beyond basic needs with the goal being to transition their users to more permanent housing. Other provisionally accommodated individuals include those temporarily residing with friends or family (also referred to as *couch surfers* or the *hidden homeless*), those in institutional care who lack permanent housing arrangements after their release (e.g., penal institutions, medical/mental health institutions, residential treatment programs, and group homes), and those paying small fees to stay at motels and hostels. Last, *at-risk of homelessness* refers to those who are not currently homeless, but who lack security and stability in their residency because of structural (i.e., economic and societal), familial, and/or individual risk factors. At-risk individuals may be at imminent risk of homelessness, resulting from unreliable employment, sudden unemployment, anticipated eviction, violence and/or abuse, mental illness, substance abuse, and division of household (e.g., parental divorce and conflict between caregivers and children). Similarly, those at-risk may be precariously housed, meaning that they face the risk of future homelessness; severe housing affordability problems due to factors such as income, availability of affordable housing, and/or the local economy may contribute to precarious housing. The risk of imminent or near future homelessness means that retaining one's dwelling may be at the expense of nutritional needs, clean water, sanitation, and other necessities that contribute to health and well-being (CHRN, 2012).

The comprehensive definition of homelessness and the typology of accommodations identified by the CHRN (2012) reflect various definitions found elsewhere in the literature. Frankish et al. (2005) conducted a review of the literature on homelessness with a primary focus on Canadian research and, like the CHRN, produced a definition of homelessness that can be

viewed along a continuum. Individuals living outdoors, in places not intended for human habitation, and in shelters are referred to as *absolutely homeless*, while those living with friends and family on a temporary basis are referred to as *doubled up* and *couch surfing*. Frankish et al. (2005) also identified those *at-risk of homelessness*, which includes people living in substandard and unsafe housing, as well as those who spend a significant proportion of their monthly income on housing.

The United Nations (as cited in Canada Mortgage and Housing Corporation, 2001) adopted two terms to define the youth homeless population: *absolutely homeless* and *relatively homeless* (or *invisible homeless*). The definition of the former term is commensurate with that used by Frankish et al. (2005), while the latter term reflects those who may be considered as doubled up, couch surfing, or at-risk of homelessness (Canada Mortgage and Housing Corporation, 2001).

Hodgson, Shelton, van den Bree, and Los (2013) defined homelessness as "being without suitable or permanent accommodation" (p. e2) and reported the following living accommodations as subsumed within their definition: unsuitable accommodations (e.g., on the streets), sheltered accommodations (e.g., homeless shelter), temporary accommodations (e.g., supported housing), and with friends and family (e.g., couch surfing). Bender et al. (2007) simply defined homeless individuals as those "who have spent at least one night on the streets, in a public place (e.g., parks, under highway overpasses, abandoned buildings), or in a shelter" (p. 25). Williams, Lindsey, Kurtz, and Jarvis (2001) also identified couch surfers, street dwellers, and sheltered individuals as homeless, as well as those who either run away from, or who lack secure housing after being discharged from, group homes, treatment centers, and residential homes.

Analogous with the CHRN's (2012) definition, many authors have identified individual, familial, and structural/economic risk factors of homelessness, which include: depression, anxiety, substance abuse, and trauma, among other mental health issues; the presence of violence, aggression, exploitation, conflict, and neglect within the family system; poverty, diminished housing subsidies, insecure job markets, and inadequate or inaccessible social services; and difficult transitions from child welfare, inadequate discharge planning for people leaving institutions, and lack of support for immigrants and refugees (Alvi, Scott, & Stanyon, 2010; Commander, Davis, McCabe, & Stanyer, 2002; Duval & Vincent, 2009; Elliott & Canadian Paediatric Society, 2013; Ensign & Bell, 2004; Evenson & Barr, 2009; Ferguson, 2009; Frederick, Kirst, & Erickson, 2012; Gaetz et al., 2013; Keeshin & Campbell, 2011; Martijn & Sharpe, 2006; Slesnick et al., 2008). Such research findings show that the trajectories into and out of homelessness are not linear or uniform (Frankish et al., 2005; Gaetz, et al., 2013). The intricate interplay between various factors on many different levels (i.e., individual, familial, and structural/economic) accumulates to contribute to homelessness. As such, homeless persons may not share much in common aside from vulnerability and lack of housing supports (Gaetz, et al., 2013; Laird, 2007).

Homelessness in Canada

Before the 1980s, homelessness was not considered to be a social problem in Canada (Hulchanski, 2009). With this decade arrived acknowledgement of the growing number of unhoused people in the country. It was not until the 1987 Canadian Conference for the International Year for Shelter for the Homeless (IYSH) that the Canadian government saw a call for action addressing the widespread mass phenomenon of homelessness in the country (Hulchanski, 2009). Ironically, homelessness in Canada was soon upgraded to a crisis in the

early 1990s when the federal government withdrew all funding for the construction of affordable housing (Gaetz et al., 2014; Hulchanski, 2009). Efforts at measuring homelessness in Canada have been, and continue to be, undertaken by Statistics Canada every five years. These data, however, are significantly limited in their representation of the homeless population as the data include only sheltered individuals (i.e., shelters for abused women and children, for those who lack a fixed address, and for those requiring assistance services; Statistics Canada, 2011). Until recently, there have been no successful efforts at estimating the scope of homelessness across the country.

Gaetz , Scott, and Gulliver (2013) provided the first extensive national report on the state of homelessness in Canada and followed up with a more recent report in 2014. With these reports, Gaetz et al. (2013, 2014) shed light on the scale of a previously neglected problem, with the goals being to assess the breadth of the problem of homelessness in Canada, to develop a methodology for national measurement, and to propose solutions and interventions. Through amalgamating the best available data, Gaetz et al. (2013, 2014) provided an informed, conservative, and relatively accurate snapshot of homelessness in Canada. Gaetz et al. (2013, 2014) estimated, at the time of their report publications, that 1.3 million Canadians had experienced homelessness or insecure housing within the past five years and that over 235,000 Canadians access homeless emergency services or sleep outside in a given year. Others have estimated that Canada's true homeless population in a given year may, in fact, be even higher, reaching somewhere around 300,000 (Evenson & Barr, 2009). These statistics represented an increase from that reported in the most recent federal estimate at that time (published in 2006), which placed the number of homeless individuals in Canada at about 150,000 (National Homeless Initiative, as cited in Laird, 2007). Gaetz et al. (2013) also reported that

approximately 30,000 Canadians experience homelessness on any given night, which may be broken down according to the following accommodations: unsheltered (n = 2,880), emergency homeless shelters (n = 14,400), violence against women shelters (n = 7,350), and provisional accommodations (i.e., hospitals, prisons, or interim housing; n = 4,464). In addition to this figure, Gaetz et al. (2013) estimated that as many as 50,000 Canadians comprise the hidden homeless on any given night, or those who seek refuge with friends, family, and others (Gaetz et al., 2013).

With regard to those at-risk of homelessness, Gaetz et al. (2013, 2014) reported unfortunate statistics concerning the structural/economic struggles that plague many Canadian households. It was estimated that one in five households spend more than 50% of their income on rental housing, 10% live below the low-income cut-off (LICO), 10% do not have enough money to meet their most basic needs, and 8.2% experience moderate or severe food insecurity. Such financial instability appears to be enduring, when considering that the average earnings among the least wealthy Canadians fell by 20% between 1985 and 2005 (Gaetz et al., 2013).

Akin to the heterogeneous pathways into homelessness, there is also heterogeneity within the homeless population, with homelessness affecting single men and women, youth, families with children, people of different ethnicities, life-long Canadians, immigrants, and refugees (Frankish et al., 2005; Hwang, 2000). While homelessness can affect any number of people at any point in time, there remain some groups of people who are more vulnerable to homelessness, and one such group is youth (Gaetz et al., 2013).

Homeless Youth

When analyzing the demographics of homeless persons across Canada, Gaetz et al. (2013) found that youth comprise approximately 20% of the homeless population. Evenson and

Barr (2009) estimated that 65,000 young persons are homeless or living in homeless shelters throughout the country at some time during the year. The age definition of homeless youth, often referred to as *street involved youth* (SIY), typically ranges from as young as 12 years to as old as 25 years (Bender et al., 2007; Hodgson et al., 2013; Kidd & Carroll, 2007; Kidd & Davidson, 2007; Lee, Liang, Rotheram-Borus, & Milburn, 2011; Lightfoot, Stein, Tevendale, & Preston, 2011; Martjin & Sharpe, 2006; Rotheram-Borus, & Milburn, 2011; Roy et al., 2004). Most often, SIY are defined as persons aged 16 to 24 years who are homeless, at-risk of homelessness, or caught in a cycle of homelessness for any reason (Evenson & Barr, 2009; Karabanow, Clement, Carson, Crane, & Community Action on Homelessness Research Committee Advisory Group, 2005). Various terms have been used in the literature to reflect specific subcultures of SIY and to categorize SIY for the purposes of study. Such terms include: squatters, group-home kids, child welfare kids, softcore twinkies, in-and-outers, punks, runaways, throwaways, gang bangers, prostitutes, pan-handlers, squeegeers, and curbsiders (Elliott & Canadian Paediatric Society, 2013; Karabanow, 2008). Karabanow (2008) used the following inclusive definition of SIY in his research:

Street youth are defined as young people (between the ages of 16 and 24 years) who do not have a permanent place to call home and who, instead, spend a significant amount of time and energy on the street (e.g., in alleyways, parks, storefronts, dumpsters, etc.); in squats (usually located in abandoned buildings); at youth shelters and centers; and/or with friends (typically referred to as “couch surfers”). (p. 774)

Among the most disheartening concerns associated with homeless youth is risk for premature death (Frankish et al, 2005; Hwang, 2000). A prospective cohort study of SIY in Montreal, Canada revealed that mortality rates exceeded those of the general youth population by

more than 11 times, with suicide and drug overdose as the main causes of death (Roy et al., 2004). Other research conducted in Canada found that men and women using homeless shelters in Toronto experienced significantly higher mortality than the general population; mortality rates for men between 15 and 24 years of age were found to be 8.3 times higher than the general population (with accidents, poisonings, and suicide being the main causes of death), while rates for women between 15 and 44 years of age were 10 times higher than the general population (with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) and drug overdose as the main causes of death; Cheung & Hwang, 2004; Hwang; Hwang, 2000).

Further, homelessness is clearly associated with poor health and medical concerns. Pre-existing health concerns may precipitate homelessness and, in turn, be exacerbated by the homeless state, while other health concerns may reflect adverse effects of homelessness itself (Frankish et al., 2005; Hwang, 2000). Crowded shelter conditions may expose homeless persons to tuberculosis, scabies, and lice, while long periods of walking, standing, and exposing one's feet to cold and moist temperatures may result in cellulitis, venous stasis, fungal infections, and other feet problems (Elliott & Canadian Paediatric Society, 2013; Stratigos & Katsambas, 2003). Moreover, SIY experience higher rates of violent victimization, sexual assault, survival sex, risky sexual behaviours (e.g., multiple sex partners and intercourse without protection), prostitution, alcohol and/or drug abuse disorders, injection drug use, HIV, sexually transmitted infections (STIs), delinquency, unintended pregnancy, and mental health issues such as depression, suicidality, and post-traumatic stress disorder (Boivin, Roy, Haley, & Galbaud du Fort, 2005; Elliott & Canadian Paediatric Society, 2013; Evenson & Barr, 2009; Frederick et al., 2012; Haley, Roy, Leclerc, Boudreau, & Boivin, 2004a, 2004b; Hodgson et al., 2013; Kidd,

2003; King, Ross, Bruno, & Erickson, 2009; Kirst, Frederick, & Erickson, 2011; Roy et al., 2004).

In 2009, Raising the Roof, Canada's national charity dedicated to solutions to homelessness, published the results from a three-year study with 689 homeless, Canadian youth and reported the following statistics regarding adverse barriers and circumstances with which the youth struggled: 73% were unemployed; 71% had been involved with the criminal justice system; 68% came from foster care, group homes, or youth centers; 67% were participating in street culture; 63% grew up in a family that found it hard to maintain housing; 62% dropped out of school; 43% had prior involvement with child protection services; 42% grew up in a chaotic home environment; 41% struggled with substance abuse; 37% witnessed substance abuse in their families; 35% reported lacking essential life skills; 24% experienced sexual, physical, or emotional abuse; 22% reported that they did not have a positive role model in their life; and 21% had children, were pregnant, or had a partner who was pregnant (Evenson & Barr, 2009).

As shown in the aforementioned studies, individual, familial, and structural/economic challenges faced by SIY are well supported in the plethora of research investigating risks, barriers, and hazards that are present in the daily lives of SIY. As such, much of the research to date has adopted a deficit view, categorizing SIY as “vulnerable, deviant, and maladaptive youth who suffer from a range of psychological disorders” (Malindi & Theron, 2010, p. 318). Such characterizations, in addition to the negative labels and stigmas often adopted by service providers and society in general, pose the risk of hindering recognition of SIYs’ internal and external resources (Bender et al., 2007; Ungar, 2001). In turn, SIY may consider themselves to be lacking future choices and incapable of making adaptive changes. In sum, a problem-oriented

perspective may not only taint the population as deficient or deviant but may also hinder opportunities for empowerment (Bender et al., 2007).

Moving From a Deficit Framework Towards a Resilience Framework

While acknowledging and validating the difficulties of street life is important, research suggests that emphasizing resilience and strength may better enable individuals to overcome the adverse effects of hardship (Bender et al., 2007). Commensurate with this view, research has begun to “challenge the notion of street children as helpless and hapless beings” (Malindi & Theron, 2010, p. 318), focusing instead on the extraordinary coping skills that are required to survive on a daily basis (Bender et al., 2007). In addition to the social, familial, and structural risks that compel youth to seek refuge on the streets in the first place, they are also faced with stresses associated with finding shelter, obtaining food, protecting themselves, and supporting themselves. Yet, *in spite* of having to navigate through such hardships, dangers, and vulnerabilities, SIY are quite skillful at drawing upon their individual assets and inner strength (Malindi & Theron, 2010). As noted by Ensign and Gittelsohn (1998), “instead of focusing on the pathology of inner-city youth or street youth in particular, it would be beneficial for health researchers to begin examining the youths’ strengths and what is working with these populations” (p. 2098). Lindsey et al. (2000) also supported this alternate discourse and a focus on strengths-based research with SIY:

An alternative to viewing runaway and homeless youth as dysfunctional is to recognize their life experiences that have prepared them to survive and, eventually, even to thrive. Such experiences may be conceptualized as meeting challenges presented by life rather than as evidence of social dysfunction. (p. 137)

Such a strengths-based approach is rooted in positive psychology. Positive psychology is “an umbrella term for the study of positive emotions, positive character traits, and enabling institutions” (Seligman, Steen, Park, & Peterson, 2005, p. 410). These three areas, broadly speaking, respectively refer to: valued subjective experiences, such as satisfaction, hope, optimism, and happiness; individual traits, such as the capacity for love, courage, perseverance, future mindedness, spirituality, and talent; and institutions that foster the development of such virtues as responsibility, altruism, civility, tolerance, and work ethic (Seligman & Csikszentmihalyi, 2000). Over the course of the past 20 years, the field of positive psychology evolved from the uniting of pioneering theories to the establishment of evidence-based interventions and practices. The therapeutic practice of positive psychology facilitates the discovery of personal resources that maintain well-being, rather than the discovery of weaknesses and dysfunction which tend to negate wellness (Gander, Proyer, Ruch, & Wyss, 2013; Malindi & Theron, 2010). With regard to research with at-risk youth, Ungar, Brown, Liebenberg, Cheung, and Levine (2008) suggest that researchers adopt a strengths-based approach, reconsidering indicators of resilience and practicing greater sensitivity to culture and context.

Understanding resilience. In its simplest form, resilience refers to “positive outcomes despite experiences of adversities” (Malindi & Theron, 2010, p. 319). At the heart of the concept of resilience are protective factors (e.g., supportive families, community organizations, self-reliance, self-efficacy, and positive relationships) which are believed to buffer potentially harmful effects of risks and facilitate navigation towards health-promoting resources (Bender et al., 2007; Malindi & Theron, 2010). In their research exploring coping strategies among Canadian SIY, Kolar et al. (2012) used a definition of resilience developed by the Preventing

Violence Across the Lifespan (PreVAiL) research network. Through an extensive review of the literature, along with collaboration among colleagues, PreVAiL (2012) constructed a comprehensive definition of resilience, which states: “Resilience is a dynamic process in which psychological, social, environmental and biological factors interact to enable an individual at any stage of life to develop, maintain, or regain their mental health despite exposure to adversity.” This definition characterizes resilience as a continuous variable and, as such, moves beyond an outcome-based orientation. Moreover, it highlights the interactive process of various factors that contribute to an adaptive capacity which may change over time and context (Kolar et al., 2012).

Ecological versus constructionist interpretations of resilience. Resilience is difficult to describe objectively because its definition is dependent on the risk factors that an individual faces, coupled with the adaptive strategies that he or she employs (Ungar, 2001). When exploring resilience among SIY, the concept becomes especially complex as resilience among SIY often involves non-typical pathways to health-promoting resources (Malindi & Theron, 2010). Judgment concerning positive versus negative adaptation tends to be influenced by perceived norms within society; that is, benchmarks of healthy functioning typically reflect values of the dominant culture (Kolar et al., 2012; Ungar, 2001, 2004). This approach, ecological in nature, tends to be problematic when working with SIY as it risks overlooking important strategies that are used within resource-limited environments (Kolar et al., 2012; Ungar, 2004). Activities that are perceived by the dominant culture as deviant or maladaptive, for example, may in fact be reflective of resilience and positive coping within the contexts and situations in which they occur (Kolar et al., 2012). In sum, indicators of resilience from a subjective point of view may be perceived as indicators of vulnerability from a social point of view (Ungar, 2004).

Ungar (2004) suggested that a constructionist interpretation of resilience may enhance understanding of resilience-related phenomena among at-risk youth populations. Ungar criticized ecological interpretations of resilience for emphasizing predictability between risk and protective factors, circular causality, and cultural hegemony:

Unlike ecological interpretations of resilience that are plagued by cultural hegemony, research that supports resilience as a social construction has found a nonsystemic, nonhierarchical relationship between risk and protective factors, describing the relationships between factors across global cultures and diverse social and political settings as chaotic, complex, relative, and contextual. (p. 342)

Ungar stated that within a constructionist framework, resilience may be understood as an “outcome of negotiations between individuals and their environments to maintain a self-definition as healthy” (p. 344). Ungar further contrasted constructionist and ecological approaches to resilience by suggesting that the former approach allows for interpretations of resilience that are dialogical, relativistic, and constructed, while the latter approach attempts to provide empirical and generalizable interpretations of resilience. Additionally, Ungar stated that a constructionist approach views risk and resilience factors as contextually specific, multidimensional, and indefinite across populations, whereas an ecological approach is often complicated by efforts to objectively identify and measure resilience- and risk-related factors and processes (despite definitional ambiguity associated with the construct itself). Ungar cautioned that the perception of resilience as a distinct construct implies a false dichotomy between resilient and non-resilient individuals, homogeneity in healthy behaviours and outcomes, and uniformity across various cultural lenses. In sum, Ungar encouraged researchers to view the

concept of resilience through a constructionist lens that sees health as residing in all persons and atypical behaviours as possible contributors to health and well-being (Ungar, 2004).

Over the past 15 years, there has been significant growth in the area of resilience among SIY (i.e., research looking at how SIY manage to cope, survive, and sometimes even thrive in such volatile environments; Kolar et al., 2012; Malindi & Theron, 2010). Qualitative inquiry has been a common method of exploration. According to Ungar (2004), there are various reasons why qualitative inquiry is ideally suited for research in this area:

These include the ability of qualitative methods to discover unnamed processes, to attend to the contextual specificity of health phenomena, to increase the “volume” of marginalized voices, to produce thick enough descriptions of lives lived to allow for the transfer of findings between contexts, and to challenge researcher standpoint bias that orients findings toward an adult-centric perspective. (p. 359)

Research on resilience and street involved youth. As mentioned earlier, research in the area of resilience has tended to focus on youth currently entrenched in street life and on youth trying to disengage from street life, rather than on youth who have exited street life. This research is described below as it nicely summarizes the multidimensional and context-dependent nature of resilience. Following that summary is a description of the few published studies on youths’ experiences after having disengaged from street life.

In 2001, Ungar published the results from case studies with 43 Canadian youth, between the ages of 13 and 17 years, who were residing in out-of-home placements (i.e., institutionalized care such as jail, foster care, or hospitalization). Results suggested that in an effort to enhance one’s resilience, and essentially one’s capacity for survival, youth either maintained or changed their identities. Both strategies reflected efforts at creating the “most powerful and health-

enhancing identity available from the resources they [had] at hand” (p.144). For example, some youth perceived placement as an opportunity to maintain (i.e., continue with) their delinquent identity or to find favour among their peers, community, and/or family. In such instances, placement may not have been perceived as stigmatizing, but rather as culturally appropriate. Similarly, other youth used placement as an opportunity to maintain a positive physical, emotional, and mental health status, which was threatened before placement. Some interesting changes in identity also became apparent while in placement. For example, one male youth in a hospital setting transitioned from his previous identity as an abused and suicidal child to that of a mistreated mental patient. This new identity was achieved by means of creating bonds with other youths who shared a deviant identity and by acting defiantly towards staff. Another youth who was in foster care established power and control over her life by means of safeguarding her perceived strengths (e.g., self-injurious behaviours, mouthiness, and sexual promiscuity), despite their risky nature. Whether youth maintained continuity in their identity (positive or negative) or discontinued their identity in search of a new one (positive or negative), they were believed to be maximizing their discursive empowerment. As stated by Ungar: “That the problematic behavior of the patient functions to maintain a sense of discursive power is evidence of a healthy response to a disempowering situation” (p. 152).

Kidd (2003) expanded resilience-based literature with research that explored SIYs’ experiences coping on the streets. Eighty Canadian youth, between the ages of 15 and 24 years, who spent a significant proportion of time on the streets and without a permanent address, participated in the study. The following results strengthened participants’ coping abilities during their street involvement: first, friends were often referred to as one’s familial support and were described as invaluable in helping to counteract loneliness, negativity, and the development of

maladaptive behaviours, such as hard drug use. However, some participants cautioned that street friendships were often unreliable, untrustworthy, manipulative, and served as roadblocks in getting off the streets and away from drugs. Second, significant others were also described as both positive and negative influences; caring for and being responsible for someone else was described as an important strength in the youths' lives. However, some acknowledged the difficulty of having a drug-using significant other while one is trying to abstain. Similar to friends and significant others, some participants viewed family members as sources of care and support, while others viewed family members as reminders of dysfunction and abuse. Third, participants expressed inner strength as an important factor in persevering through the hardships of street life; valuing oneself, feeling secure within one's skin, being less reactive to the opinions of others, believing in one's sense of agency, practicing self-reliance, and hoping for change in the future were identified as sources of inner strength. Fourth, spirituality, or belief in a higher power, reportedly helped give meaning and a sense of protection to participants. Last, participants reported that having alone time, engaging in hobbies, making themselves laugh, thinking more positively, and consuming soft drugs (e.g., marijuana) and alcohol helped them cope during difficult times (Kidd, 2003). This latter finding is congruent with Ungar's (2001) writing on the contextual nature of resilience and efforts at coping with limited resources. Using drugs and drinking alcohol may, according to mainstream society, reflect negative adaptation, unhealthy functioning, or deviant coping; however, within a constructionist framework, such behaviours may be viewed as strategic coping within a resource-limited environment.

Rew and Horner (2003) analyzed data from three qualitative studies and identified the following factors as contributors to health and well-being among 69 American SIY: first, participants talked about specific resources they accessed (e.g., showers and sinks, clean water

and food, outreach and healthcare sites, and safe places to sleep), as well as their streetwise skills, such as being able to adapt to social situations and protect oneself from potential harm by means of carrying knives. Kolar et al. (2012) referred to this latter strategy as *double-edged* in that it is both protective and a source of risk. This double-edged phenomenon also applies to substance use, which was a coping strategy reported in Kidd's (2003) study. As mentioned above, viewing such strategies with a constructionist lens may deter their automatic labeling as pathological (Kolar et al., 2012). Second, consistent with previous literature (e.g., Kidd, 2003), participants in Rew and Horner's (2003) study expressed the importance of being able to differentiate trustworthy and non-trustworthy friends and having a community of peers that provided acceptance, safety, care, and support. Third, participants acknowledged internal motivators, such as being responsible for others (e.g. often times a dog), recognizing the consequences of one's decisions (e.g., through personal experience, maturation, and vicarious learning), and setting goals for the future. Fourth, participants expressed the importance of practicing healthier lifestyles by means of a having healthier diet, engaging in physical activity, using natural remedies, practicing stress reduction strategies, and reducing or eliminating substance use (the latter strategy being in contrast with that reported by Kidd, 2003). Fifth, developing skills for the future, by, for example, learning how to use computers, prepare for job interviews, and practice assertive communication (e.g., to protect oneself from HIV/AIDS and pregnancy), was also identified by the youth as a contributor to health and well-being. Last, consistent with previous reports (e.g., Kidd, 2003), getting in touch with oneself on a deeper level was another strength drawn upon by participants (i.e., having a new sense of emotional maturity, characterized by self-respect, self-confidence, self-identity, and self-acceptance; Rew & Horner, 2003).

Bender et al. (2007) used focus groups with a sample of 60 American SIY, between the ages of 18 and 24 years, to explore the personal strengths and informal resources they accessed to navigate their street environments. Several themes emerged: first, participants reiterated a common theme reported in previous research, expressing the importance of being able to differentiate trustworthy and untrustworthy people (e.g., Kidd, 2003; Rew & Horner, 2003). Second, similar to reports made in Rew and Horner's (2003) study, participants noted the significance of having street smarts. Street smarts involved guarding oneself by being private and holding one's ground through aggression and defensiveness. Third, like those in Rew and Horner's (2003) study, participants also met their basic needs by accessing available resources (e.g., shelters and outreach centers), taking advantage of free services, and using interpersonal skills to obtain information. Fourth, participants reported that viewing others who transitioned off the streets into successful lives was a significant form of motivation, as was receiving encouragement from others. This latter finding, which echoes a similar finding in Rew and Horner's (2003) study, suggests that SIY are impacted not only by others' mistakes, but also by their successes. Fifth, having to care for trusted companions – their pets – also provided significant strength to participants, which supports previous accounts of the strength that participants seem to gain from feeling responsible for other beings, either human or animal (e.g., Kidd, 2003; Rew & Horner, 2003). Sixth, maintaining a positive attitude was essential throughout one's navigation of street life; participants reported that having an optimistic and worry-free attitude helped alleviate the stresses of living in uncertain circumstances. Seventh, connecting with one's spirituality seemed to offer participants a sense of protection, comfort, and strength. Last, non-homeless friends and charity from the public were acknowledged as important resources in helping participants survive on the streets (Bender et al., 2007).

Kidd and Davidson (2007) published results from a very large study in which the first author explored resilience narratives, via interviews, with 208 American and Canadian SIY between the ages of 14 and 24 years. The following strengths from which participants drew to help them get by each day replicated findings reported elsewhere in the literature: having a deeper understanding of oneself and practicing independence (e.g., Kidd, 2003; Rew & Horner, 2003); differentiating trustworthy and untrustworthy street-involved peers (e.g., Bender et al., 2007; Rew & Horner, 2003); learning from one's personal experiences as well as from the experiences of others (e.g., Rew & Horner, 2003); connecting with a strong, safe, and secure community of peers (although some cautioned the difficulty of having a peer network when wanting to exit street life; e.g., Bender et al., 2007; Kidd, 2003; Rew & Horner, 2003); caring for someone else, such as a friend or a significant other (e.g., Bender et al., 2007; Kidd, 2003); feeling protected by belief in a higher power (e.g., Bender et al., 2007; Kidd, 2003); using soft and hard drugs to help escape unpleasant feelings and negative experiences (e.g., Kidd, 2003); having strong relationships with non-homeless peers (e.g., Bender et al., 2007); and trying to practice a stress-free lifestyle (e.g., Bender et al., 2007).

Kidd and Davidson (2007) found additional contributors to resilience that were not reported in previous works. For example, some participants reported that the negative changes in their lives since their involvement with street life, along with fear of an unchanged future, stimulated a sense of strength and hope in removing oneself from that lifestyle. Being a parent or a soon-to-be parent also influenced some participants' desires to persevere and exit street life. Other participants, in contrast, perceived their street life as a better alternative to their previous life. Last, participants elaborated on the adaptive functions of soft drug use, stating that soft drug

use helped facilitate acceptance into the street community, positive social interactions, and respect from other SIY (Kidd & Davidson, 2007).

Malindi and Theron (2010) and Theron and Malindi (2010) explored resilience among 20 South African SIY between the ages of 10 and 17 years and, consistent with past research, reported both conventional and unconventional coping mechanisms that contributed to resilience. Participants reported that practicing assertiveness helped in protecting oneself, which is consistent with previous research (e.g., Bender et al., 2007; Rew & Horner, 2003). Some of the ways in which participants sometimes practiced assertiveness, however, were double-edged (Kolar et al., 2012) in nature. For example, like those in Rew and Horner's (2003) research, some participants in Malindi and Theron's (2010) study reportedly used violence and knives to protect themselves when they felt it was necessary. Participants also expressed the importance of having a sense of agency. However, in keeping with the double-edged phenomenon, some of the ways that participants went about achieving a sense of agency were potentially risky. For example, vandalizing a phone booth to steal money and lying to police officers were reported strategies in meeting basic needs and getting out of difficult situations, respectively. Other participants identified more conventional ways of meeting basic needs, such as asking for help (Malindi & Theron, 2010). Further contributors to resilience supported by previous works included: using humour and teasing one's street peers (e.g., Kidd, 2003), having a community of peers (e.g., Kidd, 2003; Kidd & Davidson, 2007; Rew & Horner, 2003); believing in a higher power (e.g., Bender et al., 2007; Kidd, 2003; Kidd & Davidson, 2007); feeling inspired by those who transitioned out of street-life (e.g., Bender et al., 2000); learning from one's experiences (e.g., Kidd & Davidson, 2007; Rew & Horner, 2003); practicing stoicism (e.g., Kidd &

Davidson, 2007); and being impacted by adults who expressed empathy, care, hope, and positive expectations (e.g., Kurtz et al., 2000).

Kolar et al. (2012) explored the ways in which SIY navigate through and cope with adversities, with the result being that they aspire and are sometimes able to exit street life in pursuit of more conventional roles. A sample of 10 current or former Canadian SIY between the ages of 19 and 26 years, who had experienced periods of homelessness for at least one consecutive month, participated in the study. Three prominent themes/coping mechanisms were discovered: social distancing, experiences of violence, and self-harm and suicidality. Social distancing referred to the tendency to remove oneself from certain people and adopt anti-social attitudes and perspectives. Such behaviours and outlooks often times served the function of protecting oneself from vulnerabilities such as drug use, betrayals, and exploitations. Kolar et al. highlighted the double-edged nature of this coping mechanism and suggested that although such a strategy may serve protective and survival functions, it also risks SIY not seeking social and medical services when needed (Kolar et al., 2012).

With regard to the second theme, experiences with violence, participants noted the necessity of being able to defend oneself while living in a street environment. Protecting oneself and increasing one's chances of survival often required meeting violence with violence (Kolar et al., 2012). As mentioned above, this finding is commensurate with previous research in the area (Bender et al., 2007; Malindi & Theron, 2010; Rew & Horner, 2003). Other strategies included developing a reputation of being able to defend oneself and displaying a network of peers who fought for each other during times of conflict. Like the strategies related to social distancing, Kolar et al. (2012) suggested that the strategies related to violence may also be considered as

double edged; such strategies could successfully ward off predators, but could also result in retaliation or provocation of later attacks (Kolar et al., 2012).

The third theme, self-harm and suicidality, emphasized the significance of setbacks or negative experiences in contributing to resilience. Participants noted that despite making positive changes in one's life, times during which they experienced overwhelming setbacks sometimes lead to regression by means of self-harm or even attempts at ending one's life. These events, in retrospect, triggered participants' motivation to seek the support of counsellors, agencies, friends, and church communities. In turn, with this external aid, participants came to adopt healthier coping mechanisms (Kolar et al., 2012). Taken together, findings from Kolar et al.'s (2012) study strongly demonstrate the nature of context-dependent coping strategies, as previously illustrated by Ungar's work (2001, 2004).

Research on resilience and street involved youth exiting street life. Karabanow (2008) conducted a large, qualitative study that explored complexities and struggles associated with disengagement from street life, an area of research previously neglected in the literature. Interviews were conducted with 128 youth, between the ages of 16 and 24 years, from six large cities across Canada. On average, participants attempted street disengagement approximately six times. This study highlighted six stages commonly experienced by youth, which were nonlinear and nonexclusive. The first stage was characterized by precipitating factors that stimulated a desire to disengage from street life. These factors included re-contemplation of street life, traumatic street experiences (such as alcohol/drug overdoses, sexual and physical assault, involvement with the criminal justice system, and street violence), disenchantment with street culture, aimless boredom with street lifestyle, and physical and mental weariness. The second stage reflected courage to change which was often stimulated by having increased

responsibilities (e.g., becoming pregnant or having an intimate partner), gaining support from friends and family, having someone who cared, feeling hopeful about the future, committing to change, and being personally motivated. The third stage involved seeking support from services geared towards SIY, formal employment, stable housing, and formal institutional involvement (e.g., school). The fourth stage consisted of physically removing oneself from street lifestyle by disengaging from the downtown core, reducing one's contact with street peers and culture, and integrating into mainstream society. Breaking ties with service providers and street friends proved to be emotionally difficult for participants; although they reportedly experienced feelings of pride, self-confidence, and hope, participants also struggled with loneliness, guilt, and disloyalty. The fifth stage involved restructuring one's routine around employment, education, and housing; obtaining income assistance to facilitate the transition out of street life; and thinking about future aspirations. Associated with this stage, participants reported experiencing a new sense of health, well-being, confidence, and motivation. The last stage represented successful disengagement from street lifestyle and was characterized by stable housing, control, direction, pride, and independence (Karabanow, 2008).

Brown and Amundson (2010) explored SIYs' perceptions of helpful and hindering factors when trying to exit street life. Participants were 20 Canadian youth, between the ages of 19 and 24 years, who had exited street life and lived independently at least twice. Like those in Karabanow's (2008) study, participants disengaged from street life an average of six times. Nine factors were reportedly helpful in youths' efforts at disengaging from street life: being determined and motivated to take control of one's life and make changes; engaging in constructive activities, such as employment and job training; having generous and caring friends and family; eliminating or reducing drug and alcohol consumption; receiving support from

professional organizations; desiring a non-homeless lifestyle; hoping for a different future; having income assistance to help with basic life necessities, such as food and shelter; and dissociating from family and friends who were connected to street lifestyle (Brown & Amundson, 2010).

With regard to factors that reportedly hindered efforts at exiting street life (Brown & Amundson, 2010), six common themes emerged: abusing substances and engaging in drug trafficking to support one's lifestyle; struggling emotionally, feeling negatively towards oneself and others, and coping with emotions in personally unhelpful ways; perceiving a lack of support from friends, family, and professionals; enjoying one's homeless lifestyle and the associated sense of freedom and connectedness; having limited education and life skills to apply within mainstream society; and being refused income assistance, waiting long periods for income assistance, or not being permitted to work to supplement income assistance (Brown & Amundson, 2010).

In 2013, Cheng et al. published the results of a longitudinal study conducted with a large sample of 685 SIY, between the ages of 14 and 26 years, who were identified as current drug users. Participants were under study for a median of 25.4 months. The median period of time elapsed between follow-up visits was about 6.5 months. Four categories of housing status were constructed and participants were assigned to one of four categories after two consecutive visits (i.e., 13 months): a) *consistently homelessness* (i.e., participants who were homeless at two consecutive visits), b) *consistently housed* (i.e., participants who were housed at two consecutive visits), c) *housed to homeless* (i.e., participants who were housed during one study visit and homeless during the subsequent visit), d) *homeless to housed* (i.e., participants who were homeless during one study visit and housed during the subsequent visit). Thirty-one percent of

the sample (or 213 participants) made at least one transition into homelessness. Fifty-six percent of the sample (or 386 participants) made at least one transition out of homelessness.

Transitioning out of homelessness was positively associated with being in a stable relationship and being involved in sex work. Daily drug use, difficulty accessing housing and addiction treatment services, and recent incarceration were negatively associated with transitions out of homelessness. These associations were essentially reversed for participants who transitioned into homelessness. Unfortunately, this study did not publish findings on those factors associated with participants in the third category; that is, those who were identified as being consistently housed (Cheng et al., 2013).

Research on resilience and former street involved youth in housing. In 2000, an exploratory, qualitative research study (two publications: Lindsey et al., 2000 and Kurtz, Lindsey, Jarvis, & Nackerud, 2000) investigated how former SIY were able to make successful transitions into young adulthood after being homeless. Twelve American youth, between the ages of 18 and 25 years, who had stayed in a youth shelter, group home, or alternative living arrangement as an adolescent, but not within the past two years, participated in the study. Factors related to participants' abilities to navigate through adversities and successfully transition into adulthood were collapsed into two main dimensions: personal strengths/resources and help received from others. Within the dimension of personal strengths and resources (Lindsey et al., 2000), participants reported the following contributors to resilience: having self-confidence, self-love, self-acceptance, and self-care; having learned how to take responsibility for one's actions, to get along better with others, to trust and accept help from others, to be better judges of character, to avoid bad influences, and to offer help to others; and having personal goals. The acquisition of such attitudes and behaviours was reportedly facilitated by learning

from one's personal experiences as well as from the experiences of others. Participants reported that the following personal qualities were helpful during transitions into young adulthood after involvement with street life: independence, determination, responsibility, maturity, strength, and care. Last, participants' experiences with spirituality, such as having faith in a higher power and engaging in prayer, were also believed to play an important role during troubling situations (Lindsey et al., 2000).

Within the dimension of help received from others (Kurtz et al., 2000), participants acknowledged the following factors as important components of help: care (e.g., having someone who offered individualized attention, unconditional acceptance, nonjudgmental listening, and emotional support), accountability (e.g., having someone who challenged youth, set boundaries, and confronted youth with the consequences of their actions), concrete assistance (e.g., having someone who helped provide shelter, groceries, medication, and transportation), and professional intervention (e.g., conversations with shelter staff, formal therapy, and residential treatment programs). Professionals, friends, and family were identified as helpers within the youths' lives. However, participants acknowledged that family was not always a source of assistance. Participants also expressed that trustworthiness and confidentiality were key factors in facilitating acceptance of help, as well as timing; participants reported that readiness to accept help was often precipitated by making mistakes, hitting rock bottom, or experiencing traumatic events. Having had someone reach out during such frightening times was a critical factor in participants' decisions to turn their lives around (Kurtz et al., 2000).

In 2016, results from a Canadian-based, exploratory, qualitative study were published in two articles (Karabanow et al., 2016 and Kidd et al., 2016). This research sought to understand former SIYs' processes of establishing post-homeless lives and their experiences of stable

housing. Particular attention was given to areas of housing sustainability, housing-related self-growth, and personal coping. Fifty-one Canadian youth, between the ages of 16 and 25 years, participated in the mixed-methods, longitudinal study. To be eligible for participation, youth had to have been homeless for a period of six months and, at the time the research was conducted, be in stable housing for a period of two months to two years (with no more than a few days homeless in the interim). Housing did not include shelters, prison, or couch surfing. The quantitative component of the study investigated changes in indicators of psychological and community stability over a one-year period. The qualitative component sought to understand the narratives underlying pathways into and out of stability. Both qualitative and quantitative information was collected at four time points.

Quantitative results (Kidd et al., 2016) painted a rather somber picture, with results suggesting a modest decline in well-being over a one-year period. First, participants' sense of hope steadily and significantly declined over the course of the second half of the year. Second, behavioural and psychological aspects of community integration (e.g., participation in communal activities and a sense of belonging) also declined, although not significantly. Third, quality of life and mental health indicators (e.g., physical, psychological, interpersonal, and environmental aspects of well-being) significantly declined by eight months and then returned to baseline. Last, a sense of solidarity in participants' self-concept remained unchanged throughout the study period. Devastatingly, approximately 25% of participants lost their housing during the study period (Kidd et al., 2016).

Such persistent struggles post-homelessness were further reinforced by the qualitative component of the study (Karabanow et al., 2016). With regard to everyday challenges and threats to housing sustainability, three central findings emerged: first, participants continued to

experience social and community-based frustrations, such as barriers to formal system services (e.g., mental health care, disability and income support, and affordable housing), a lack of wrap around supports, and an unrelenting sense of marginalization. Second, participants reportedly struggled with persistent mental health challenges (e.g., addictions, layers of trauma, social isolation, confused self-identity and self-awareness, and fear of returning to homelessness) and anxiety related to independent-living responsibilities (e.g., budgeting, paying bills, and dealing with landlord and neighbor issues), all of which were connected to a sense of insecurity and discontentment. Relatedly, and third, participants shared strategies that helped them cope and likely also served a secondary function of reinforcing housing sustainability. These factors included distance from old friends and street activities (e.g., drug use and petty thievery), disconnect from family members, daily structure and routine, and a relationship with a consistent, loving, and supportive individual. Although participants' narratives were often plagued with themes of strain, disempowerment, and burden, they expressed an appreciation for comforts associated with housing (e.g., furniture, food, and internet), and they related housing to physical and psychological aspects of health, such as: safety, peacefulness, hopefulness, happiness, a sense of normality, motivation to change, future orientation, determination, and self-control (Karabanow et al., 2016).

Kidd et al. (2016) identified three categories that reflect stages of housing establishment post-homelessness. The first stage is referred to as *marginal stability*. This stage is characterized by an active decision to disengage from street life, accompanied by persistent housing instability (e.g., a pattern of having housing for a short period of time and then losing it). The second stage is referred to as *stable but stuck*. Individuals in this stage have achieved housing stability; however, they struggle to move beyond stability and work on other goals.

Last, the third stage is referred to as *gaining momentum*. Individuals in this stage have achieved housing stability in addition to personal and professional successes (e.g., pursuing school, employment and personal interests).

Summary of research. Over the past 15 years, research focusing on SIY has been shifting away from a deficit framework, moving instead towards a strengths-based framework (Malindi & Theron, 2010). This shift is also true for research conducted with former SIY, although research in this area requires further development. With this shift, researchers have turned their attention to the study of resilience, exploring SIYs' and former SIYs' extraordinary coping skills and strategies for survival, despite enduring adversities and challenges. Such research has led to an understanding of how SIY and former SIY cope within resource-limited environments. It has also encouraged both researchers and practitioners to de-pathologize coping strategies that may be perceived as maladaptive within mainstream society (Kolar et al., 2012). At long last, research has given a voice to SIY and former SIY, challenging perceptions of deviancy, shedding light on hidden resilience, and expanding awareness of stability post-homelessness.

Summary of research on resilience and street involved youth. Qualitative research exploring resilience among SIY has revealed several *common* findings regarding coping strategies and contributors to resilience. Strategies with an interpersonal component include: having a community of trustworthy peers or, conversely, distancing oneself from a community of peers; being able to differentiate trustworthy and untrustworthy people; and having the responsibility of caring for loved ones; and learning from others' experiences. Strategies related to one's cognitions, or thought processes and belief systems, include: learning from one's experiences as well as from the experiences of others; looking ahead to the future and setting

goals or, conversely, living in the here-and-now and not ruminating on the future; believing in a higher power; and trying to maintain an optimistic attitude. Strategies related to environmental/community-based resources involve accessing resources (such as shelters, agencies, and professional helpers) and receiving help and charity from strangers and non-homeless peers. Strategies with a behavioural or action component include: protecting oneself with assertiveness, aggression, defensiveness, and violence; using drugs and alcohol to escape pain and hurt or, conversely, abstaining from drugs and alcohol altogether; and practicing stress-reduction strategies. Strategies rooted in self-awareness and feeling states include: having self-respect and self-love, having a sense of agency and independence, and feeling inspired (Bender et al., 2007; Kidd, 2003; Kidd & Davidson, 2007; Kolar et al., 2012; Malindi & Theron, 2010; Rew & Horner, 2003; Theron & Malindi, 2010).

Summary of research on resilience and street involved youth exiting street life.

Research exploring the experiences of SIY disengaging from street life has identified resilience factors that are comparable to those identified by youth currently entrenched in street life. These factors are: having a community of supportive family and friends, dissociating from dysfunctional family and friends, changing substance use patterns, receiving support from professional organizations, and hoping in a different future (Brown & Amundson, 2010; Karabanow, 2008). Additional factors that have been shown to facilitate and influence a transition out of street life include: participation in constructive activities, financial support from income assistance (Brown & Amundson, 2010; Karabanow, 2008), being in a stable relationship, and having experienced traumatic life experiences (Karabanow, 2008; Cheng et al., 2013). Conversely, barriers to street life disengagement include: substance abuse, personally unhelpful coping strategies, lack of support from family and friends, preference for a street involved

lifestyle, limited skills to apply within mainstream society, financial strain, difficulty accessing housing and addiction treatment services, and involvement with the criminal justice system (Brown & Amundson, 2010; Cheng et al., 2013).

Summary of research on resilience and former street involved youth in housing.

Despite the advancement of research exploring street trajectories among homeless youth, there has been a scarcity of research in the area of post-homeless living among youth, especially as related to resilience and stability. In 2000, an exploratory, qualitative, American study identified markers of resilience (related to attitudes, qualities, and behaviours) among former SIY who had been disengaged from street life and living in stable housing for a minimum of two years. These factors, broadly speaking, were characteristic of self-positivity, healthy interpersonal relationships, and ambition (Kurtz et al., 2000; Lindsey et al., 2000). Kidd et al. (2016) and Karabanow et al. (2016) published results from a longitudinal, mixed-methods, Canadian study that followed former SIY who were in housing for a period of two months to two years. Results revealed a decline in general well-being and shed light on everyday challenges and threats to housing sustainability (e.g., barriers to formal system services, a lack of wrap around supports, a sense of marginalization, persistent mental health challenges, and anxiety related to independent-living). Relatedly, participants described coping strategies that likely served a secondary function of reinforcing housing sustainability (e.g., distance from old friends and street activities, disconnect from family members, daily structure, and the presence of a supportive interrelationship). Last, participants attributed housing to positive changes in physical and psychological aspects of health (i.e., safety, peacefulness, hopefulness, happiness, a sense of normality, motivation to change, future orientation, determination, and self-control). Although participants demonstrated “extraordinary resilience” (p. 138), there did not seem to be an in-

depth exploration of specific strategies that helped participants cope with adversities post-homelessness.

The Current Research

Growing research in the area of resilience among SIY has primarily focused on youth currently involved in street lifestyle, with the goals being to better understand their coping mechanisms, strategies for survival, and overall resilience. Research exploring SIYs' experiences of disengaging from street life is an expanding area, although less pronounced. Even more modest is research exploring life trajectories after having successfully exited street life. As stated by Karabanow (2008): "There has been a surprising neglect on the part of the academic community to complete the analysis of street youth career patterns" (p. 772). This stance was further supported by Brown and Amundson (2010) who continued to advocate for more research on youths' exits from street culture. The scarce literature that is available has revealed the fragility of youths' stability after exiting street life; youth in Karabanow's (2008) and Brown and Amundson's (2010) studies reported being on and off the street an average of six times, and 25% of youth in Kidd et al.'s (2016) study and 31% of youth in Cheng et al.'s (2013) study lost their housing during the research period.

Kidd et al. (2016) acknowledged the perseverance of young people who not only disengage from street life, but who remain disengaged: "These young people have demonstrated tremendous resilience in obtaining housing and not becoming chronically homeless into adulthood, jailed for lengthy periods, or losing their lives" (p. 216). Presently, the resources available to youth who have successfully exited street life, yet who are still vulnerable from street life experiences, are inadequate (Kidd et al., 2016). Through understanding how former SIY cope with adversity and sustain their housing, we may be able to create more appropriate

and effective services which would help prevent a recurring cycle of homelessness. The findings of this study are especially relevant for those in the fields of mental health care, policy reform, and service provision.

The purpose of this study was to understand the lived experiences of former SIY who had been living in stable housing for an extended period of time. Particular attention was given to experiences of personal resilience, especially as related to adversities post-homelessness, general housing experiences, and perceptions of present and future housing sustainability. The present research adds to the literature in four central ways: a) by expanding scientific research in an exploratory area, b) by having a focused inquiry on contributors to resilience as well as factors related to housing sustainability, c) by having a minimum period of homelessness of 10 months (which is an extension of the minimum requirement in a key foundational study described above – Karabanow et al., 2016; Kidd et al., 2016), and d) by recruiting a unique demographic of participants in a small, urban area (which contrasts with the majority of existing studies that were conducted in large, urban centers).

The central research question for the present research was: “What are the lived experiences of former SIY living in stable housing?” Specific domains of exploration included: (a) participants’ experiences of street life, (b) participants’ experiences disengaging from street life, and (c) participants’ experiences of stable housing. The first two areas were explored to set the context and to help understand and appreciate meaning making processes and lived experiences of participants (Clausen, 1998, as cited in Kidd et al., 2016). The third area was the focus of the present research. Interpretative phenomenological analysis (IPA), a qualitative approach to data collection and analysis, was the methodological framework for the study.

CHAPTER THREE

Research Methodology

Ungar (2004) suggested that researchers may achieve a better understanding of resilience through phenomenological inquiry. In the present study, a phenomenological approach (specifically, Interpretive Phenomenological Analysis (IPA)) was employed to allow the researcher to grasp the essences and meanings of the lived experiences of those who transitioned out of homelessness. As this research was exploratory, and because there were few accounts of the lived experiences of former SIY, it was appropriate to involve numerous participants, not only to acquire thick and rich descriptions, but also to ascertain common themes as well as differences.

While IPA may be considered somewhat similar to grounded theory (McLeod, 2011), several differentiating factors supported the decision to adopt IPA. First, IPA is sensitive to both commonalities and differences across participants' experiences, rather than commonalities alone. Second, IPA uses pre-existing ideas and psychological theories to inform conceptualizations, rather than using conceptualizations to inform the development of exploratory models or fresh concepts. Last, IPA focuses on interpretative rather than systematic processes of analysis (McLeod, 2011). The following section further describes the philosophical rationale for IPA as well as the approach itself, after first introducing qualitative research and situating the researcher within the study.

Qualitative Research

Creswell (2007) provided an elaborate definition of qualitative research that emphasizes the process of inquiry as flowing from macro to micro levels:

Qualitative research begins with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study, and data analysis that is inductive and establishes patterns or themes. The final written report or presentation includes the voices of participants, the reflexivity of the researcher, and a complex description and interpretation of the problem, and it extends the literature or signals a call for action. (p. 37)

Qualitative research is a valuable tool for exploring a topic or problem that has not previously been researched or that has been researched modestly (McLeod, 2011). Such exploration may vocalize silenced voices, unearth detailed understandings of a complex human issue, and/or empower individuals to share their stories. At its core, qualitative research seeks to minimize power imbalances between researchers and participants; capture issues of sensitivity and the uniqueness of individuals; and present data in flexible, artistic, and unbounded ways (Creswell, 2007; Marshall & Rossman, 2006). The conduct of qualitative research is considered an emergent process, meaning that all phases of the study may change once the researcher enters the field and begins to collect data. Based upon experience and feedback, questions may be edited, the process of data collection may be altered, accessed sites may be revisited, etc. As such, it is important for the researcher to be flexible, open, and responsive to presenting issues, developments, and concerns (Creswell, 2007). Meanings, categories, themes, and theories are discovered inductively, meaning that research is approached without firm preconceptions of what will emerge from the data. Researchers work back and forth between themes and the database to

generate increasingly abstract and comprehensive units of information (Creswell, 2007; Camic, Rhodes, & Yardley, 2003).

Situating the Researcher and the Historical Context

As the researcher is a key instrument in qualitative research, the process is fundamentally dynamic, interactive, and relational. The researcher, with his or her own background, history, context, and prior understandings, cannot be separated from the interpretative process embedded within qualitative inquiry as a whole, from initial stages of design to final stages of data analysis (Creswell, 2007). It is important to develop a holistic picture of the issue under study by situating the researcher within the research process and appreciating how the researcher's interpretations flow from personal experiences of the world (Creswell, 2007; McLeod, 2011; Lopez & Willis, 2004).

As the principal investigator of this study and the researcher who completed all phases of the study, it is essential for me to situate myself with regard to my cultural/historical background, philosophical assumptions, and worldview. I am a Caucasian female born and raised in Canada. My appearance is conventional in that I do not display any tattoos, piercings, or other visibilities that stray from mainstream society's current trends. I was raised in a middle-class and intact family unit as the middle child of three daughters. My mother was a stay-at-home caregiver while my father worked away to provide for my family. Although financially unstable at times, my family was, and continues to be, a source of safety, support, security, and love.

I developed a strong interest in at-risk populations during my undergraduate studies when I worked with children/youth at-risk of future criminal behavior. This interest transferred to my research and clinical practices during my graduate studies. My Master's research investigated depression and self-compassion among youth. Most of my clinical experience, during both my

Master's and Doctoral degrees, involved working with children, youth, and families presenting with various mental health issues. Such experiences strengthened my interest in children and youth, as I found myself in awe of the resilience that they displayed, despite the adversities and challenges that they endured.

Approximately four years ago, during my Doctoral degree, I was granted the opportunity to work at a newly developed drop-in center for homeless youth between the ages of 16 and 24 years. This center was located in my hometown, in eastern Canada. It was the first of its kind in the area. It provided youth with a safe space to seek guidance from the on-site social worker and coordinator; to connect with other resources in the area; to wash clothes and have something to eat; to obtain items such as clothes, personal hygiene products, and household items; and to participate in weekly groups that focused on stress-reduction strategies, interpersonal skills, and psychoeducation. For the three months that I worked at the center, I found myself in a state of perpetual growth, both personally and professionally. Almost immediately after being introduced to the center, I experienced a sense of culture shock that pushed me outside of my comfort zone. I questioned and challenged the knowledge and experiences that I previously believed made me a great candidate for the job.

I realized that, despite my vast background working with children and youth, I was in foreign territory where my clinical and research experiences seemed almost inapplicable. I recognized that I was having trouble connecting with the youth, which was a strange experience for me. To them, I appeared different, I talked differently, and I believe that I presented as intimidated in what was an unnerving and chaotic environment. I also quickly became aware of my ignorance of street culture – the world in which these youths lived and their everyday struggles for existence were almost incomprehensible to me. As such, developing rapport with

those who accessed the center did not come as easily as I had hoped. I eventually discovered that the key to being invited into the worlds of these youth was to acknowledge that they had just as much to teach me as I had them, that I had to strip away (or try to as best I could) my preconceived notions of their cultures and lifestyles, and that I had to be the most transparent and authentic version of myself. Throughout my journey at the center, I found myself amazed by the resilience that many of the youth displayed, the survival strategies they employed (which were often times double-edged), and their hope in a different future. For me, this was an enlightening experience that stimulated an eager interest to give a voice to these youth. I hoped that somehow, others could hear what I heard and see what I saw – their extraordinary capacities for strength and resilience. During the time that the present research was conducted, I was working as a mental health clinician for the public health authority in my hometown, which is also where interviews took place. This employment experience further deepened my awareness of the state of affairs of the area: that is, the prevailing economic crisis in the whole region, the hidden homeless population, and the limited resources to support those in need.

In addition to situating the researcher, it is equally important to situate the unique historical context of the area from where participants were selected. Thus, a brief summary follows. The population of the eastern Canadian town from which participants were recruited is approximately 31,597. This town is the largest of seven that together form a municipality of approximately 98,722 (according to the 2016 census; Statistics Canada, 2017a). As such, this town may be considered as a small, urban center that is surrounded by more rural communities. In 2016, about half of the municipality's population was aged 50 years and older (Statistics Canada, 2017a). From the early 20th century until the post-war years, the municipality was sustained by the coal mining and steel mill industries. These industries contributed to rapid

population growth and strong economic stability, with the greatest boom occurring in the mid-20th century. The coal mines fed one of the world's largest steel plants, which smelted iron to make steel. However, eventual production problems stimulated a declining demand and in turn, a reduced work force. Industry production began to gradually decline by the 1970s and by 2001, the last colliery, along with the steel corporation, shut down. Today, the main industries in the municipality are in customer support call centers and tourism. The area never fully recovered from the impact of those economic crises. There has been a steady population decline since the 1970s due to massive out-migration of the population in pursuit of employment elsewhere. In 2015, the median after-tax income of individuals 15 years and older was \$26,310, and 19.7% of the population was living on low incomes. In 2016, 15.5% of the municipality's population (between 25 and 64 years) was unemployed (Statistics Canada, 2017a).

With regard to homelessness within the municipality, no formal and sound assessments have ever been completed. However, in the spring of 2016, the local housing association, in conjunction with other public service sectors, led the first ever research initiatives that explored the scope of homelessness within the municipality. The first count of homelessness was a point-in-time count (i.e., a "snapshot") that was completed over a 12-hour period (it was also conducted in various cities across Canada). Volunteers walked the streets and asked over 500 individuals within various communities about their housing situation, via survey-based interviews. This count identified 137 homeless individuals (Deveaux, Vassallo, & Leviten-Reid, 2016). To put this in perspective, one is reminded that the population within the municipality, as mentioned above, is approximately 98,722. In a larger, metropolitan city, approximately 400 kilometers away and with a population of approximately 403,390 (Statistics Canada, 2017b), the

point-in-time count identified 198 homeless individuals (Nova Scotia Hansard Reporting Services, 2018).

The second count was a service-based count that was completed over a four-week period. Professionals from within 40 public sector agencies (e.g., government departments, the justice system, emergency rooms at local hospitals, mental health services, income assistance services, and food banks) completed surveys on all homeless clients they came in contact with during that month (Deveaux et al., 2016). The four-week count identified 279 homeless persons with 38% of them being under the age of 30 years (Deveaux et al., 2016). Given that this sampling approach was restricted in range (i.e., it only accounted for homeless persons who accessed specific services within a narrowed time frame), it is likely a significant underestimation of the true homeless population within the municipality (Deveaux et al., 2016). Last, with regard to mental health supports within the municipality, the local health authority reported in 2017 that the wait time for an initial appointment with adult outpatient mental health support (i.e., for those 19 years and older) was approximately 363 days (Province of Nova Scotia, 2018).

As a summary, my personal experiences shed light on contexts relevant to this study. Research and clinical work with at-risk and homeless youth stimulated my initial desire to conduct research in the area of resilience, as those experiences left me with thoughts, feelings, and beliefs related to innate capacities for resilience among those within the population. Conducting front line work as a mental health clinician in the local area from where participants were recruited helped me to further appreciate the demographic factors perpetuating the various cycles (e.g., homelessness and mental health issues) at hand. Throughout the course of the present research, it was important for me to be mindful of personal experiences that not only led

to the exploration of this topic, but that also informed my responses to the dynamic and ever-changing nature of the research process.

The worldview of social constructivism informed the present research from inception through analysis. This worldview encompasses the belief that individuals seek understanding of the world in which they live, and that they ascribe subjective meanings to their experiences. Such meanings are complex, vast, and varied from person to person, as they are influenced by social, historical, and cultural contexts of the individual's lived experiences (Creswell, 2007). A phenomenological approach was the chosen methodology for this research as this approach is sensitive to both common and unique perspectives, all of which are influenced by various contexts and lived experiences.

Phenomenological Research

Background history. Phenomenology as a distinct philosophy was created in the early 1900s by an active scholar and philosopher, Edmund Husserl (1859-1938). Husserl's ideas were influenced by Europe's Enlightenment period, which reflected new belief systems, rational thinking, autonomy, and ways of life that characterized scientific and industrial advances of the twentieth century (McLeod, 2011). Husserl sought to find a method of arriving at ultimate truth, or the conditions that underlie an experience, using the tools of experience itself and language to account for that experience (McLeod, 2011). As said by Larkin, Watts, and Clifton (2006), Husserl tried to make the point "that the *only* certain or objective knowledge humans could have of anything would have to be attained via processes of consciousness for we must inevitably encounter the world through that medium" (p. 105). Ultimate understanding of a phenomenon, according to Husserl, could be achieved through systematically and rigorously examining emotions, actions, perceptions, and relationships embedded within one's experiences (McLeod,

2011). Most of the major philosophers within this tradition believed that phenomenological philosophy could help inform psychology and serve as a useful tool for psychologists. Husserl and other philosophers, such as the existential phenomenologists, Merleau-Ponty, Sartre, and Heidegger, were especially sympathetic to the perspectives of psychologists, writing classic works that emphasized the relationship between phenomenology and psychology (Creswell, 2007; Giorgi & Giorgi, 2003).

At its core, phenomenology “examines subjective human experience” (Lopez & Willis, 2004, p. 726), provides a “description of things as they appear to consciousness” (Moran, 2000, p. 6), and “identifies the essence of [a] phenomenon” (Marshall & Rossman, 2006, p. 105). As comprehensively stated by Creswell (2007), “phenomenologists focus on describing what all participants have in common as they experience a phenomenon... The basic purpose of phenomenology is to reduce individual experiences with a phenomenon to a description of the universal essence” (p. 58). Likewise, Pietkiewicz and Smith (2014) wrote that phenomenology tries to “recognize what components make a given phenomenon special” (p. 362). Relatedly, Husserl endorsed the concept of *radical certitude*, or objective truth concerning the essence of experience. This concept, however, was challenged by later generations of phenomenological philosophers. Such philosophers instead adopted the belief that valid yet competing descriptions of experience may co-exist, which means that it is not necessary to assert that what emerges from authentic inquiry is a universal truth (Lopez & Willis, 2004).

Another significant component of Husserlian phenomenology is *epoche*. Epoche refers to the researcher’s suspension of judgments concerning what is real. It involves gaining clarity of one’s preconceptions and *bracketing* off one’s experiences from those of participants, allowing for a fresh perspective of the phenomenon being explored until a definitive essence is

achieved (Creswell, 2007; Giorgi & Giorgi, 2003; Marshall & Rossman, 2006; McLeod, 2011). This concept, however, is not common across all phenomenological frameworks. IPA (see description below), for example, does not advocate that the researcher separates his or her experiences from the research process. Within this framework, it is believed that it is impossible to rid one's mind of the knowledge, understandings, and judgments that one has about a particular phenomenon (Lopez & Willis, 2004). Presuppositions and expert knowledge lead to the desire to conduct research in the first place and guide how the inquiry should proceed (Lopez & Willis, 2004). The section above, which situates researcher and historical contexts, is richly described in an effort to honor this perspective and to help the reader to appreciate the transaction between the researcher's experiences and the research process.

Today, there remain philosophical assumptions derived from Husserl's primary works that are common across various phenomenological frameworks (Creswell, 2007). These assumptions state that phenomenology is the study of the lived experiences of people; that lived experiences are conscious ones; that consciousness is intentional, in that it is directed towards objects that are perceived within the experience of the individual; and that the goal of phenomenological inquiry is to determine the essences of experiences (i.e., invariant aspects of experiences; Creswell, 2007; Giorgi & Giorgi, 2003).

Hermeneutics and interpretative phenomenological analysis (IPA). Martin Heidegger (1889-1976) expanded upon and modified the work of Husserl, contributing seminal ideas to what is now known as *hermeneutic phenomenology*. Hermeneutic phenomenology is often identified as one of two main schools of phenomenology in the literature (with the other school being *descriptive* or *transcendental phenomenology*; Giorgi & Giorgi, 2003). Hermeneutic phenomenology (*interpretative phenomenology*) is concerned with the exploration

of a lived experience (a phenomenon) and the interpretation of mindsets, language, and texts to develop understandings of that experience (McLeod, 2011; Pietkiewicz & Smith, 2014).

Interpretation sheds light on an underlying coherence or sense within the actions, behaviors, or utterances of a person or group (McLeod, 2011). As such, hermeneutic phenomenology goes beyond the description of the essences of experiences and seeks to unearth meanings that are embedded within such experiences and which influence the choices people make (Lopez & Willis, 2004). Heidegger used the terms *lifeworld*, *being-in-the-world*, *everydayness*, and *person-in-context* to emphasize that individuals' realities are inevitably influenced by the world in which they live; their experiences are influenced by social, cultural, historical, political, and interpersonal contexts (Larkin et al., 2006; Lopez & Willis, 2004; McLeod, 2011). Heidegger also expressed views related to the concept of *situated freedom*, stating that although individuals are free to make choices, their freedom is not absolute because their choices are impacted by the conditions, limitations, and contexts of their daily lives (Lopez & Willis, 2004). Heidegger further noted the importance of acknowledging the cultural-historical contexts in which the researcher's perspectives are embedded and which influence interpretation of texts (Lopez & Willis, 2004; McLeod, 2011). Gadamer (1975), as cited in Lopez and Willis (2004) and McLeod (2011), used the term *fusion of horizons* to refer to the coming together of the meanings articulated by both participant and researcher, or the blend of backgrounds – experiences, assumptions, meanings, and understandings – that influence interpretation. Similarly, Smith and Osborn (2008) used the term *double hermeneutic* to describe the two-stage interpretation process that takes place within IPA; that is, participants “trying to make sense of their world [while] the researcher is trying to make sense of the participants trying to make sense of their world” (p. 53). Taken together, there is no one true meaning produced from an interpretative study, but rather

multiple meanings that are logical, plausible, and reflective of the realities of participants (Lopez & Willis, 2004).

IPA is a specific research approach that draws upon the principles of phenomenology, hermeneutics, and idiography (see below for a description of the latter concept). Jonathan Smith and colleagues first introduced IPA in the mid-1990s, and it is an especially popular methodology in applied areas, such as counseling psychology and health (Clarke, 2010; Larkin et al., 2006; McLeod, 2011). IPA is a dynamic research process between researcher and participant. The goals are to obtain detailed accounts of how participants make sense of their life-world and to discover the construction of meanings related to perceptions of experiences, states, and events (Larkin et al., 2006; Smith & Osborn, 2008). Simply stated, IPA researchers try to understand what an experience is like from the participant's perspective (Pietkiewicz & Smith, 2014), while also recognizing that "there is no such thing as an uninterpreted phenomenon" (Pietkiewicz & Smith, 2014, p. 363).

In addition to the principles of phenomenology and hermeneutics, IPA also relies upon the principle of idiography, which refers to an in-depth analysis of cases, each within their unique contexts (Pietkiewicz & Smith, 2014). An idiographic approach allows the researcher to describe the essence of a phenomenon while also making specific statements about study participants and comparing and contrasting narratives (Pietkiewicz & Smith, 2014). Semi-structured interviews are typically used in IPA research to gather information concerning how participants perceive and make sense of life experiences (Larkin et al., 2006; Smith & Osborn, 2008). They are often considered the preferred methodology within IPA as they facilitate dialogue, help build rapport between the researcher and participant, allow for the modification of questions and probing for more information, encourage the researcher to follow the participant's

interests and concerns, and permit deviation from the guideline of questions (Pietkiewicz & Smith, 2014; Smith & Osborn, 2008). At the expense of control, time efficiency, and standardization, the flexibility of semi-structured interviews allows for expansive coverage of information and the production of rich data (Smith & Osborn, 2008). Typically, the number of participants is relatively small (McLeod, 2011, Pietkiewicz & Smith, 2014), somewhere between 5 and 15; a larger number of participants will not necessarily produce more insight concerning a given phenomenon (Center for Research Quality, 2014). IPA researchers typically strive for a relatively homogeneous sample so that the phenomenon under investigation is relevant and personally significant among participants. As such, participants are purposively selected according to particular variables (Pietkiewicz & Smith, 2014).

At the heart of analysis, the researcher obtains an insider's perspective of a phenomenon by identifying, describing, and understanding *objects of concern* and *experiential claims* made by participants' accounts (Larkin et al., 2006). The researcher then goes beyond mere description of a phenomenon by constructing interpretations and contextualizations of such concerns and claims (Larkin et al., 2006). Larkin et al. (2006) emphasized the delicate balance of giving voice to participants while also offering interpretations of meanings in particular contexts: "...Even in 'giving voice,' IPA researchers are necessarily balancing representation against interpretation and contextualization" (p. 113). Analytic strategies employed by the researcher may be informed by prior knowledge, experience, and psychological theory, provided that they can be related back to the phenomenological account of the participant (McLeod, 2011; Larkin et al., 2006). Specific data analysis procedures for the current study are described in detail in the Data Analysis section.

Methods

Sampling. To be eligible for participation, participants were required to meet the following four criteria: first, participants were required to be between 19 and 24 years of age. The age range of 18 to 24 years has been commonly used in previous studies with SIY (e.g., Bender et al., 2007; Brown & Amundson, 2010; Kolar et al., 2012; Lindsey et al., 2000). For the present research, the minimum age requirement was 19 years as this reflected the age of majority (i.e., age of general consent) in the province where the study took place. Although SIY are typically regarded as emancipated for the purposes of research consent (Ensign, 2006; Kidd, 2003; Kidd & Davidson, 2007), the decision to access participants 19 years and older was further reinforced by the complexities that may arise with minors; some minors may not admit to being under the care of child protection services or of a legal guardian. Second, participants were required to have previously experienced a period of homelessness for approximately six consecutive months. This time frame was adopted from Kidd et al. (2016); however, given the exploratory nature of the present research, two participants who fell short of this criterion (i.e., three- and five-month periods of homelessness), but who had rich stories nonetheless, were permitted to participate. As mentioned above, it is common practice for changes to occur across phases of qualitative research, as this methodology is considered an emergent and dynamic process. For the purposes of this study, the definition of homelessness was adopted from Karabanow (2008) and included youth:

Who [did] not have a permanent place to call home and who, instead, spent a significant amount of time and energy on the street (e.g., in alleyways, parks, storefronts, dumpsters, etc.); in squats (usually located in abandoned buildings); at youth shelters and centers; and/or with friends (typically referred to as “couch surfers”). (p. 774)

Third, participants were required to have been living in stable housing for a period of 12 months. During data collection, this period was adjusted to 10 months to allow for inclusion of otherwise eligible participants. The definition of stable housing was adopted from Kidd et al. (2016) and referred to “any living arrangement other than emergency shelters, couch surfing, or sleeping rough” (p. 1). Last, it was required that participants be willing to reflect on their experiences of past homelessness and their current experiences in stable housing.

Participants. According to Kolar et al. (2012), a small sample size is appropriate when conducting an exploratory study with a unique population. Likewise, Pietkiewicz and Smith (2014) stated that a small sample size encourages a focus on depth rather than breadth of the study. Participants in the current study were seven adolescents (three males, four females) who were recruited from a small eastern Canadian town (see *Situating the Researcher and the Historical Context* section). With regard to ethnicity, six identified as “Other North American Origin” (i.e., Acadian, Canadian, or Quebecois). One participant identified as “European Origin” (i.e., English, Flemish, or Scandinavian). Participants were between the ages of 20 and 25 years (one was 25 years, one was 24 years, two were 23 years, one was 21 years, and two were 20 years). Four participants were receiving income assistance as their source of income, two were receiving employment insurance, and one was using her student loan to help cover living expenses. Length of time spent living in housing (without any periods of homelessness) ranged from approximately ten months to five years. However, time spent living in *current* housing ranged from approximately two months to two years; all participants lived in multiple residences for various lengths of time. Three participants were homeless for about two years, two participants for about eight months, one participant for about five months, and one participant for about three months.

Procedures.

Participant recruitment procedures. Prior to recruitment, approval for the study was obtained from the Research Ethics Board at the University of Alberta. As the principal investigator of the study, I initiated contact with five potential sites/service providers with a letter (see Appendix A) that described researcher background, study purpose, study procedures, ethical information, and benefits of study participation. I followed up this letter with a phone call. Four of the approached sites granted me permission to hang recruitment posters (see Appendix B). Recruitment posters outlined the criteria for participant inclusion and the incentive for participation, which was a \$30.00 gift card to a local grocery store. The sites that allowed me to advertise my research were the local youth drop-in center, the Adult Mental Health Outpatient Clinic, and the AIDS Coalition. The fourth service provider who agreed to support participant recruitment was the previous coordinator of the local youth drop-in center who had since taken a new career position with the local housing association. This individual helped with recruitment through verbal contact with potential participants; either my contact information was passed along to those who expressed interest, or verbal consent was granted for participants to have their phone numbers passed along to me. All participants were recruited from either the local drop-in center or the service provider connected with community housing. Creswell (2007) noted that participants in a phenomenological study might be located at a single site or at multiple sites.

Data gathering procedures. Interviews were conducted at local coffee shops. Location was chosen based on convenience for the participant. Four interviews occurred at the same coffee shop while the other three occurred at coffee shops in two other communities. As suggested by Pietkiewicz and Smith (2014), a “warm-up discussion” (p. 365) may decrease the participant’s tension and increase readiness for personally sensitive conversations. In keeping

with this suggestion, we began with brief introductions followed by the participant and I ordering something to eat (i.e., typically a coffee, a sandwich, and a donut), for which I paid. As the provision of sustenance occurred after the interview commenced, this was not an incentive to participate. During this process, we engaged in “small talk” until we received our food and beverages. While we ate, I explained informed consent with participants and sought their verbal consent. Past research investigating SIYs’ experiences with research revealed that SIY prefer to have another individual verbally summarize consent forms (Ensign, 2006). Verbal consent has been suggested to be acceptable when the research is deemed to pose minimal risk to participants and the goal is to minimize participant identification (Ensign, 2006). Informed consent (see Appendix C) covered the following areas: researcher background, study purpose, study procedures, confidentiality and limits to confidentiality, security of data, research use and dissemination, voluntary participation, benefits of participation, and potential risks of participation. I personally signed a statement of declaration (see Appendix D) indicating that I discussed with the participant information concerning the study and informed consent. Each signed statement included the participant’s self-given alias. This alias was used on all data gathering documents and resources (described further, below) to help protect anonymity. Participants received a copy of the informed consent document for their personal records. Next, participants were asked to provide the following demographic information (see Appendix E): age, identified gender, ethnicity, housing status, length of residency in current housing, age at first onset of homelessness, number of times homeless, average length of homeless periods, and employment status. Like the consent form, I collected demographic information via conversational style and placed the participant’s alias on the form. According to Ensign (2006),

SIY participating in research tend to dislike and have little patience for research forms, which are perceived as having long words and complex terms.

Interviews were semi-structured (see Appendix F for interview protocol) and audio-recorded. According to Pietkiewicz and Smith (2014), IPA requires that interviews be recorded so that verbatim transcripts can be produced. Interview length ranged from 50 minutes to 144 minutes, with the median length being approximately 90 minutes. Generally speaking, interviews in IPA research are typically one hour or longer (Pietkiewicz and Smith, 2014). The interview protocol, informed consent form, demographics form, and audio recording were labeled according to the participant's alias (and any identifying information communicated throughout the interview was deleted from the transcripts). Upon completion of the interview, participants received a written debriefing form (see Appendix G) for their personal records. This form thanked participants for their participation in the study, reiterated the purpose of the interview, and informed participants of local counselling supports and services. Last, participants received a \$30.00 gift card to a local grocery store as a thank-you for their time, effort, and contribution to the research project. The value of the compensation is consistent with previous research conducted with SIY populations (Aubry et al., 2012; Lindsey et al., 2000; Piche, Kaylegian, Smith, & Hunter, 2018; Roy et al., 2004). Ensign (2006) reported that SIY participating in research feel that it is important to be provided with research incentives and that gift cards are preferable, as monetary reimbursements risk being used to support substance abuse habits. After each interview, the researcher wrote a field note that described observations of participations as well as personal experiences (i.e., impressions, curiosities, thoughts, and feelings).

Data Analysis

Interpretative phenomenological analysis. Interpretative phenomenological analysis (IPA) was conducted using the interview transcripts to capture the complexity of meanings and essences of experiences embedded in participants' mental, social, and cultural worlds. This analytic process requires sustained engagement with the text and a process of interpretation (Smith & Osborn, 2008). Analysis procedures described by Smith and Osborn (2008) and elaborated upon by Pietkiewicz and Smith (2014) informed and guided analysis. The qualitative data analysis software program Atlas.ti7 was used to assist with data management and analysis.

At the first step of analysis, the researcher, and principal investigator of the study, typed up each interview into transcript format. As recommended by Biggerstaff and Thompson (2008), each transcript was transcribed in meticulous detail and included indications of pauses, mishearings, and speech dynamics.

At the second phase of analysis, the researcher read each transcript. During this stage, the researcher becomes even more immersed in the data. Recalling the atmosphere of the interview, the researcher enters the experiential world of the participant, while also being mindful of personal observations and interpretations (Pietkiewicz & Smith, 2014). During the reading phase, the researcher *coded* segments of the transcript (e.g., words, phrases, and passages) relevant to the research questions. At this stage of analysis, such codes are considered close to the data and are at a *low-level* of abstraction (i.e., they are often a repetition of the participant's use of language; Smith & Osborn, 2008). The researcher highlighted quotes believed to be rich descriptions of the participant's experience, in an effort to illuminate such experiences to the researcher, and possibly to the readers.

At the third phase of analysis, the researcher again read each transcript and developed *higher-level codes* (i.e., more abstract). For example, *perseverance* is a higher-level code derived from lower-level codes that were, essentially, repetitions of participants' language (e.g., "push self forward" and "push through things that need to be done"). During this phase of higher-level coding, psychological terminologies and conceptualizations were often used (Pietkiewicz & Smith, 2014; Smith & Osborn, 2008).

The fourth phase of analysis focused solely on subtheme identification and description. At this stage, the researcher works more with personal notes, codes, and quotations, rather than the transcript itself, as detailed and comprehensive earlier work is believed to reflect the source material (Pietkiewicz & Smith, 2014). During this phase, the researcher created a master Excel table (derived from data within the Atlas.ti7 program) that included all codes (lower- and higher-level) across participants. The table indicated whether or not each participant endorsed a particular code. The researcher then transferred this data to a master Microsoft Word table, where it was collapsed and organized across participants. This table provided a comprehensive visual of higher-level codes with associated details of the participant's account (i.e., lower level codes, which were often repetitions of participants' language and the researcher's interpretations of the data). Next, the researcher sought connections between higher-level codes, which were compiled into clusters with a descriptive label (i.e. a subtheme). For example, *perseverance*, *positive thoughts*, and *focus on goals/options* were clustered together under the label *cognitive and behavioural strategies*. At that point, higher-level codes that lacked strong evidence (i.e., identified by only one or two participants) were removed.

The last phase of analysis involved collapsing subthemes into superordinate themes, when possible. For example, the subtheme, *cognitive and behavioural strategies*, was subsumed

under the superordinate theme, *coping strategies*, along with other subthemes (e.g., *environmental strategies* and *therapeutic/substance strategies*). Finally, the researcher crosschecked themes with the original data (i.e., words, phrases, and quotations) to ensure that the connections were fitting. Quotations believed to be powerful accounts of participants' experiences were selected for inclusion in the presentation of results.

Trustworthiness.

Subjectivity and reflexivity. As previously mentioned, IPA acknowledges the role of interpretation throughout the course of the methodology as a whole (Biggerstaff & Thompson, 2005; Lopez & Willis, 2004; McLeod, 2011). As such, it is important for the researcher to make implicit assumptions and biases overt to both self and others throughout the course of the research process (Biggerstaff & Thompson, 2005; Morrow, 2005). Assumptions and biases include the researcher's emotional involvement with the topic being explored, presuppositions formed from conducting a thorough literature review, and aspects of interaction with participants (Morrow, 2005; Yardley, 2000). In an earlier section of this chapter (see *Situating the Researcher and the Historical Context* section), I discussed my personal background in terms of research, practice, and life experiences, all of which influenced a desire to conduct the present research. Throughout the course of this study, I continued to practice self-awareness which is often referred to by qualitative researchers as *reflexivity* (e.g., Morrow, 2005; Williams & Morrow, 2009; Yardley, 2000). Before and after each interview, I reflected on personal assumptions, biases, and emotions, and I expressed these experiences through field notes. These documents were re-read during the analytic procedure to encourage mindfulness of the dual interpretation process that is believed to be embedded within IPA.

Adequacy and integrity of data. Semi-structured interviews in the present study were open-ended, adaptable, flexible, and sensitive to the participant's conversational direction. This approach is believed to encourage the production of information-rich cases (Marlow, 2005; Yardley, 2000). Furthermore, participant checks were embedded within each interview through empathic and contemplative interpretation, verification, and clarification of participant responses. This approach is believed to facilitate the spontaneous sharing of deep and rich stories, while also promoting accurate representation of participants' viewpoints (Morrow, 2005; Williams & Morrow, 2009). Adequacy of interpretation was further reinforced through immersion in the data; according to Morrow (2005), immersion begins during data collection and continues to occur while listening to audiotapes, transcribing interviews, reading transcripts, and reviewing field notes and memos. As the principal and only investigator of this study, immersion in the data was a vast, deep, and prolonged experience.

CHAPTER FOUR

Results

The focus of the present research was on former SIYs' experiences while currently living in stable housing. Three superordinate themes emerged from the data: a) coping strategies (when faced with adversity), b) benefits of housing, and c) factors related to housing sustainability. Subthemes and cluster themes embedded within each superordinate theme are summarized in Table 1.

With regard to the first superordinate theme, *coping strategies*, the following subthemes and associated clusters of themes (with participant numbers) emerged from the data: a) cognitive and behavioural strategies: focus on goals and options (7), positive thoughts (7), past life reflection (7), exposure and perseverance (7), and familiarity with coping independently (7); b) environmental strategies: monitoring and seeking social relationships (7) and maintaining a routine (7); and c) therapeutic- and substance-related strategies: professional help (3), formal substance management (3), and informal substance use (4).

With regard to the second superordinate theme, *benefits of housing*, the following subthemes and associated clusters of themes (with participant numbers) emerged from the data: a) emotional benefits: increase in overall mental health (7), increase in emotional awareness/vulnerability (7), and sense of normality/freedom (4); and b) cognitive benefits: increase in motivation (future, 7; mental health, 5), decrease in impulsivity (5), and trusting attitude (7).

With regard to the third superordinate theme, *factors related to housing sustainability*, the following subthemes and associated clusters of themes (with participant numbers) emerged from the data: a) financial securities: support (7) and discipline (7); b) mental health stability: coping

mechanisms (6) and sobriety (4); and c) awareness of housing significance: housing provisions (7) and goal fulfillment (3).

Subthemes and cluster themes embedded within each superordinate theme are described below and are accompanied by participant quotations (referenced by alias) from the interviews. Before the presentation of results, a brief life history of each participant is described. The goals of such descriptions are to help set the context from which results are derived and to help the reader appreciate the histories behind the presented quotations.

Participant Profiles

Effy Stonem. Effy Stonem, a 20-year-old male, first became involved with street life at the age of 12 years. Effy Stonem was adopted at an early age and reportedly felt unloved within his family unit. His adoptive mother was quite detached from him, an uncle molested him at an early age, and he felt pathologized and rejected by his family. He was diagnosed with various mental health disorders during his early years, such as Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Generalized Anxiety Disorder, Bipolar I Disorder, Obsessive Compulsive Disorder, and various forms of psychosis. By the age of 10 years, Effy Stonem abused prescription medication. At 12-years of age, he spent most of his time on the streets where he was involved with gangs and criminal behaviour. He was officially kicked out of his family home at the age of 15 years and was never welcomed back. Effy Stonem was street involved for a total of three years and officially homeless for about two years. During that approximate five-year period, he struggled with alcohol and drug abuse. Effy Stonem typically spent the majority of his time outside during the days, and he slept in lobbies, at shelters, and on others' couches at night. To help meet his needs, Effy Stonem engaged in car hopping, shoplifting, breaking and entering, and panhandling. He experienced seven drug overdoses,

some unintentional and some intentional. Other active suicide attempts included hanging, stabbing himself with glass, and setting himself on fire. At the time of the interview, Effy Stonem had been living in housing for approximately three years. He had been living in his current residence with his girlfriend for about seven months. Together, they had a child who was in the care of the child's maternal grandmother.

Wolf. Wolf, a 23-year-old male, first became homeless at the age of 22 years, shortly after his mother passed away from an illness. His brother had previously passed away after being struck by a truck when crossing the road. After these deaths, Wolf struggled to cope and fell into impairing states of anxiety, depression, and suicidality. His stepfather started to disconnect from him, stopped providing food for both Wolf and the family pets, and eventually changed the house locks, essentially kicking out Wolf. Wolf was homeless for about five months. During that period, he spent most of his days outside and his nights at shelters. Wolf was the victim of harassment and thievery, and he witnessed violent crimes against others. At the time of the interview, Wolf had been living in stable housing for approximately ten months.

Rose. Rose, a 20-year-old female, first became homeless at the age of 16 years. While growing up, Rose constantly felt as though she was treated differently and unfairly from her sisters. She believed that her parents placed greater restrictions and demands on her compared to her siblings. She had an especially tumultuous relationship with her mother. Rose struggled with various mental health issues, such as Attention Deficit Hyperactivity Disorder, Learning Disorders, emotional impulsivity, low mood, suicidality, and self-harm behaviours. Rose chose to become homeless, believing that such a lifestyle would be a better alternative to living at home. Rose was homeless for about two years. She continued to attend high school for as long as possible, hiding her homeless status from others. At night, she either couch surfed or slept

outside – she taught herself how to make fires and “make-shift shelters” for those nights outside. Rose began to abuse alcohol and drugs to help keep warm and survive difficult nights outside. At the time of the interview, Rose had been living in stable housing for about two years. She had been living in her current residence with her boyfriend for about seven months.

Elizabeth. Elizabeth, a 24-year-old female, first became homeless at the age of 16 years. Elizabeth grew up in a household where her alcoholic father was often absent. Elizabeth was the victim of abuse from a close family member at a young age. Despite her mother’s awareness of this trauma, she pathologized Elizabeth and omitted this information when sending Elizabeth to mental health professionals. Elizabeth’s trauma, anxiety, and depression were eventually misdiagnosed and she was medicated for Attention Deficit Hyperactivity Disorder. By her teenage years, Elizabeth was abusing her stimulant medication and, soon thereafter, began abusing other drugs. Elizabeth was homeless eight or nine times, with the longest period lasting about eight months. While homeless, Elizabeth spent her nights sleeping outside, at playgrounds, on sidewalk benches, and in alleyways. She sometimes accessed local transition houses and shelters. To help meet her basic needs and support her worsening drug habit, Elizabeth engaged in regular prostitution and was closely monitored by her pimp and drug dealer. She also panhandled and engaged in fraudulent activities. At one point during her homelessness, Elizabeth was kidnapped by a cab driver, held captive for two days in his home, and was sexually assaulted. Devastatingly, no one sought her, and this was not the first or last time that she was the victim of a sexual assault. Elizabeth made multiple suicide attempts and she reported that, at one point, her heart actually stopped beating, but she was brought back to life. Elizabeth also had serious health conditions that she felt were dismissed by physicians, in part because of her reputation as a drug addict. Such dismissal and invalidation eventually

resulted in emergency and high-risk surgeries that were traumatic for Elizabeth. At the time of the interview, Elizabeth had been living in stable housing for about two years.

Christina. Christina, a 21-year-old female, first became homeless at the age of 12 years, when her mother kicked her out of the house. When she was about 14-years-old, Christina was homeless for a period that endured approximately two years. Christina grew up in a household where both her mother and her mother's boyfriend abused drugs and alcohol and were emotionally abusive towards Christina. Although so young herself, Christina was, by default, a mother figure to her younger siblings, all while attending school and trying to meet her basic needs. During her two-year period of homelessness, she lived in at least eleven residences; she lived with familiar community members, unfamiliar community members, families of school friends, and foster families. At one point, Christina joined the circus and stayed there for a few months as shelter and a stipend were provided. During her homelessness, Christina continued to go to school and eventually graduated. When she wasn't in school, she met her basic needs by shoplifting for herself as well as for someone else; when doing so for someone else, the individual would sell the stolen items and in return, help meet some of Christina's basic needs (e.g., food and shelter). At the time of the interview, Christina had been living in stable housing for about five years, and she had two children who were in her care.

Jack White. Jack White, a 25-year-old male, first became homeless at the age of 17 years. During his adolescent years, Jack struggled with anxiety and learning challenges. He started smoking marijuana, skipping school, and spending time with people of whom his parents disapproved. Jack White's parents perceived him as disobedient and disrespectful, which caused much familial conflict. On a couple of occasions, Jack White made death threats against his parents which resulted in them calling the police and having him removed from the home. At

each of those times, Jack was removed for a few weeks. Finally, when he was 17-years-old, his parents kicked him out and he never returned. Jack White was homeless for about three months. He spent his days roaming the streets and to meet his basic needs, he engaged in car hopping and shoplifting. He also went door to door seeking out small labor jobs (e.g., shoveling) for money. For the most part, Jack White couch surfed between friends and acquaintances at night. While homeless, Jack White became addicted to harder drugs and was taken to the hospital a few times for overdoses. He also accrued a few criminal charges against him which he did not feel comfortable disclosing during the interview. At the time of the interview, Jack White was living with his girlfriend and her child. They had been living in their current residence for about four months. In total, though, Jack White had been living in stable housing for a few years.

Iris. Iris, a 23-year-old female, first became homeless at the age of 18 years. Iris grew up in in a religious family that was strongly involved with the church. From a young age, Iris started to experience feelings of guilt and loneliness and the belief that she was “deserving of punishment.” She was home schooled until grade 7, at which point she entered the public school system. During her teen years, she was diagnosed with Borderline Personality Disorder, and she struggled with suicidality, anxiety, depression, an eating disorder, and insomnia. At the age of 14 years, Iris was involved in an inappropriate relationship with one of her public school teachers. This relationship progressed into an intimate and abusive relationship that endured for years after, until he was eventually prosecuted and sent to jail for a relationship with another student. Iris was homeless at different points in her life, each lasting various lengths of time. During those periods, she lived in many cities and countries. She typically spent her days at the library, on buses, and at random males’ homes. To meet her basic needs, including her drug habit, she worked for an escort service and engaged in “degrading jobs” for drug dealers. At

night, she slept in bus shelters, bathroom stalls, at random males' homes, and outside. At one point in time, Iris was jumped and beat up for money she owed to drug dealers. At the time of the interview, Iris was living with her boyfriend in stable housing for approximately ten months.

Coping Strategies

Cognitive and behavioural strategies. All participants described the importance of having a solution-focused mindset when faced with adversity. Viewing the problem holistically, reflecting upon and evaluating options, focusing on goals, and troubleshooting barriers were reported to be components of a solution-focused mindset. Participants also expressed the importance of having a positive mindset; that is, reminding oneself that things will get better, that the problem at hand will be solved, and that there is meaning embedded within one's struggles. Relatedly, reminding oneself from where one has come was reported by participants to provide a helpful motivational push when faced with adversity.

All participants also described the importance of exposure, or taking action, when faced with adversity. Participants talked about the helpfulness of facing "problems," "anxieties," "triggers," "the world," and "demons," and when necessary, "forcing" oneself to "power through" and "push through." Perseverance when faced with barriers was highlighted as a significant component of exposure. For example, participants commented on "trying again," "trying anything," "carrying on," and "trying your best." Last, participants described how their early experiences of relative solidarity and (necessary) independence contributed to their continued perseverance.

Effy Stonem described his cognitive and behavioural strategies as being largely influenced by the detachment he experienced early on within his family system. He reportedly learned how to meet his needs from a young age. Effy Stonem explained:

When I'm faced with a situation and I'm like, 'I don't wanna do this,' my mind goes, 'F it.' That's all I hear is, 'Fuck it...' And that's the way I've always lived. My parents weren't gonna give me twenty dollars to buy food and smokes. I learned you do what you gotta do, even if it means standing outside the payphone for two hours going, 'I need my mother to come pick me up. Can you give me quarter? After eighty quarters, it's a lot of work, but you got your twenty dollars, didn't ya?

Effy Stonem further elaborated:

Before I do something, I sit down for a minute and say, 'Okay, what's the best way to go about doing this thing? And what are my options for how to do it and whatnot?' But where I don't have a whole lot of like, friends or family or support, or anything, it's usually, 'Okay, what am I doing and how can I do it? I'm doing this and I can do it this way or this way. So, pick one of the two and fucking do it.'

Effy Stonem provided examples of adversity and perseverance, despite anxiety:

A roadblock could be something as simple as needing to do the dishes before I leave, or it could be something as difficult as walking a week to get somewheres. It doesn't matter. I'll still do it if I gotta do it.... I see times where I need to do something and it's something that I don't want to do because it makes me nervous and I'll be walking down the street forcing myself to do it. Even going unconscious cause my anxiety is getting that bad. But, F it. You gotta do it, so do it.

Wolf also described the importance of acting when faced with adversity, despite accompanying anxiety and other mental health barriers. He additionally described positive thinking as a helpful strategy in overcoming barriers and acting. He explained:

I'm like, 'It'll be okay.' I don't worry anymore because whether you worry or not, what's gonna happen is gonna happen. So I just kinda, just keep thinking about that and whatever happens, I will deal with it when it happens... Just gotta fix the problem when it happens. I know panicking isn't going to do anything. Just gonna make things worse 'cause I find when you're stressed and you're panicking, you don't think - you just kinda act to try and solve the situation faster and sometimes it can make it worse.

Rose's courage in facing problems head-on and her flexible thinking style were illuminated with the following quote: "If you face it down, like have a stare down with it, then you're seeing the entire problem. And then you start to think about, 'Okay, well, what if I do this instead of this?'" Likewise, Jack White stated: "I do what I can to figure what the roadblock is... Then, I'll sit down and I'll try to work it out... Usually, I can figure out one way or another

to work it out.” Jack White proudly described a recent situation that he problem solved – his furnace ran out of oil, leaving him, his girlfriend, and her daughter without heat in the winter. Jack White described how he successfully, albeit temporarily, solved the situation. Reflecting on this, he stated: “You learn to make things work... Like, stuff that I never thought I could do before, I done.”

Iris described how reflecting on her past life helped her to maintain a balanced and effective perspective during periods of adversity:

Like... [boyfriend], when he lost his job, like how it affected him- He was like, *so* depressed and like, so upset. But that’s kinda the type of thing that wouldn’t really bother me so much. Just cause like, I don’t know... I’ve moved so many times that I just know that like, if I lose my job, if I lose my stuff, if I only have one outfit, like, I’m going to be fine. So, I guess yeah, I’m pretty good at bouncing back... Because usually when something bad happens, you don’t lose like, everything. Like, if something bad happened right now, like maybe- maybe your car breaks down. And we don’t have money to fix it... Like, for me, that’s not really that big of a deal. To [boyfriend], it might be a bigger deal. He could easily walk to work. But, to him, it’s still like, a thing that he cares about a lot. So, I think that, yeah, it’s another perspective thing.

Christina also talked about how reflecting on her past life motivated her to face adversity: “I just don’t wanna ever- I don’t wanna go backwards. That’s my inspiration. I don’t wanna go backwards in my life. And if I get into a slump, I’ll make sure that I push myself to go forward.”

Elizabeth commented on the benefits of full exposure to life challenges, without the use of avoidance tactics. She stated: “It feels pretty amazing to face a demon in the face and not do it high. Or not do it drunk. It feels pretty amazing.” Furthermore, she too described the coping strategies of past life reflection, positivity, and goal orientation:

Always remind yourself of what life was like on the streets... You could be looking at your situation now and how you have no food in the cupboards and just tell yourself, ‘It could be a lot worse. I could have no cupboards at all. I could have no walls or ceiling.’ You just gotta keep reminding yourself of where you came from and where you wanna be... And create that. You know? Stop living on the fact that there’s a possibility you won’t have a life and just try and make one. If it doesn’t work, it doesn’t work, but at least you tried.

Environmental strategies. All participants reported that it was important to remove oneself from negative environments on a daily basis, and especially during challenging times. Participants said that in doing so, it was important to “let go” of unhealthy relationships and to “get rid” of people who weren’t “true friends” or who were “toxic” or “bad.” Relatedly, all participants described the positive impact of being surrounded by “helpful,” “caring,” “loving,” “positive,” “supportive,” and “generous” people. Examples of such people included friends, family members, in-laws, classmates, professionals (e.g., social worker, grief counsellor, psychiatrist, psychologist), employees from local services (e.g., soup kitchen, community housing, drop-in center), and the church community. Being mindful of urges to isolate oneself during times of adversity and instead connecting and sharing with others was also reported to be an effective strategy.

Christina described the permission she gave herself to mindfully change her social circle for the sake of her mental and emotional well-being. She described her thought process as follows:

Don’t feel bad about leaving those toxic people behind. Don’t feel attached... It’s okay to drop people who are toxic... You gotta realize if those people were really your friends or something, they wouldn’t be doing the things to make you worse instead of better.

Elizabeth reported that being surrounded by relatable and caring friends who did not engage in self-destructive habits had a significant impact on her mental and emotional health. She stated:

I’m surrounded by a lot more healthy people. Surrounded by people who have a lot of the same goals as me. The same aspirations as me. The people I meet in my classes are all, you know- kind of feel the same way I do about life, and where they wanna go, and what they wanna do... It’s that I’m surrounded by good people... They’re not into drugs... They care about your well-being.

Wolf, too, commented on the impact that friends had on his persevering mindset:

Me and my friends - we're kinda like family. I guess it's one of the things that's keepin' me going... My friends have always been very supportive of me... They're always there for me... Tryin' to help me the best they can.

Effy Stonem shared a specific example of a very stressful and life changing situation that occurred after he entered stable housing. His girlfriend's mother was a critical support system and her intervention changed the path of his life. Effy Stonem, with honesty and humility, described the situation:

Her mother was a huge help... I ended up getting myself in quite big trouble which would have set me right back to square one if it wasn't for her help. I had some anger management issues... I ended up um, getting charged with um, assault with a deadly weapon. And they wanted to upgrade it to attempted murder and keep me in jail... So that probably would have messed up some things... Her mother stepped up then, and she was really good, charity wise. They knew her in the system for being a good charity, so she was able to sign me out on house arrest under her charity. And get me back on my feet and whatnot.

Iris described her struggle with negative thinking styles and the helpfulness of her boyfriend's kind words when such thoughts were triggered:

I can talk to [boyfriend] about it for sure. So that's kind of nice. It's nice to finally be able to share things... Just like, a lot of old thoughts coming back and like, it helps to have someone in your life who tells you, like, 'You're so beautiful...' If you have like, a mind that has constantly told you like, 'You're ugly. You're never gonna be enough...' I'm just trying to change my mind about things. So, it's nice.

Iris also described how, by changing her social circle, she was surrounded by people who helped her to have fun, feel happy, and create positive memories. In contrast, her previous friends were preoccupied with substance use, and Iris' involvement with those friends often led her to either hurt herself or worsen her situation. Iris explained the impact of having healthy relationships in her life:

I'm starting to appreciate spending time with other people. And I'm starting to appreciate that like, you can have fun with people without intoxicants which is really weird because all the friends I had were like- I'd be like, 'Hey do you want to hang out?' And they'd be like, 'Do you have blow?' Or like, 'What are we gonna get? What are we gonna do?' And it always had to be like, drugs, or getting drunk, or partying or whatever. And the

friends I have now, like- I rode a dirt bike yesterday. Like, that's not the kind of thing I would typically do, but like, I just wanna be up for anything. And like... Not that a dirt bike is entirely really safe, but it's like a fun thing to do that will probably not damage my body. At least not on purpose because I think I'm worthless. So, it's nice to just realize there's fun in things without hurting yourself and there's like happiness to be had that's like, not fleeting... Like, the happiness you have when you get drunk, laugh for an hour, and you wake up just as sad as you were. And then the happiness you have when you spend those times with your friends, like- You remember those times forever and like, you can always think back on that perfect moment you guys had and like, and you can do it again.

All participants described the significant role that having a routine played in their ability to care for their mental and emotional health and to recover when life challenges were presented. Schedules and hobbies were identified as components of a routine. Reported daily schedules were different for each participant and involved, for example, going to school, attending an employment program, participating in regularly scheduled extra-curricular activities (e.g., Bible study group), taking care of children, and tending to house chores. Reported hobbies included listening to music, playing videogames, creating artwork, writing in journals, doing outdoor activities, and cooking meals. Schedules and hobbies provided participants with a sense of stability and structure that, in turn, seemed to serve a protective function during hard times.

Therapeutic- and substance-related strategies. Three out of seven participants indicated that being connected with a mental health professional strengthened their ability to cope in day-to-day life and especially during difficult times. Unfortunately, due to the shortage of such professionals within the local area, those participants were not able to access professionals as consistently as they would have liked. Nonetheless, professional therapeutic treatment was highlighted as helpful by just under half of participants. Wolf, whose mother's passing precipitated his homelessness, described the how his grief counselor helped him learn how to cope with his emotions:

She helped me out a lot. Helped me get over my mom's death and everything. I guess in a way she kind of helped get rid of the, like emotionless attitude I had. Whereas like, I didn't wanna feel anything. Like, there was actually a point in time where even when I thought of my mom or my brother who had also passed away – one of them – I couldn't even cry, even when I wanted to. Like, I would try and I couldn't. It was almost like I was completely dead inside. She helped me like, pretty much feel again.

Likewise, Elizabeth made significant strides with her trauma work. She described a therapeutic milestone that took place on the same day in which she participated in her interview.

She explained:

I see a therapist right now... I've seen her for about six months, and today was the first time I opened up to her about anything... She's like, 'I want you to tell me one thing.' She's like, 'Just one thing. Something you didn't plan on talking about. Just tell me one deep thing'... And I told her something about my trauma... I was like, 'Okay, I'll try it. I'll try it.' So I told her a little bit. Not a lot, but it felt good.

Effy Stonem described a sense of validation and relief he experienced when he was properly diagnosed and treated for ADHD by a mental health professional. He recollected, "They gave me a pill. I took it. And all of sudden, I wasn't getting in trouble. I was like, 'Oh my God, this isn't my fault.'"

Three out of seven participants reported that adhering to their psychopharmacological treatment contributed to their ability to cope in a healthy manner. Four out of seven participants (those three participants who reported taking psychopharmacological treatment, plus an additional participant) reported that daily marijuana consumption helped in managing mental and emotional well-being. Half (i.e., two) of those participants acknowledged the double-edged nature of their marijuana use. For those participants, marijuana use seemed to be a harm reduction strategy.

Elizabeth acknowledged both advantages and disadvantages of her marijuana use. She reported:

I still smoke weed. I still really enjoy my pot. Um, I find that very hard to let go of, because I let go of drugs and alcohol. So, I think in way, I've definitely used that as a replacement... It's screwing my life when it comes to school and is making me paranoid. It makes me anxious- But, for me, internally, it does the world for me. It just calms me down and puts me in a chill place. It slows my thoughts down. And it's just- it's nice. I go through a lot of dissociating where I revert right back and I find weed prevents that. I don't have as many when I'm high. But that could also be the thing of thinking that drugs are the answer. When I don't smoke it, I'm extremely agitated. And it's affecting my memory to a very extreme point... My memory just goes. When I'm talking, it's really bad. And I find I'm paranoid. I'm a paranoid person. I mean, I have an anxiety disorder. And PTSD. So, a lot of anxiety comes with that. And paranoia. But, it's really bad right now. I think it's because of the weed... But, like, I can make a huge list for you right now of all the cons of smoking weed and all of the pros. But the pros would outweigh it. No matter how many cons there was, they would still outweigh it.

Similarly, Effy Stonem also commented on the double-edged nature of his marijuana use:

If I'm to the point where I'm getting those suicidal thoughts or... I'm stuck in the same spot, like, I'll break down and I'll let myself go to that because I know from experience that's something that just makes me feel better. And it doesn't help anything in the long run, but it keeps me from doing things that I really shouldn't do.

Benefits of Housing

Emotional benefits. All participants described positive changes in their mental and emotional health since entering housing. All participants reported increased happiness and decreased anxiety/stress. Other changes common among participants included having a sense of pride, feeling more stable, being more in control of anger, and feeling less depressed. All participants similarly described how it felt to have housing. Common words used to describe their experiences of housing were “awesome,” “better” “incredible,” “good,” “amazing,” and “nice.” Participants also reported changes in their ability to process and express their emotions. They described themselves as, for example, “delicate,” “vulnerable,” “not so tough-skinned,” and “more in depth,” and they described their emotions as, for example, “resurfacing,” “no longer covered,” and being “dealt with” or “faced.”

Wolf provided a simple yet powerful account of his experience in stable housing. He stated, "I'm actually loving my life now. For the first time in a while, I can say I love my life." He elaborated: "My depression isn't as bad now. It only kicks in like once in a while when I start like, thinking about things. Other than that, I'm perfectly happy with my life."

Iris described an emotional journey since living in stable housing. She witnessed herself transform into a happier and more emotionally stable person. Iris provided the following snapshot of her journey:

I'm happy. I'm happy... I'm really working through everything. A lot of it has to do with like- I have books. I can, like, go online. I have a Bible. I have so many people to talk to about these things. Like, I've met with members of my church so many times over the past few weeks, for like, guidance and for like, understanding of things... I'm relearning who I am. I'm like a new person so I just wanna be the right type of person... And, a lot of the anger I had is gone. I used to just like- I would get so mad- I don't know why I was like that. But, somebody would like, open a bag of chips at work and I'd be like, 'Ugh, they're so fucking annoying. I hate them.' So, a lot of that anger has kind of gone. And I've just like, found new ways of dealing with it.

Rose explained the protective function that her emotional suppression once served and how she transformed into an emotionally sensitive person after entering stable housing:

Like the great Johnny Cash said in *The Boy Named Sue*, 'I named you Sue because it was either get tough or die...' So, by me getting tough, it blocked out most of my sad emotions... After a while of being homeless and growing that tough outer layer and inner layer... But then once you find that you've actually lived in a house for so long now, that tough skin starts to shed and you start seeing more of a delicate person... I feel more and I see more.

Four out of seven participants reported that with housing, they felt "normal," "part of the world," and "free."

With regard to his felt sense of normality living in stable housing, Effy Stonem expressed the following:

I'm actually loving my life now. I feel like a normal person I guess you could say. Like, this is what people do. They don't wake up and go shoplift. They wake up and make breakfast. They throw on a pot of coffee. And clean up the house a little.

Effy Stonem insightfully acknowledged that although he continued to struggle with mental health issues, the sense of normality he experienced after entering stable housing served as something akin to a buffer factor:

Like I said, I always struggled with depression. Even on like, the happiest parts of my life, there's days where I'll just want to curl up and die. But, I did feel a lot happier than I did in a long, long time. I knew that I really enjoyed the situation and that I really enjoyed being with [girlfriend] and having that sort of normality in my life I guess.

Elizabeth described the sense of social inclusion and associated normality that she experienced when she left street life and entered stable housing:

It kinda felt like I existed again. After a few days, it kinda felt like you were part of the normal world again. People didn't look at you like you were- like you had ten heads. They just looked at you like you were a normal person. You know, when I first got a pay cheque and I was able to go out and get clothes that weren't torn up or, you know, falling apart, and people said that I looked well put together. And it was like, the best thing I ever heard in my life. Because it was nice to feel like I wasn't just street filth. And that's what people looked at me as.

Cognitive benefits. All participants described renewed motivation since entering stable housing. Motivational thoughts were related to future aspirations and mental health. With regard to the former type of motivation, all participants expressed specific future goals, such as wanting to obtain a GED, go to university, complete various college and trade diplomas, and hold full-time jobs. With regard to motivation related to mental health, five out of seven participants reported that since entering stable housing, they were making a concerted effort to self-reflect, get to know themselves on a deeper level, and learn ways to manage their continued mental health struggles.

Effy Stonem articulated his future goals and the necessity of having a stable living situation to achieve such goals:

My ambitions are pretty much get a good paying job and then start working on getting a house. Which is a complete 360 once again because this time, even like, four years ago, I

was like, 'I don't want a house. What would I want a house for? I can live on the streets for the rest of my life...' I want a car, too. But that's a lower ambition... I'd like to work on a university degree and all that... You can't get a cheque or a textbook sent to a homeless shelter... To further my life depends on having this living situation.

Wolf excitedly expressed his motivation related to a new job that he had just acquired around the time of his interview. Wolf stated:

Definitely more willing to like, actually work now. 'Cause I have to say that there was quite a while where I was kinda just putting off looking for a job because I was scared to work again. I was kinda scared to get back into the work force. But now, I have to say, I'm ready. I'm ready for Monday and I'm ready to keep this job for as long as I can.

Wolf further elaborated on the motivational change that he noticed in his everyday life:

I started getting more motivated to get up, get out... Like, I now know I can get out of bed when I need to... Like, before when I opened my eyes in the morning, I didn't wanna do anything. I just wanted to lay in bed longer, cover up with the blanket, and just ignore the world. Now, the moment I open my eyes, I'm pretty much up out of the bed, doing what I gotta do.

Iris commented on how her motivational thought process helped her to work through maladaptive thoughts via self-reflection. Iris shared the following example:

Things that I never really let myself think about, I'm thinking about. Like, even the other day, I figured something out in my head. I was like, 'How can I make myself look like those girls?' Like, always, that was a question. And, all of a sudden, I just started to ask myself, like, 'Why do you care so much? Why do you care so much about how you look?'... Like, it should not matter to me so much that I would starve myself. You know what I mean? So it's kind of like a big perspective change. And just like, trying to find my self worth... Like, I still need to see my worth and feel like I am enough for one person and like, love myself. So, there's still things to do. But I just like, kind of need this time right now.

Likewise, Elizabeth shared how she began an introspective journey after entering stable housing. Although reportedly painful and frightening, Elizabeth made a consistent effort to develop her self-identity and to achieve heightened self-awareness as she faced her traumatic past. She provided the following powerful account of her journey:

And the way I look at it is, all these people that hurt me, that raped me, that beat me, that tortured me, that did whatever they did to me, that they will never win. They won't. They

just won't. They're going to be absolutely nothing at the end of the day. And they always will be. If that's the kind of lives they wanna live... As far as I go, they just taught me of exactly who I didn't wanna be. So, I just looked at all these people and I said, 'I don't like this trait about myself, I don't like this trait about myself. I don't want that trait about myself'... It's just learning. To me, the whole thing is learning. I've learned so much from it. I have. It's been painful. And it's been scary. And I still have to relive that stuff in flashbacks.

Elizabeth elaborated:

I like learning about all of the stuff I'm going through... I'm finding myself. Cause I don't know anything about myself. When you become an addict, you just lose everything about yourself. So, I got to find myself. I got to see other sides of me that maybe I didn't even see before I started using drugs... And, you know what? It's crazy because even the bad things I'm learning- Like, the bad things about myself that I don't like, I'm excited because I'm learning them and I get to learn how to be different and how to be better and how to- I don't know- just growing. I get to grow and that's awesome.

Christina also began a journey of self-discovery after she entered stable housing. She reportedly became more in tune with herself and the layers of emotions she was carrying. She specifically discovered her struggles with social anxiety and was challenging herself to face such anxieties. She reported:

When I started getting stable, my anger started peeling away... I- [realized] I- was covering up my anxiety of being scared and stuff with pure anger about being in the situation I was in... I just feel like I am more in depth with myself, if that makes sense. Like I said, I was very surface level with everybody before and I feel like I'm able to connect with people. I feel like I'm open now to do it. I wasn't open before. I feel like I'm able to try in-depth with people. Even though I have social anxiety. I try.

Also related to cognitive benefits, participants reported a specific executive functioning change. Five out of seven participants described themselves as being less impulsive and more evaluative or reasonable when faced with action urges. These participants described themselves as being "less triggered," "in control," "stronger with emotions," and "reasonable." This change reportedly helped participants resist engagement in old habits, including hard drug use.

Effy Stonem provided the following example to illustrate how he resisted urges by evaluating possible consequences to his actions:

I never thought of consequences before. I never thought about things before I did them. I just acted... There's certain things like that, I'm a lot better at [now]. Back in the day... I would walk in the store and there wasn't such thing as, 'I shouldn't do this.' It was just, 'This, this, this.' And then leave... It was just doing boom, boom, boom. No thought process at all. It wasn't even a choice I could make to think about something before I did it... I got a little thinking before acting going on. I've never had that in my life... I'll walk in the store and I'll be like, 'I really like that. I think I'm gonna steal it.' And then I'll be like, 'What if I get caught stealing it? I lose my son and go back to jail for two and a half years for something as stupid as stealing a sweater.'

Effy Stonem described another powerful habit from which he had successfully disengaged by means of resisting action urges:

The biggest example I like to think of is that I haven't gone car hopping in three and a half years... And to this day, it doesn't matter what street I'm on. It doesn't matter where I'm going. I look out the corner of my eye through car windows cause I'm used to looking for things and not actually looking at the cars. I've never broken that habit. But, I don't think I'd be able to break into a car if I wanted to at this day and age.

Likewise, Rose described how since her entry into stable housing, she transformed from being impulsively aggressive towards others to being more reasonable and calmer:

I was built like a rock... By the end of the two years, like I've gotten into so many fights over the length of time... I wouldn't care if you were a guy or a girl. If you said one wrong thing to me, my fist was meeting your face... [Now] I'm not as trigger happy. I'm more of a 'give me a really good reason.' Now, instead of not needing a reason to throw a punch, I'm now looking for a reason. Like, why should I do that? I still will get into a fist fight here and there. But, it's over more important stuff. Like, people picking on me or my two sisters. [I'm] not as triggered. Not as uh, on edge. You're not on edge all the time. You're not walking on eggshells. Or your friends around you aren't walking on eggshells.

Elizabeth described the strategies she used to resist hard drug use when triggered:

I'm going to have tempts and triggers for the rest of my life. I'm always going to be an addict. That'll never change. Um, I just have to get to a point where I know how to deal with them. And I do know how to deal with them. Sometimes things get too much and I get to a point where I'm triggered and craving, and you just kind of gotta put your feet on the ground and figure out where you are. And see where you're at. See where your thoughts are right now. You know? You use the HALT. The Hungry, Angry, Lonely, Tired. And if you're feeling any of those things, you're at risk of relapsing. So I really focus on those things.

Similarly, Iris, too, described a strategy she used in lieu of acting upon urges to self-harm and use hard drugs:

Like, art is kind of my favorite thing, in the world. It's like, something I've always been able to lose myself in, and it's the only thing that is not like, self-harm. Like, I can lose myself in self-harm. I can lose myself in drugs. But like, losing yourself in art is like, I don't know, just kind of like, nice. Because in the end, all that you have is something beautiful. Rather than like feeling worse.

In addition to increased motivation (as related to one's future and mental health) and decreased impulsivity, participants described a third cognitive shift since their entrance into stable housing. Six out of seven participants reported being more "trusting" towards others which, in turn, contributed to strengthened interpersonal relationships. Participants commented on their efforts to "build," "repair," and "work through" relationships. Furthermore, they also reported being better able to "open up," be "deeper," "forgive," and "get along" with others.

Effy Stonem described powerful life events that influenced the development of his longstanding trust issues:

I've got the worst trust issues of anyone I've ever seen in my life. And it probably has something to do with the fact that I was woke up three times at the age of 12 by people going through my pockets while I was sleeping. You just learn that you can't trust anyone. And I learned that, even if someone says they love you and care about you, they could just drop you and leave you in a homeless shelter with twenty dollars... My head just basically circulates around the idea that you can't trust anybody. No matter what you think.

He then described how his sense of trust and motivation to repair relationships strengthened after he entered stable housing:

Even with us [he and girlfriend], we had issues for the first year with my trust issues because I was scared... Now, working on it, I am getting better... I can show emotion a lot better than I ever could... I seen times when we first got together that she would get upset with me and me being the way that I was used to, my automatic reflex was, 'I'm not dealing with this. I'm walking out and going to the shelter.' But, I stopped and I said, 'No, I wanna sit this out and I wanna fuckin' try to do something different with my life.'

Jack White explained how he became skeptical of relationships in his life. He reported that in addition to being essentially abandoned by his parents while homeless, some of his friendships went “down the dumps,” as such friends were unhelpful and unreliable during such a vulnerable period. However, Jack White happily described a relationship he developed after he exited homelessness with “someone who is kind of like a father figure.” Jack White was reportedly confident and trusting that this man would be supportive and helpful should Jack White ever fall into hard times again.

Iris reported that her experiences in stable housing and in a secure, intimate relationship helped her to develop a new perspective about humanity and to become more trusting of others. She explained:

I realized that like, I can get love from somebody and not have like, negative stuff too. Like, you don't have to be abused to be loved. And you don't have to be cheated on to have a place to stay. You know what I mean? So that's when I kind of- when my perspective changed. When I saw how people can- How good people can be and how like, maybe living in the world isn't as bad as I thought.

Factors Related to Housing Sustainability

Financial securities. All participants reported that having a stable and predictable income was a critical factor in being able to sustain their housing. All participants reportedly received income assistance when they first entered stable housing. Participants noted that income assistance was typically just above their rent expense. This, in turn, often left them without food for a couple of weeks out of the month and unable to pay additional bills. At the time that the interviews were conducted, four participants continued to receive income assistance, two were receiving employment insurance, and one was using her student loan to help cover living expenses. All participants commented on the stress that accompanied having a

small, fixed income. They all expressed a desire to obtain full-time employment to avoid dependence on income assistance.

Participants also stressed the importance of being financially disciplined. All participants ensured that each month, rent was, first and foremost, paid before anything else. Jack White's rent was the first thing that was paid when he and his girlfriend received money. He stated: "As soon as we get our money, I message our landlord, 'We got your rent.' Before we even take anything out of our bank, we'll go down, take the rent money out, message her, 'Meet us here.'" Likewise, Effy Stonem reported: "I just make sure the rent's paid and if we got any financial issues after that, then we work on that then." Elizabeth, too, placed priority on paying her rent before any other bills. She explained her strategy as follows: "While I was on welfare, I set it up so that they were paying my rent directly, so that I wouldn't get to touch it. And I wouldn't have the risk of going and buying drugs." Christina illustrated her financial discipline by describing her specific monthly budget, including income sources and expenses, down to the specific dollar and cent amounts. Wolf described his thought process when prioritizing money allocations for bills. He stated:

I just pretty much look at it as- Okay, to me a cell phone is important because I need that to look for a job. The Internet isn't necessarily important because there's computers everywhere. If you need to apply for a job online, go to the YMCA or something like that. If I really need to check my Facebook or something, there's [local drop-in center], there's [coffee shop] - lots of places with free Wifi that I can go to. The two most important things to me when it comes to paying stuff like that is definitely rent and my cell phone.

Mental health stability. Six participants reported that in addition to maintaining changed habits, it was important for them to work on continued mental health challenges. Participants reportedly believed that such struggles, if left untreated, could lead to mental health regression and, in turn, threaten housing sustainability.

Elizabeth acknowledged her resistance to engage in specific trauma work and explained the impact of her unresolved traumas on her daily life:

And, I'm still not really ready. Like, I don't like talking about the trauma. I don't like bringing it up... I have a lot of trauma at night. Like, it's hard for me to go to sleep. I have a lot of nightmares in the middle of the night... And I still find today, like, I sleep with my shoes on. Or I sleep with my clothes on. Because it's just- it's safe. You feel like you can run... So, it's just kind of dealing with that.

Effy Stonem recognized how his quality of perseverance occurred at the expense of emotional expression. Emotional suppression, in turn, placed him at risk of engaging in harmful coping strategies. Effy Stonem described this cyclic experience as follows:

That's always been my problem in life... I've got that mentality of the, 'F it. Move on. Keeping pushing forward.' So, I end up building up so much- so much emotion inside me that it comes to a breaking point, where it literally is, 'Okay, I need to feel better right now or I'm going to do something to myself where I'm gonna hurt myself or kill myself'... It's depressing. Because I've been seeing psychiatrists, and psychologists, and counsellors since I was probably like 6-years-old, but I've yet to find a healthy coping strategy.

Iris reported significant progress in disengaging from self-harm (i.e., cutting) behaviours, while also acknowledging periodic regression:

I'm really almost over the whole self-harm thing. But even in the past year, I've gone back to it. Just to numb. Because it's like, the sense of like, I have control over my pain. That was my biggest coping mechanism I guess. Even more so than drugs. Honestly. Because I just felt so in control.

Rose explained how her journey towards obtaining her education and eventual housing independence was complicated by time-consuming roadblocks associated with her ADHD:

I think some of the challenges I face- They prolong with me having special needs. Because I'm ADHD and I have impulse control issues... Sometimes the challenges I face in life are more difficult than someone without ADHD or impulse control issues... Like, multi-tasking. Ones with no ADHD or impulse control issues can do it easily. Like, I wanna find a job and I need to go to school. But, I know I can't do both. So, I gotta take that extra-long time to go through school, get my grade 12, then focus on a job, save up the money, and then focus on getting myself an apartment. Which is going to take me three times as long. Right?

Wolf and Christina each reported that although they made significant strides in coping with their anxiety, it continued to be a significant challenge in their daily lives. Wolf reported that he was still trying to figure out the source of his panic attacks so that he could better manage them or prevent them altogether. Christina reported that her anxiety was “at the forefront” and she, too, often had trouble identifying triggers and understanding her experiences.

Four participants who previously struggled with drug addiction (excluding marijuana) stressed the importance of abstinence from such substances and acknowledged the continued challenges they faced in trying to maintain their sobriety. Three participants provided rich descriptions of their persistent temptations and relapse-related fears.

Elizabeth described her urge to seek quick and temporary relief from substances when triggered or overwhelmed by her mental health struggles:

Cause all life's stressors that are there when you're sober are there. And they're hard. And you wanna escape. You know? That's what you know. It's quick... It's always a slow process when you're healing. When you're not on drugs and if you're healing, it takes years of therapy. It takes a lot of skills. It takes time to gain those skills... And to find those skills that work – that all takes a long time to do. Whereas you can just take a pill. Or shoot a pill. And everything is okay. You know? It's definitely the easier way... When you take the hard road you're whole life, you get to a point where, 'Why? When there is an easy road, why? Why am I walking down this rough, bumpy road when there is a path of grass going down that way?' You know? Now, which one would I take? Which one would anybody take?

When asked if he worried about his ability to maintain his sobriety from drugs to which he was previously addicted, Effy Stonem responded:

I certainly do, yes. I've seen times in the past, especially when [girlfriend] was pregnant, where I did, just like, let it [stress] build up for too long. When I broke down, it didn't matter. It was whatever I could get my hands on. Like, I ended up injecting meth while she was pregnant... Because I know how to make meth and it's extremely cheap to make yourself. That's the only thing I could get my hands on. So, I went and stole the ingredients for it and made meth and shot it in my arm and it was a terrible decision but I felt like I didn't have a choice.

Likewise, Iris, too, explained her fear of relapsing and shared a recent example of a near-relapse experience:

I am worried about relapsing like, all the time. Like, constantly worried about falling back into drugs. And I know that would screw things up. Cause that has screwed things up... Probably like a month ago, I was really suicidal. Like, just screwed up my antidepressants. I didn't have any left and I didn't go to the store and get more and it had been like four days and I just got really suicidal. And then I was like, 'Oh, I should go do drugs.' So it's just kind of like- It's sort of just like, my go-to when I'm sad, but I didn't do it. So, I guess that's my fear - is relapsing.

Awareness of housing significance. All participants reflected on what housing meant to them since having experienced street life. Such reflections reportedly reinforced participants' desires to work towards maintaining their housing statuses. Participants equated stable housing with safety and security; shelter and escape from the cold; and a place to shower, keep belongings, and store/prepare food.

Elizabeth, who reportedly always wanted to experience a stable home environment, beautifully summarized what housing meant to her:

Having housing has shaped my life. It has grounded me. It has given me hope. It's given me light. Cause I'm in a place where I never thought I would be... I was at a place where I was sitting out in the street in a snow storm thinking, 'This is going to be my life for the rest of my life.' And then, I wake up in a bed with blankets and pillows and food in my cupboards and a bathroom to use and a bathroom to get showered. And, it's just- It's so worth it. It's so worth all the pain and all the heartache in the end. When you just have that part of your life – you have that independence. You have a home. Because that was the biggest thing for me. I never had a place to call home, even when I was a child. And now I can say, 'I'm going home.' I remember the first day I said those words, I cried! I cried!

In addition to the more evident and concrete meanings associated with having housing (as described above), three participants provided more reflective and abstract accounts of what housing meant to them; specifically, housing was perceived as critical component of realizing goals and aspirations.

Effy Stonem reportedly perceived his future goals as being dependent on housing. He explained:

It means a lot to me. I like to think that it means my life. That's the way I look at it in my own head. So then I can keep my ambitions towards that. But, I like to think of it as my life. Cause living on the streets, I'm not gonna get a job cause I don't have an address. I'm not gonna be building relationships because I'm gonna be hanging out with people that are just as fucked as me... I like to circulate my life around- You can't raise your child while you're homeless. You can't have a job while you're homeless. You can't- I'm sure you probably could, but you can't have post-secondary education while you're homeless. It's just- It's to further my life depends on having this living situation... That's the way I put it in my head so that it stays a really big thing to me and I don't somehow get the idea that I'm like, 'Oh, this doesn't matter. I'll just go fuckin' walk up [street name] some more.

Similarly, Iris also believed that housing played a critical role in being able to achieve future goals. She, too, viewed her home as part of her identity. Iris elaborated:

I sort of realized that I might wanna live a life. Like, I might wanna get married. Maybe I wanna have a kid. And maybe I want to have somewhere to stay to like, keep things. I never kept things before! I never owned like, stuff that I like, cared about. Like, we have this giant record player from like the 60s and like, I love it. And I can't believe- Well, not that I care that much about stuff- Obviously, like, if our- If we had to leave, I would just leave everything. But, it's just kind of nice to like, own things and be like, 'Yeah, this is my place.' And not just like- I have the type of house where you can like, tell who I am by my house. Like, there's just so much like, so many weird knick knacks all over from like, things I collected and like, most of my walls are covered in paintings I did, so it's like, really nice to have a place all of a sudden and like, I just feel so like, not used to it.

Christina associated housing with accomplishment. She proudly reflected on the goals she fulfilled since acquiring stable housing. She reported:

It means that I've accomplished- Like, I feel like I've like- I wrote these goal lists with [drop-in center coordinator] like, years ago. And like, it's funny like- Like, I remember her getting this goal list and like, her reading my goals. And like, I've just checked off these, like, all of these goals that we had made... And it just amazes me. And it doesn't even resonate that it's me doing all this stuff. But like, when I hear her say all of these goals and I know that I've checked all of these goals off, it means that I've accomplished something and I've worked for it. And it just blows my mind.

Table 1

Theme Results and Associated Participant Numbers

Superordinate theme	Subthemes	Cluster themes	Number of participants*	
Coping strategies	Cognitive & behavioural strategies	Solution-focused mindset	n = 7	
		Positive thoughts	n = 7	
		Past life reflection	n = 7	
		Exposure & perseverance	n = 7	
		Familiarity with coping independently	n = 7	
	Environmental strategies	Monitoring & seeking social relationships	n = 7	
		Maintaining a routine	n = 7	
	Therapeutic- and substance-related strategies	Professional help	n = 3	
		Formal substance management	n = 3	
		Informal substance use	n = 4	
	Benefits of Housing	Emotional benefits	Increase in overall mental health	n = 7
			Increase in emotional awareness/ vulnerability	n = 7

Factors Related to Housing Sustainability	Cognitive benefits	Sense of normality/freedom	n = 4
		Increase in motivation (future, mental health)	n = 7, 5
		Decrease in impulsivity	n = 5
		Trusting attitude	n = 6
	Financial securities	Support	n = 7
		Discipline	n = 7
		Mental health stability	
	Coping mechanisms	Coping mechanisms	n = 6
		Sobriety	n = 4
	Awareness of housing significance	Housing provisions	n = 7
		Goal Fulfillment	n = 3

*N = 7

CHAPTER FIVE

Discussion and Implications

The purpose of this study was to understand the lived experiences of former SIY who were living in stable housing for an extended period of time. Particular attention was given to experiences of personal resilience, especially as related to adversities post-homelessness, general housing experiences, and perceptions of present and future housing sustainability. To the best of the author's knowledge, this has not been an area of substantive research in Canada. Existing research has focused on the experiences of SIY who were either currently entrenched in street life or who were trying to transition out of street life (e.g., Cheng et al., 2013; Bender et al., 2007; Brown & Amundson, 2010; Karabanow, 2008; Karabanow et al., 2014; Kidd, 2003; Kidd & Davidson, 2007; Kolar et al., 2012; Malindi & Theron, 2010; Rew & Horner, 2003). A recently published Canadian study that focused exclusively on the experiences of former SIY living in stable housing expanded knowledge in the areas of housing sustainability, housing-related self-growth, and personal coping (two publications: Karabanow et al., 2016; Kidd et al., 2016). Although resilience-related factors did emerge, there was not an in-depth exploration of specifically helpful strategies to address adversities post-homelessness.

The central research question for the present research was: "What are the lived experiences of former SIY living in stable housing?" One-on-one semi-structured interviews were conducted within an IPA framework. Interview questions generated discussions about personal resilience, housing experiences, and perceptions of housing sustainability. Seven participants between the ages of 20 and 25 years participated in the study. Length of time spent homeless, or involved with street life, ranged from approximately three months to two years, with five participants being homeless for at least eight months. All participants lived in multiple

residences during their housing periods. Total length of time spent living in housing (without any periods of homelessness) ranged from approximately ten months to five years. Length of time spent living in current housing, however, ranged from about two months to two years. Interpretative phenomenological analysis (IPA) procedures, as described by Smith and Osborn (2008), informed and guided thematic analysis.

Discussion of Results

Three superordinate themes emerged from the data: a) coping strategies (when faced with adversity), b) benefits of housing, and c) factors related to housing sustainability.

Coping strategies. With regard to coping strategies, participants described strategies that were organized into three subthemes: cognitive and behavioural strategies, environmental strategies, and therapeutic- substance-related strategies.

With regard to cognitive and behavioural coping mechanisms when faced with adversity, all participants congruently expressed the significance of five fundamental strategies. First, participants described the importance of having a solution-focused mindset. In describing this mindset, participants essentially identified executive functioning skills, such as balanced perception, goal orientation, option-evaluation, and flexible thinking. An additional executive functioning skill – emotional and behavioural self-control (i.e., a decrease in impulsivity) – was also reported among participants; however, this strategy is elaborated upon in the Benefits of Housing section as it tended to emerge during conversations related to the impact of housing on participants' wellbeing. Nonetheless, it was yet another executive functioning strategy practiced by participants. Despite the scarcity of research with former SIY, some executive functioning strategies (i.e., personal goals and thoughtfulness/delay during problem solving) have been reported in a couple of foundational studies (Karabanow et al., 2016; Lindsey et al., 2000).

Through illuminating additional cognitive strategies, the current study strengthens and builds upon this foundational work. It is interesting to note how such types of strategies have been infrequently identified as coping mechanisms by those currently entrenched in street life. As described in the Literature Review chapter, homelessness is a period during which heavy drinking and hard drug use are commonly reported behaviours. Research shows that impaired executive functions are related to substance abuse behaviours (Giancola, Shoal, & Mezzich, 2001; Piche et al., 2018; Squeglia, Jacobus, & Tapert, 2009). Given the findings of this study, and the existing literature, it may be that the practice of such strategies by those in the current study was facilitated by the absence of substance abuse behaviours (among those with previous addictions and those without previous addictions; see Therapeutic- and Substance-Related Strategies section).

It is also interesting to reflect upon these strategies from the lens of Lazarus and Folkman's (1987) transactional theory of stress, cognitive appraisal, and coping. This theory suggests that stress is experienced when an individual perceives a troubled person-environment relationship. This perception is a function of a two-part appraisal process. Primary appraisals judge whether harm has occurred or may occur, and whether overcoming a challenge is necessary for gain. Primary appraisals also evaluate whether the encounter is germane to one's well-being. Secondary appraisals evaluate perceived control over a situation; that is, whether any actions can be taken to improve the troubled person-environment relationship. Secondary appraisals take into account different strategies and evaluate the likelihood of impact on various outcomes. Coping, according to Lazarus and Folkman, involves cognitive and behavioural efforts aimed at managing demands that are appraised as exceeding one's personal resources, at a given time and within a certain context. Coping efforts, within this model, are believed to serve

two functions: to change some aspect of the person-environment relationship (i.e., problem-focused coping) or to regulate emotional distress (emotion-focused coping). The first, problem-focused coping, is more likely to occur when aspects of the person-environment relationship are appraised as changeable. In contrast, emotion-focused coping is more likely to occur when aspects of the person-environment relationship are appraised as uncontrollable and unchangeable. As such, emotion-focused coping may involve strategies that align with an escape-avoidance function (e.g., wishful thinking or minimization), whereas problem-focused coping may involve strategies reflective of planful problem solving (e.g., identifying goals and possible courses of action, practicing self-control, seeking social support to aid in goal achievement, and taking action). When considering results from the current study within Lazarus and Folkman's theory of stress, cognitive appraisal, and coping, curiosity raises the question of whether cognitive appraisals of stressful situations evolve in conjunction with one's transition into a more stable lifestyle; that is, whether perceptions of one's ability to change and alter situations are strengthened once a sense of security has been stabilized.

Second, participants described the importance of exposure and perseverance when faced with life challenges. That is, facing problems and trying again if necessary. Relatedly (and third), participants reportedly believed that their early (and continued) experiences of self-sufficiency, as functions of neglectful familial systems, ultimately strengthened their independence during hard times. Previous works also found determination and independence to be helpful inner resources among former SIY (Karabanow et al., 2016; Lindsey et al., 2000), as well as among those trying to exit homelessness (Brown & Amundson, 2010) and those currently homeless (Kidd, 2003; Kidd & Davidson, 2007). As noted by Kidd et al. (2016), the strength of perseverance within this population is remarkable, especially in consideration of counterintuitive

findings in past research. For example, past studies found that youth experiencing mental health problems in conjunction with substance abuse problems (Aubry et al., 2012) were more likely to exit homelessness, as were youth who were involuntarily homeless (i.e., kicked out or removed by authorities; Tevendale, Comulada, Marguerita, & Lightfoot, 2011) and discriminated against by their families (e.g., for identifying as lesbian, gay, or bisexual; Milburn, Ayala, Rice, Batterham, & Rotheram-Borus, 2006). The present findings reinforce writings over the past two decades (e.g., Karabanow et al., 2016; Kolar et al., 2012, Ungar, 2001) that challenge perceptions of the street youth population as deviant, and rather emphasize their attributes of perseverance and independence, which are significant inner resources during aversive circumstances.

Fourth, participants expressed the importance of having a positive mindset in the presence of challenging circumstances. They incorporated optimism into their thought processes by, for example, reminding themselves that things will get better, that the problem at hand will be solved, and that there is meaning embedded within their struggles. Relatedly, (and fifth), reflecting on one's past life and comparing it to one's present life reportedly provided participants with a motivational push when faced with adversity. To the author's knowledge, these strategies have not been reported in other studies with former SIY; however, Rew and Horner (2003) found with their sample of SIY that having an optimistic and worry-free attitude helped youth alleviate the stresses of living in uncertain circumstances. From a therapeutic standpoint, it is quite powerful that participants had both the strength and cognitive flexibility to practice strategies of positive thinking and situational comparisons, despite their chronically difficult life histories which were fraught with victimization, neglect, and abandonment. It is understandable how these strategies, therapeutic interventions in and of themselves, would be

likely contributors to one's resilience; such strategies challenge cognitive distortion thinking traps, such as catastrophizing (i.e., ruminating on worst case scenarios) and selective abstraction (i.e., disqualifying the positive aspects of situations; Weems, Berman, Silverman, & Saavedra, 2001) which, when left unchallenged, ultimately contribute to unhelpful thinking processes and feeling states. As elaborated upon in the Service Provision section, a strengths-based approach to mental health care (e.g., positive psychology; Duckworth, Steen, & Seligman, 2005) seems especially fitting with this population, given individuals' unique faculties of resilience and strengths of character.

With regard to environmental strategies, all participants described the significance of connecting with others and being immersed in healthy relationships, especially during challenging times. Participants reported that it was important to eliminate those relationships that were believed to be, for example, "toxic" and "bad," and to surround themselves with people who they believed to be, for example, "caring" and "supportive." It is interesting that the few studies that explored disengagement from street life also reported the importance of disconnecting from street peers and service providers geared towards the street youth population (Karabanow, 2008; Karabanow et al., 2016; Kidd et al., 2016; Kolar et al., 2012). Such findings suggest that when SIY are actively involved in the process of disengagement or when they have successfully disengaged from street life, merely being mindful of social relationships is not sufficient in protecting oneself from vulnerabilities associated with previous lifestyle habits; rather, complete avoidance of previous street connections is necessary. With youth currently entrenched in street life, however, it seems that it is more tolerable or common to remain connected with sometimes unhelpful or negatively influential relationships, so long as one is able to differentiate those trustworthy, supportive, and reliable relationships from those that are

untrustworthy, manipulative, and exploitive (Bender et al., 2007; Kidd, 2003; Kidd & Davidson, 2007; Kurtz et al., 2000; Rew & Horner, 2003). The significant role of supportive and positive interpersonal relationships in the development of mental health and resilience has also been well-documented in research with other adolescent populations (e.g., see Chu, Saucier, & Hafner, 2010 and Heerde & Hemphill, 2018 for reviews). Interestingly, it has been suggested that at-risk youth may experience stronger resilience outcomes from social support assets, as compared to their counterparts (e.g., Jain, Buka, Subramanian, & Molnar, 2012; O'Donnell, Schwab-Stone, & Mueeed, 2002). As recommended by O'Donnell et al. (2002), building social supports for the highest-risk youth would be a particularly worthwhile endeavor, given that such a population is not only in need of such supports, but would also benefit the most from such resources.

All participants acknowledged routine as an environmental strategy that reportedly facilitated recovery from life's challenges and one's ability to care for their mental and emotional well-being. Schedules and hobbies, identified components of a routine, reportedly provided participants with a sense of stability and structure that acted as a protective buffer during adversity. It appears, from the current study in conjunction with the literature, that having some semblance of a routine, either by means of a predictable schedule or enjoyable hobbies, provides benefits, regardless of whether one is currently living on the streets or disengaged from street life. SIY in Kidd's (2003) study reported that engaging in hobbies was a helpful coping strategy during difficult times. Comparably, SIY in Brown and Amundson's (2010) research reported that having a routine and engaging in constructive activities (e.g., volunteering, working, and job training), kept them motivated, busy, and preoccupied. Former SIY also associated structured daily living with positive mental states; wake-up and bedtime routines, predictable leisure and past-time activities, and the pursuit of employment and education opportunities were associated

with feelings of security and stability (Karabanow, 2008; Karabanow et al., 2016; Kidd et al., 2016). These findings are also congruent with a plethora of research, conducted with populations across the lifespan, that shows the significant impact that routines (i.e., “patterned interactions that are repeated over time,” Wildenger, McIntyre, Fiese, & Eckert, 2008, p. 69) have on psychological health, adjustment, and feelings of safety and security (Avni-Babad, 2011; Bridley & Jordan, 2012; Fiese et al., 2002; Wildenger et al., 2008).

With regard to therapeutic- and substance-related strategies, four participants reported that daily marijuana consumption helped in managing mental and emotional well-being. Results from past research, together with the present study, suggest that there are differences in drug consumption behaviours across trajectories of street involvement. For those four participants in the current study, marijuana use was considered to be a significant and positive lifestyle change, as those participants reported abuse of harder drugs during their periods of homelessness. These results are comparable to those reported by Roy et al. (2011), who found that housing stability among former SIY was associated with decreased polydrug consumption, excluding marijuana. Similarly, the importance of reducing, eliminating, and/or modifying (i.e., soft versus hard) drug habits has been documented by youth trying to exit street life as well as by youth successfully disengaged from street life (Brown and Amundson, 2010; Karabanow, 2008; Karabanow et al., 2016; Kidd et al., 2016; Rew and Horner, 2003). On the other hand, it appears that drug use is riskier and more chronic among youth currently entrenched in street life. In addition to marijuana, alcohol, glue, heroin, cocaine, and crystal methamphetamine are examples of substances consumed by SIY in an effort to cope with daily life and escape unpleasant street life experiences (Cheng et al., 2013; Kidd, 2003; Kidd & Davidson, 2007; Malindi & Theron, 2010; Roy et al., 2011). Two of the four participants in the current study who reported daily marijuana

consumption acknowledged the double-edged nature of their marijuana use; that is, both helpful and unhelpful aspects of their consumption. Nonetheless, marijuana use was perceived as a harm reduction behavior and thus remained within the participants' repertoires of coping strategies. This finding supports Ungar's (2001) writing on the contextual nature of resilience which suggests that non-typical pathways to well-being (e.g., drug use) are nonetheless reflective of coping efforts within resource-limited environments.

Taken together, it appears that as youth disengage from or distance themselves from street culture, they develop an increased sense of safety and stability, while also broadening their coping strategies. As such, their drug use behaviours appear to decrease in both frequency and intensity. However, it seems that the consumption of marijuana continues to serve as a protective buffer from continued vulnerabilities and may even indirectly reinforce housing sustainability as a function of mental health stabilization.

Three participants reported that medication management and therapeutic intervention significantly influenced their ability to cope not only during times of adversity, but also in daily life. Devastatingly, these participants were not able to receive therapeutic treatment as consistently as they would have liked due to a shortage of professionals within the local area. It is disheartening that even though mental health care is repeatedly identified by SIY and former SIY as a helpful intervention (Brown and Amundson, 2010; Karabanow et al., 2016; Kurtz et al., 2000), these populations continue to report barriers to professional mental health services. Just as participants in the current study described frustrations with the mental health system, Karabanow et al. (2016) found that former SIY encountered challenges with all phases of mental health care, including access to care, continuity of care, and incompatibility within the therapist-client relationship – the latter seemingly as a function of a top-down and overly clinical approach

to care.

Benefits of housing. With regard to benefits of housing, all participants described positive changes in their emotional and cognitive health since entering stable housing. All participants reported increased happiness, decreased anxiety, and strengthened emotional awareness/vulnerability. Participants also endorsed positive feelings associated with having housing, and four participants described feelings of normality and freedom since entering stable housing.

With regard to cognitive changes, all participants described a renewed sense of motivation related to their future aspirations, and five participants reported being motivated to work through their continued mental health struggles. All participants described a specific executive functioning change; that is, decreased impulsivity. Participants reportedly believed that they were more likely to evaluate possible consequences when faced with action urges which, in turn, strengthened their ability to resist re-engagement with old habits, such as drug use and criminal activity. Six participants reported cognitive changes that impacted their interpersonal relationships; they reported being more trusting of others and, relatedly, being better able to “build” and “repair” relationships and to “forgive” and “get along” with others.

The emotional and cognitive benefits of housing reported by participants in the current study very much echo those reported by former SIY in a recent publication. Karabanow et al. (2016) found that stable living was associated with psychological health (e.g., feelings of happiness, hopefulness, peacefulness, normality, freedom, security, and safety) as well as a transition from short-term thinking and impulsivity to thoughtfulness and self-control.

In earlier research, Karabanow (2008) described six stages involved in the process of exiting street life which were derived from experiences of SIY. The characteristics of the last

two stages, *changing routine* and *successful exiting*, seem congruent with the emotional and cognitive changes reported by participants in the current study. Karabanow described the last two stages as being characterized by: emotional changes, such as increased self-esteem and self-confidence; positive thoughts and feelings (e.g., pride, self-sufficiency, stability, and control) associated with having housing and replacing behaviours that deviate from mainstream society (e.g., sex trade work and criminal activity); renewed motivation related to future aspirations, such as housing, employment and education; and a renewed sense of self, both spiritually and emotionally.

Kidd et al. (2016) identified three stages post-homelessness which were derived from experiences of former SIY. For the most part, the experiences of participants in the current study appear to be fitting with the last stage, *gaining momentum* – a stage that also seems congruent with the last two stages identified by Karabanow (2008). Kidd et al. (2016) described the last stage as being characterized by movement towards personal and professional goals (such as going back to school, gaining employment, pursuing artistic projects, volunteering, and improving relationships) and an associated sense of accomplishment and self-worth. Indeed, participants in the current study not only reported having motivation, but they also presented with actions congruent with their words: one participant was attending post-secondary education; one was starting a new job two days following his interview; one was actively searching for a job after a recent lay-off and was simultaneously pursuing a passion of artwork in the interim; one was attending an employment program on a daily basis; one was actively researching post-secondary education programs while raising her two children; one recently left his full-time employment for mental health reasons, but was actively searching for a new job; and one articulately described the trajectory she would have to pursue to fulfill her future aspirations

(although at the time of the interview, she had not yet satisfied any steps).

As described above, it was only after entry into stable housing that participants experienced positive changes to their emotional and cognitive well-being. Stable housing also seemed to have had an impact on participants' resilience mechanisms; there was a significant shift in their coping abilities, with many strategies becoming more aligned with typical and healthy pathways to well-being. Such significant changes may be understood within the lens of Maslow's (1943) theory of human motivation (i.e., hierarchy of needs). This theory arranges human needs, or drives, according to potency and postulates that one need rests on the prior satisfaction of another, more potent need. It is believed that every drive is related to the satisfaction or dissatisfaction of other drives. Maslow suggested that these needs, beginning with the most potent, are: *physiological needs* (e.g., food, water, warmth, and shelter), *safety needs* (e.g., predictable and consistent daily living experiences, familiar and manageable situations, and protection from harm and trauma), *love needs* (e.g., affectionate relationships with people, connection to a social group, and reciprocal interactions), *esteem needs* (e.g., self-respect, self-esteem, and self-achievement; recognition, appreciation, and respect from others; and independence and freedom), and *self-actualization needs* (e.g., self-fulfillment, or becoming what one is capable of becoming). As stated by Maslow, a person who is lacking all needs would hunger for food more strongly than for anything else. That is, when dominated by physiological needs, all of one's resources and capacities are put into satisfying such needs. Other needs become of secondary importance, and essentially irrelevant. When physiological needs are satisfied, it is only then that other needs emerge and dominate the person for attention and fulfillment (Maslow, 1943).

It is interesting to reflect upon participants' street life trajectories in consideration of

Maslow's (1943) hierarchy of needs. Because the focus of the current paper is on participants' experiences in stable housing, it is beyond its scope to incorporate participants' experiences of homelessness. However, for the purposes of illuminating the similarities between Maslow's theory of human motivation and participants' life trajectories, some accounts are described herein. First, all participants reported that during their time on the streets, their daily lives were consumed by efforts at satisfying their physiological needs; that is, activities of utmost importance included obtaining money for food and finding/creating places where they could pass the cold days and nights. Second, all participants described constant efforts at protecting themselves from harm and trauma. Protecting oneself involved, for example, being in verbal and physical altercations, getting high to avoid mindfulness of the realities of street life and degrading work, hiding one's belongings, and being prepared to flee should danger arise. With physiological and safety needs being of dominance, motivation to satisfy other drives was naturally absent. In turn, and as per participants' reports, experiences of homelessness were characterized by disorganized and inconsistent daily routines, tumultuous interpersonal relationships, negative self-concepts and self-feelings, and absent thoughts related to future endeavors. In contrast, and as summarized in the Results chapter, it appears that once the foundational drives of physiology and safety were satisfied, largely by means of shelter, food, and distance from potentially dangerous people and environments, other (higher) drives within the hierarchy of needs were able to emerge. Since their entry into stable housing, participants showed evidence of having gratified their safety, love, and esteem needs. They reported predictable daily living (from routine personal chores to consistent school and work schedules), strengthened interpersonal relationships and connections to social networks (e.g., church, local community, youth group, classmates, other parents), and increased psychological health (e.g.,

happiness, emotional vulnerability, pride, and freedom). Furthermore, as demonstrated by reported motivation and actions related to the fulfillment of future aspirations, participants also presented with movement towards self-actualization. Taken together, the present study very much aligns with Maslow's (1943) classic writing on the theory of human motivation.

Factors Related to Housing Sustainability. With regard to one's ability to sustain their housing status, participants identified three important domains: financial securities, mental health stability, and awareness of housing significance. With regard to financial securities, all participants reported that having a predictable income (e.g., income assistance) to pay rent was crucial in being able to sustain their housing, as was having the discipline to ensure that money received did, in fact, go towards rent rather than to other desires. The importance of income assistance among those trying to disengage from street life cannot be overstated. Kidd et al. (2016) reported that of their sample of 51 former SIY, 64% received a disability or income subsidy. Youth in the same study reportedly felt fearful of becoming ineligible for their income subsidies and in turn, losing their housing and derailing their progress in life (Karabanow et al., 2016). Similar reports are documented elsewhere in the literature as well. Encountering difficulty when accessing housing supports, being refused income assistance, or having to wait an extended period before receiving income assistance have been identified as hindering factors when trying to disengage from homelessness (Cheng et al., 2013; Brown and Amundson, 2010; Karabanow, 2008).

With regard to mental health stability, six participants described the importance of continuing their practice of learned coping strategies and putting forth effort to acquire additional strategies as they journeyed through their ongoing mental health issues. Participants reportedly feared mental health regression, as they perceived it to be a threat to housing sustainability. This

perception is likely accurate as deteriorating mental health states would indeed interfere with various helpful cognitive abilities, such as problem solving and self-control. Consistent with this speculation, SIY in Kolar et al.'s (2012) study reported that despite evidence of significant life progress, overwhelming setbacks sometimes led to regression by means of self-harm or attempts at ending one's life. Persistent mental health challenges among former SIY in housing has been documented in other research as well. Aubrey et al. (2012) determined that 22.6% of their sample had both mental health and substance use problems and 21.6% struggled with a combination of mental, physical, and chronic health issues. Likewise, Kidd et al. (2016) noted the powerful and lasting impacts of trauma histories and victimization among those who not only disengaged from street life, but who also showed significant momentum related to their personal and professional goals; youth reportedly felt more aware of and impacted by past traumas, as their minds were no longer preoccupied with street life survival (Karabanow et al., 2016).

Heightened experiences of trauma-related effects after entry into stable housing may be understood within the frameworks of evidence-based treatments for complex trauma in youth. Early onset and chronic traumas, which are common experiences of the homeless, adolescent population, often result in feelings of uncertainty, unpredictability, and fear. These experiences, in turn, lead to overall functioning that is, first and foremost, conducive to survival and self-protection (Black, Woodworth, Tremblay, & Carpenter, 2012; Kinniburgh, Blaustein, & Spinazzola, 2005), rather than to emotional processing and skill development. A such, a foundational component across trauma-informed treatment approaches, such as the *Attachment, Self-Regulation, and Competency (ARC) Model*, is the establishment of a structured environment that reflects safety and predictability, and which facilitates the development of secure attachment systems. In addition to immediate and extended family members, the building of such

attachments is also encouraged with clinicians and residential program staff (Arvidson et al., 2011; Kinniburgh et al., 2005). As experiences of safety increase and the activation of threat responses decreases, physiological and psychological resources are more readily available to facilitate connection to one's affective states and, relatedly, to eventually process emotions and develop competencies (Arvidson et al., 2011; Kinniburgh et al., 2005). The theoretical framework of this treatment approach very much aligns with the lived experiences of former SIY, whether or not in active treatment. It appears that being in stable housing, having a structured life, and building relationships may provide former SIY with a sufficiently safe foundation for the surfacing of thoughts, feelings, and memories which had been hitherto suppressed in an effort to promote survival.

Unfortunately, given the cross-sectional design of the current study, mental health stability over time in housing could not be examined. Such examination would have been interesting, given recent research that showed that various markers of well-being (i.e., sense of hope, quality of life, and mental health indicators) declined over the course of an eight-month housing period (Kidd et al., 2016). The length of time that participants in the current study spent living in housing (without any periods of homelessness) ranged from approximately ten months to five years, yet qualitative reports of declining mental health were not voiced. Curiosity makes one wonder if changes in mental health functioning would have been captured with a longitudinal investigation or, conversely, if participants' resilience essentially served as a protective buffer against such deteriorations.

Four participants identified sobriety maintenance as an important component of mental health stability and, in turn, a critical factor related to housing sustainability. This finding is consistent with the literature, which documents reciprocity between substance abuse and

homelessness. Roy et al. (2011) found that residential stability was associated with lower odds of problematic substance use, including alcohol consumption, drug injection, and polydrug consumption. Comparably, former SIY in a recent study described the significance of sobriety and identified substance abuse as a threat to housing stability (Karabanow et al., 2016; Kidd et al., 2016). Aubry et al. (2012) conducted a longitudinal study with homeless adults and youth and found that 27.1% of the sample was comprised of participants who struggled with substance use problems. Two years later, only 63% of participants within that category were housed. Participants with substance use problems were less likely to find housing than participants with other identified struggles (Aubry et al., 2012). As mentioned earlier, the reduction, elimination, and/or modification of drug habits has been well documented as a helpful factor by youth trying to exit street life as well as by youth successfully disengaged from street life (Brown and Amundson, 2010; Karabanow, 2008; Karabanow et al., 2016; Kidd et al., 2016; Rew and Horner, 2003). In sum, sobriety and/or changed drug use habits play a critical role in exiting street life as well as in sustaining one's housing. If a persistent relapse were to occur while one is living in stable housing, it is likely that addiction would dominate one's financial resources, in turn leaving housing rent as a secondary, neglected priority. Alas, the cycle of homelessness would be apt to continue.

All participants reported that housing provisions (e.g., safety, shelter, warmth, storage for belongings and food, and a place to shower) reinforced their desire to maintain their housing status, and three participants reported that their perception of housing as a necessary component in realizing future aspirations was an additional reinforcing factor. In a recent study, former SIY in housing also expressed an appreciation for housing provisions; they highlighted the significance of having furniture, being able to make a cup of coffee, connecting with the world

via the internet, and having a personal shower (Karabanow et al., 2016). Having access (e.g., through drop-in centers and shelters) to mundane resources associated with typical housing accommodations (e.g., shower and sink, water and food, and a safe place to sleep) seems to be equally appreciated by those currently entrenched in street life, as suggested by past research (Bender et al., 2007; Kurtz et al., 2000; Rew & Horner, 2003). The significance of housing provisions and their impact on one's well-being may be understood in consideration of Maslow's (1943) theory on human motivation, which is described earlier in this chapter. In light of this theory, it is understandable that access to such resources is highly meaningful and at the forefront of one's awareness, both in terms of appreciation and reinforcement. Three participants' reported belief that housing is a necessary factor in reaching future goals is also congruent with Maslow's theory. Efforts to satisfy the drive of *self-actualization* are likely to only be put forth when the more potent need of housing (i.e., a *physiological drive*) is satisfied. It seems that some participants in the current study were aware of such an interplay of factors.

As summarized and discussed in the previous and present chapters, the current study explored three central domains related to life after homelessness: personal resilience, housing experiences, and perceptions of present and future housing sustainability. Findings have important implications for mental health professionals as well as policy makers and community agencies. Additionally, given that this research was conducted within an exploratory area, it further illuminated worthwhile pursuits of future investigation. Recommendations for community-based service provision and research are highlighted below.

Implications for Service Provision

Mental health professionals. The current research has implications for mental health professionals (e.g., psychologists, social workers, counsellors), as participants identified mental

health stability as a crucial factor in being able to sustain housing. The present research expanded literature documenting SIYs' and former SIYs' extraordinary capacities for resilience. It is advantageous for mental health professionals to be aware of factors that have been identified by former SIY as contributors to one's overall resilience and ability to cope post-homelessness. Through illuminating and fostering inner strengths and coping mechanisms, such as those identified in the current study, mental health professionals may be better equipped to help in areas such as trauma, addiction, stress, identity development, and relationship reconciliation. As stated by Lindsey et al. (2000), a strengths-based approach to practice, which identifies, builds on, and enhances existing resources, would be most appropriate with such a population (see Literature Review chapter for a brief description of *positive psychology*). These authors stated that unfortunately, systems of care too often align with problem-oriented approaches to treatment which "identify young people according to their criminal behavior, psychological disturbance, school performance problems, and forms of social dysfunction" (p. 137).

It is critical that former SIY receive professional mental health intervention before hope and resilience begin to deteriorate. Disheartening findings from recent research with former SIY reinforce this need; as discussed in the Literature Review chapter, Kidd et al. (2016) found that over the course of one year in stable housing, former SIYs' sense of hope significantly declined, and indicators of quality of life significantly declined by eight months (after which they returned to baseline). Relatedly, and as revealed by the present research, mental health and substance use problems tend to persist after having transitioned into stable housing (Aubry et al., 2012; Karabanow et al., 2016; Kidd et al., 2016; Kolar et al. 2012; Roy et al., 2011). Furthermore, new anxieties associated with this transitional period are constantly arising (e.g., stress related to finances, possible relapse, and integration into mainstream society), in addition to the challenges

of emerging adulthood itself (such as of identity development and self-sufficiency; Karabanow et al., 2016). Stated more succinctly, former SIY often, and understandably so, continue to struggle with a plethora of mental health issues. Through drawing upon inner resilience and unveiling strategies such as those identified by participants in the current study, mental health professionals may be able to provide more effective strengths-based and prevention-focused approaches to therapeutic care. Such work may have lasting impacts on clients' mental health and in turn, their ability to sustain their housing.

Contrary to common belief, self-sufficiency often requires the guidance of others (Winland, 2013). As emphasized by Winland (2013), "people flourish most when they have supports" (p.16). Shelters, drop-in centers, and outreach services are typically the first supportive and healthy contacts that SIY make while living on the streets (Karabanow & Naylor, 2013), and they continue to serve as significant resources during the exiting process (Karabanow, 2008). Shelters and drop-in centers often serve as a gateway for youth to access other services, such as crisis intervention, special programs, and counselling (Karabanow & Clement, 2004). In the present study, all participants described the positive impact of being surrounded by and sharing with "helpful," "caring," and "supportive" people, some of who included mental health professionals. It seems that being connected with mental health professionals is a contributor to resilience in and of itself, in addition to the benefit of having such a person to skillfully facilitate the illumination and development of inner resources. This finding is consistent with past research (e.g., Karabanow et al., 2016; Kurtz et al., 2000) and emphasizes the importance of former SIY having someone who is consistent and unconditionally accepting. Unfortunately, as reported among all participants in the current study (and as documented in the literature; e.g., Brown and Amundson, 2010; Kidd, 2003; Kurtz et al., 2000), it is common for poor familial

relationships to persist before, during, and after one's homelessness. As such, mental health professionals often carry the privileged responsibility of being a helping adult who both practices and models acceptance, accountability, nonjudgment, and perseverance.

Mental health professionals who provide services to former SIY should be sensitive to the culture of street life, delivering services "in a culturally competent way that appreciates the values and beliefs of this group and provides an even exchange of respect and understanding" (Barry et al., 2002, p. 148). Although the street youth population is complex, diverse, and heterogeneous (Karabanow, 2008), SIY are members of a unique cultural group who share ways of life, values, attitudes, beliefs, dress, and language (Barry, Ensign, & Leppek, 2002). Former SIY may continue to identify with street culture, may be fully assimilated into the dominant culture of mainstream society, may be partially integrated into both street culture and the dominant culture, or may feel a complete lack of cultural identity. Exploration of and sensitivity to one's cultural identity should be delicately interwoven into therapeutic treatment. Relatedly, Karabanow and Clement (2004) further stressed the importance of making services more accessible to such populations by addressing logistical considerations. Examples of issues that could create barriers to or deter clients from care include transportation, difficulty filling out paperwork, anxiety about talking on the telephone to book sessions, and an unstable address or telephone number at which one may be contacted.

Policy makers and community agencies. The current study revealed that financial security and affordable housing are pertinent factors in being able to sustain one's housing. These findings have significant implications for government and nonprofit sectors. Evenson and Barr (2009) estimated that it costs \$30,000 - \$40,000 per year to keep one youth in the shelter system and \$100,000 per year to keep one youth in detention. As a whole, taxpayers spend

between \$4.5 and \$6 billion on Canada's homeless population each year (Evenson & Barr, 2009). As reflected in the present study and in previous research (Bender et al., 2007; Karabanow et al., 2016; Rew & Horner, 2003), SIY and former SIY appear to be extremely skillful and comfortable navigating community resources. Yet, unfortunately, there continues to be a severe lack of structural supports and barriers to accessing existing supports. Karabanow (2008) urged the development of multidimensional and wrap-around supports to facilitate youths' transitions from street-involved to socially integrated:

Such distinct yet interwoven dimensions will provide our young people with the proper support and a fighting chance to climb out of homelessness and, equally significant, provide opportunities for them to become citizens rather than clients, victims, criminals or worse, and invisible and insignificant bodies (p. 787).

It is critical that youth-centric, post-homeless supports are made available to prevent recurring cycles of homelessness. Primarily, it is absolutely necessary to modify existing policies related to income assistance so that this resource is more accessible and appropriate for its recipients. First, it may be a worthwhile pursuit for policy makers to grant leniency to the age eligibility criterion, or to even decrease the age at which one may be eligible to receive income assistance. In the province where the current study took place, youth ages 19 years and older are eligible for income assistance. Youth between the ages of 16 and 18 years *may* be eligible; however, such eligibility appears, from the researcher's anecdotal evidence in the work force, to be permitted under exceptional circumstances only. As evident in the literature, the age of 18 years is a common demographic characteristic among SIY (Bender et al., 2007; Brown & Amundson, 2010; Kolar et al., 2012; Lindsey et al., 2000). Changing the age criterion to 18

years (or, as stated above, being more lenient with this criterion) may facilitate disengagement from street life.

Second, it may also make a meaningful difference to modify the existing policy on employment and income assistance. Currently, the policy likely deters individuals from either obtaining work or working more than a certain number of hours. Individuals receiving income assistance are permitted to work on a part-time or full-time basis and keep the first \$150 of earnings plus 30% of earned net wages. Stated otherwise, 70% of one's net wages are deducted from their basic entitlement (Province of Nova Scotia, 2013). Deterrence from entering the work force based on this policy does, in fact, make sense as such monetary deductions would naturally eliminate the power of immediate reinforcement and sense of accomplishment. Modifying the policy to, for example, allow individuals to keep a significant proportion of their earnings while receiving income assistance, albeit for a predetermined amount of time, may allow individuals to "get back on their feet," pay off debts, and accrue financial savings, all of which may contribute to feelings of security and confidence in moving towards total financial independence.

Third, increases to monthly income assistance allowances would likely also contribute to housing sustainability. The current income assistance rate for a one-person household is \$300, with a maximum allocation of \$535 granted under certain circumstances. Recent data published by the Canadian Rental Housing Index (BC Non-Profit Housing Association, 2016) reported that the average cost for monthly rent and utilities in the municipality where the current study took place is \$743. This association also reported that 19% of households in the municipality spend over 50% of their income on rent and utilities. As can be seen, the average rental property is still not affordable to the individual receiving income assistance, even with the maximum allocation of funds. In terms of interventions, an increase in income assistance rates would likely assist in

housing sustainability. Equally, rent supplements would also facilitate housing stability and permanency, bridging the gap between income assistance allocation and the average rate of rental units.

Finally, there is a significant need for current and future public housing units to be inclusive of single, non-senior individuals; presently, the local housing authorities are geared towards families and seniors, in turn excluding a demographic that comprises a significant proportion of the homeless population (Nova Scotia Hansard Reporting Services). With this exclusionary trend, one is reminded of the Housing First initiative in the country, which mandates that individuals be provided with immediate, safe, and stable housing as the first step in exiting homelessness. The Housing First initiative is congruent with Maslow's (1943) writing on human needs and motivations. With this initiative, supports (e.g., addiction recovery), which are voluntary, client-centered, and individually tailored (Gaetz, Scott, & Gulliver, 2013) are implemented only after the provision of housing.

Summary of Policy Recommendations.

1. Have a flexible age eligibility criterion or decrease the age at which one may be eligible to receive income assistance (i.e., to accommodate for the common age of 18 years among homeless youth).
2. Allow individuals who enter the work force to keep a significant proportion of their job earnings while receiving income assistance (for a limited period of time), so that they may pay off debts, accrue financial savings, and ultimately move towards financial independence.
3. Increase monthly income assistance allowances and access to rent supplements.

4. Increase access to public housing units that are inclusive of single and non-senior individuals.

Summary of Research Contributions & Future Directions

This study targeted a previously neglected population; former SIY were selected from a small, urban center surrounded by rural communities (as opposed to large, metropolitan cities in past research), and they demonstrated lengthier housing sustainability than previously studied samples. Moreover, this study expanded scientific research in an exploratory area by contributing to the areas of personal coping, housing-related self-growth, and housing sustainability, and by reinforcing previous findings in the small corpus of existing literature on post-homeless experiences of former SIY. With regard to personal coping, this study illuminated strategies that were not identified by participants in other studies, such as: viewing problems holistically, evaluating options to problems, practicing flexible thinking, having a positive mindset, making past-life comparisons, being familiar with coping independently, and adhering to medication management/therapeutic intervention. Other identified strategies, which have also been reported in a couple of foundational studies, included: identifying personal goals, facing adversity, persevering, connecting with others, immersing oneself in healthy relationships, having a routine, and modifying drug-use habits (Karabanow et al., 2016; Kidd et al., 2016; Lindsey et al., 2000). With regard to housing-related self-growth, several cognitive and emotional facets of well-being emerged and reflected original contributions to the research field. These included: a renewed sense of motivation related to future aspirations and a desire to work through continued mental health challenges; the development of a trusting attitude and, in turn, strengthened interpersonal relationships; and increased emotional awareness/vulnerability. Housing-related benefits that echoed themes in previous works included an increase in overall

psychological health, a sense of normality/freedom, and an increase in self-control (Karabanow, 2008; Karabanow et al., 2016). With regard to factors related to housing sustainability, participants stressed the importance of the following factors, which were not previously reported elsewhere in the literature: the practice of learned coping strategies and the acquisition of additional strategies, financial discipline, and the belief that housing is a necessary factor in reaching future goals. Other factors deemed to be important for housing sustainability, which were also identified in previous works, included the importance of financial security/predictability and sobriety maintenance (Karabanow et al., 2016; Kidd et al., 2016).

Qualitative research endeavors should expand research in the areas of resilience and coping post-homelessness. Knowledge of coping mechanisms found to be helpful by those who have transitioned into stable housing would support mental health professionals (e.g., psychologists, grief counsellors, social workers, and psychiatrists) in shaping their therapeutic services to be more appropriate, relevant, and effective. It would also be advantageous to strengthen knowledge of contextual resilience (Ungar, 2001) among former SIY. The academic community has recently begun to expand awareness of this concept and its presentation among those currently entrenched in street life (e.g., Kolar et al., 2012). However, more research is required in order to fully appreciate how former SIYs' coping efforts may be personally helpful and also atypical, according to mainstream values. Through broadening their understanding of strategies that are of a harm-reducing or double-edged nature, mental health professionals may be better equipped to challenge perceptions of former SIY clients as deviant and/or uncommitted to intervention services. It is hoped that, through building research in this area, mental health professionals and other service providers come to embrace the notion of former SIY as resilient

and, as such, come to view atypical coping strategies as reflective of their clients doing the best that they can within resource limited and taxing environments.

A narrowed focus on substance-use patterns post-homelessness would also be a worthwhile research pursuit. The literature has well documented SIYs' and former SIYs' perceptions of the necessity of eliminating, reducing, and/or changing substance use behaviours in order to exit street life and remain disengaged (Brown & Amundson, 2010; Karabanow, 2008; Karabanow et al., 2016; Kidd et al., 2016; Rew & Horner, 2003). The current research echoed this finding as the four participants who reportedly struggled with substance abuse during their homelessness expressed the significance of sobriety post-homelessness. As stated by Brown and Amundson (2010), it is important to explore factors that help SIY and former SIY change their alcohol and drug use patterns post-homelessness.

It is also important to further understand helpful and unhelpful aspects of continued substance use post-homelessness. Some participants in the current study continued to consume marijuana and reportedly perceived it as a helpful coping, and perhaps transitional, strategy. Indeed, research has well documented the association between exposure to childhood trauma and substance dependency (e.g., Ekinici & Kandemir, 2015; Farrugia et al., 2011; Marshall, Galea, Wood, & Kerr, 2013; Wu, Schairer, Dellor, Grella, 2010). However, what is less understood is the adaptive mechanisms underlying substance use, including harm-reducing substance use, among individuals with histories of childhood trauma and street-related trauma. Exploring the functions of marijuana post-homelessness, for example, may have implications for mental health and psychopharmacological interventions.

It would be additionally beneficial for qualitative research to investigate cultural identity development among former SIY. As the present study and recent research (Karabanow et al.,

2016) have revealed, a shared experience among former SIY is the simultaneous felt sense of “normality” and marginalization. Former SIY may struggle with their cultural identity due to difficulty disconnecting from street life and assimilating into mainstream culture (Barry et al., 2002). Further, they may also feel stuck within a complex interplay of factors related to emerging adulthood and adolescence (Karabanow et al., 2016). Future research that increases knowledge of cultural identity development and associated processes may facilitate the delivery of therapeutic interventions.

Future research efforts must continue to build awareness of community services that are essential for housing sustainability. As reported in the literature (Brown & Amundson, 2010; Karabanow, 2008; Karabanow et al., 2016), as well as in the present research, disengagement from street life often involves disconnect from street life activities and street peers. As a function of this disconnect, services such as drop-in centers and soup kitchens, which are typically geared towards the homeless population, may be avoided in an effort to evade triggering situations (Kidd et al., 2016). It is important to have a more comprehensive understanding of how and why former SIY are neglected in terms of service provision (i.e., because of having to disengage from existing services for self-protection and well-being, because such services merely do not exist, and/or because of barriers to access). This information has profound implications for the development of community-based interventions and services.

Study Limitations

There are limitations of this study that should be noted. First, the small sample size, which was used to allow for in-depth exploration within an IPA framework, limits the generalizability of results. Further, the characteristics of the sample itself may also limit generalizability. Former SIY were selected from a small, urban community with historical contexts and demographic statistics that deviate

from large, metropolitan areas where homeless populations are prevalent. There may very well be differences between populations of former SIY, as a function of rural versus urban living experiences. Second, it was beyond the scope of this study to explore factors that differentiated those youth who further demonstrated their housing sustainability by means of a fewer number of residential moves or equally, an extended length of time in *one residence*. Although all participants were believed to have demonstrated housing sustainability by means of a lengthy period of time in housing *in general* (i.e., approximately ten months to five years), time spent living in *current* housing ranged from two months to two years. Having lived in multiple residences post-homelessness was a commonality across all participants; however, curiosity raises the question of which factors, either personal or systemic, differentiated those persons with fewer residential moves. Third, it is unclear whether the required 12-month minimum period of housing (modified to 10 months) was a valid indicator of housing stability. This criterion (minimum period of housing) in previous research ranged from two months to two years (Lindsey et al., 2000; Kidd et al., 2016). With the cross-sectional methodology of the study, it was not feasible to explore housing trajectories over time and thus whether the 10-month period was, in fact, representative of established stability. A longitudinal methodology would allow for a more thorough investigation of sustainability. Fourth, and last, length of homelessness ranged from approximately three months to two years. Despite participants' commonly shared street-trajectory experiences, it is possible that length of homelessness impacted participants' risk factors, coping skills, and overall resilience. For example, it is interesting to note that the four participants who reported daily marijuana consumption as a coping strategy post-homelessness had the longest periods of homelessness. A quantitative methodology would allow for the investigation of relationships between length of homelessness and other constructs, such as substance use and coping ability.

In spite of the above noted limitations, the present study made significant contributions to the exploratory field of post-homeless living among former SIY. Original contributions informed the areas of personal coping, housing-related self-growth, and housing sustainability, while other findings reinforced results from key foundational studies in the area. It is of paramount importance that the academic community continue to invest in research that explores former SIYs' trajectories after homelessness. Just as efforts have been made to understand risk factors of homelessness in an effort to prevent initial entry into street life (Martijn & Sharpe, 2006), there is a crucial need to understand experiences post-homelessness, to prevent reentry into street life. Strengthened understanding of how former SIY cope with adversity and sustain their housing may lead to the creation of relevant and effective resources and supports in the areas of mental health care, service provision, and policy reform. Adequate resources, in turn, may help prevent a recurring cycle of homelessness among those who have transitioned into stable housing.

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Appendix A: Letter for Potential Data Collection Sites

Date, 2015

Firstname Lastname

Job Title

Room and Building Number

Street Address, Street Address

City, Province, Canada XXX XXX

Dear Firstname

I am a fourth-year Doctoral candidate in the Faculty of Education at the University of Alberta. I am currently conducting research for my Doctoral dissertation in Counselling Psychology, and I am writing to ask for your consideration in allowing me to recruit potential participants from your agency. The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, you may contact the Research Ethics Office at (780) 492-2615.

The modest literature exploring street-involved youths' (SIY) experiences disengaging from street life has revealed the fragility of youths' stability after exiting street life; youth in two different studies reported being on and off the streets an average of six times, while 25% of youth in another study lost their housing during the study period. The purpose of this study is to understand the lived experiences of former SIY who have been able to maintain stable housing over an extended period of time. As such, this study is designed to enhance understanding of contributors to resilience among those who have demonstrated progress towards maintenance of a non-homeless lifestyle. Such understanding may shed light on the types of support, services, and help that newly housed SIY may require to help prevent deterioration of resilience and reengagement with street life.

Participants eligible for participation in this study must meet the following criteria:

- (1) Participants must be between 19 and 24 years of age
- (2) Participants must have previously experienced a period of homelessness* for at least six consecutive months

*Homelessness: Those who did not have a permanent place to call home and who, instead, spent a significant amount of time and energy on the street (e.g., in alleyways, parks, storefronts, dumpsters, etc.); in squats (usually located in abandoned buildings); at youth shelters and centers; and/or with friends (typically referred to as "couch surfers")

- (3) Participants must have been living in stable housing* for a period of 12 months

*Stable housing: Any living arrangement other than emergency shelters, couch surfing, or sleeping rough

(4) Participants must be willing to reflect on their experiences of past homelessness and their current experiences in stable housing

Those who participate will take part in a one-on-one anonymous interview with myself that will be approximately one to two hours in length. As an incentive and thank-you for participation, participants will receive a \$30.00 gift card to a local grocery store. If you are interested in aiding in the recruitment process, you may recommend potential participants (with their consent) and/or display my recruitment posters at your location. I have attached the information letter/consent form for potential participants for your review, if desired.

If you are interested, please contact me at your earliest convenience. You may also contact my supervisors, if desired (Dr. George Buck, email: gbuck@ualberta.ca, phone: 780-492-9275; Dr. William Whelton, email: wwhelton@ualberta.ca, phone: 780-492-7979). I will follow up this letter with a phone call to discuss potential interest in this research.

Thank you for your time and consideration.

Jennifer Gould, B.A., M.Ed.
Doctoral Candidate, Counselling Psychology
Department of Educational Psychology
University of Alberta
Email: jlwillia@ualberta.ca
Phone: ***_***_****

Have you ever experienced **homelessness**?

Are you currently living in **stable housing**?

Are you between the ages of **19** and **24** years?

If yes, you may be eligible to participate!

Please help us understand **resilience** and **coping** among those who have been able to exit street life and maintain a non-homeless lifestyle.

This research may shed light on the types of services & supports that newly housed street-involved youth may require to help prevent deterioration of resilience & a recurring cycle of homelessness.

- * Participation requires **anonymous** interviews 1-2 hrs in length.
- * Participants will receive a **\$30.00 gift card** to a local grocery store as a thank-you.



Jennifer Gould (Williams), B.A., M.Ed., Doctoral Candidate, Counselling Psychology, University of Alberta

Appendix C: Informed Consent Form

Informed Consent Form

Researcher Information

My name is Jennifer Gould and I am a fourth-year Doctoral candidate in the Faculty of Education (specializing in Counselling Psychology) at the University of Alberta. I am currently conducting research for my Doctoral dissertation, and I am asking for your consent to participate in my research.

Purpose

The purpose of this study is to understand the lived experiences of former street involved youth (SIY) who have been able to maintain stable housing over an extended period of time. As such, this study is designed to enhance understanding of contributors to resilience among those who have demonstrated progress towards maintenance of a non-homeless lifestyle.

Description

I understand that as a SIY, between the ages of 19 and 24 years, I can participate in this research. I understand that my participation in this research will require me to participate in an audio-recorded interview with the principal investigator of this study. If at any point during this process I feel the need to take a break or address concerns with the researcher, I may do so. I understand that to protect my identity, an alias will be used in place of my name on any documents, as well as on the audiotape. All data from this study will be kept in a secure location; paper documents will be kept in a locked filing cabinet and the audio interview and transcript will be transformed into password-protected documents, which will be stored on a password-protected laptop. Five years after this study is completed, all data will be destroyed. I understand that if the researcher has reason to suspect danger to myself/others or neglect/abuse of a vulnerable person (e.g., a child), she is required by law to inform the appropriate authorities. I understand that the findings from this research are intended to be used for publication, presentation, and dissemination into the research community. I understand that the researcher will be in contact with me within six weeks to review my transcript summary and to grant me the opportunity to express clarifications, additions, and omissions to my data. I also understand that this will be the last point at which I may withdraw my data from the study. I can request a copy of the final results of the study by contacting the researcher via email (jlwillia@ualberta.ca) or phone (***_**_*_***)).

Voluntary Participation

I understand that I have the right to refuse participation or to discontinue my participation at any point in time without consequence. I also have the right to refuse to answer questions throughout the interview and to address any concerns with the researcher.

Benefits

Through participating in this study, I will be helping researchers, practitioners, agency workers, and policy makers develop greater awareness and understanding of the factors that contribute to resilience among former SIY who are housed and living in mainstream society, yet still vulnerable from their experiences of street life. It is hoped that this research will shed light on the types of

support, services, and help that newly housed SIY may require to help prevent a recurring cycle of homelessness. As an incentive and thank-you for participation, I will receive a \$30.00 gift card to a local grocery store.

Risks

In the unlikely event that I should experience discomfort or stress because of my participation in this interview, I may address these concerns with the researcher. I may also seek counselling support from the referral list that will be provided to me upon completion of this interview.

Ethics Approval

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, you may contact the Research Ethics Office at (780) 492-2615. If you have any other comments or questions about the study, you may contact either myself, Jennifer Gould, or my supervisors (Dr. George Buck, email: gbuck@ualberta.ca, phone: 780-492-9275; Dr. William Whelton, email: wwhelton@ualberta.ca, phone: 780-492-7979).

Jennifer Gould, B.A., M.Ed.
Doctoral Candidate, Counselling Psychology
Department of Educational Psychology
University of Alberta
Email: jlwillia@ualberta.ca
Phone: ***-***-****

Appendix D: Statement of Declaration

Statement of Declaration

This is to certify that I, Jennifer Gould, the principal investigator of the study, have gone through the process of obtaining informed consent with participant _____ (alias), covering the following areas: researcher background, study purpose, study procedures, confidentiality and limits to confidentiality, security of data, research use and dissemination, voluntary participation, benefits of participation, and potential risks of participation. _____ (alias) has consented to participation in the interview, which is verbally recorded on the audio-recorder.

Researcher Name

Researcher Signature

Date

Appendix E: Demographics Form

Name (alias): _____

Age: _____

Gender:

- Male
- Female
- Transgendered
- Other

Ethnicity:

- North American Aboriginal origins (e.g., First Nations, Inuit, Métis)
- Other North American origins (e.g., Acadian, Canadian, Québécois)
- European origins (e.g., English, Flemish, Scandinavian)
- Caribbean origins (e.g., Haitian, Jamaican, West Indian)
- Latin, Central, and South American origins (e.g., Brazilian, Hispanic, Mexican)
- African origins (e.g., African-Canadian, Egyptian, South African)
- West Asian and Middle Eastern origins (e.g., Afgani, Armenian, Saudi Arabian)
- South Asian origins (e.g., East Indian, Pakistani, Punjabi)
- East and Southeast Asian origins (e.g., Chinese, Filipino, Thai)
- Oceania origins (e.g., Maori, Pacific Islander, Polynesian)
- Multi-ethnic / mixed race origins
- Other (please specify) _____

Current housing status:

- Renting
- Subsidized housing
- Living with a relative
- Other

How long have you been living in your current residence? _____

Employment status:

- Full-time work
- Part-time work
- Social assistance
- Disability
- No income
- Other

Age at first onset of homelessness*: _____

*Homeless: those without a permanent place to call home and who, instead, spend a significant amount of time and energy on the street (e.g., in alleyways, parks, storefronts, dumpsters, etc.); in squats (usually located in abandoned buildings); at youth shelters and centers; and/or with friends (typically referred to as “couch surfers”)

Number of times homeless: _____

Average length of homeless period(s): _____

Appendix F: Interview Protocol Guide

Time of Interview:

Date:

Place:

Interviewer:

Interviewee:

Central Research Question: How do former SIY living in stable housing experience resilience?

Sub-questions:

A. Background

1. How long have you been living in stable housing?

Prompt: stable housing: any living arrangement other than emergency shelters, couch surfing, or sleeping rough

2. Can you describe your current living arrangement?

3. Could you give me a history of your experience of being street-involved, from when it started until entry into stable housing?

4. Could you describe what a typical day was like during your time of being street involved?

5. How did you feel about being street-involved?

6. How did being street-involved affect your everyday life?

Prompt: interpersonal relationships, emotional functioning, physical functioning

7. What did being street-involved mean to you?

Prompt: What words come to mind? Images? Colours? Felt sense?

B. Transition

1. What motivated you to try and exit street life?

2. Can you describe your experiences of trying to exit street life?

Prompt: What was helpful? What was unhelpful?

3. Could you describe what a typical day was like during your transition away from street life?

4. At the time, how did you feel about your decision to try and exit street life?

5. What did it mean to you to be exiting street life?

Prompt: What words come to mind? Images? Colours? Felt sense?

6. How did being street-involved affect your everyday life?

Prompt: interpersonal relationships, emotional functioning, physical functioning

7. How did you know when you had successfully exited street life?

C. Current Coping & Stability

1. What is a typical day like for you today, being in stable housing?

2. How do you feel about living in stable housing?

3. How would you describe yourself as a person today?

4. How does this compare (differ) to how you would describe your self during your street-involved life?

5. What does it mean to you to be living in stable housing?

Prompt: What words come to mind? Images? Colours? Felt sense?

6. How does living in stable housing affect your everyday life?

Prompt: interpersonal relationships, emotional functioning, physical functioning

7. What has been your experience of trying to maintain stable housing?

Prompt: What has been helpful? What has been unhelpful?

8. Do you feel that you are able to quickly bounce back from adversity or challenges with which you are presented?

Prompt: What strategies are helpful in overcoming adversity?

Prompt: What strategies are unhelpful in overcoming adversity?

Can you give me an example of a time that you experienced a challenge or adversity that threatened your housing situation, be it mental health struggles, financial struggles, relationship problems, etc, and describe to me how you coped?

What helps you to problem solve?

9. Do you see yourself as being able to maintain stable housing in the future?

Prompt: What will facilitate your ability to maintain stable housing the future?

Prompt: What will get in the way of your ability to maintain stable housing in the future?

What influences your desire to want to keep housing?

10. What advice do you have for other youth or young adults who are currently entrenched in street life, but who would like to transition away from street life into stable housing?

What advice do you have for people who just entered stable housing and want to keep their housing, but are feeling vulnerable or struggling?

-- END --

Appendix G: Written Debriefing Form

Written Debriefing Form

Exploring Resilience Among Former Street Involved Youth Living in Stable Housing

Thank-you for participating in this study! Your time and effort are greatly appreciated, as your contribution will help advance our understanding of the lived experiences of former street involved youth (SIY) who have been able to maintain stable housing over an extended period of time. Approximately 65,000 Canadian youth experience homelessness in a given year and are at-risk for premature death, poor health, and medical concerns, in addition to the hardships, dangers, and stresses associated with street life itself. To date, little research has explored SIYs' transitions out of homelessness and their experiences living off the streets and in stable housing.

The purpose of this study is to enhance understanding of contributors to resilience among those who have demonstrated progress towards maintenance of a non-homeless lifestyle. Such understanding may shed light on the types of support, services, and help that newly housed SIY may require to help prevent deterioration of resilience and a recurring cycle of homelessness.

The interview in which you participated explored your experiences of living on the street, disengaging from street life, and maintaining stable housing. Sometimes, reflecting on personal thoughts, feelings, and behaviours, as well as the past, present, and future can be upsetting. If your participation has led you to feel uncomfortable or distressed and you feel the need to speak with a professional, please refer to the attached list of referrals.

Within six weeks, you will be contacted to review your transcript summary and to grant you the opportunity to express clarifications, additions, and omissions to your data. This will be the last point at which you may withdraw your data from the study. The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, you may contact the Research Ethics Office at (780) 492-2615. If you have any questions about this research or would like a copy of the final study results, you may contact either myself, Jennifer Gould, via email (jlwillia@ualberta.ca) or phone (***_**_*_****) or my supervisors, Drs. George Buck (email: gbuck@ualberta.ca; phone: 780-492-9275) and William Whelton (email: wwhelton@ualberta.ca; phone: 780-492-7979).

Thank-you for your participation!

Sincerely,

Jennifer Gould, B.A., M.Ed.
Doctoral Candidate, Counselling Psychology
Department of Educational Psychology
University of Alberta
Email: jlwillia@ualberta.ca
Phone: ***_**_*_****

Local Counselling Supports

1. Adult Outpatient Mental Health Clinic
Cape Breton Regional Hospital
Location: Main Level, 1482 George Street
Phone: 902-567-7730
2. Adult Inpatient Services: (902) 902-567-7975
3. Emergency Crisis Services (902) 567-7767: Through the Emergency Crisis Program at the Cape Breton Regional Hospital, anyone whose life or well-being is drastically threatened and who requires immediate care can receive emergency mental health service 24 hours a day, seven days a week.
4. Mental Health Mobile Crisis Team [MHMCT] - toll free: 1-888-429-8167: If you are in crisis, the MHMCT offers telephone response (province-wide) 24 hours a day, 7 days a week.
5. Caper Base (walk-in youth center for ages 16-24 years):
808 George Street
Sydney Nova Scotia
(902) 539-7233
6. Association of Psychologists of Nova Scotia: <http://apns.ca>: For those who can afford psychological services or have sessions covered by their insurance company.
7. Addiction Services Cape Breton:
 - Central intake: (902) 563-2718 or (902) 563-2583
 - Community-based services: (902) 563-2590
 - Addiction services day program: (902) 563-2458
 - Inpatient withdrawal management program: (902) 563-2040
8. Schizophrenia Support/Information: (902) 862-6524
9. Canadian Mental Health Association (CMHA) Cape Breton Branch: (902) 567-7735
10. Rehabilitation Services (902) 567-7913: This service provides community and hospital-based programs and supports for adults with persistent mental illness. Support is provided in relation to managing mental illness, developing life skills and accessing housing, employment, education and social/recreational activities.