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Critical incidents that lead to homelessness: recommendations for counselors

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CRITICAL INCIDENTS THAT LEAD TO HOMELESSNESS: RECOMMENDATIONS FOR COUNSELORS

by

Ren Francis Stinson

An Abstract

Of a thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Psychological and Quantitative Foundations (Counseling Psychology) in the Graduate College of The University of Iowa

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Thesis Supervisor: Professor William M. Liu

ABSTRACT

This dissertation describes a qualitative investigation of two research questions: "What do homeless individuals perceive to be the critical incidents that led to their homelessness?" and "What do people who are homeless recommend for how counselors can help the homeless and individuals at risk of becoming homeless?"

Twenty-five participants were recruited from an Iowa City homeless shelter and were interviewed using an interview protocol. Participants were asked to provide detailed accounts of critical incidents that led to their homelessness and recommendations for counselors who would be working with people who are homeless or at a risk of becoming homeless. The critical incident technique, a qualitative research methodology, was used to develop the research design and analyze data. From the 25 interviews, 238 useful responses were extracted creating 34 unique categories. Eleven overarching themes were derived, representing groupings of categories. There were seven themes and 18 corresponding categories describing participant responses about the critical incidents that led to their homelessness. The first theme was Employment, Finances, and Resources with the categories Loss of Employment, Resource Problems, Job Search Difficulties, and Financial Problems. The second theme was Interpersonal Incidents with the categories Isolated from Interpersonal Support, Domestic Dispute, Domestic Abuse, and Burdening Interpersonal Support. The third theme was Substance Abuse with the categories Substance Abuse of Participant and Substance Abuse of Other. The fourth theme was Significant Difficult Events with the categories Traumatic Event, Conned/Robbed, and Natural Disaster. The fifth theme was Illness with the categories Psychological Illness and Physical Illness. The sixth theme was Legal Problems with the

category Legal Incidents. And the seventh theme was Choices with the categories "I made poor choices" and Choice to Be Homeless. There were four themes and 16 corresponding categories describing the participants' recommendations to counselors who want to work with people who are homeless or people who might be at a risk to become homeless. The first theme was Types of Counseling with the categories Substance Abuse Counseling, Employment Counseling, Family Counseling, Supportive Counseling, and Other Types of Counseling. The second theme was Counseling Not Enough with the categories Counselor Not Helpful, Spirituality Component Needed, Counseling for Other Needed, and Personal Responsibility. The third theme was Counselor Characteristics/Knowledge with the categories Caring Counselor Characteristics, Familiarization with Population, and Understand Etiology of Problem. The fourth theme was Resources with the categories Resource Problem, Accessibility of Services, Shelter Service is Helpful, and Approach Clientele. An overview of relevant literature, a detailed explanation of the critical incident technique, a description of the results, and a discussion of the results and limitations for this study are provided in this dissertation.

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Graduate College
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CERTIFICATE OF APPROVAL

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PH.D. THESIS

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This is to certify that the Ph.D. thesis of

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TABLE OF CONTENTS

LIST OF TABLES vi

CHAPTER I INTRODUCTION 1

The Problem of Homelessness 1
Overview of Dissertation 4
Research Questions and Method 5
Operational Definitions 5
Homeless 6
Critical Incident 6
Counselor 7
Summary of Introduction 7

CHAPTER II REVIEW OF THE LITERATURE 8

Introduction 8
Defining The Homeless Population 8
Number of Homeless 10
Demographic Characteristics of the Homeless 12
Physical Health Problems 12
Substance Abuse 13
Mental Illness 13
Multicultural Variables 15
Public Policy 18
McKinney-Vento Homeless Assistance Act 19
The HEARTH Act 20
Incidents that Lead to Homelessness 21
Problems with Assessing Causes for Homelessness 22
Systemic Versus Individual Reasons 24
How Can Counselors Be Helpful? 27
American Psychology Association Recommendations 27
Research on Counselor Helpfulness 29
A Qualitative Approach to Studying Homelessness 33
Critical Incident Technique Definition 36
Critical Incident Technique History 37
Justification for the Use of the Critical Incident Technique 39
Summary of Literature Review 40

CHAPTER III RESEARCH DESIGN AND METHODOLOGY 42

Introduction 42
Step One: Problem Definition 42
Definition of the Problem 42
General Aim 43
Research Questions 44
Step Two: Plans and Specifications 44
Population and Selection Criteria 44
Number of Participants 45
Recruitment Procedures 47
Participant Demographics 49
Step Three: Data Collection 50

Location 50
Interviewer 52
Interview Protocol 52
Step Four: Data Analysis 55
Frame of Reference 55
Extraction of Data 56
Formulating Categories 56
Step Five: Interpretation and Results 57
Reliability Checks 58
Validity Checks 59
Presentation of Results 61
Summary of Research Design and Methodology 61

CHAPTER IV RESULTS 63

Introduction 63
Critical Incidents that Led to Homelessness 65
Employment, Finances, and Resources 65
Loss of Employment 66
Resource Problems 67
Job Search Difficulties 69
Financial Problems 71
Interpersonal Incidents 72
Isolated from Interpersonal Support 72
Domestic Dispute 73
Domestic Abuse 75
Burdening Interpersonal Support 77
Substance Abuse 78
Substance Abuse of Participant 79
Substance Abuse of Other 81
Significant Difficult Events 82
Traumatic Event 82
Conned/Robbed 83
Natural Disaster 84
Illness 85
Psychological Illness 85
Physical Illness 86
Legal Problems 87
Legal Incidents 87
Choices 88
"I made poor choices" 89
Choice to be Homeless 89
Summary of Critical Incident Results 90
Recommendations to Counselors 90
Types of Counseling 91
Substance Abuse Counseling 91
Employment Counseling 93
Family Counseling 94
Supportive Counseling 95
Other Types of Counseling 95
Counseling Not Enough 96
Counselor Not Helpful 96
Spirituality Component Needed 97
Counseling for Other Needed 97

Personal Responsibility....98
Counselor Characteristics/Knowledge....99
Caring Counselor Characteristics....99
Familiarization with Population....101
Understand Etiology of Problem....102
Resources....103
Resource Provision....103
Accessibility of Services....104
Shelter Service is Helpful....105
Approach Clientele....106
Summary of Recommendations Results....107
Summary of Results....107

CHAPTER V DISCUSSION....109

Introduction....109
Critical Incidents that Lead to Homelessness....109
Employment, Finances, and Resources....110
Interpersonal Incidents....112
Substance Abuse....115
Significant Difficult Events....116
Illness....119
Legal Problems....122
Choices....124
Summary of Critical Incidents....126
Recommendations for Counselors....126
Types of Counseling....127
Counseling Not Enough....131
Counselor Characteristics/Knowledge....135
Resources....137
Summary of Recommendations....139
Limitations....139
Conclusion....141

APPENDIX TWO-PART INTERVIEW PROTOCOL....144

REFERENCES....146

LIST OF TABLES

Table 1. Demographics for 25 Participant Sample Set.....51

Table 2. Themes, categories, and associated frequencies of responses to: "Describe an incident in your life that you consider critical in leading to you becoming homeless."....64

Table 3. Themes, categories, and associated frequencies of responses to: "What recommendations do you have for counselors who might want to work with people who are homeless or people who might be at a risk to become homeless?".....92

CHAPTER I
INTRODUCTION

The Problem of Homelessness

Homelessness is a pervasive problem. It has been estimated that as many as 3.5 million people in the United States experience some form of homelessness in a given year (Burt, Aron, Lee, & Valente, 2001). In addition to being a large social problem, homelessness can have devastating effects on the individual. People who are homeless are more likely than those in the general population to have mental health problems (Substance Abuse and Mental Health Services Administration [SAMHSA], 1996). One estimate puts the prevalence of serious mental health problems in the homeless population at 39% (U.S. Department of Health and Human Services, 2003). For instance, issues such as depression and suicidality have been observed to be common problems in the homeless population (Eynan et al., 2002; Rohde, Noell, Ochs, & Seeley, 2001). Additionally, substance abuse problems may affect more than half of people experiencing homelessness (U.S. Department of Health and Human Services, 2003). Physical health problems are also seen in high numbers among individuals who are homeless – especially chronic health conditions such as tuberculosis, pneumonia, sexually transmitted diseases, high blood pressure, diabetes, and cancer. It is estimated that nearly half of the homeless population has a chronic physiological health condition (SAMHSA, 1996; U.S. Department of Health and Human Services, 2003). Additionally, the homeless population experiences high rates of exposure to street violence, domestic violence, and sexual abuse (Toro et al., 1995; U.S. Conference of Mayors, 2009). Furthermore, homelessness disproportionately affects marginalized populations, such as racial ethnic minorities and individuals from lower social class (American Psychological Association

[APA], 1991; U.S. Conference of Mayors, 2006). Indeed, homelessness is a pervasive problem.

The causes for homelessness appear to be numerous and not well understood by researchers. While some researchers assert that homelessness is caused by systemic problems such as low minimum wage and lack of affordable housing (e.g., U.S. Conference of Mayors, 2006), others argue that homelessness is an outcome of individual factors such as substance abuse and mental health problems (e.g., U.S. Department of Health and Human Services, 2003). Very few studies have asked people who are homeless about their own personal accounts in order to gain a greater understanding of the causes for homelessness. Furthermore, the ways in which counselors can be helpful to the homeless population is not well understood by psychologists.

In response to the apparent increase in homelessness in the 1980s the APA Council of Representatives approved a resolution on homelessness in 1991. The purpose of the resolution was to outline the organization's position on homelessness and provide a direction for future research and clinical practice as they relate to homelessness. First, the resolution stated that adequate and permanent shelter is a basic human need. Reflecting the existing literature at the time, the resolution declared that a lack of shelter could have harmful effects on a person's physical health, mental health, and personal development in life. That is, homelessness inhibits a person's capability to exercise their individual rights and responsibilities. Second, the resolution stated that homelessness disproportionately affects historically marginalized peoples such as women, children, and adolescents. Third, the resolution stated that homelessness may not only be a cause for severe emotional and psychological distress, but that homelessness can also be a result of

these stressors. And last, the resolution emphasized that homelessness is a growing problem and that psychologists have specialized skills in research, practice, and political advocacy that would be of aid to this population. Despite APA's 1991 resolution, this community has remained largely understudied and underserved by psychological professionals since.

In 2009, APA president James Bray, PhD convened a *Presidential Task Force on Psychology's Contribution to End Homelessness*. The purpose of the task force was to provide recommendations, in line with the 1991 resolution, for how the APA can assist and encourage psychologists to a) provide clinical services for homeless people, b) use prevention, intervention, and research to decrease homelessness, and c) improve and expand training, research, practice, and public policy efforts dealing with homelessness. The 56-page report reviews the psychological literature on homelessness and provides a series of specific recommendations for psychologists (APA, 2010). The recommendations outlined in the report are described in further detail in the literature review portion of this dissertation. The task force report supports the call for psychologists' increased research and practice with the homeless population.

Counseling psychology, as a discipline, has also attempted to address the problem of homelessness. In 2001, Social Action Groups (SAGs) were established at the National Counseling Psychology Conference in Houston. The purpose of the SAGs was to address current social problems through science-informed advocacy and public policy change (Fouad et al., 2004). One of the SAGs was designed to attend to issues of homelessness and welfare with the initial recommendation that counseling psychologists investigate the pre-existing conditions that lead to homelessness. In other words, acknowledging the

lack of psychological research and practice in this area, it was understood that counseling psychologists who want to help the homeless population must first understand what causes this condition. Also discussed by the SAG was that counseling psychologists can improve in helping individuals experiencing homelessness through advocacy and public policy change and that counseling psychologists are uniquely equipped to provide care for the homeless.

As it has been a struggle for the APA, counseling psychology as a discipline has struggled to make homelessness a priority among psychological researchers. In the histories of the two principle journals of counseling psychology, *The Counseling Psychologist* and *The Journal of Counseling Psychology*, there has been only one publication on the topic of homelessness. In that one empirical article about the victimization experiences of homeless women, the authors outline the great potential that counseling psychologists have for helping individuals who are homeless. In their article, Ingram, Corning, and Schmidt (1996) stated that: “counseling psychologists’ emphasis on recognizing and appreciating cultural differences, focusing on people's strengths, and discerning the environmental influences that impinge on the individual are important to the empowerment of these groups" (p. 266).

Overview of Dissertation

It was this author’s hope, with this research study, to learn more about incidents that lead individuals to homelessness and to find ways to help people who are homeless through counseling. The results of this study will contribute to the psychological literature on homelessness. Additionally, this study aims to be unique in that it is directly

asking individuals who are homeless about their experiences and recommendations while gathering useful contextual information through qualitative interview.

Research Questions and Method

This dissertation presents a qualitative investigation of 25 shelter residents in Iowa City, Iowa. There are two research questions that guided this study.

1. What do homeless individuals perceive to be the critical incidents that led to their homelessness?
2. "What do people who are homeless recommend for how counselors can help the homeless and individuals at risk of becoming homeless?"

The critical incident technique was used to gather and analyze data and report results. The critical incident technique is considered a valid and reliable method for systematically interviewing participants, inductively categorizing data, and reporting results (Andersson & Nilsson, 1964; Flanagan, 1954). Participants were asked questions related to the research questions of this study. Namely, the participants were asked to report about the critical incidents that they believed led to their homelessness and to provide their own recommendations for how counselors could be helpful to the homeless population and those at risk of becoming homeless.

Operational Definitions

There are three terms in this dissertation that call for operational definitions. These definitions serve the purpose of providing clarity to the reader. Additionally, these terms were verbally defined for the study participants to add clarity to the interview process. The terms are *Homeless*, *Critical Incident*, and *Counselor*.

Homeless

The United States legal definition of homelessness serves as the operational definition of homelessness for this dissertation. The legal definition of *homeless* is summarized as a person who lacks a fixed, regular, and adequate nighttime residence and can include people who live in temporary accommodations, such as shelters, and people who live in public places, such as the outdoors (Legal Information Institute, 2005). This definition was provided to participants at the beginning of each interview. Participants were asked if they believed they were homeless according to the definition given. Additionally, participants were told that this legal definition of homelessness would be the definition of homelessness that the interviewer would be using when asking about their experiences with homelessness.

Critical incident

The term *critical incident* comes from the critical incident technique, a qualitative procedure originally developed by Flanagan (1954). Flanagan writes that a critical incident is:

> Any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act. To be critical, an incident must occur in a situation where the purpose or intent of the act seems fairly clear to the observer and where its consequences are sufficiently definite to leave little doubt concerning its effects (p.327).

Participants in the current study were asked to describe incidents that they believed to be *critical* in leading to their homelessness. The participants were told for clarification: "When I say a critical incident I mean something that made a significant contribution to you becoming homeless." Participants' subjective interpretation was relied on for what incidents they considered critical. The primary investigator used the

above definition by Flanagan as a guide to extract critical incidents from the data set for analysis. Flanagan's definition serves as the operational definition of a *critical incident* for this dissertation.

Counselor

The term counselor is defined as a helping professional that intends to meet the needs of a client through face-to-face interaction. The following clarification was provided to participants in their interviews about what types of counselors were being referred to in the present study: "When I say a counselor, I am referring either to a substance abuse counselor, mental health counselor, or career counselor." Likewise, in this dissertation when the term *counselor* is used it is referring to a substance abuse counselor, mental health counselor, or career counselor.

Summary of Introduction

This dissertation is comprised of five chapters that provide an introduction, literature review, methodology, results, and discussion of the qualitative study completed by this author. Chapter one serves as an introduction to the dissertation. Chapter two provides the reader with a literature review on homelessness and the critical incident technique. Chapter three is the methodology section of this dissertation, outlining the procedures taken for this research study. Chapter four documents the results of the study, with quotes by participants included to illustrate the categories induced. And Chapter five provides a discussion of the results, limitations, and implications of the investigation.

CHAPTER II
REVIEW OF THE LITERATURE

Introduction

The purpose of this chapter is to introduce the reader to the issue of homelessness and provide information on the critical incident technique. First, an operational definition of homelessness is provided based on the legal definition of homelessness. Second, research on the number of homeless people in the United States is reviewed and the difficulties defining the size of the population are discussed. Third, relevant demographic characteristics of the homeless population are provided, including prevalence rates of mental health problems, substance abuse, physical illness, and the racial/ethnic disparity found between people who are homeless and the general population. Fourth, the history of public policy assistance to homeless people is summarized for the reader, with recent relevant government initiatives described. Fifth, existing literature are reviewed related to the research questions for this study: "What do homeless individuals perceive to be the critical incidents that led to their homelessness?" and "What do people who are homeless recommend for how counselors can help the homeless and individuals at risk of becoming homeless?" Sixth, the critical incident technique is defined via a review of the critical incident technique literature.

Defining the Homeless Population

The population of study for this dissertation is the homeless population. The United States legal definition of homelessness, as first described by congress in the McKinney-Vento Act of 1987, is as follows:

> The term "homeless" or "homeless individual or homeless person" includes – (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is – (A) a supervised

> publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (Legal Information Institute, 2005).

Agreeing on a legal definition for homelessness can be a contentious issue (APA, 2010; National Policy & Advocacy Council on Homelessness, 2006; Toro & Warren, 1999). Public policy, non-profit funding provisions, and service eligibility are all affected by the legal definition of homelessness. Homeless advocacy groups often lobby the United States Congress to amend the definition of "homeless" to allow for more individuals to be included. For example, in a 2008 letter to Congress the National Education Association (NEA) requested that legislation include a broadened definition of "homeless" in the McKinney-Vento Homeless Assistance Act (NEA, 2008). The NEA argued that the current definition disproportionately excludes children and families experiencing homelessness due to the individualistic language of the law. Among several specific concerns that the NEA raised, one was that the current definition of "homeless" does not account for individuals permanently living within multiple family dwellings, also known as "doubling-up" (NEA, 2008; National Policy & Advocacy Council on Homelessness, 2006). The NEA argued that the problem of "doubling-up" can have especially negative effects on children and families and in some situations may be more detrimental than living in a homeless shelter. Additions were made to the definition of "homeless" to include family and children living in multiple family dwellings in a late 2008 reauthorization of the McKinney-Vento Homeless Assistance Act (National Center for Homeless Education, 2008).

Despite frequent debate about the definition of "homeless," the legal definition outlined above (i.e., "an individual who lacks a fixed, regular, and adequate nighttime residence") remains the standard definition used across academic and public policy literature on homelessness. Therefore, this definition is used as the operational definition of "homeless" for this dissertation.

Number of Homeless

Legally defining homelessness also has an impact on how researchers count the number of homeless in the United States. Establishing a number is a difficult task due to differing definitions, the multiple methodologies used to count individuals, and because of the transient nature of the homeless population (Tompsett, Toro, Guzicki, Manrique, & Zatakia, 2006). Therefore, it is important to keep in mind while reading the following statistics that it is widely accepted that most citations on rates of homelessness are rough estimates.

Anywhere between 2.3 and 3.5 million people experience homelessness in the United States in a given year (Burt et al., 2001). A report to Congress in 2009 by the U.S. Department of Housing and Urban Development (HUD) estimated that on a single night in January of 2008 there were 664,414 sheltered and unsheltered homeless persons nationwide. About 42% were estimated to be unsheltered. The report approximated that 1,092,600 people used shelter services between October 2007 and September 2008. Additionally, a point-in-time estimate for *chronic* homelessness in the United States was put at 124,135 persons or about 30% of all people who are homeless. Chronic homelessness can be understood as remaining without consistent housing for at least 12 months or having at least four episodes of homelessness in the past three years (City of

Berkeley Housing Department, 2007). Additionally, chronic homelessness can lead to more serious problems for individuals than temporary homelessness (Morris, 1997).

The considerable number of people who are homeless has created pressure on shelters and other resources for the homeless. In a survey of homeless service providers, Wong, Park, and Nemon (2006) reported that between 1987 and 2001 the use of shelters increased requiring more and larger shelters. A report of shelter use in 1996 revealed that there were 40,000 programs assisting the homeless in 21,000 locations in the United States (Burt et al., 1999). This report on shelter use examined services to homeless men, women, and children in urban, suburban, and rural contexts across the country.

Homelessness is often viewed as an urban problem and therefore the majority of homeless research and resources are directed to urban areas (Lawrence, 1995). Of all homeless people, it is estimated that 71% reside in central cities, 21% in suburban centers, and 9% in rural area locations (SAMHSA, 1996) (Note: The aforementioned percentages are rounded, thus do not equal 100%.). Despite the high proportion of people who are homeless in urban areas there is evidence that homelessness is of significant concern in rural settings (Patton, 1987; Segal, 1989). In some rural areas, the proportion of homeless individuals per capita is higher than in urban contexts (Lawrence, 1995) and many rural shelters experience more overcrowding than urban shelters due to limited resources (Goodfellow, 1999). More research and resource provision for rural homelessness is warranted. Consequently, the current research study focuses on a shelter in the rural state of Iowa, offering results largely missing in the extant literature.

It should be noted, in evaluating the number of people homeless in the United States, that the recent economic downturn has likely impacted homelessness. There is

new evidence that the economic recession of the past several years may be increasing rates of homelessness in the United States. In 2009, The U.S. Conference of Mayors reported a significant increase in the numbers of homeless persons in 19 out of 25 cities surveyed. Cities reported, on average, a 12% increase in homelessness since 2007. The recent recession may also be changing the typical demographic makeup of the homeless community. More individuals and families affected by housing foreclosures could give rise to a new and unforeseen demographic category in the homeless population.

Demographic Characteristics of the Homeless

The demographic makeup of the homeless population differs greatly from that of the general United States population. Several factors, including physical and mental health problems are reviewed below. Additionally, multicultural variables are presented to reveal disparities between the homeless population and general population.

Physical Health Problems

A serious problem that may face nearly half of people who are considered homeless is physical illness. It is estimated that as much as 46% of the homeless population faces chronic physiological health conditions such as high blood pressure, diabetes, or cancer; as many as 26% report acute health problems such as tuberculosis, pneumonia, or sexually transmitted diseases; and 3% of the homeless population report having HIV/AIDS (SAMHSA, 1996; U.S. Department of Health and Human Services, 2003). Other common physical health problems found in studies of physical illness in the homeless population include physical bodily trauma, infestations, peripheral vascular disease, cellulitis, ulcers, frostbite, and burns (Garibaldi, Conde-Martel, & O'Toole, 2005). Living in shelters or on the streets can create greater health vulnerabilities and

exacerbate existing medical conditions (Schnazer, Dominquez, Shrout, & Caton, 2007; Wilson, 2005). A contributing problem to physical illness is that people without homes often do not have access to health care treatment (Kushel, Vittinghoff, & Haas, 2001).

Substance Abuse

A well-documented problem in the homeless community is substance abuse (McCarty, Argeriou, Huebner, & Lubran, 1991). Toro et al. (1997) found that homeless individuals were nearly twice as likely to have a lifetime diagnosis of substance abuse as those who had never been homeless. Based on existing data (National Survey of Homeless Assistance Providers and Clients, 1996; U.S. Department of Health and Human Services, 2003) it is estimated that 30% - 58% of all people experiencing homelessness have substance abuse problems. According to a 1996 data set (SAMHSA, 1996), 38% of homeless people reported alcohol abuse and 26% reported other drug abuse. And it has been proposed by some researchers that substance abuse in the homeless population often serves as an escape from the adverse physical and psychological concerns of homelessness (Velasquez, Crouch, von Sternberg, & Grosdanis, 2000).

Mental Illness

Of particular importance to this dissertation's focus on the helpfulness of counseling are the statistics on the rates of mental illness in the homeless population. Researchers on this issue report a high prevalence of psychological distress among people who are homeless (Wong & Piliavin, 2001). For example, Rohde, Noell, Ochs, and Seeley (2001) found depression to be frequent in older homeless adolescents. Another study addressing psychological distress found that 61% of 330 homeless adults reported suicidal ideation and 34% had attempted suicide (Eynan et al., 2002). Velasquez et al.

(2000) found high levels of psychological distress and substance use in their sample of 100 homeless individuals at a day shelter.

It is estimated that as many as 39% of the homeless population experiences some form of mental health problem (SAMHSA, 1996). And it is estimated that 22% - 27% of all people experiencing homelessness have *serious* diagnosable mental health issues (National Survey of Homeless Assistance Providers and Clients, 1996). A meta-analysis of 16 epidemiological studies on homelessness found that 43% of the homeless population has an Axis I disorder (Lehman and Cordray, 1993). Additionally the population may be particularly at risk for mental health problems. For example, 25% of homeless people report physical and/or sexual abuse as children, 27% report going through the foster care system, and approximately 54% have a history of incarceration (U.S. Department of Health and Human Services, 2003). Moreover the experience of homelessness can cause great damage to an individual's self-esteem (Phelen, Link, Moore, & Stueve, 1997). For instance, in a qualitative study of male shelter residents, a majority of participants reported that being homeless made them feel depressed, ashamed, frustrated, and helpless (Liu, Stinson, Hernandez, Shepard, and Haag, 2009).

An additional problem discovered in a study by Acosta and Toro (2000) is that people who are homeless are often dissatisfied with mental health and substance abuse services. When McCabe, Macnee, and Anderson (2001) asked a group of homeless individuals about their experiences with physical and mental health care, there was general agreement that homelessness was an unhealthy condition and that assistance was difficult to obtain. The participants reported abuse, victimization, sickness, fearfulness,

and low self-esteem. One interviewee's response captures the qualitative nature of his situation – with emphasis on the mental health costs of homelessness.

> "It's scary (homelessness). Never know what's coming next, a person coming to hurt you, a police to harass you, a virus cold to kill you. It's hard not knowing. Yea it ain't easy being homeless. Nothing but scared and worried followed by scared and worried. Them two words (homelessness and healthy) don't ever go together. Being homeless means being sick, sick in the head, sick in the body, and sick in the heart." (p. 82).

In an attempt to raise awareness of the substance abuse and mental health problems in the homeless population, the APA Council of Representatives (1991) resolved that adequate and permanent shelter is a basic need for all human beings, and that a lack of permanent shelter can have harmful effects on a person's mental and physical health. Moreover, the APA asserted that homelessness and substance abuse lead to a downward cycle of mental illness. That is to say, the APA Council of Representatives posited that homelessness can be *caused by* poor mental health and substance abuse as well as become a condition *leading to* poor mental health and substance abuse. While the statistics and the APA's resolution present a grim state for the mental health conditions for people who face homelessness, Fichter and Quadflieg (2005) stated that little conclusive information is known about the course of mental disorders among individuals experiencing homelessness. Namely, researchers understand that homeless people face mental health problems, but do not fully understand how or why.

Multicultural Variables

Regarding demographic characteristics, some of the most striking disparities are apparent in the multicultural differences between homeless and non-homeless populations. These estimates are shared to inform the reader that homelessness

disproportionately affects those groups that have been historically marginalized in United States society based on educational opportunity, social class, and race (APA, 1991; 2010). What is more, the National Coalition for the Homeless (2009) reports that hate crimes against individuals because they are homeless are a persistent and often unrecognized problem in the United States. The National Coalition for the Homeless accounts that in 2002, hate crimes were documented in 29 cities, and included 21 cases of non-lethal violence and 16 hate crime-related murders against the homeless.

In terms of education, it is estimated that 38% of homeless individuals have less than a high school diploma, 34% have a high school diploma or an equivalent, and 28% have some form of higher education (Burt et al., 1999). In comparison, the U.S. Census Bureau (Stoops, 2004) reported that in 2003 about 85% of U.S. adults 25 years and older had completed high school. The statistics make evident the educational disparities between homeless and non-homeless individuals.

A 2006 report by the U.S. Conference of Mayors highlighted the racial/ethnic disparities between the homeless and the non-homeless in the United States. The multi-city survey found that 42% of persons experiencing homelessness are African American despite African Americans representing 11% of the general population. The study also found that 39% of persons experiencing homelessness are Caucasian in comparison to their 76% representation in the general U.S. population. Thirteen percent of homeless people are Hispanic although Hispanics comprise 9% of the general population. Four percent of the homeless are Native American although they comprise 1% of the general population. Last, 2% of homeless people are Asian American although they comprise 4% of the general population. These statistics reveal that homelessness

disproportionately affects historically marginalized racial ethnic groups – specifically African Americans, Hispanics, and Native Americans.

Additionally, homelessness disproportionately affects military veterans. Thirteen percent of the general population is made up of military veterans. Of the homeless population, however, 23% are reported as being veterans (U.S. Department of Health and Human Services, 2003). Homeless veterans are a group with known vulnerabilities, including high rates of substance abuse and severe mental health problems such as post-traumatic stress disorder (Rosenheck, Frisman, & Chung, 1994).

It should also be noted that historically marginalized groups, such as the groups mentioned above, tend to be greatly impacted by natural disasters (APA, 1991). For example 2005's Hurricane Katrina was estimated to have left over 1.5 million people homeless, a majority of whom were identified as racial-ethnic minorities and already economically disadvantaged (National Law Center on Homelessness and Poverty, 2007). This issue of disaster displacement is of particular importance to this dissertation because the state of Iowa saw massive-scale flooding in 2008. The interviews for this dissertation's study were carried out in 2009. In June of 2008 Iowa Governor Chet Culver announced that about 36,000 Iowans in 11 counties were homeless due to flooding (Gomez, Bellow, & Keen, 2008). Indeed, there were several participants in the current study that cited the Iowa floods as contributing to their homelessness. A government response to helping homeless flood victims, such as in Iowa, emphasizes the importance of public policy in the care of those who are homeless or at a risk for becoming homeless.

Public Policy

For counselors who want to work with people who are homeless it is necessary to understand the public policy efforts directed towards providing services for people who are homeless. The importance of housing all people in the United States saw great policy efforts in the 1960s during President Lyndon B. Johnson's "Great Society" program aimed at eliminating poverty and racial injustice in the United States (U.S. Department of Housing and Urban Development, 2010a; Urban Institute, 2010). As a result several government agencies emerged in the late 1960s to address socioeconomic inequalities related to housing. For example, the U.S. Department of Housing and Urban Development (HUD) emerged in 1965 as part of President Johnson's cabinet and then later as an independent government agency. HUD's mission continues to be to "increase homeownership, support community development, and increase access to affordable housing free from discrimination" (U.S. Department of Housing and Urban Development, 2010b). HUD continues to manage most homeless-related public policy issues in the United States. In addition to government programs, the 1960s saw an emergence of non-profit organizations aimed at understanding and solving the problem of homelessness. For example, in 1968 President Johnson developed the Urban Institute as a non-partisan, non-governmental think-tank used to research social problems and evaluate government programs aimed at helping with poverty issues (Urban Institute, 2010). Today, both HUD and the Urban Institute serve important roles in creating and carrying out public policy related to homelessness in the United States.

Though efforts to house all people in the United States began in the 1960s, it was not until the late 1980s that the United States government enacted federal legislation

aimed specifically at the problem of homelessness. Many believe this was because of the increased visibility of homelessness as a result of the mental health deinstitutionalization movement of the 1970s and 1980s (APA, 2010; Arce, Tadlock,Vergare, & Shapiro, 1983; Ball & Havassy, 1984). In 1987, federal legislation addressing homelessness was passed. The legislation was called the McKinney-Vento Homeless Assistance Act (National Center for Homeless Education, 2008).

McKinney-Vento Homeless Assistance Act

Originally named the Homeless Person's Survival Act, the McKinney-Vento Homeless Assistance Act addressed several systemic problems affecting homeless people and provided funding for programs and grants that would assist the homeless and organizations assisting people who were homeless. The Act removed permanent address requirements for access to benefits such as veterans' benefits, food stamps, and Medicaid. The Act helped to create grant programs for emergency shelters – leading to growth in the shelter system in the United States. Additionally, community mental health systems and drug and alcohol abuse programs were assisted through special funding in the Act. Programs that provided transitional and permanent housing, job training, health care, and education were part of the legislation (McKinney-Vento Homeless Assistance Act, 2002). Furthermore, the McKinney-Vento Homeless Assistance Act created a legal definition for homelessness in the United States (Legal Information Institute, 2005) – the operational definition used for this dissertation. The Act has gone through several amendments, typically increasing the scope of the Act's ability to help individuals impacted by homelessness. For example, in 1990 an amendment to the Act created the Shelter Plus Care program, which now provides special housing assistance to homeless

individuals with mental illness, chronic health problems, substance addiction, and disabilities (National Center for Homeless Education, 2008).

Reviews of the McKinney-Vento Homeless Assistance Act are generally positive. For instance, a government assessment of HUD programs funded by the Act concluded that the funded programs have helped significant numbers of people who are homeless. Specifically the review reveals that the programs help people regain independence and stable housing (National Coalition for the Homeless, 2006). Positive evaluations are typically accompanied by criticisms that government funding is not meeting the demand being presented to these programs and that the McKinney-Vento Homeless Assistance Act does not focus enough on the prevention of homelessness (National Coalition for the Homeless, 2006). That is, there continues to be a need for more public policy efforts designed to intervene in the causes of homelessness, not just its symptoms.

The HEARTH Act

The most recent legal addition to the McKinney-Vento Homeless Assistance Act came in May of 2009 when President Barack Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act into law. The HEARTH Act was in part a response to the U.S. housing foreclosure crisis of 2008 and 2009. The primary goal of the legislation was to minimize the amount of time individuals and families experience homelessness. In the HEARTH Act a federal goal is stated that no family should be homeless for more than 30 days. As part of this goal, the HEARTH Act amends the McKinney-Vento Homeless Assistance Act definition of homelessness to include individuals who were going to lose their housing within 14 days (due to eviction, foreclosure, domestic violence, etc.) allowing for preemptive access to federal programs

provided to people who are homeless, thus hopefully decreasing time that a person will be without housing. The HEARTH Act provides funding for rapid-rehousing projects aimed at finding homeless people permanent housing, rather than just relying on temporary housing like shelters. Additionally, mental health and victim services are allowed eligibility for more federal funding. The HEARTH Act also focuses more efforts and resources towards rural homeless populations – a development relevant to this dissertation's population. The law acknowledges that projects developed to address urban homelessness may be more complex than needed for rural homelessness. Thus, the HEARTH Act instructs the comptroller general of the United States to examine homelessness and homeless assistance in rural areas to help develop more appropriate strategies for rural homelessness. Lastly, the HEARTH Act states a federal government commitment to develop a plan to eradicate homelessness in 10 years. Part of this 10-year plan involves better understanding the causes for homelessness (National Law Center on Homelessness and Poverty, 2010).

Incidents that Lead to Homelessness

The first research question for this study is "What do homeless individuals perceive to be the critical incidents that led to their homelessness?" In their interviews the participants were asked to report on critical incidents that they believed led to their homelessness. This research question was chosen in part because of the uncertainty in the literature on the antecedents to homelessness. Namely, few empirical studies exist looking to identify causes for homelessness. The problems with measuring the causes for homelessness are reviewed below. Additionally, the debate within homelessness research between systemic and individual reasons for becoming homeless is described.

Problems with Assessing Causes for Homelessness

The complexities of the homeless situation and heterogeneity of the population has made defining the causes for this condition difficult. The most commonly cited contemporary finding attempting to describe the antecedent incidents to homelessness comes from the annual U.S. Conference of Mayors reports. For this annual report, cities across the United States are asked to complete questionnaires on the status of homelessness in their communities. In the most recent report (2009) 25 cities responded to the question of: "What causes homelessness in your city?" The report stated that for single homeless persons substance abuse, lack of affordable housing, and mental illness were the most prevalent causes. Sixty-eight percent of cities reported substance abuse as a primary cause, 60% reported lack of affordable housing, and 48% cited mental illness. For persons in families the cities reported lack of affordable housing (72%), poverty (52%), and unemployment (44%) as the main causes for homelessness (U.S. Conference of Mayors, 2009). The U.S. Conference of Mayors' yearly reports acknowledge the limitations of their questionnaire results – noting that these causes are gleaned from each cities own data collection procedures for defining the causes of homelessness. Often the causes for homelessness are based on correlational data, leading to questions about the validity of conclusions about the causes of homelessness. For example, because of the severity of mental health concerns in a local homeless population, it can be inferred that mental illness causes homelessness, but it can also be inferred from these data that homelessness causes mental illness. And it may be that the relationship is reciprocal, thus illustrating the difficulties in identifying causes for homelessness using correlational methods. For example, a commonly cited study used to illustrate the causes of

homelessness is Lehman and Cordray's (1993) meta-analysis of 16 epidemiological homelessness studies in the United States. Weighted estimates from the analysis revealed 43% of the homeless population had an Axis I mental health disorder, 28% were current alcohol abusers, and 10% were diagnosable with a drug use disorder. This meta-analysis is helpful in providing information on the characteristics of people who are homeless, though should be used carefully when making conclusions about the causes of homelessness.

An additional problem with many reports including the U.S. Conference of Mayors reports is that the findings come from the perspective of city officials or individuals who work with the homeless (i.e., those who completed the questionnaires). In these surveys homeless individuals are never directly asked about the causes for their homelessness. In fact, there are very few studies in the extant literature that directly ask homeless persons about the causes of their homelessness. In a cursory review of the literature, only one study was found that directly asked homeless people about the causes of their homelessness. The study was a qualitative investigation of elderly homeless for the *Journal of Gerontology: Series B: Psychological Sciences and Social Sciences*. Crane et al. (2005) interviewed 122 elderly homeless individuals about the causes for their homelessness in a multi-national study involving the United States, England, and Australia. The most commonly cited causes were housing problems, relationship breakdowns, death of a loved one, and interpersonal disputes with neighbors. Physical health problems, mental illness, alcohol abuse, and gambling addiction were found to be contributory factors to the causes of homelessness in the study.

Systemic Versus Individual Reasons

Crane et al. (2005) noticed in their study that the reasons for becoming homeless cited by homeless participants were generally a combination of systemic failures (e.g., welfare policy gaps, lack of affordable housing) and individual problems (e.g., interpersonal problems, mental illness). This issue of systemic versus individual reasons for homelessness is an important distinction that appears elsewhere in the literature and warrants attention. Several researchers have made note of the debate that exists within the scholarly research on homelessness between systemic and individual reasons for homelessness (Anderson and Christian, 2003; Main, 1998).

Systemic reasons generally refer to structural problems in society, such as unemployment, poverty, housing market decline, economic troubles, and social policy. For example, a 2006 report by The United States Conference of Mayors assessed that homelessness is likely brought about by systemic poverty, lack of affordable housing, low paying jobs, unemployment, a lack of needed substance abuse and mental health services, domestic violence, prison release and re-entry problems, and budget cuts in public assistance programs. These findings attribute the reasons for homelessness primarily to insufficient resources and ongoing socio-systemic problems. In another example, Quigley and Raphael (2001) provided a review of economic data in the United States related to homelessness. Their conclusion was that changes to the economy, especially in the housing market, were the prime reasons for homelessness. The researchers proposed that making improvements in the affordability and availability of rental housing could directly reduce homelessness in the United States. These findings also suggest a more systemic reason for homelessness.

Main (1998) contends from a review of the scholarly literature that most of the research argues that the causes for homelessness are systemic in nature, typically dismissing or discrediting individualistic factors that may contribute to homelessness. These *individual factors* generally include mental illness, alcoholism, substance abuse, disability, and lack of work ethic (Bradford, Gaynes, Kim, Kaufman, & Weinberger, 2005; Main, 1998). For example, Bassuk and Rosenberg (1988) studied homeless mothers in Boston to find that 41% had been physically abused by a family member as a child in comparison to only 5% of non-homeless mothers. The researchers hypothesized that this disparity, on a more individual level, may be related to the incidence of homelessness for these women – though their methods were correlational and thus warrant caution in assuming causation.

Experts appear to be unsure of the reasons and causes for homelessness. An article by Holden (1986) explored homelessness experts' (i.e., researchers and service providers) opinions on the causes for homelessness. A major conclusion of the study was that some experts believed homelessness to be caused by systemic problems (specifically housing problems) and other experts believed that individual factors like mental health problems were to blame.

A criticism of the *systemic reasons* literature is that it often involves theoretical interpretations of existing large epidemiological investigations (e.g., US Conference of Mayors 2006, 2009) rather than investigating the population directly. And the main criticism of *individual factors* research is that it is largely absent from existing literature on homelessness (Main, 1998). It is safe to say that more research on individual factors may lead to targeted individual interventions to help ameliorate the problem. Moreover,

psychologists are especially trained to study phenomena related to the individual and therefore can make much needed contributions to the homelessness literature.

It should be noted that it may be that neither a systemic-focused perspective or an individual-focused perspective are helpful in of themselves for understanding the reasons that people become homeless. Fitzpatrick (2005) argued that both systemic and individual-focused research designs are insufficient. Fitzpatrick claimed that the antecedents to homelessness are non-linear, involving a complicated interconnectedness between structural and individualistic forces. Likewise, in a research report reviewing the causes of homelessness in the United Kingdom, Anderson and Christian (2003) reported that there were major gaps in the field's understanding of individual factors leading to homelessness. The researchers argued that by focusing only on individual or systemic factors the field is missing an understanding of the process in place between the social structures and the individual circumstances that occur for people who become homeless. Therefore, a modality of study that only focuses on one perspective is likely missing many contributing factors to homelessness.

For the current study, the intention was to use a qualitative method to better understand both the systemic and the individual factors that lead to homelessness. However, it should be noted that this research does not attempt to make causal claims about how homelessness occurs. The point of this study is to be exploratory. Moreover, instead of using a meta-analytic review of existing literature or asking homelessness service providers about homelessness, this project seeks empirical evidence from the experts on homelessness. That is, people who are homeless were directly interviewed in hopes to gather accurate data on the critical incidents that led to their homelessness.

How Can Counselors Be Helpful?

The second research question for the present study is "What do people who are homeless recommend for how counselors can help the homeless and individuals at risk of becoming homeless?" Similar to the research on the antecedents to homelessness, the research existing on counselor helpfulness to homelessness is sparse and inconclusive. Additionally, there is evidence to suggest that homeless people have difficulties with helping professionals. People from low socioeconomic status, including homeless people, more often receive mental health treatment that is unhelpful and ineffective than those from higher socioeconomic status (McCabe et al., 2001; Miller & Keys, 2001). While public policy efforts have been made to increase the quality and quantity of mental health care, little has been done to understand how mental health professionals can be most helpful and effective to the homeless population. The APA (2009) has recently made recommendations to counselors based on expert opinion and the existing psychological literature.

American Psychology Association Recommendations

In the 2009 APA Presidential Task Force on Psychology's Contribution to End Homelessness, a series of specific recommendations for psychologists were made (APA, 2010). Seven PhD-level researchers and clinicians made up the 2009 task force and provided specific recommendations to psychologists based on their own experience and research. For example, one recommendation was a strength-based treatment approach for use with families, children, youth, substance abusers, and individuals with mental illness who are homeless – emphasizing the importance of affirming the existing skills of a population of individuals who are often defined by their failures.

Furthermore the task force recommended that psychologists build trusting relationships with their homeless clients. It was noted in the report that many people of low-socioeconomic status will trust psychologists' expertise and therefore it is important for psychologists to build rapport with homeless clients and develop first-hand knowledge and understanding of the homeless population. Along with gaining first-hand knowledge the task force recommended that psychologists provide their care by making direct contact with the homeless population rather than simply consulting from afar, which was considered by the report as often a disservice. As part of the recommendations for building relationships with the population the Psychologist First Aid approach by Schultz (2006, as cited in APA, 2010) to counseling was proposed as a model for working with people who are homeless. The First Aid approach requires that the psychologist enter into the system as a frontline worker, providing clients a brief assessment, reassurance, and a plan for treatment. Thirty minute contact meetings are recommended as ways to initiate a relationship, with the knowledge that clients will be judging your trustworthiness and credibility as much as listening to what you have to offer as a clinician.

An important part of the Psychologist First Aid approach is clinical assessment, and the APA task force also made a strong recommendation for an increase in accessible assessment services for individuals who are homeless. Especially vital is providing these services in areas where this population resides, such as shelters. Detecting client conditions in this population is of importance because of the lack of care or frequency of misdiagnosis or incomplete diagnosis. The presidential task force report stated that differential diagnoses are often not assessed for in the homeless population. Problems

such as developmental disability, traumatic brain injury, physical or sexual abuse, adjustment disorder, and conduct disorders often go undiagnosed. The thorough assessment and diagnosis of these problems is of utmost importance for the homeless population because of the opportunity for welfare benefits and other resource provisions with a documented disability. The task force stated that though psychologists often believe that social workers are best suited to manage welfare issues, psychologists are especially well trained to make these decisions which can provide great assistance to people who are experiencing homelessness and a disability preventing work and self-care.

The task force also recommended that psychologists strive to collaborate with other professionals in a team format when providing care for homeless clients. The report stated that the many needs of people who are homeless (e.g., mental health, shelter, food, clothing, legal services, financial services, employment assistance) requires a multidisciplinary team of providers. Common collaborators mentioned were social workers, case managers, nurses, physicians and teachers with special importance placed on shelter staff and outreach workers as ideal team leaders.

Research on Counselor Helpfulness

Most research on how to help people who are homeless comes from the social work discipline and focuses on how to create systemic change to better the lives of those who are homeless. For example, programs such as Housing First (Lipton, Siegel, Hannigan, Samuels, & Baker, 2000) are recommended to create safe and affordable dwelling, which has been shown to lead to residential stability for people who are homeless and homeless individuals with mental health problems. For example, Pearson,

Montgomery, and Locke (2009) found in their study of a Housing First program that 84% of participants with serious mental illness stayed in the program for one year. The study concluded that these types of programs have potential for successfully helping people with chronic homelessness and mental health and substance abuse problems maintain housing stability.

Another systems approach, though more direct in clinical application, is the Assertive Community Treatment (ACT) team-based approach to caring for people who are homeless (Nelson, Aubry, & Lafrance, 2007). The purpose of ACT is to utilize a treatment team to help connect the client with resources and social support in the community such as mental health care, religious organizations, affordable housing, or substance abuse support. The approach has been found in one study to be effective in decreasing psychiatric hospitalizations (Hwang et al., 2005). In general, the ACT approach is a comprehensive set of case management procedures and recommendations for those caring for people who are homeless; counselors would play a role on the ACT team – contributing their expertise and resources.

Another case management approach is the Critical Time Management (CTM) model for preventing homelessness. The approach is empirically supported to help homeless individuals in high-risk groups (e.g., severe mental health diagnoses, substance abuse disorder). The purpose of CTM is to maintain a continuity of care from when the individual transitions from a controlled community environment (e.g., shelter, prison) to independent living. The individual is taught life problem solving skills through motivational coaching. Community agencies are employed to assist the transition problem in hopes of preventing reoccurrence of homelessness (Draine & Herman, 2007;

Herman et al., 2000). The approach has been found to be a helpful and cost effective way to prevent homelessness (Jones et al., 2003).

While systemically focused methods for assisting the homeless have been shown to be helpful, there is little guidance from the empirical literature on how counselors can provide direct interventions in a therapy process. Most interventions that have been studied are targeted to specific sub-populations of homeless persons. For example, Ecological Based Family Therapy has been shown to be effective for adolescent homeless individuals and runaways (Slesnick & Prestopnik, 2005). This therapy approach requires family involvement in counseling sessions – including the homeless adolescent, parents, siblings, and extended family members if possible. Ecological Based Family Therapy has been efficacious in helping high-risk adolescent homeless individuals; specifically those with substance abuse problems, mental illnesses, and physiological concerns (Nyamathi et al., 2005)

One of the most well researched and effective counseling treatments used for problems faced by individuals who are homeless is behavioral contingency management (Burling, Seidner, Salvio, & Marshall, 1994; Milby et al., 2003, 2000; Nabors, Hines, & Monnier, 2002; Schumacher et al., 2003). Contingency management is the systematic administration of reinforcement or punishment following a behavior to elicit a desired outcome (Higgins & Petry, 1999; Petry, 2002). In other words, contingency management is the execution of the basic behavioral principles of operant conditioning toward a therapeutic goal. Nabors, Hines, and Monnier (2002) studied the effects of a contingency management behavioral program on 51 children experiencing homelessness. A reinforcement/incentive system was employed to help the children develop positive

behavioral and interpersonal skills. Results showed the treatment to be effective. Similarly, Cuoco (1998) studied the effects of a token economy contingency management system on an existing rehabilitation program in a transitional living community. Despite the fact that the token economy did not reduce the clients' length of stay as hoped, the contingency management system was shown to help with reducing negative mental health symptoms, criminality, and later substance use among participants. Most commonly, contingency management has been used and studied for substance abuse treatment in the homeless population, largely due to the high prevalence of alcoholism and drug abuse in the homeless population (Corrigan & Anderson, 1984; Koegel, Burnam, & Farr, 1988; Rahav & Link, 1995; Rosenheck et al., 1989).

It should be noted that while many contingency management substance abuse treatments are effective, few are cost-effective over time (Schumacher, Mennemeyer, Milby, Wallace, & Nolan, 2002). Most programs involve large cash or voucher incentives as reinforcers requiring a high cost for maintenance. Moreover, contingency management treatments typically require a stable living setting for an extended amount of time, making the intervention viable only in locations such as longer-term stay shelters, halfway-house type transitional living, and with inpatients.

The current study aimed to explore ways in which counselors can be more helpful to individuals who are homeless. Participants were directly asked how counselors could be helpful in the situations that led to their homelessness. Namely, how a counselor could have intervened. Additionally, the participants were asked to provide general recommendations to counselors who work with people who are homeless or who are at a risk of becoming homeless. It was this author's intent to use a qualitative method to

capture the informational depth of these recommendations from the homeless participants.

A Qualitative Approach to Studying Homelessness

Bronfenbrenner (1979) asserted that one of the main barriers to a comprehensive theory was developing it with the use of only quantitative methods. That is, quantitative methodologies are unable to capture many of the qualitative characteristics of a phenomenon needed to develop a theory. Indeed, quantitative methods excel in reductionistic examination, but as a result limit researchers' investigations to a restricted set of variables. Qualitative methods often allow researchers to approach an issue with a greater depth of inquiry.

In qualitative research, the investigator serves as the instrument for data collection, usually collecting data via interviews and observations. The units of data are the words of the participants, which are gathered from subjects in their natural environment (Denzin & Lincoln, 1994). Furthermore, data analysis is executed in an inductive manner, with a focus on the meanings and subjective perspectives provided by the participants (Creswell, 1998). When done well, the qualitative process allows for a holistic approach to a problem and the population being studied.

A misconception by some is that qualitative methods serve to replace or dethrone quantitative methods. From this author's perspective, qualitative methods are not meant to overshadow quantitative methods, but are an effective compliment to the quantitative style of study. For one, qualitative research is a helpful tool in the early stages of theory or model-building (Rice & Greenberg, 1984) and in gathering data when the existing literature on a topic is inadequate (Gremler, 2004; Woolsey, 1986). Furthermore, the

exploratory nature of qualitative procedures make them most useful for discovery while quantitative methods are seen as more helpful in verification (Rice & Greenberg, 1984; Woolsey, 1986). That is, qualitative research helps generate new hypotheses, but rarely is used to test hypotheses (MacKnee & Mervyn, 2002).

Qualitative research has been used to study various aspects of homelessness. Qualitative and phenomenological procedures have been used to study the experiences of homeless men who are veterans (Applewhite, 1997), hope and hopelessness in the homeless population (Partis, 2003), feelings of dignity and indignity (Miller & Keys, 2001), experiences with legal problems and incarceration (Gowan, 2002), drug use problems (Neale, 2001), spirituality issues (Brush & McGee, 2000), identity issues (Boydell, Goering, & Morrell-Bellai, 2000), experiences of homeless mothers (Styron, Janoff-Bulman, & Davidson, 2000), and the social-class experiences of men who are homeless (Liu et al., 2009). A cursory review of the research reveals no qualitative studies on the causes of homelessness or on recommendations for how counselors can be helpful to people who are homeless.

McCabe et al. (2001) performed a phenomenological study examining issues relevant to this dissertation, but not directly about causes or counselor helpfulness. The investigators interviewed 17 homeless men and women, asking about what it meant to be homeless and their level of satisfaction with and perceptions of healthcare. Participants were recruited from a nurse-managed primary care clinic that catered to the homeless population. The researchers discovered five themes from an analysis of participant responses on what it meant to be homeless: Uncertainty, Resourcefulness, Time Splits, Harmful, and Distinctness. Uncertainty referred to not being able to predict events in

life. Resourcefulness related to participants' own sense of ingenuity and self-pride at being able to negotiate situations of homelessness. Time Split was the observation that timeliness was seen as both important and unimportant; namely, that perceived health needs required immediate response, but once responded to participants noted being willing to wait for long periods of time to get less immediate health needs met. Harmful referred to participants' responses about homelessness being an unhealthy condition. Distinctness reflected the attitude by some participants that being homeless made them feel different from other people. Additionally, the researchers (McCabe et al., 2001) discovered three themes related to health issues: Ableness, Self-knowing, and Well-being. Ableness referred to participants' perceived level of ability to function in their daily life. Self-knowing focused on the participants' self-awareness of whether or not they were sick or healthy. Well-being referred to how participants felt they were treated by others. Researchers discovered that participants who reported being more satisfied with health care felt their positive feelings came from relationship with health providers who were committed to them, were respectful, trustworthy, did not stereotype or prejudge, and collaborated with the patient on health care decisions. McCabe and colleagues' (2001) results provided a rich amount of data on the homeless population that was facilitated by using a qualitative/phenomenological procedure.

With limited research on antecedents to homelessness and counselor helpfulness, and no apparent qualitative research on these topics, the qualitative approach to the research questions outlined in this dissertation is warranted. Additionally, Toro and Warren (1999) recommend qualitative methodology as an ideal choice for the initial

exploration of research questions related to homelessness. Toro and Warren asserted that to understand the homelessness condition:

> "Psychologists need to move beyond the experimental, quasi-experimental, and survey methods with which they are most familiar… qualitative methods can offer a rich understanding of the experience of homeless individuals as they confront the social structures and constructs of their daily lives" (p. 1215).

Additionally, in an article recommending that psychologists be more involved in homelessness, Shinn (1992) insisted "qualitative work that gives voice to homeless people is important in changing public attitudes" (p. 20). For these reasons a qualitative method was chosen as the methodology for the present study.

Critical Incident Technique Definition

While many qualitative methods exist, the critical incident technique stands out as a particularly helpful qualitative procedure for this investigation. The critical incident technique is a series of systematic procedures for collecting, analyzing, and classifying human experiences (Flanagan, 1954; Gremler, 2004). The objective of the technique is to gain a comprehensive understanding of the cognitive, emotional, and behavioral aspects of a situation from the perspective of the participant (Chell, 1998).

Developed to explore broad research questions, the critical incident technique does not require a stated hypothesis (Olsen & Thomasson, 1992). Rather, a general aim for the study is needed. The general aim is a statement about the problem and population being studied. In response to the general aim, researchers develop specific research questions at the onset of the investigation (Gremler, 2004). For example, one of the general aims of the present study is *to better understand what leads to homelessness* and the research question arising from this aim is *What do homeless individuals perceive to be the critical incidents that led to their homelessness?*

After the general aim and research questions are established, data are collected from a sample selected from the population being studied. Data collection typically consists of face-to-face interviews with a participant in his or her natural setting. In the interview the participant is asked about incidents in his or her own life that he or she considers critical to the general aims of the study (Flanagan, 1954).

Following data collection, the critical incidents are extracted from the interviews and classified into categories based on themes induced from the extracted incidents (Flanagan, 1954). Before the results are reported the methodology must pass a series of credibility checks. The critical incident technique is considered a reliable and valid procedure (Andersson & Nilsson, 1964; Latham, Wexley, & Rand, 1975), in part because of its adherence to a systematic method (Flanagan, 1954) and also because of its evaluation procedures to check for reliability and validity (Butterfield, Borgen, Amundson, & Maglio, 2005).

Once the data collection and analysis are assessed as credible, the results are reported in both quantitative and qualitative formats (Bedi, David, & Williams, 2005). Thematic results and corresponding frequencies are presented in tables as well as in written form with illustrative quotations from participant responses (Woolsey, 1986).

Critical Incident Technique History

The critical incident technique was originally developed by Colonel John C. Flanagan (1954) for the Aviation Psychology Program of the US Army Air Force during World War II. The technique was created to help the United States military better select and classify aircrews. Veteran pilots were interviewed about incidents that were critical in helping or harming their missions. The interviews were analyzed for themes among

common answers. Flanagan standardized his qualitative procedures and published the methodology in the *Psychological Bulletin* in 1954. The current standardization for the critical incident technique closely resembles Flanagan's original work and is widely used today (Butterfield et al., 2005). Only a few additions have been made to the method in the past fifty years.

The critical incident technique has been found useful in exploring issues in pediatrics (Zaidman-Zait, 2007), dentistry (Mofidi, Strauss, Pitner, & Sandler, 2003) education and teaching (Alastuey, Justice, Weeks, & Hardy, 2005; Crawford & Signori, 1962; Mayhew, 1956), student development (Schmeizer, Schmeizer, Figler, & Brozo, 1987), ethics (Fly, Bark, Weinman, Kitchener, & Lang, 1997), and the service industry (Gremler, 2004) among others. The critical incident technique has been particularly useful in the discipline of psychology (Fivars & Fitzpatrick, 2008). Indeed, the technique was originally developed to study psychological phenomenon (Flanagan, 1954). Flanagan believed his technique showed great promise for use in the counseling and psychotherapy field. Woolsey (1984) described the critical incident technique as consistent with the values, skills, and experiences of counseling psychologists in that the technique allows for a contextual understanding of a phenomenon from the direct perspective of the participants. Within the counseling field, the critical incident technique has been used to explore various phenomena (Butterfield et al., 2005). For example the technique has been successfully applied to numerous types of multicultural investigations (e.g., Collins & Pieterse, 2007; Fukuyama, 1994; Montalvo, 1999; Morell, Sharp, & Crandall, 2002). Despite its wide use, a cursory review of the literature reveals

that the critical incident technique has only been used in a published study on homelessness once before.

MacKnee and Mervyn (2002) employed the critical incident technique to explore experiences that helped and hindered the transition of homeless people from the streets to housed living. The researchers studied 17 homeless participants (five men and 12 women) and gathered 314 critical incidents and categorized them into 23 meaningful groups. The five critical incident categories with the highest response frequency about helpfulness in transition from the streets were: Recognizing One's Personal Destitution; Revolting Against Death, Violence, and the Devaluation of Life (i.e., having a personal or vicarious death experience); Having Someone Reach Out to Help; Relocating and Separating From the Street Life; and Experiencing a Spiritual Event. Four conditions which participants noted as hindering their transition were: Feeling a Sense of Family and Being Loyal to other Homeless Persons; Receiving Free Services/Welfare; Negative Experiences with Support Providers; and Having a Lack of Structure in a School Setting. MacKnee and Mervyn found the critical incident technique an effective method for studying a specific research question related to homelessness.

Justification for the Use of the Critical Incident Technique

The critical incident technique is 1) tried and sound, 2) useful for initiating a new line of research, and 3) capable of discovering systemic problems and broad psychological principles. These reasons made the critical incident technique an appropriate choice for the study at hand. First, the critical incident technique provides a tried and sound methodology for the collection and analysis of phenomenological experiences from a group of individuals (Gremler, 2004). That is, the technique is

strongly backed by the literature and is rigorously systematic in process. While some qualitative methods can appear unsystematic, the critical incident technique offers exceptional structure and research confirmation for that structure. Second, the critical incident technique, like many forms of qualitative research, is useful for initiating a new line of research where the existing literature is dispersed or sparse (Olsen & Thomasson, 1992; Rice & Greenberg, 1984; Woolsey, 1986). As discussed earlier in this chapter, conclusions on the causes for homelessness are in debate, unclear, and based on limited empirical research, therefore this type of exploratory approach is warranted. Third, the critical incident technique is useful for discovering and confirming broad psychological principles and solving practical problems embedded in a system (Alastuey et al., 2005; Flanagan, 1954). Additionally, the technique is helpful in developing new undefined phenomenon (Rice & Greenberg, 1984). The critical incident technique is a tool that can greatly assist psychologists in the exploration of phenomena related to homelessness. Therefore, the methodology was employed for the current study.

Summary of Literature Review

This chapter provided an introduction to the existing literature on homelessness. The population was defined and described through demographic research. Public policy history as it relates to homelessness was reviewed. Relevant research on the current study's research questions of "What do homeless individuals perceive to be the critical incidents that led to their homelessness?" and "What do people who are homeless recommend for how counselors can help the homeless and individuals at risk of becoming homeless?" were summarized for the reader. The critical incident technique was defined as the systematic qualitative research method used for this study and relevant

critical incident technique literature was reviewed for the reader. It is the hope of this author that this qualitative research study can contribute to the existing body of literature and provide insight into incidents that may lead to homelessness as well as the ways in which counselors can help.

CHAPTER III
RESEARCH DESIGN AND METHODOLOGY

Introduction

The critical incident technique was followed as the research design and methodology for the current study. This study made use of a set of updated methodological guidelines for the critical incident technique, based on Flanagan's (1954) original methods. Several researchers have gone through the process of reviewing the critical incident technique literature with the aim to increase the credibility and comprehensiveness of the approach (Butterfield et al., 2005; Gremler, 2004; Latham et al., 1975). Five steps, coming from the critical incident literature, are used to standardize the research design: 1) problem definition; 2) plans and specifications; 3). data collection; 4) data analysis; and 5) interpretations and results. The five steps, in relation to the current study, are described in this chapter.

Step One: Problem Definition

Problem definition consists of three parts: 1) defining the problem of the phenomenon being studied; 2) developing a general aim for the study; and 3) establishing the research questions (Gremler, 2004). According to Woolsey (1986), this step requires extensive thought and consideration on the part of the researcher because the foundation for the entire investigation depends on the definition of the problem, the general aim, and the research questions.

Definition of the Problem

For the present study, there are two problems identified and qualitatively explored. One problem is defined as "people becoming homeless." Being homeless is operationally defined as entering into a living situation where the participant lacks a

fixed, regular, and adequate nighttime residence, which includes a supervised shelter or institution designed for temporary accommodations or public or private places not designed or ordinarily used for human living (Legal Information Institute, 2005). Therefore, *becoming* homeless indicates a change to the individual's condition from a previous state of living that would not be considered homeless. As explained in the previous chapter, homelessness is a serious problem in the United States and addressing how and why this phenomenon occurs can provide important information for clinicians and researchers. The second problem being explored is defined as a "lack of understanding in how counselors can help the homeless". Also explained in the previous chapter, assisting counselors in understanding how to help homeless populations is an important task for researchers. Moreover, a better understanding of how counselors can help the homeless could have beneficial effects not only for people who are homeless, but society as a whole.

General Aim

The second procedure for step one was developing a general aim (Flanagan, 1954). Derived in part from the problem definition, the general aim is a simply worded, functional description of the primary goal of the research study (Butterfield et al., 2005; Woolsey, 1986). Since the first problem was defined as "people becoming homeless" the associated general aim was "to better understand what leads to homelessness." The second general aim, associated with the problem of "a lack of understanding in how counselors can help", was "to better understand how counselors can help people who are homeless."

Research Questions

Derived from the problem definitions and general aims, the research questions serve the most important role -- creating a working basis for the rest of the critical incident technique process (Gremler, 2004). Essentially, this entire study is an exploration of the following two research questions: 1) What do homeless individuals perceive to be the critical incidents that led to their homelessness? and 2) What do people who are homeless recommend for how counselors can help the homeless and individuals at risk of becoming homeless?

Step Two: Plans & Specifications

Step two required several important procedures. First, the target population was defined and participant selection criteria established. A sample size of 25 participants was chosen based on recommendations from the critical incident technique literature and the community resources available to the researcher. Additionally, recruitment procedures were developed.

Population and Selection Criteria

The homeless population as a whole is a diverse group. Therefore, it was important to have a clear understanding of the target population and related selection criteria for this study. First, it was decided to focus on individuals who self-identified as currently homeless. Currently homeless individuals were seen as most able to provide rich and accurate data related to the research questions of the study. Participants were directly asked whether or not they self-identified as homeless according to the legal definition of homelessness which was verbally presented to participants. All 25 participants identified themselves as homeless according to the legal definition provided.

A second selection criterion was that participants be current shelter residents. This decision was made for both convenience and to create a more salient focus on a specific subset of individuals who are homeless. A local shelter in Iowa City was used to recruit the sample and served as a location to provide the interviews. Through direct referral from shelter staff, the participants were established as ongoing residents of the shelter and were part of the shelter's social service program. Third, all participants selected were at least 18 years of age, male or female, and of sound mental status (i.e., oriented to person, place, and time during the interview). As recommended by Woolsey (1986) no persons with serious psychotic disorders or currently in an inebriated state were chosen for the study due to the importance of quality self-report. The interviewer, a counseling psychology doctoral candidate, assessed individuals for sound mental status at the onset of interview if concerns about mental status arose.

Number of Participants

The sample size was based on the critical incident technique literature and resources available to the researcher. Unlike most research methods, the number of individuals participating in a critical incident technique study does not determine the "sample size" or "N". Rather, in a critical incident technique investigation the number of useful responses reported across all cases serves as the sample size (Butterfield et al., 2005; Flanagan, 1954). It is typical for each participant to contribute more than one critical incident thus increasing the sample size.

It should be noted that there is no established target for sample size in the critical incident literature. Flanagan (1954) originally recommended that between 50 and 4,000 critical incidents be collected for analysis depending on the complexity of the question

being asked. MacKnee and Mervyn's (2002) investigation of homeless people moving off of the streets yielded 314 incidents that were extracted from 17 participants. In a study of performance evaluation in counseling psychology internships, 270 incidents were gathered from 46 training directors to create a representative sample (Ross & Altmaier, 1990). And in a study of the reasons for completing a teacher education program, 60 incidents were analyzed from 32 credentialed teacher participants (Alastuey et al., 2005). Furthermore, Gremler's (2004) review of over 141 critical incident studies in the service research field revealed the level of variety that exists in sample sizes across critical incident studies. Critical incident sample size ranged from 22 to 2,502 and the number of participants ranged from nine to 3,852. Needless to say, the size of the sample and the number of participants varies and often depends on the conditions of the study at hand.

From the outset, the plan for the current study was to collect data from 25 participants with the intention of covering the content domain of incidents leading to homelessness among shelter residents and recommendations for counselors. It was estimated that each participant would provide at least four critical incidents representing experiences leading to their homelessness and at least two recommendations for counselors. Therefore, the target sample size for critical incidents leading to homelessness was greater than 100 and for recommendations for counselors greater than 50. That is, at least 150 total useful responses were expected for this study.

The desired sample size was met and in some ways exceeded expectations. Twenty-five participants were recruited and interviewed for the study. All interviews were used in the final analysis of data. A total of 238 useful responses were gathered

from participant answers to protocol questions about critical incidents that led to their homelessness as well as recommendations for counselors. Therefore the total "N" for this two-part study was 238. Specifically, 146 useful critical incidents that led to homelessness were reported and 92 useful recommendations for counselors were gathered. The term "useful" referring to the fact that the response provided enough information that allowed for it to be judged as critical and part of a thematic category.

Recruitment Procedures

Important for the recruitment process for this study was the primary investigator's previous experience working with the homeless population and specifically at the shelter where the present data were gathered. The researcher for this study served as a primary investigator for another qualitative study at the homeless shelter several years prior to this current study. During that process the primary investigator gained first-hand knowledge and personal and professional comfort with the homeless population. Additionally, the primarily investigator trained as a practicum student counselor at the shelter, where he developed additional competence with the population and with navigating shelter services. The APA (2010) recommends that researchers and clinicians working with the homeless work directly with the population to develop familiarity, comfort, and subsequent competence in work with people who are homeless. For the current study, the primary investigator was able to create a successful plan for recruitment, largely because of his previous professional relationship with the shelter staff and personal familiarity with the population.

Since the primary investigator already had a strong working relationship with the Shelter House staff he was able to easily employ their services for the recruitment of

participants. That is, the staff were very willing to help the primary investigator with his research study because of his past investments in the shelter, his known commitments to the homeless population, and because of the trust that had been built in his relationship with the staff from his past professional experiences at the shelter.

The primary investigator briefed shelter staff members on the selection criteria outlined earlier. Staff members selected shelter residents who were assessed as meeting the selection criteria. Staff members referred those selected residents to the researcher who met with participants to verify that they fit the selection criteria for the study. If criteria were met, the informed consent document was read to participants and participants were given a copy of the informed consent document to read. As instructed by the University of Iowa Institutional Review Board, verbal agreement to informed consent was obtained for participation in the research study. Participants were informed that at any time during the interview they could opt to leave the study without any compensation penalty. As compensation for their time, participants were given $15 dollars.

Twenty-five participants were recruited, and all 25 recruited participants met selection criteria and were asked to be a part of the study. There was a 100% response rate. That is, 25 participants were asked by the primary investigator or the shelter staff to be in the study and all the participants who were approached agreed to be a part of the study. There are a few possible reasons for this high response rate. First, several participants reported that the $15 compensation was fair payment for their time and a strong incentive in the recruitment process. Second, several participants reported being personally interested in contributing to research that would be helpful for people who are

homeless. And third, some participants noted that they enjoyed talking about their life experiences with individuals who were willing to listen. Indeed, several participants thanked the interviewer for taking the time to listen to their stories.

Participant Demographics

All 25 participants considered themselves "legally homeless" and all participants were ongoing residents of the Iowa City Shelter House and enrolled in the shelter's social service program. The mean age of the sample group was 45 years old with a range from 19 years to 60 years old. Of the participants, 56% identified as male and 44% identified as female.

The majority of participants identified as "White" or "Black." Forty-eight percent of the sample identified as White (12 participants), 44% identified as Black (11 participants), 4% as Latino (1 participant), and 4% as Asian (1 participant). It should be noted that the terms "White" and "Black" were the self-identifying terms used by most participants with just one participant identifying his race as "African American" and another participant as "American."

Regarding education, 32% of the sample reported not graduating from high school, 32% stated having a high school diploma, 8% said they had earned a GED, and 28% of the sample reported that they graduated high school and had some college or professional schooling. None of the participants had graduated from college. The least amount of education obtained was by a participant who had "dropped-out" of elementary school after 4th grade.

Most of the participants (76%) identified being from outside of Iowa, while 24% reported being from Iowa. Fifty-two percent of the sample said that they had been

homeless before and 48% reported never being homeless before. Regarding current employment, 64% of participants reported being unemployed while most other participants reported having temporary employment. Demographic information for each participant can be found in Table 1. Pseudonyms were used in place of the participants' real names to keep their identities confidential.

Step Three: Data Collection

The critical incident technique data collection step involves several different parts. First, a location must be chosen for data collection. Second, a competent interviewer must be employed for the project. Third, a standardized interview protocol must be carefully developed to gather data from participants.

Location

Consistent with the objectives of the critical incident technique, data were gathered in the location convenient for the participants (Flanagan, 1954). Data collection took place where the participants were living: the *Iowa City Shelter House: Community Shelter and Transition Services*. The shelter is a non-profit organization that provides housing and resources to individuals who are homeless. A private office at the shelter was used for interviewing participants. Doing shelter-based research projects is supported by the literature because of the convenience of sample and centrality of location for participants (Bradford et al., 2005). Moreover, interviewing participants at their own location is suggested with the critical incident technique because it supports participant comfort, thus increasing the likelihood of gathering more quality responses (Flanagan, 1954).

Table 1. Demographics for 25 Participant Sample Set

Pseudonym	Age	Gender	Race/Ethnicity	Highest Completed Education	Length of Current Homelessness	Previously Homeless?	Current Employment
Mary	40	Female	White	Certified nursing classes	6 weeks	No	Nursing
Grant	19	Male	White	High school	9 months	No	Door man for a bar
Sharon	51	Female	White	2 year college	2.5 years	No	Licensed truck driver
Roger	52	Male	Black	4th grade	9 months	Yes	Disability status, occasional yard work
Stephen	50	Male	Black	10th grade	1 month	Yes	Disability status, unemployed
William	58	Male	White	2 year college	5 months	No	Temp employment
Margaret	45	Female	Black	1 year college	15 years, intermittent	No	Unemployed
Rey	25	Male	Latino	11th grade	6 years, intermittent	No	Unemployed
Ying	56	Female	Asian	High school	3 weeks	No	Service at buffet restaurant
Angela	37	Female	Black	High school	2 years	No	Unemployed
Deborah	60	Female	White	Beauty school	3 months	No	Unemployed
Tracy	45	Female	Black	10th grade	2 months	No	Unemployed
April	30	Female	Black	High school	2 months	No	Unemployed
Jennifer	37	Female	White	High school	2 months	Yes	Factory worker
Michael	42	Male	Black	GED	2 months	Yes	Unemployed
Brian	52	Male	White	GED	2 weeks	Yes	House painting
Jeffrey	37	Male	Black	High school	2 months	Yes	Unemployed, occasional yard work
James	51	Male	Black	11th grade	1 year	Yes	Assembly line worker
Kevin	42	Male	White	High school	20 years	Yes	Unemployed
Amy	45	Female	White	11th grade	1 year	Yes	Factory worker via temp employment
Scott	47	Male	White	11th grade	3 years	No	Construction
Christopher	45	Male	Black	High school	1 year	Yes	Unemployment, occasional cash jobs
Eric	52	Male	White	High school	4 years	Yes	Unemployed
Karl	45	Male	White	1 year college	6 months	Yes	Unemployed
Alicia	53	Female	Black	8th grade	3 months	Yes	Unemployed

Interviewer

According to Woolsey (1986) the interviewer must have strong skills in listening and perception checking (i.e., making sure the participant fully understands what is being asked of him or her). Additionally, Flanagan (1954) recommended that the interviewer treat the participants as experts rather than research subjects. Therefore, it was decided that the primary investigator serve as interviewer for the present study. The primary investigator is a doctoral candidate in good standing in a counseling psychology program with five years of clinical and research training at the time of the interviews. He had experience with qualitative research based interviewing in the homeless population as well as counseling experience at the shelter where the data were collected. It should also be noted, in line with Flanagan's recommendations (1954), that the primary investigator viewed the participants as experts on issues of the causes for homelessness.

Interview Protocol

While the critical incident technique allows for the use of questionnaires and group interviews (Butterfield et al., 2005), the current study used the customary face-to-face interview for data collection. The primary investigator, who has experience with creating qualitative interview protocols, developed the interview protocol following guidelines from critical incident technique literature. As recommended by Woolsey (1986) a semi-structured, two-part interview format was used. The interview protocol began with an orientation to the study and demographics questionnaire followed by the critical incident and recommendations portions. The entire protocol can be found in the Appendix of this dissertation.

The orientation of the interview began with informed consent. Informed consent provided the participant with information on the purpose and aim of the study, interview procedures, confidentiality issues, compensation agreement, the sponsoring organization for the study, and an opportunity to ask questions. Informing participants of the details of the study beforehand is predicted to increase the perceived credibility of the investigation (Flanagan, 1954). In this technique, where participants are asked to provide personal details to a stranger, developing a sense of trust becomes extremely important for quality data collection. Therefore, a secondary purpose of the orientation portion of the interview was to provide time for the interviewer to establish rapport with each participant (Woolsey, 1986).

After consent was given the participant was read the legal definition of homelessness and asked, "Do you believe you are homeless according to that legal definition?" The participant's answer was recorded and the definition discussed if needed. Subsequently, a demographic questionnaire was given. The questionnaire was administered verbally because of the primary investigator's previous experience with illiteracy among some individuals residing in the shelter. The demographic questionnaire included questions about participants' age, gender, race/ethnicity, education, current and past living situations, and occupation. The demographic questionnaire was included in the interview protocol to keep the procedures consistent with the goals of the critical incident technique, one of which is to collect detailed observations of participant variables (Woolsey, 1986).

The second part of the interview was the critical incident portion. In this part of the interview the participant was asked to recall specific incidents related to the general

aims of the study in a format that was detailed enough to elicit the appropriate critical incident with minimal confusion to the participant (Flanagan, 1954; Woolsey, 1986). In this study critical incidents were obtained with the following request: "Describe an incident in your life that you consider critical in leading to you becoming homeless." Flanagan (1954) recommended that the term *critical* be defined for the participant to clarify their task. Therefore, the participants were told: "When I say a critical incident I mean something that made a significant contribution to you becoming homeless."

As recommended, leading questions were avoided, instead standardized queries were used to follow-up participant responses (Flanagan, 1954). The following standardized queries were available to the interviewer: 1) Who query: "Tell me more about the individuals involved."; 2) What query: "Explain in more detail what exactly happened."; 3) When query: "When did this happen?"; 4) Where query: "Where did this event occur?"; and 5) Criticalness query: "Tell me more about why you consider this incident critical in you becoming homeless."

After the participants reported an incident, they were asked to describe how they believed a counselor could have helped with the critical incident they identified as leading them to homelessness. Participants were then asked to describe another critical incident that led to their homelessness. This procedure was repeated until participants no longer had critical incidents to share. After participants were finished reporting critical incidents they were asked to describe any other recommendations that they had for counselors who plan to work with people who are homeless. The interview concluded with the interviewer thanking the participant and allowing the participant time to ask any questions that they had about the research study. Additionally, for several participants

referrals were made to shelter house staff and/or community mental health for concerns that arose from the interview. The entirety of each interview was audio recorded as is recommended in previous critical incident technique investigations (e.g., MacKnee & Mervyn, 2002).

Step Four: Data Analysis

Woolsey (1986) stated, "Anyone planning to do a critical incident study should be prepared for the fact that analyzing the data is the most difficult and frustrating part of the method" (p.248). Therefore, the standardized procedures provided by Flanagan (1954) and other researchers (Butterfield et al., 2005, Gremler, 2004; MacKnee & Mervyn, 2002; Woolsey, 1986) were closely followed to streamline the analysis process.

The purpose of the data analysis step is to provide summarized yet detailed descriptions of the data for practical use (Flanagan, 1954; Woolsey, 1986). The process requires that the researcher first determine a frame of reference for study, then extract critical incidents from the transcribed audio interviews, and lastly formulate thematic categories in which to collate data.

Frame of Reference

A frame of reference is required to guide the analysis process (Butterfield et al., 2005; Flanagan, 1954). Basically, the frame of reference is a statement about how the data will be used. There can be more than one frame of reference, depending on how many levels of analysis are being planned. For example, Zaidman-Zait's (2007) study depended on three frames of reference to analyze three different characteristics of that data set. The current study employed two frames of reference. The first frame of reference guiding analysis was, "The types of critical incidents that participants report

that led to their homelessness." The second frame of reference was, "Recommendations for the ways counselors can be helpful to the homeless population and those at risk to become homeless."

Extraction of Data

The frames of reference are the guides for the inductive process of data extraction. For this study the critical incidents and recommendations were chosen from the interviews to be used as units of qualitative data. Extraction required that the audio interviews first be transcribed (MacKnee & Mervyn, 2002; Ross & Altmaier, 1990). The primary investigator transcribed each audio interview into computer word processor documents. Upon multiple careful reviews of the transcribed interviews, the primary investigator extracted critical incidents and counselor recommendations from the data set. Once chosen as appropriate for analysis, each unit of data was printed, then physically cut and pasted onto an index card in preparation for formulating categories. This index card method is a critical incident technique data analysis procedure used by MacKnee and Mervyn (2002) and Ross and Altmaier (1990) to assist the analysis process. Once all cards were made they were placed into their respective piles (i.e., "critical incident" set or "recommendations to counselors" set).

Formulating Categories

Category formulation is an open-ended procedure that uses an inductive stance to divide data into themes found across the content domain (Butterfield et al., 2005; Flanagan, 1954; Woolsey, 1986). The process typically requires between one and eight judges (Gremler, 2004) who have insight, experience, and good judgment (Butterfield et al., 2005). For the present study, the primary investigator served as the sole judge. The

primary investigator was chosen as judge due to his experience with qualitative data analysis and the homeless population.

The first pile of cards, the critical incident set, was carefully read through and placed into categories formulated by themes that arose from the data. This procedure was repeated for the second pile of cards. The procedure was done with an inductive stance with the judge attempting to acknowledge his own biases and attempting to allow the data to speak for itself (Flanagan, 1954). This process involved multiple passes through the data set with numerous revisions in category formulation to create the most representative emergent themes.

Once the categories were established, each category was given a title. The title's purpose is to convey the meaning of the category in and of itself, making a more detailed description largely unnecessary for understanding the category (Flanagan, 1954). After titles were made, the data were reviewed again by the judge and revisions made to confirm that the units of data in each theme were true to their titles (Woolsey, 1986).

Step Five: Interpretation and Results

Flanagan (1954) stated that the most common error in qualitative research is the failure to properly interpret the data gathered. Because of the possibility for error, careful consideration was taken when interpreting data and reporting results in this study. This fifth and final step in the critical incident technique procedures began with the use of a series of reliability checks, followed by a series of validity checks, and then the presentation of results.

Though the critical incident technique has been established through experimental study to be a reliable and valid method (Anderson & Nilsson, 1964; Latham et al., 1975),

procedures to audit content for credibility are recommended (Butterfield et al., 2005; Flanagan, 1954; Gremler, 2004). Therefore, reliability and validity checks were performed to measure the credibility of the procedures and results. An outside auditor was used to perform the reliability and validity auditing procedures. She was a colleague of the primary investigator who had no background knowledge in homeless literature and was not aware of the specifics of the current study at the time of auditing. The auditor has a PhD in student affairs administration and research. She was chosen for her high level of training and experience in qualitative analysis and specific knowledge of the critical incident technique, having previously used the methodology as part of her dissertation.

Reliability Checks

Reliability refers to consistency. That is, whether or not a technique, when applied repeatedly to the same content domain would yield the same results each time (Gremler, 2004). The auditor completed two checks to assess the reliability of the data set. The first was an independent extraction check to assess the reliability of the data extraction process. For this procedure the auditor was informed of the general aims of the study, but was blind to the results of the primary investigator's thematic analysis. The auditor listened to a sub-sample of 25% of the interviews as recommended by Butterfield et al. (2005). The primary investigator chose a random sample of six participants (i.e., 25% of the sample) for the independent extraction check. While listening to the interviews, the auditor extracted critical incidents leading to homelessness and recommendations to counselors. She then compiled a list of extracted units of qualitative data and the auditor's results were compared to the results obtained by the

primary investigator. The higher the rate of agreement, the more reliable the data extraction procedure (Butterfield et. al., 2005). The independent extraction check yielded an auditor-investigator agreement of 92% suggesting strong reliability in extraction procedures.

The second check of consistency was an inter-rater reliability check, which was performed to assess the judge's reliability in categorizing critical incidents and recommendations for counselors. After having already finished the independent extraction check, the auditor was provided with the title and description of each of the categories that the judge created. The primary investigator provided the auditor with the judge's own data extractions from the same sub-set of 25% of the data. The auditor then independently placed the extracted units of data into the provided categories. The auditor and the judge's categorizations were compared using percentage agreement (Butterfield et. al., 2005). Gremler (2004) reports that percentage agreement is the most frequently used method to assess inter-rater reliability among critical incident technique research studies. The inter-rater reliability between auditor and judge was 91%, suggesting strong reliability in the categorization of critical incidents and recommendations.

Validity Checks

Validity refers to whether or not the analysis captured the true meaning of the qualitative reports across participants (Gremler, 2004). Two methods were used to measure the validity of the current analysis. An auditor's validity check was performed, as well as a participant rate validity check.

The auditor's validity check involved the auditor reviewing the entire data set and giving the primary investigator detailed feedback on: 1) any units of qualitative data that

should be moved to other categories; 2) any units of data that should be taken out of a category; 3) any recommendations for categorical changes or merges; and 4) any other recommendations for creating a more valid data set. The auditor's overall assessment was that the extracted data set and categorizations were valid. However, the auditor did provide detailed recommendations in each of the above mentioned feedback areas. Those recommendations were incorporated into the final results for the study. For example, several revisions were made, based on auditor feedback, to the category titles to make the names more illustrative of the data grouping.

Another way validity was assessed was through the participant rate validity check. This check was performed last – after all data were analyzed, all reliability checks performed, and after the results of the auditor's validity check were incorporated into the data set. The participant rate validity check is a way to assess the relative validity of the different categories in the final analyzed data set (Butterfield et al., 2005). For this check, the number of different participants that acknowledged a particular category was divided by the total number of participants (i.e., 25 participants). This process was repeated for each category. The percentage obtained represents the rate that participants in the sample cited a particular category. The higher the participant rate, the more representative the category is across the data set. A participant rate of 25% is considered the standard threshold of confidence for validity (Butterfield et al., 2005), as established in a previous critical incident technique study by Borgen and Amundson (1984). Of the current study's 34 categories, 19 met Borgen and Amundson's threshold for participant rate validity and 15 did not meet criteria. While still useful qualitative information, those 15 categories that did not meet criteria should be interpreted with caution. The detailed

outcomes for the participant rate validity checks are included in the results section of this dissertation and in corresponding results tables.

Presentation of Results

Once the content is analyzed and checked for reliability and validity, the results are presented in ways that are most useful to readers (Smith, 1981). Both tables and written descriptions of results are provided in the results section of this dissertation.

Results of the data analysis are presented in tables that are based on table designs used in several other critical incident studies (Alastuey et al., 2005; MacKnee & Mervyn, 2002; Mofidi et al., 2003; Ross & Altmaier, 1990; Zaidman-Zait, 2007). These tables provide a summary of the themes and categories induced from the data set along with frequencies and some demographic information of the participants that cited each category. In the written portion of the results section, the title of each category is provided, followed by a short description of the category, and a selection of illustrative quotes from interviews. Woolsey (1986) recommended that categories be described in a way that vividly emphasizes the distinctiveness of each category. Quotes were chosen for their ability to represent the category accurately (Butterfield et al., 2005). Lastly, the study's implications and limitations are included in the discussion section of this dissertation as is the norm in critical incident technique research (Flanagan, 1954).

Summary of Research Design and Methodology

In summary this chapter detailed the qualitative procedure used for this dissertation. The critical incident technique was introduced as the research method to investigate the causes of homelessness and the recommendations that people who are homeless have for counselors. The five steps of the critical incident technique were

detailed as the procedures for this study. The problem was defined, plans and specifications for study were made, data collection procedures were outlined, the method for data analysis was described, and processes for interpreting and presenting results were discussed.

CHAPTER IV
RESULTS

Introduction

This chapter includes a detailed report of the results of the critical incident data analysis for this study. Themes and categories are provided along with illustrative quotes from participants. Both summary tables and written descriptions of the qualitative results are included in this chapter.

Twenty-five participants were recruited for this qualitative investigation. All 25 participants agreed to be interviewed and have their responses included in the study. Data from all 25 participants were used. The responses from the interviews were analyzed as two separate sets. The first set related to responses that represented critical incidents that led to homelessness for participants. The results from this set can be found in Table 2. The second set of data that were analyzed related to responses that represented participants' recommendations to counselors for work with the homeless. Results from the second data set can be found later in this chapter in Table 3.

In all, the participants provided 238 useful responses, each response representing a unit of qualitative data that was evaluated and placed into categories, audited by an outside auditor, and adjusted in response to the validity and reliability audits. From the question of what led to a participant's homelessness, 146 critical incidents were extracted and used. From the question of recommendations for counselors, 92 responses were collected and used in the analysis. Descriptions of each theme and category, selected demographic information on respondents, and representative qualitative quotes are detailed in this results chapter.

Table 2. Themes, categories, and associated frequencies of responses to: "Describe an incident in your life that you consider critical in leading to you becoming homeless."

Themes Categories	Incident Frequency	Participant Frequency	Participant Rate	Mean Age	Gender Rates	Race/Ethnicity Rates
Employment, Finances, and Resources	**46**	**23**	**92%**	**46**	**57%(M); 43%(F)**	**48% Black; 44% White; 4% Latino; 4% Asian**
Loss of Employment	14	14	56%	47	57%(M); 43%(F)	50% Black; 50% White
Resource Problems	13	11	44%	47	64%(F); 36%(M)	45.5% Black; 45.5% White; 9% Asian
Job Search Difficulties	12	12	48%	46	58%(M); 42%(F)	50% White; 42% Black; 8% Latino
Financial Problems	7	7	28%	44	71%(M); 29%(F)	57% Black; 43% White
Interpersonal Incidents	**44**	**21**	**84%**	**45**	**52%(M); 48%(F)**	**52% White; 38% Black; 5% Latino; 5% Asian**
Isolated from Interpersonal Support	14	14	56%	43	50%(F); 50%(M)	57% White; 36% Black; 7% Latino
Domestic Dispute	11	9	36%	48	56%(F); 44%(M)	56% White; 22% Black; 11% Latino; 11% Asian
Domestic Abuse	11	10	40%	42	60%(F); 40%(M)	70% White; 30% Black
Burdening Interpersonal Support	8	7	28%	50	57%(M); 43%(F)	57% White; 29% Black; 14% Asian
Substance Abuse	**15**	**14**	**56%**	**42**	**64%(M); 36%(F)**	**57% Black; 36% White; 7% Latino**
Substance Abuse of Participant	10	10	40%	39	80%(M); 20%(F)	50% Black; 40% White; 10% Latino
Substance Abuse of Other	5	5	*20%	48	60%(F); 40%(M)	80% Black; 20% White
Significant Difficult Events	**15**	**11**	**44%**	**43**	**55%(M); 45%(F)**	**55% White; 45% Black**
Traumatic Event	7	7	28%	45	57%(M); 43%(F)	57% Black; 43% White
Conned/Robbed	5	4	*16%	42	50%(F); 50%(M)	75% Black; 25% White
Natural Disaster	3	3	*12%	39	67%(M); 33%(F)	67% White; 33% Black
Illness	**12**	**9**	**36%**	**43**	**78%(M); 22%(F)**	**56%Black; 22%White; 11%Latino; 11%Asian**
Psychological Illness	7	6	*24%	43	83%(M); 17%(F)	33% Black; 33% White; 17% Latino; 17% Asian
Physical Illness	5	5	*20%	48	60%(M); 40%(F)	80% Black; 20% Asian
Legal Problems	**7**	**7**	**28%**	**43**	**71%(M); 29%(F)**	**57% White; 29% Black; 14% Latino**
Legal Incidents	7	7	28%	43	71%(M); 29%(F)	57% White; 29% Black; 14% Latino
Choices	**7**	**6**	***24%**	**42**	**83%(M); 17%(F)**	**66% White; 17% Black; 17% Latino**
"I made poor choices"	5	5	*20%	41	80%(M); 20%(F)	60% White; 20% Black; 20% Latino
Choice to be Homeless	2	2	*8%	46	100%(M)	100% White
Sample Averages/Rates				**45**	**56%(M); 44%(F)**	**48% White; 44% Black; 4% Latino; 4% Asian**
Total	**146**					

*Indicates that the participant rate validity is less than 25% and that the validity of this category should be interpreted with caution.

It should be noted that the quotes taken from participant responses vary in length. Woolsey (1986) recommended that researchers report results using "vivid and evocative description" and that the "level of detail provided varies" in the critical incident technique (p.251). For the current study lengthier quotations were reported to help the reader understand the context of the incident or recommendation at hand. That is, it was the hopes of this author to capture the depth of the critical incidents and recommendations provided, not just offer an acknowledgement of a response category.

Critical Incidents that Led to Homelessness

One hundred forty six critical incidents were gathered and categorized in response to the protocol prompt: "Describe an incident in your life that you consider critical in leading to you becoming homeless." Seven overarching themes emerged from 18 specific categories of data. The themes in order of most cited to least cited were Employment, Finances, and Resources; Interpersonal Incidents; Substance Abuse; Significant Difficult Events; Illness; Legal Problems; and Choices. The results for the themes and specific categories are outlined in Table 2 and are described in detail in this chapter with illustrative quotes from participants.

Employment, Finances, and Resources

The overarching theme of Employment, Finances, and Resources served to group the four categories of Loss of Employment, Resource Problems, Job Search Difficulties, and Financial Problems. Twenty-three different participants volunteered 46 critical incidents for this theme, representing a 92% participant rate validity. That is, 92% of the participants in the entire 25 person sample reported critical incidents leading to homelessness that related to employment, finances, and/or resource problems. As a

reminder, according to Borgen and Amundson's (1984) threshold for participant rate validity, participant rates greater than or equal to 25% are representing enough of the data set to be considered valid. This theme represents the most robust of all the themes indicating that employment, finances, and resources were critical in causing individuals in this sample to become homeless.

Loss of employment

Of all the critical incident categories across the data set, Loss of Employment was one of two of the most frequent categories. Fifty-six percent of the sample (i.e., participant rate validity) indicated Loss of Employment as critical in leading to their homelessness – suggesting a valid category. Fourteen different participants reported 14 critical incidents in this category. Loss of Employment contained descriptions of incidents in which participants described being terminated from an employment position as critical in leading to their homelessness. For example, William, a 58-year-old White male with two years of college education responded when asked "Describe an incident in your life that you consider critical in leading to you becoming homeless":

> When I lost my job. I was working in maintenance. I will tell you exactly what happened. What happened is the owner of the plant – I worked second shift – the owner of the plant was in the shop area looking for bolts and stuff to fix his tree trimmer. He just, they just put up 'no profanity' signs that day on the door. In a factory? They just put them up that day. And I came back to the shop and without even thinking I said, "Uh, what the hell are you going to do, trim trees?" to the owner of the whole plant and he looked, turned around at me and he said, "Didn't you read the sign on the door this morning, when you came to work, and I said, "Yeah, why?" He said, "Hell's a profanity word." And he just chewed me up one side and down the other. And said, "You might as well just leave, you're done." So, I finished out that shift and never went back. And then after that happened, that was on August 4th, and of course without the job I couldn't pay the rent, so I lost the house last of September. So, then I slept in my truck for, well I went to work about two weeks later for a temp service in Mt. Pleasant, team staffing, and worked for minimum wage down there for a month, slept in my truck for that month… And that's how I got here. I don't have any substance

> abuse problems. I don't know. It's tough out there right now finding a job, you know? Not having a job. That's what it boils down to.

Another participant, Jeffrey, a 37-year-old, Black male, high school graduate discussed how losing his job initiated a series of events in his life that led to him becoming homeless:

> A combination of things actually. Loss of job, which creates stress, which in turn creates a person to want to change the way they feel, which resorts to drugs, then you become dependent on drugs, and then it just spirals downhill from there and gets worse and worse. They're all connected. I was working out at [company name] in Cedar Rapids. Great company man, I was really on my way; I was working there. And actually I was working through a temp service making pretty good money and they promised that they were going to hire me. I was working one of the best positions there, really happy, bought a nice ride, got a nice place, then I can remember doing the Christmas holidays. And they kinda like had a break and they never called me back after that, you know? Because the thing was is it was supposed to be a temporary setup for the, it was supposed to be a three, four month contract with where they work. But they had me believing that, "OK, when we held these people off, we gonna call you back and hire you directly with the company. And pay you 20 bucks an hour." I was already making 11 bucks an hour at the temp service. I thought that was pretty decent. Plus I was making 60, 70 hours, so I was killing with the hours man.

Resource problems

Eleven different participants reported 13 critical incidents about having problems with utilizing resources – creating a valid category with 44% participant rate validity. Transportation problems were the most common example of a resource problem. Many participants had difficulties maintaining jobs due to limitations with transportation (e.g., needing a car to get to place of employment). Other common examples were troubles finding permanent housing and not having time to care for self due to employment or other responsibilities. April, a 30-year-old, Black female high school graduate, described her resource problems with transportation that she believed led to her homelessness. At

the time of the incident cited below April was working as a home-care nurse, teaching occupational skills, and was taking care of her two children as a single mother.

> I had two cars and both of my cars went down and my job required me to have a car. In Michigan and Indiana. I was also supposed to start college November 21st of last year and I had bought my car in November 12th – my new car. And it went down that day, so my first day of school I couldn't go and it was a school I had always wanted to go to. Yeah it had broke-down. I couldn't even move it from the house that I worked at. I worked at a client's house. I used to do an overnight shift at a clients house. I did the cleaning, I cooked up breakfast. Showed her day-to-day life skills, so that she could become a part of the community, to know how to live, day-to-day life. I had orientation on Friday. And Monday I was supposed to start [college]. I was excited and everything. I had just bought this little car and I knew my other car fin' to go down. I started to look for a car in August. And you know I had my van for six years. I could tell, so I made preparations so that I wouldn't lose my job and so that I can go to school and it seemed like it just backfired on me. You know? I bought the car and the car went down. I started using the van and then the van went down. That's two cars. So I used my kid's father's car. His car went down also; -- that's three cars. Then my neighbor let me use his car. His car went down. Can you imagine, that's four cars. And I did everything in my power to try to keep this job, you know, but it required me to have a car. After my neighbor's car went down that was pretty much it.

April, the participant from above, went on to describe another incident related to a lack of transportation that she considered critical in leading to her homelessness. After moving to Iowa due to her loss of job, she and her children moved in with a friend of extended family in a nearby town to the city in which the Shelter House was. Though without transportation she reported feeling trapped at the family friend's home. The family friend ended up being financially and emotionally abusive of April and her children. Eventually, April was able to contact the Shelter House in Iowa City and moved there with her children.

> She [family friend] wanted money. I didn't have any. I had no income. I had nothing. Where she stayed it's like an island – it's in [name of town in Iowa]. She doesn't have a car. I don't have a car. Trying to get my business took care of was null and void… So, it's like she had a foot on me, hold me back. I didn't even have 75 cents to get on the bus. And there's only one bus that goes out

> there, which is I heard at 5:40 in the morning. No one would show me where the bus stop was and I heard that the bus don't even come back. If you take the bus to go to the city, how do you come back? She wasn't going to wake up and come with me at 5:40 in the morning. I don't know my way around here.

Ying, was a 56-year-old female immigrant from Thailand. She reported having a high school education in Thailand and was working multiple jobs in the Iowa City area. Ying reported being involved in an emotionally abusive relationship for which she believed she needed counseling for – though stated that she felt she did not have sufficient time to get help between her jobs. She also noted currently recovering from a recent bout of pneumonia discovered through an emergency room visit, though not giving herself time to fully recover from pneumonia due to the need to maintain employment and income. Among other resource problems that Ying indicated, time seemed to be a dominant theme in her report.

> Right now I kinda of, I might need help. I don't want him back. I just want to go my new life and my new future and I just want to leave my past… That time I cried every night, screamed every night. Oh my god. Yes, it would have been helpful to have somebody to talk to. Yeah, but I'm busy work a lot. Before I work [restaurant name], I work [another restaurant name] and then I working everywhere. Right now I'm sick, I no working [restaurant name], no working [other restaurant name]. The wintertime slow me down because I ride the bus.

Job search difficulties

Twelve participants reported job search difficulties as a contributing cause for their homelessness. Twelve critical incidents from 12 participants were cited. Job search difficulties had a participant rate validity of 48% indicating a valid category. Themes in this category included job search problems due to the decline in the United States economy and barriers in place due to transportation or prior legal problems (e.g., felony record). For instance, Rey, a 25-year-old, Latino man with an 11th grade education noted

the struggles associated with only having temporary work when he was asked what led to his homelessness.

> I guess the job, my job thing, finding work. I don't really have any skills or a trade. And I never finished high school so that has a lot to do with my financial… I don't have money to pay rent for an apartment. It's not really that much, I'm not from here, so there's not that much construction going on as far as I can tell. Most people here go to [name of temporary work agency] or something like that. It's not going to get you anywhere; you need to find a full-time job. I don't know. I think some people are just made to do certain jobs. I do good at construction; I don't think I'll do any better at any other job.

Several participants cited the economy as part of their job search problems. For example, Deborah, a 60-year-old White woman with a high school education and training in beauty school described her struggles with being denied work due to employers not hiring.

> I just kept going down to [name of temp agency] to check with the temp services. They had nothing going on. Trying to beat the path, filled out applications. Went out to [name of local department store] one day and I need to go back out there. They have a lock-freeze out at [name of store]. He said, "We don't even have our screens on." And he said, "We're waiting about a month and a half until we take more applications." That part is what's been driving me zany; thinking, "Oh god, there's gotta be something out there"… But Sally down at [temp agency name] said, "Yeah, I've worked here for 19 years and I've never seen it this bad before"… I just don't have any other background in anything. So, I'm very limited there… I've got to pay rent and survive. Never had to apply for food stamps still. This is the second time this year; well I've had to reapply this year. I've never had to apply. And it's like, "Woo, oh my gosh." It's just overwhelming at times, but you have to do what you have to do. I can't really. It's just, not having a job. I'm usually pretty easy to get a job. It's just not being able to find a job… Cause I talked to people, where I went down to the mall, the [name of local mall] and spoke and I even went into the [store at mall] around the holidays. He said, "The people we have in here now, we're going to let go after the holidays. We never do that." But I put in applications in places where they said they have stacks of applications.

Margaret reported similar problems as Deborah. Margaret, a 45-year-old Black woman with one year of college education, stated having difficulties and feelings of discouragement with her job search.

> And now I'm struggling a lot to find a job. I've been, man, all I'm getting is rejection. I applied for like… I just went out today and got like seven applications, I fill them out and take them back. Last week I did 10. All I'm getting is letters of rejection. It's hard.

Financial problems

When asked about the causes for their homelessness, seven participants described financial problems. Seven critical incidents were reported. The 28% participant rate validity suggests that Financial Problems is a valid category. Most of the incidents in this category described problems saving money – for necessities such as housing. For example, April discussed her need to have secure income to be able to maintain payments on a home.

> My income right now. I'm at a very very low income. And, at times when I wake up in the morning, the most important thing is employment because employment gives me income and makes me feel secure about keeping our home. But then there's another one; I've got to get out of here; I don't care what type of income I've got. I will go for a full night, at five-fifteen, two bedroom bathroom. I could do that, I could do that.

Eric, a 52-year-old, White man originally from Australia described a cause for his homelessness as his ongoing troubles with keeping up with his debt payments.

> Initially I do what I needed to do -- get down to Florida before I ran out of money and get a job fast and that's what I did. And then I managed to get through my first paycheck, cause usually its two weeks to a paycheck. You get paid weekly with one week withholding. And then once they use the first paycheck to stabilize, the paychecks come in weekly, then I can start catching up on my bills. I was behind on car payments and credit card payments. Yeah, actually got out from being behind on my payments. By Christmas time I had my credit cards plus penalties all caught up and my car payments and all penalties all caught up. And my back taxes all caught up. Since then I've long defaulted on the credit cards. I've kept up on my taxes.

Scott was a 45-year-old, White man with an 11th grade education who reported being homeless for five years "on and off." Scott cited several problems that he felt led

him towards financial difficulties. In his opinion these financial problems led to his homelessness.

> It's just kinda like I don't have any place to be. I'm kinda like at a catch-20. It's like I need to get the money saved up to get a place. When I was living in my sister's house the last time I had a good factory job, but of course now the economy, the place is probably not even there now. I was making good money and everything, but I had -- me and my wife split and I owed the landlord money, so they split that down the middle and in court I had to pay that off. So they took a lien on my check and plus I was paying my sister rent to be there. So between the two it was kinda hard to save money.

Interpersonal Incidents

The categories Isolated from Interpersonal Support, Domestic Dispute, Domestic Abuse, and Burdening Interpersonal Support all factored into the greater theme of Interpersonal Incidents. A large proportion of the participant pool (i.e., 84% participant rate validity) indicated an interpersonal incident as a cause for their homelessness. Twenty-one participants gave 44 critical incident accounts related to interpersonal incidents. This theme represents the second largest grouping of categories of critical incidents that led to homelessness in this investigation.

Isolated from interpersonal support

Along with loss of employment, being isolated from interpersonal support was the most prevalently cited category in this research study. That is, 14 different participants reported 14 different critical incidents indicating that being isolated from interpersonal support led to their homelessness. This category had a participant rate validity of 56% suggesting a valid category. The common theme in this category was a lack of current social support in life – often meaning that participants had no family or friends that would provide them shelter. For example, Grant, a 19-year-old, White man with a high

school education who was displaced by the Iowa floods of 2008 described his lack of family support as a leading cause for his homelessness.

> I've always been pretty independent. I was never really able to rely on my parents and stuff because my stepdad's a dick. He used to beat us up and stuff. So, I mean I can't live with my mom 'cause of that. And that's why I'm pretty much in this situation. That, the flood, and the drugs. Yeah, it's a big thing. That's why I moved out when I was 17. Yeah, like family and stuff, that's pretty much all I've got, my mom and my brother and my brother's not even in the state anymore. That's who I was living with, but he moved. Most 19-year-olds are like, go back to your mom's house and stay until you're like 20.

Similarly, 60-year-old Deborah described not having family support in her situation.

> My mother's been passed away for years. I was the only child, so I don't have any brothers and sisters. I have a cousin that lives somewhere in Illinois – I don't know where she's moved to now – that I was probably the closest to. Well it would be nice to have. Yeah, it's just like, where do I turn to?

Domestic dispute

The category Domestic Dispute was created from 11 critical incidents by nine different participants. A valid category, with 36% participant rate validity, Domestic Dispute represented incidents about interpersonal problems that people were having with individuals who they were living with. Marital and partner-related problems were common, as well as disputes with family of origin. Ying, a female Thai immigrant described problems of infidelity in a romantic relationship that she believed led her to homelessness.

> My ex-boyfriend. He no have no job. And I support him for eight year and half. And I pay all sorts of support for him and two kid. And buy everything for him. He even cheat from me three time. Cheating. I work, he no work, I support him. When I come home and I come home one day and he had a girl there and he said, "just friend." And she keep coming, keep coming. And that girl, she go nowhere. And I tell him, "Why she here?" "To come visit a friend." I have no friend here. Just me working, you know, I never go nowhere, just [name of grocery store where participant worked], work, home, [grocery store name], work, home. He's on his computer all the time. And finally I find out he and another friend go to a hotel to meet her. He mom followed that girl. And now [mother] come tell me

> say, "Yeah he go to a hotel with that girl and she went out and I caught it". I go to work and get off the [local city name] bus. She go in my apartment and after that. I stayed there for a little while and after that I move from that apartment and he go again with me and support him again, feel sorry for him. Now he's got another girl. Now she's pregnant right now. Now she's going to have a baby in one more week. That girl, she don't work. And its beginning is them kick me out, she kick me out all the time… I stayed home and she tell him said, she no want me stay at that house, and I had to go. I packed my everything. Walked around the mall, got fifty dollar, extra money, stay hotel one night, walk to work. That's it, run out of money and come here. I had no choice, I got kicked out.

A 51-year-old Black man named James shared about his disputes with his brother and mother that he felt led to his homelessness. James reported being homeless for one year and said that he had been homeless before in the past.

> Sibling rivalry. Me and my brother, we fight each other. Estranging my mother. She condone it. My brother is like day and night. When I was with her for 26 years, he was locked up. All the time. He get out of jail, he'd be out for a week or a month. Then she moved me and get him… and turn him against me. He's in the house like he got power. And tell me to move out the room and this stuff and that stuff. We fought, physically fought, do you understand? [In response to being asked how this incident led to the participant's homelessness] Not wanting to be around. Him. Don't nobody know this, I'm telling you. I'm kinda mad at my mother. I'm really kinda mad at her. I really, I mean, I've been having a rough time. I didn't just get kicked out. I've been dogged and abused. I've been abused. I know what abuse is. I know exactly what it is. I know how it feels. I've got animosity against him. And I think about things that occurred that make me frustrated and angry. I know what abuse is. So, now and then, coming to Iowa… They thought I was joking, but they don't really know the animosity. That's why I got up and left. Because I got enough sense to know that if I have enough animosity in me, that I dislike them, the way that I do, it would be best for me not to be around. Anyplace else would be better. So, I come here [shelter]. I don't like being homeless. I'm going to find me some ways to get things accomplished.

Similarly, Alicia's problems arose from a family dispute. Alicia was a 53-year-old, Black woman with an 8th grade education who reported never before being employed. Alicia described living with her son and then moving in with her daughter-in-law's sister and having a family dispute about Alicia's role in the household.

> I was staying with my son and his wife and I was the nanny for the kids. And I do things for them and prepare their food. I cooked. They like to take a bath or shower. I asked them which one they go do and I go do that for them. That led to, we was living with her sister. Son's wife's sister. And she seen that all that I was doing. Well, she didn't want to approach me and ask me. She was in a situation that she was separated from her husband. So, she got back with her husband. And then, came a problem, they needed more assistance on the situation. They came to me to ask if I could help with the situation. And I was telling them: "No I can't do that, because I'm here 24 hrs and being with the kids and everything. And why should I come up with something out of my pocket to give to y'all." She told me that if I wasn't going to have the money by then I was going to have to leave. There's no problem. So I left. Why should I have to give her money? I'm the one watching her nephew and then I'm cooking. That was in April when I started living in the shelter.

Domestic abuse

The Domestic Abuse category included domestic violence, sexual abuse, and severe emotional abuse from partners or family members. Ten different participants reported 11 different critical incidents of domestic abuse that led to their homelessness. Participant rate validity was 40% indicating a valid category. Sixty percent of responses came from women, while 40% came from men. For example 53-year-old Alicia, described first becoming homeless 20 years ago after leaving an abusive relationship with her partner at the time.

> I was abused. What happened as a result, I left the person. And then I had moved. There is no way he can find out where I'm at. I moved from that area to another area. Another reason I became homeless is because of the abuse. He was in charge of the money. I was being abused. It's been about 20 years.

In a similar way, 30-year-old April described the economic difficulties related to leaving an abusive partner. April eventually left her partner, moving to Iowa City with her children as a result.

> So, I was looking for a better job, a better environment for my kids, better schooling for my kids. I wanted to get away from my family and my kids' father. He also was abusive, physically, mentally, and emotionally… We were together in his eyesight, but I needed him to survive because I didn't have income. He had

> started staying out, which was a good thing for me. But, for him to come back. It was hard. I felt like if I just got far away from him he wouldn't follow.

Another example comes from 51-year-old Sharon, a White woman with two years of college education. She reported that an abusive relationship led to her killing her husband, prison time, and subsequent difficulties in post-prison adaptation to employment. Sharon described the difficulties of finding a new job after being terminated from a previous job by an employer.

> [In prison from] 1995 through 2000. Domestic violence. I was a victim for 15 years. And the law wouldn't handle it, so I handled it myself. It was murder, but they reduced it down to manslaughter. And the person that put me out on the street [referring to former employer] knew that. Because he pulled the records from the Indiana government file on me. The guy that I was working for. So, he knew that if he would put me out the door, I would have a very rough time trying to get a stable income, stable home life, everything… 15 years. He [ex-husband] just got tired of beating me. Having the boys see that. He was going after my daughter. And I said, "No way are you going to treat your daughter the way you've treated me." I went through the red tape and no one would help me. They said, "Because it's spouse we cannot intervene. That is family." I tried to get help in 1994, 1995… I was in jail for a year and prison for five.

Sexual abuse was also disclosed by some participants as related to the causes for their homelessness. Jennifer, a 37-year-old White woman with a high school education reported a long-standing struggle with substance abuse. At the time of the interview Jennifer had been homeless for two months and stated that she had been homeless before. When asked about the critical incidents that led to her homelessness she disclosed being sexually, emotionally, and physically abused as a child, which she believed led to her substance abuse and subsequent homelessness.

> Part of why I began abusing drugs was because of my childhood, being sexually abused, being physically and mentally abused for a very long time. From like about five years old. The sexual abuse lasted about five years, but the mental and physical was 'til I was about 17 years old from my mom. My mom's father had sexually abused me. My mom was physically and mentally abusive all my life… When I told my mom about the sexual abuse I had found out that he had done it to

> all my other sisters and my cousins… That's why I ran to drugs, was to bury my feelings so I wouldn't have to deal with that. I started doing pills for maybe a month or two. And then I was introduced to heroin, I had snorted it for about a year and a half and then I began injecting it… I'm tired of it. Eight years, yeah that's bad that I did all that stuff and you know and was addicted to drugs, but I was homeless for a long time and having to worry about where am I going to sleep, how am I going to eat, you know? Eating out of the dumpsters, you know, when [name of donut shop] closed and I took the donuts and bagels out of the bags. It was disgusting and I don't want to be like that anymore.

Burdening interpersonal support

The last category in the Interpersonal Incidents theme was Burdening Interpersonal Support. This category was made up of critical incidents in which participants felt that part of the reason that they were homeless was because they did not want to burden their support systems with requests for money, housing, or employment. Seven participants cited eight critical incidents that created this category with a participant rate validity of 28%, suggesting validity across the sample pool. A common response from participants in this category were feelings of shame about being homeless and staying at a shelter. For example, 60-year-old Deborah disclosed her thoughts about employing support from a former coworker.

> I'm discouraged, and I don't like other people I know knowing that I'm here and you think, "Oh god; what are they going to think of you?" and you know, you go through those emotions but I don't let them hang me up, but the least I say the better I am. Never in my life. Very first time ever in a shelter. I was pretty apprehensive really. I drove by it once and I couldn't make myself. I went over to the motel and stayed for a few nights. I thought I might call another gal I used to work with at [name of local factory], but they have so many people that are always asking them, "Do this, do that." She doesn't even know that I am here, she probably would be, "Why didn't you call me?" or something. I don't know; I don't want to deal with that.

William, a 58-year-old, White former farmer, with two years of college education had been homeless for five months, living at the shelter for five weeks. He described not wanting to burden his family.

> I would never move back in with mom or dad, either one. Because that just isn't right. I'd sleep on the streets before doing that. It just, I never ask them for one thing. Because I think they would think, "What the hell happened to you?" They don't know, mom don't know I'm staying here [at the shelter]. None of my family does. I got a sister that lives in Georgia and two sisters that live in [name of small town in Iowa] too. But, I'd rather not, no.

Fifty-two-year-old Brian, a White 10th grade educated man described his reluctance to stay with his son's family. He addresses the male and father role norms that he was socialized with.

> I do have a son in this area. I'm such a respectful person on all facets. I'm just a very respectful person. And I didn't grow up like that… I have a son that has a girlfriend, my granddaughter; his girlfriend's sister lives with them. Now, obviously it's not the stereotype, but supposedly the man's supposed to be the king of the castle and whatever he says go. I suppose if I want to pull that card I could go to his place to stay… [Interviewer asked participant if he stayed with his son] No and the reason why is I respect him. I'm not going to say he's perfect, but he's responsible. I'm not going to try to cause havoc in his home. I'm dad, I've got a cocaine habit and I'm an alcoholic and I'm not going to have to go in his roof under the understanding that I'm going to have to have rules to follow in my house. I don't want to disrespect, you can't have two kings in one castle. And I respect him that much and I don't want to. 'Cause if I was to move in there, he can't tell me nothing… And I don't want to go there and I respect him that much as a man. And wouldn't want to do that to him. See, I didn't learn that from my family. My mom and dad, you know, I didn't get none of that stuff. No one has ever treated me like that. I was just a low life piece of shit I guess.

Substance Abuse

Substance abuse was a significant theme in these results. The substance abuse theme included two categories of critical incidents leading to homelessness. The categories in this theme are Substance Abuse of Participant and Substance Abuse of Other. Fourteen participants cited 15 different critical incidents that related to substance abuse problems that contributed to their homelessness. The participant rate validity for this theme was 56%. This reporting rate indicates confidence in the validity for the overall theme of substance abuse.

Substance abuse of participant

Ten participants reported ten critical incidents in this category, suggesting a valid category with a participant rate validity of 40%. Shelter residents are required to be in sobriety when staying at the shelter, thus all incidents are problems with alcohol and/or drugs in the past that led to their past or present homelessness. Common in the responses were the participants' descriptions of the downward cycle that substance abuse caused in their life. For example, Grant, a 19-year-old, White man with a problem abusing methamphetamines begun after he lost his home in the Iowa floods:

> Yeah. I kinda had a little bit of a drug problem, but then after the flood happened I was like binging because I was all depressed and stuff… I wasn't ever really bad. I would just smoke weed every once in a while before. But then after [the flood] I was out of my house, I was living with all of my friends in high school and stuff and I got hooked on ice, you know, meth and shit, so ever since then I'll get up like four steps, then I'll smoke a little bit and then go all the way back. That's why I have this continuous thing of being homeless and shit because I just can't ever, you know, whenever I get up I'm like I have 500 dollars in my pocket, you know? Then spend 350 on ice, then I get kicked out because the places that I have been living at my roommates know that I'm on it, so they're like "yeah." But I'm not right now because I'm flat broke you know. It's better when I'm broke because I can't get it. Which is nice, because I get clean and then I get on these little one month clean things and I go and I build myself back up, but it seems like I always get knocked back down.

Margaret, a 45-year-old Black woman with a year of college education, who had been homeless for 15 years "on and off", disclosed how her drug abuse began – as a result of her depression after the death of her son. She also described how her drug abuse led to other problems in her life that led to her homelessness.

> When my son died of crib death. And after that I started doing drugs. And that's how I became homeless… A friend of mine came over and he was smoking crack and he introduced me to it. And he had asked me, did I want to hit some, and I'm like, "No I don't want to smoke none of that you know." He like, "C'mon c'mon c'mon" you know and so I tried it. And then I didn't feel anything, but after three days I started smelling it. Like in the air. I was at work and I was like smelling it and stuff. So, I'm like, "Man, that sounds good." So then, I tried it again. And

> then I felt it. Because people teach you how to smoke crack. You be taught how to smoke. And that's how it got started… Because of my depression and the way that I felt [about her child's death] and I was trying to find something to fill that spot. Right, trying to find something to fill that empty spot. Trying to find something to do. A lot of times I'd get high thinking I was bored… When you start doing drugs, you start not taking responsibility. You don't take care of your responsibilities anymore. Like you might have an apartment or something, which I had many of those. And then you start doing drugs and then you spend up all your money, then you can't pay your rent, you can't eat, so you gotta leave. So now you're homeless. And then, you might have good intentions on getting better, but now you're out on the streets. It's drugs on the streets. Everybody on the streets is doing drugs, so you're constantly around this environment. So, say you got 200 or 300 dollars in your pocket. When you get the money, you're intentions is good, you gonna do this. And then, here comes Satan, let's get high, and then, there you go, you back to square one. And it's just a process, over and over.

Jeffrey, a 37-year-old, Black man described his many struggles with substance abuse that he believed stemmed from losing his job and eventually led to his homelessness. In another part of the interview Jeffrey reported coming from an economically privileged family, first having substance abuse problems after heavy marijuana use while stationed in Germany with the United States military.

> When I lost that job and had all this extra time on my hands I said, "OK I gotta do something. I gotta make some extra money. And I'm not going to just sit here and just let my life just go, just lose everything else at once." So, I turned to my hustling ability. The streets… Then I began to use my own product and that's when things really went to shit. I started smoking weed heavily… It's the old saying, a monkey can't sell bananas. And that's basically what it was like. I forgot about the addiction that I had years ago. I struggled years ago and got clean and I never touched the stuff. I forgot. You can't go out here and have dope and drugs in front of you. You may do good for a day, a week, a month, but eventually. You go to a barber shop long enough, you eventually going to get a haircut. Eventually, I took that first hit and that was all she wrote. That deadly cycle came right back. It was like, bam. And that's when everything went downhill from there. When I look back now, I can admit, [drugs] have been my downfall. All my life. Because if I stayed off drugs, yes [I wouldn't be homeless]. I've had decent jobs and failed them because of drug tests. Good jobs, man… The only thing that took my weed habit away was when I started doing cocaine. Now I didn't have the hardcore wonderful weed. Now I want this cocaine now, which costs a lot more, and I graduated that. Crack. Because that drug is unbelievable man. That drug is amazing what it does… We got a saying,

> one is too many and a thousand is never enough. That is a thousand percent true. You can never get enough crack. You take that hit of crack, you blow it out, man it's a feeling that you will never forget… Really the main thing [causing homelessness] is the drugs. Loss of jobs. All of it stems back to the drug use. The one main thing man, it's ruined my life. So many chances I've had… Arguments with landlords. That might have stemmed from the drug use. Anger and tongue, "fuck you man," all stems back to the drug use. Because I'm normally not that type of person. I'm not a disrespectful person. When you're out there and do drugs and you're mad at the world and you're blaming everybody but yourself.

Substance abuse of other

The Substance Abuse of Other refers to critical incidents reported by participants indicating their homelessness was related the substance abuse of another person in their life. Five participants cited five critical incidents related to the substance abuse of another person resulting in a participant rate validity of 20%. It should be noted that this category does not meet the 25% threshold for a valid category and therefore is interpreted with caution.

Tracy was a 45-year-old, Black woman with a 10th grade education who had been staying at the shelter for six weeks at the time of the interview. Tracy reported that her fiancée's alcohol abuse problem contributed to their homelessness after a loss of job and eviction. She also noted that her fiancée was no longer staying at the shelter with her because he was asked to leave due to his lack of sobriety.

> My fiancée. He drinks a lot. I think that's why we ended up here. Well, all I know is he drinks a lot and he had a job at [local business]. You know, he'll call in. "My stomach hurts." I said, "If you stop drinking your stomach won't be hurting." But anyway, you know, he'll call me and, "My stomach hurt, I'm not feeling good. And I'll be there tomorrow."… We was doing all right for a minute and then this is what happened. In February [fiancée lost his job]… We was paying 629 for rent. OK, he asked the landlord, can he give him 500 now. And he told him, "No." He said, "No." So, that what it did to us. And then the landlord, he was so in a rush to put us out…. He [fiancée] just drink. Yeah. He just, I don't know why, he's just gotta have a beer in the morning. Why, I don't know. I mean. See, somebody always give him some. Always, a beer. Then

> after the beer. A half a pint. Real trouble. Well, I'm trying to get him to slow down. I'm telling him to stop drinking, stop drinking so much. You drink too much. I keep telling him that. In one ear and out the other.

Significant Difficult Events

The theme of Significant Difficult Events was created to represent the categories of Traumatic Events, being Conned/Robbed, and Natural Disaster. Eleven different participants cited 15 critical incidents in this theme that they believed led to their homelessness. The participant rate validity for this theme was 44% suggesting validity.

Traumatic event

The Traumatic Event category consisted of seven participants citing seven critical incidents, leading to a valid 28% participant rate validity. Traumatic events most often related to the death of a loved one, though also involved events such as being physically assaulted. Several participants reported that the trauma led to increased substance abuse that then contributed to their homelessness. For example, Margaret, a 45-year-old, Black woman who had been homeless for 15 years "off and on", described her son's death as a critical incident that led to her homelessness. She noted that her son's death led to emotional problems, which led to problems with crack abuse, eventually leading to her problems with homelessness.

> When my son died of crib death. And after that I started doing drugs. And that's how I became homeless… That's why I started doing drugs, because of his death. I was working and everything, but tragic, that was it. Yeah crib death, he went to sleep and didn't wake up, he was twelve months old. Right, so that was pretty devastating… [Crack abuse was] because of my depression and the way that I felt and I was trying to find something to fill that spot. Right, trying to find something to fill that empty spot.

Similarly, Mary, a 40-year-old White woman who had been homeless for six weeks, described the death of her daughter as a traumatic event that led to problems

leading to homelessness. Mary disclosed that after her daughter's death both she and her husband had difficulties coping emotionally, leading to the demise of their relationship and Mary's homelessness after her husband began physically abusing her during arguments about their daughter's death.

> Our daughter was killed in a car accident and that was the year 2000. And it was events that me and my husband could not overcome… I had enough. I dealt with my daughter's death. I have a brother who's a homicide detective, so, I had to really know what happened to her. And my husband was too busy blaming me and the pastor of our church was like we'd done it. You couldn't get past it. Every holiday. Every day actually… For any parent to have to actually go down that road. To let people from the hometown take a picture of the girl still traveling in the car deceased. And the next day after coming back from [name of town that she lived in] I'm handed the paper and my daughter's dead in that car. And I said who let a picture be taken because the paramedics were gathered hand in hand in locket.

Conned/Robbed

Four participants reported five different critical incidents of being conned or robbed as the reasons for their homelessness. With a participant rate validity of 16% this category must be evaluated with caution due to not meeting the 25% participant rate validity threshold. For example, Stephen, a 50-year-old Black man, described how his alcohol abuse led him to be more susceptible to being robbed and assaulted.

> I just did some heavy, heavy drinking. Oh man, everywhere I go I did. I get robbed sometimes, beat up. When I'm drunk I can't control myself, I can't handle myself physically. Now, had I not been drunk, a lot of that would have been avoided. But, I just overdid it sometimes and then I got beat and robbed and all kinds of bad things happened to me in different places, different times.

James was a 51-year-old Black man with an 11th grade education. He had been homeless for one year at the time of the interview. James described his wife being conned by leaders from a local church where they lived, then being forced to move into

his mother's home after losing money from the con. He reported that these incidents led to his current state of homelessness.

> We got into the church and the church took her [his wife] away from me. The church had a pastor, female, who ran the church. And most of this church was ran by females… So, they befriended her [his wife] and offered her a house that she couldn't get. It was something like a con-game. They was talking against me and my wife and persuading her against me… That's why we split up. The church offered her a house, but they said that she couldn't get into the house. She be trying to get into the house. That the only way she could get into the house if she was a battered wife, a battered woman. So she told them that she was battered… They stripped her for everything that she had. The pastor moved off into a condo with her and her sister and her mother and my wife was paying for they phone bills and they condo notes and all kinda thing. That was a terrible situation, a bad situation that I went through. It was real bad. So, we moved over with my mom. That was really exhausting.

Natural disaster

Natural disaster was cited as a critical incident by three participants. The participant rate validity was 12%, suggesting that this category be interpreted with caution due to questionable validity. The 2008 floods in Iowa were reported as causes for homelessness by two participants and Hurricane Katrina was stated as a cause for homelessness by one participant. Nineteen-year-old Grant, a 19-year-old white man, had been homeless for nine months – his homelessness beginning with the Iowa floods. He described how the flood, in combination with his subsequent substance abuse problem, led to his homelessness:

> I lived on [street name] in [name of city in Iowa] and that's right next to where the bridge is on the strip. The water came up to the 3rd story and we lost pretty much everything. Because it was just coming little bit by little bit and then one day it was up 10 feet when we woke up in the morning and our cars were under it and everything. It was me and like two friends from school. I was like working and getting ready to go to college. I had like a pretty good thing going. Then after the flood I really couldn't get to work. I didn't have a car. I couldn't go to Cedar Rapids everyday. You know? Then I didn't have no money. Then the bit of FEMA money that I did have I was using lots of drugs, so I mean.

Illness

Illness as a theme represents the participants' reports of psychological and physical health problems that they believe contributed to their homelessness. Nine participants reported 12 critical incidents in this theme. Participant rate validity was 36%.

Psychological illness

Six participants cited seven different critical incidents of psychological illness. With a participant rate validity of 24% the validity of this category should be interpreted carefully. Kevin was a 42-year-old White man with a high school education who reported that he had never before lived independently. He said in his interview that he lived with his parents as a child and adolescent where he was physically abused and neglected, then joined the military, was dishonorably discharged for driving a vehicle while under the influence of alcohol, and then moved back into his parents' home, eventually choosing to leave his parents' home to live in shelters while traveling across the country. He stated that his bi-polar disorder was a contributing cause to his homelessness.

> I've been bi-polar all my life. And I didn't know it and nobody else knew. I'm on medication now, so I don't have them thoughts anymore. I've been having them all my life. Just anxiety and depression. Even though I'm having a good time. As soon as the good time's over I'm back into that same rut again. I try and stay in a good flow, but something always brings me down. I've never seen a counselor. I went and seen a doctor. Actually someone from the homeless shelter suggested that I take medication. I'm taking it now, yes. Yeah, but it's bringing the depression back up. You know, I'm getting depressed. I never used to worry about sitting around for two, three hours. Now I can't sit around ten minutes… It's all of it, it's gotta be all of it [causes for his homelessness]. My drinking, my bi-polar, my past history [of physical abuse and neglect by parents]. And I've worked my ass off and it ain't going nowhere. I mean I've worked hard.

Karl, a 45-year-old White man with one year of college education, described his homelessness as being caused by his life-long struggle with "self-destructive behaviors." Karl had some insight into the psychological etiologies for his behavior, but was not conclusive in his understanding of why he self-sabotages his life situations.

> I have been self-destructive since I was thirteen. I'll get a great job, I'll do great, I'll get caught up on all my bills, I'll live like a normal person and two weeks later I've lost everything. Not through drugs, not through drinking, not through gambling. I'll destroy it. I'll throw a computer out my window. I'll literally destroy it… I gave away 5000 dollars because my wife wanted me to get a truck and I didn't want to get the truck. Stuff like that. As soon as I acquire, as soon as I get to where society says "now you're a normal person" I self-destruct. I'll go into a bar and pick a fight with somebody and get arrested and through sitting in jail I've lost everything. You know what I mean? That kind of self-destruct…. Yeah, absolutely [it has led to homelessness]… I don't think there's a magic pill I can take and all of a sudden I'm going to be a normal person in society. I know it's an issue I have to deal with, but I don't have the means to go to somebody to deal with. They say it takes years to do this [receive counseling]. How can I do that when I'm self-destructing every few months? You know? The courts don't care. The Navy didn't care – they just kicked me off. I walked off the side of my ship and started swimming towards shore. And what did they do? They threw me in jail. Nobody offered me any help, nobody said, "Hey!" I hung myself. What did they do? They threw me in jail for it. Nobody did anything for that… Yeah, I think [fear is] part of the reason why I purposely self-destruct. I know I purposely do it. I could easily blame it on the guy sitting next to me at the bar who started the fight. Because I could have just walked away. Or I'll go out and steal a car. I don't need the car. I don't want the car. I'll pack everything I own in the truck and head across country and I'll start pawning it here and there. 'Til I get to the other side of the country then I have nothing but a truck. Then I turn around and start heading back and my truck runs out of gas and I got no money for gas and I walk away from the truck. I don't even try to sell it. I just walk away from it. That kind of behavior. You tell me. Just my own self destructive behavior.

Physical illness

Five participants reported five critical incidents about physical illness that they believed contributed to their homelessness. With a participant rate validity of 20% the category must be interpreted with caution. All five participants in this category cited that their physical illness limited them in some way (e.g., keeping a job, finding a job, health

care bills) eventually leading to and/or maintaining their homelessness. Ying's situation is a representative example. Ying became homeless for the first time three-weeks prior to her interview. Ying described an incident during the previous winter (two months prior to her interview) when she became sick with pneumonia at the same time that she was forced to leave where she was living due to a domestic dispute.

> Working everyday to support myself and now the doctor tell me that I'm very, very sick. (Coughs) Excuse me, my chest still burn. I'm still sick… That's it, run out of money and come here. I had no choice, I got kicked out [of her home by her partner's girlfriend]. I got real, real sick. I had no place to go, it snow so bad. I got fifty dollar, last fifty dollar. I had to go stay in hotel. I got pneumonia. I got emergency room. I got x-ray. Doctor said I have lung infection from pneumonia. And I fall down a lot because of ice. I had to go to work four or five o'clock in the morning… Yes my sick is kinda involved with the homeless… I came here because I had no money, I had no place to go. And I just want to stay here, save a little bit money and I can move on to find an apartment. Yeah, for right now I'm still sick.

Legal Problems

There was only one category for the theme of Legal Problems. Seven participants reported seven legal problems for this theme, creating a 28% response rate. A description of the theme via the one category as well as an illustrative quote is provided below.

Legal incidents

Since Legal Incidents was the only category for the theme of Legal Problems the quantitative results are the same as listed above (i.e., seven participants citing seven critical incidents with a 28% participant rate validity). Michael's situation is a representative example of how legal problems created significant problems leading to homelessness. Several participants, like Michael, reported that their legal records were preventing them from finding employment. Michael was a 42-year-old Black man with his GED. He said that he had recently been released from prison, moved to Iowa to be

close to his daughter, and became homeless due to difficulties finding a job in Iowa because of his prison record. Below is his response to the question of what led to his homelessness.

> Felony conviction. I was selling drugs and I got caught. And I did my time and the system, the way the system says, you do the crime you do the time, it's over, but the system does not. It's bullshit, because I put applications all the time. If you lie on it they're gonna get you for that. If you tell the truth then you got a big red flag and we not going to hire him. I get that shit all the time out here… The funny thing is, its five years old. [Local company that he applied for a job at] told me that I had to not get in trouble for ten years before I could even apply. I couldn't believe that shit, a big company like that… But the thing is, all that shit followed me. It's just every time I turn around... I can accept it, I can accept the punishment. How long am I supposed to be punished for something that happened four or five years ago? Now how am I supposed to feed my family? I got a daughter who just turned eight. That's the reason I moved here… But the thing is the way I see it, it makes me feel like they trying to redirect me back to the life I was living. Because if I can't do what I need to do to feed myself or clothe myself or house myself what is there left for me to do? Life of crime. I know the game, so here I am. Then the thing is, the 'hood is a perfect example. They won't even give us Section 8. If you have a felony conviction you cannot get Section 8, low income housing. So, if I can't get low-income housing, and I can't pay the rent, this [shelter] is where you end up… How am I supposed to pay my bills? How am I supposed to do this? I don't got an education. I can't afford an education. I heard, I just found out that if you're a felon you can't even get a grant to go to school or financial aid. It's a damn shame. It's like they just putting us in a category… and I've just been getting that all my life being a Black man.

Choices

Choices was a theme that came from two categories related to participants' choices in life. Participants described making "poor choices" in their life that led to homelessness and two participants stated choosing to become homeless on purpose. Six participants cited seven critical incidents about choices that led to homelessness. The participant rate validity is 24% indicating that this theme and subsequent categories should be evaluated with caution.

"I made poor choices"

Five participants reported five critical incidents about making "poor choices" that led to their homelessness. The participant rate validity was 20% suggesting that this category may not be valid. Jennifer, a 37-year-old, White woman with a high school education described her causes for homelessness as related to her choices:

> Just poor choices. Not paying the rent and doing the responsible things with my money. I chose to do other things with the money then [referring to her substance abuse problem].

Similarly, Christopher, a 45-year-old Black man with a high school education described his homelessness as being caused by his own "bad choices."

> Choices too. Bad choices. For example, I got the choice to be with some positive people that's doing good and in recovery or people that was on the streets – and I gravitated towards them… I never woke up and said, "Man, I want to be homeless." This is all about, this is a result of my fucked up choices. This is the consequences. This is all it is man. This wasn't planned. You know? Homelessness is a series of events.

Choice to be homeless

Though only having an 8% participant rate validity, it seemed important to include the two critical incidents from two participants about choosing to be homeless. Choosing to be homeless on purpose was by far the least common themed response to the question of "Describe an incident in your life that you consider critical in leading to you becoming homeless." Quotes from the two respondents are as follows. First is Scott, a 47-year-old White man with an 11th grade education who had been homeless for three years. He described choosing to live a transient life between shelters after his marriage ended three years ago.

> I mean [living homeless] has got its down things. Some shelters, finding a place that's in between. But I have a lot of good memories too. I made a lot of friends in Seattle in particular. They rock in Seattle… I kinda chose [homelessness] too, I

> guess. Yes, it kinda was [a choice]. Because besides being, believe it or not, homeless quote, for a couple two or three years, I've been using the time to spend witnessing to people... Well, [living homeless] is kind of an adventure. It was kinda adventurous. But it's old now and I'm done. Been there done that… It was after I was not married. It's just kinda like, my older sister at the time was like, "you know you're old enough, you might as well, see the country"… It was my idea, they [sisters] didn't talk me into it. They knew I would, they said you've been talking about it your whole life.

The second quote about choosing to be homeless came from Karl, a 45-year-old White man with some college education, who had been homeless by choice multiple times in his life.

> [Homelessness] was more a choice, not situations brought me to it. I just quit my job, loaded up my truck and drove some place. Last time was three years ago… Usually I stay in national forests because they're free. You can stay up to 30 days and if you get to know the ranger, he just cares that you move your campsite every 30 days so that you don't burn a hole in nature… I stayed at the Grand Canyon for almost four months. Right there at the top. That's usually what I would choose unless I ran out of money. If I ran out of money then I would go to a shelter or something. Try to stay the night and just get a job at a day labor.

Summary of Critical Incident Results

In response to the prompt, "Describe an incident in your life that you consider critical in leading to you becoming homeless" 146 useful critical incidents were extracted with 18 categories and seven overarching themes emerging from the data. The seven themes in order of most cited to least cited were Employment, Finances, and Resources; Interpersonal Incidents; Substance Abuse; Significant Difficult Events; Illness; Legal Problems; and Choices. A discussion of these themes can be found in the Discussion section of this dissertation.

Recommendations to Counselors

After the participants reported a critical incident they believed led to their homelessness, they were asked to share how they believed a counselor could have helped

with the specific incident. Additionally, at the end of the interview, the participants were asked to provide any other recommendations they had for counselors who were working with people who are homeless. Participants typically gave similar responses for these questions; therefore, the recommendations to counselors were combined into one pool of responses. The 92 participant responses were judged and divided into 16 categories, which were then grouped into four themes. The four themes of recommendations to counselors are Types of Counseling; Counseling Not Enough; Counselor Characteristics/Knowledge; and Resources. Results from the analysis of recommendations to counselors can be found in Table 3. Results are also described in detail and with illustrative quotes in the description of themes and categories below.

Types of Counseling

The Types of Counseling theme contains five categories, each representing an area of counseling that participants recommended. Participants recommended Substance Abuse Counseling, Employment Counseling, Family Counseling, Supportive Counseling, and Other Types of Counseling. Among the themes of recommendations, Types of Counseling was the most robust with 17 participants providing 33 recommendations to counselors. The participant rate validity for this overarching theme was 68%, suggesting strong validity.

Substance abuse counseling

Eleven participants cited 11 recommendations related to substance abuse counseling. Substance abuse counseling was the most frequently provided recommendation for how counselors could help the homeless population with a participant rate validity of 44%.

Table 3. Themes, categories, and associated frequencies of responses to: "What recommendations do you have for counselors who might want to work with people who are homeless or people who might be at a risk to become homeless?"

Themes Categories	Response Frequency	Participant Frequency	Participant Rate	Mean Age	Gender Rates	Race/Ethnicity Rates
Types of Counseling	**33**	**17**	**68%**	**43**	**53%(M); 47%(F)**	**59% Black; 41% White**
Substance Abuse Counseling	11	11	44%	41	55%(M); 45%(F)	64% Black; 35% White
Employment Counseling	6	6	24%	47	67%(F); 33%(M)	67% Black; 33% White
Family Counseling	4	4	*16%	43	75%(M); 25%(F)	50% Black; 50% White
Supportive Counseling	3	3	*12%	45	67%(M); 33%(F)	67% Black; 33% White
Other Types of Counseling	9	7	28%	47	57%(F); 43%(M)	57% White; 43% Black
Counseling Not Enough	**25**	**17**	**68%**	**45**	**53%(M); 47%(F)**	**47% Black; 41% White; 6% Latino; 6% Asia**
Counselor Not Helpful	9	9	36%	44	56%(M); 44%(F)	78% Black; 11% Latino; 11% Asian
Spirituality Component Needed	7	7	28%	42	57%(M); 43%(F)	71% Black; 29% White
Counseling for Other Needed	6	6	*24%	45	67%(F); 33%(M)	50% Black; 50% White
Personal Responsibility	5	5	*20%	47	80%(M); 20%(F)	60% White; 40% Black
Counselor Characteristics/Knowledge	**18**	**13**	**52%**	**44**	**62%(M); 38%(F)**	**54% White; 38% Black; 8% Asian**
Caring Counselor Characteristics	10	10	40%	44	70%(M); 30%(F)	50% Black; 40% White; 10% Asian
Familiarization with Population	4	4	*16%	42	75%(M); 25%(F)	75% White; 25% Black
Understand Etiology of Problem	4	4	*16%	40	75%(M); 25%(F)	50% Black; 50% White
Resources	**16**	**12**	**48%**	**45**	**50%(F); 50%(M)**	**50% Black; 42% White; 8% Asian**
Resource Provision	7	7	28%	41	57%(F); 43%(M)	71% Black; 29% White
Accessibility of Services	5	5	*20%	40	60%(M); 40%(F)	40% Black; 40% White; 20% Asian
Shelter Service is Helpful	2	2	*8%	49	50%(F); 50%(M)	100% White
Approach Clientele	2	2	*8%	48	100%(M)	50% Black; 50% White
Sample Averages/Rates				**45**	**56%(M); 44%(F)**	**48% White; 44% Black; 4% Latino; 4% Asian**
Total	**92**					

*Indicates that the participant rate is less than 25% and that the validity of this category should be interpreted with caution.

An example of a participant's recommendation for substance abuse counseling comes from Roger. Roger, a 52-year-old Black man with a 4th grade education recommended that substance abuse treatment would be helpful to people experiencing homelessness.

> Drug treatment. Alcohol treatment. Right? For substance abuse. That's my opinion I mean… Those two would definitely be real helpful. In my experience of being in these types of places. You know, meeting people… No, not me. I'm not no crackhead, no alcoholic. I'm just Roger. Plain old Roger.

Grant, a 19-year-old White man with a high school education reported having trouble obtaining substance abuse counseling due to financial limitations. He recommended that counselors find ways to provide more affordable, individual, and age appropriate substance abuse treatment to the homeless population. Additionally, he noted that he would prefer individual counseling versus a group treatment modality.

> I just like to be able to afford it [substance abuse counseling]. Because I wanted to do MECCA [a local substance abuse treatment center] and stuff, but it's like 600 dollars, you know, I don't have that kind of money. It was 100 dollars just to get evaluated. I would do it, yeah. I would do it. I would even be an inpatient if they wanted me to. But I can't afford it. It's too expensive. I lost my insurance with my job… The people that really need it [substance abuse counseling] I think are the ones that are broke. Who've hit rock bottom… I went to a couple of NA meetings and tried to get in on some stuff, but it never really worked for me. I just want something where it's just one on one. I don't like sharing with a bunch of people because I've noticed that they're like 30-year-olds and 40-year-olds you know in NA. I would like to talk to just one person like we are right now.

Employment counseling

Six participants reported six recommendations for employment counseling for people who are homeless. The participant rate validity is 24% indicating that these results should be interpreted carefully. Some participants noted their own experiences with searching for work and some acknowledged the systemic need for employment counseling in the homeless population. For example, Michael, a 42-year-old Black man

with his GED, described his struggles with employment counseling and his recommendations for improved advocacy on the part of counselors.

> They got these people out here like STAR program [a case management program run through the shelter]... Like they'll take you to a job, let you fill an application out, give you a bus pass to go. I do all my work myself; I'll call them back and all of that. I think if they've got these programs, because I know a lot of people hurting about the STAR program and voc rehab. Why these counselors don't help call these companies? Why these counselors don't try to help speak up for you?.. No just giving me a four page sheet of paper saying all these jobs hiring felons. That's not helping. Because I still put… whenever you put, "yes," and then they got that two line, "please explain." You can't explain what happened on no one line. You know what I'm saying? When I first met Larry [shelter house worker], that's what Larry did. He gave me four sheets of paper with jobs that hire felonies. And most of them was like minimum wage jobs. Jobs I was doing when I was like 20. I'm 42. You know? For one and then this is something else too. Most of the jobs that will hire you is the temp agencies, which don't want to send you, which will give you a job for a month. Then you're back out there starting out over again… They still need to do more. Sometimes, some people need more help than others. And you know, it's a bad situation as far as employment.

Family counseling

Family counseling was recommended four times by four different participants. The participant rate validity was 16%, suggesting that the category's validity be interpreted with caution. This recommendation for family counseling often came from participants who believed that their homelessness was caused in part by domestic abuse and/or dispute. Grant's story is a prime example. Grant, a 19-year-old White man who was displaced by the Iowa floods reported in his interview that his step-father had been physically abusive of him. He had noted in the interview that he believed the abuse had, in part, led to his homelessness in that he ran away from home and could no longer receive support from his family due to the family relationship being abusive.

> They had the DHS thing, but they didn't really follow up on it. They didn't do anything afterwards. My family when I was younger was always like quacks. You know, we rarely even went to the fricken, unless you had your bone sticking out of your arm you didn't go to the doctor or anything. Yeah, I mean the only

> way it could help is if he [father] would go (to a counselor) and he wouldn't go. Yeah, if he would go get help because he's a dick and likes to hit people that are smaller than him. And he's got a problem with like controlling and stuff, you know, it's not going to happen. It would be nice to just have a family counseling session, but you really can't with my family because they won't do it. If it was available it would be nice. Like it might work for some people. I'm sure if he went he would get better.

Supportive counseling

Three participants gave three recommendations for supportive counseling. The 12% participant rate brings validity into question for this category. Amy, a 45-year-old White woman who had been homeless for five years "on and off" gave her recommendation to counselors in her interview.

> Just support. Because some people don't feel like they can make it. Especially single parents trying to work and have kids. I'm glad I didn't have to go through anything like this when I had kids. I don't know how I would do it.

Other types of counseling

The final category in the Types of Counseling theme is Other Types of Counseling. This category captures the nine recommendations made for different types of counseling that did not make up a category of their own. From seven participants these nine types of counseling were recommended as ways counselors could help people who are homeless: 1) domestic abuse counseling; 2) anger management counseling; 3) counseling for adolescents; 4) specialized services for women; 5) counseling for improving social skills; 6) relationship counseling; 7) better DHS counselors to assist children; 8) post-prison adjustment counseling; and 9) general mental health care. Christopher was a 45-year-old Black man with a high school education. Christopher suggested counseling that targets youth – also recommending that substance abuse and shelter provision be provided to youth.

> Start working with the youth. The ones that's in school now. The ones in the single parent homes. Alcohol, drug abuse in the family. Start working with the teenagers man. That's the future. These people that are out here on the streets like myself, if change hasn't come now. It's the window of opportunity for change. If a guy gets fifty and I'm approaching that; If I can't do it now, then… The younger ones is they so drugged out now, they need medication to come off drugs. I'm blessed in the sense that all the drugs that I fried my brain-cells with I don't need no medication. The drugs are so fucked up now, there's so much synthetic garbage added to it and that's fucking them up – excuse my language – but that's really destroying them. And older people, they need job training. You need to have shelter for homeless people, but don't beat them upside the head with NA. Have some counseling.

Counseling Not Enough

The theme of Counseling Not Enough is comprised of four categories in which participants reported that just individual counseling for people who are homeless may not be helpful or may be insufficient in meeting the needs of those who are homeless. The four categories are Counselor Not Helpful, Spirituality Component Needed, Counseling for Other Needed, and Personal Responsibility. Seventeen participants provided 25 recommendations for this theme. The participant rate validity was 68%, suggesting a valid overarching theme.

Counselor not helpful

In their interviews, nine participants provided nine responses to questions about recommendations for counselors that suggested that a counselor would not be the most helpful intervention in their problems with homelessness. This type of response was robust in the sample with a participant rate validity of 36%. A representative example comes from Margaret, a 45-year-old Black woman who had been homeless for 15 years "on and off."

> I mean you can talk all day with a person, you can say, "well it's going to be OK", you get that kind of support like from your family, but it's basically within self. I don't think, I don't think a counselor could have did anything for me.

Spirituality component needed

Seven participants made seven recommendations referring to the need of spirituality in providing intervention. The participant rate validity for this category was 28% suggesting validity. In some cases the participants stated that a spirituality component to counseling would be helpful, but most of these participants stated that they felt counseling was not helpful and that spirituality alone would be the most helpful intervention in their own lives and the lives of those who are homeless. For example, Jennifer gave her account of how she believes a substance abuse treatment program was particularly helpful because of the spiritual component to the program. Jennifer was a 37-year-old White woman with a high school education.

> And they said, "You need a long-term treatment program." And I said, "Then I will do that." And they found me a program in Massachusetts. And it was also a spiritual program, which is what I was lacking I think. Oh yeah, it was definitely [helpful].

Forty-five-year-old Christopher, a Black man with a high school education, who had been homeless before, provided a recommendation for spiritual intervention that acknowledged his suspicion of the helpfulness of conventional counseling.

> No, I don't need no help from – not from any NA counselor. I mention my beliefs and I don't go where I can't mention Jehovah's name. I don't go where I can't mention Christ's name. It's personal with me. That's personal. I can talk about it. I don't need no counselor telling me how I should go with God. Get away from me – to me that's Satan. He's going to tell me how I should, no… For me it has to be based on the belief that Jehovah can make change. Not a counselor, not NA, not… those are tools.

Counseling for other needed

The Counselor for Other Needed category had a 24% participant rate validity, suggesting that it be interpreted with caution. Six participants provided six recommendations indicating that they believed that to help people who are homeless

counseling for a collateral would be necessary. Many participants spoke from personal experience. For example, Alicia, a 53-year-old Black woman with an 8th grade education who said that she had been chronically homeless her entire life, discussed the needs for counseling of another in her life. In response to being asked how a counselor could be helpful Alicia gave the following response referring to domestic disputes that she believed contributed to her homelessness.

> A counselor? I don't need no counselor. My son's wife, she needs one. She needs help. We was living with my son's wife's sister. Her sister. I raised my kids to be independent. Not to lay back and wait on something. You strong and healthy and you go do it what you're supposed to do. She turned them all the way around.

Another example comes from Stephen, a 50-year-old Black man, who said in his interview that his homelessness was in part caused by an abusive relationship with his alcoholic partner at the time. In the quote below, Stephen refers to his partner's problems and how counseling may have been helpful for her, and subsequently him.

> It would've been helpful if we had both went to counseling. Well, I think if she. She was dealing with alcoholism and she had that disease and she was hiding it from me. If she had faced it, I don't think she was going to let go of it. I mean we didn't even speak of counseling. Yeah, it probably could have helped. You know, I could see myself staying with her. She was a good person, she had a good heart, I think. She had that (alcoholism) and she let it take more control of her than her taking control of herself.

Personal responsibility

With a participant rate validity of 20%, Personal Responsibility is a category that should be interpreted carefully. Nonetheless, the five responses from the five participants of this category were judged as a significant contribution to the results. Respondents recommended that individuals who are homeless (including themselves) take more personal responsibility for their situation – often seeing counseling as unhelpful without

personal responsibility. Jennifer, a 37-year-old White woman who had been chronically homeless with substance abuse problems for eight years, provided a response to the question about recommendations for counselors. She disclosed the importance of taking personal responsibility in her own life as a necessity for counseling to be helpful.

> I don't think there's any [way that counselors can help]… you know, to face what's going on and deal with what's going on or what had happened in the past, so you don't have to or you can learn how to deal with it so you can, so you can live a good life, not be like this, be a responsible person. You do what you have to do; I mean you don't have to work if you're sick, if you're on social security. Do the right thing with your money… So I went from New Hampshire to Massachusetts to a six month [substance abuse] program and it definitely, I think it saved my life. I had a stroke in jail. I had heart surgery four days later. And none of that – you know lost my children – it didn't matter to me. I just wanted to keep getting high. And when I talk to the people and they're like, "I want to get better, I want to get better." I know for myself that I said that, but until I said, "I will do whatever it takes and I don't want to live like this anymore," is when I was ready to make the change. Until then I wouldn't have done anything. Because I can hear what people are saying, but it's just going to go out the other ear.

Counselor Characteristics/Knowledge

The theme of Counselor Characteristics/Knowledge encompasses three categories including Caring Counselor Characteristics, Familiarization with Population, and Understand Etiology of Problem. Thirteen participants provided 18 recommendations that were grouped into these categories and this theme. The participant rate validity for the Counselor Characteristic/Knowledge theme was 52%, suggesting a valid grouping of categories.

Caring counselor characteristics

With a 40% participant rate validity, the Caring Counselor Characteristics was well represented by participant responses. Ten participants gave ten recommendations that suggested counselors have more caring characteristics. Participants used adjectives

such as caring, gentle, patience, and empathy to describe how they believed counselors could be helpful. For example, Stephen gave explicit recommendations to counselors regarding how to behave in ways that would be helpful to people who are homeless. Stephen was a 37-year-old Black man with a high school education who had been homeless for two years and had been staying at the shelter for one month at the time of the interview.

> Well, all I can say is that I know they [a counselor] would have to have a really gentle spirit. You can't be a mean-spirited person at all. You gotta be really, really caring. If you really want to be effective in helping someone and giving them good sound advice, then you really got to really have it at heart and then things will work out. If you really have a passion for this counseling thing and its something you really, really want to do. By all means, go for it, but yet, go with a spirit of meekness and gentleness and things will come to you, they will come to you and you will probably end up being the best counselor in the world. I say it's specifically, a counselor should take that at heart. Because that's the thing to do. If you're going to have a passion for something like that then you must have a passion for the people as well. The people that are homeless or are in messed up situations, alcoholism or whatever. Indeed, you have to feel their pain. You have to have sympathy, that's empathy. You have to empathize with them. Put yourself in their position, really in your heart and mind and really just see and feel what they're feeling. That's something really hard to do because you can't physically do it. But then, you can imagine, you know. Imagination is a very powerful thing.

Karl, a 45-year-old White man, described in his interview that he had "self-destructive tendencies" in his life. Karl described what it would be like for him to have a counselor who was more invested and caring of him in contrast to mental health practitioners that he had been mandated to meet with for his anger problems.

> I've never met anyone [referring to counselors] that I've felt comfortable enough to talk with about anything. It's like, uh, as soon as you walk into the office they already know what's wrong with you. No, they don't care what I have to say. All they say, "Here, I'll sign your paper." Tuesdays and Thursdays I had to go for a while. It's twice a week, twice a month, and that's all they'd ever say. And all they'd ever say was, "Come back next time." They were getting paid. They didn't care about me. Do I have an issue? I know I have an issue. Am I mental? Not by any means. Would I love to get help? Yeah. I'd love to be able to be a

> normal person. See a family standing beside you. You know what I mean? I'd love that. At the same time, it scares the death out of me. I would love to have somebody walk up and say, "I could see that you have a difficulty in this area. Do you want to talk about it?" Sure, I'll talk all day long about it. I'll tell you the truth. I'm not going to lie about it. There's no reason to lie about it. 'Cause, I want to figure it out. I know there's something wrong.

Another example comes from Ying, a 56-year-old Thai woman who described needing mental health care and hoping for someone who would have the patience to listen to her, in the same ways that her interviewer had been listening to her.

> I say OK. I do it [see a counselor]. I just need someone know who I am, what I am. I need help a little bit. I need somebody who has patience with me. I want to share, why I come in here, why I hurt so much. Why I need to talk. Why I want to tell somebody about problem. Thank you for your patience. Someday I'll see you again.

Familiarization with population

Another recommendation made by several participants was that counselors should familiarize themselves with the homeless population to provide best care. Four participants provided four recommendations for this category. A 16% participant rate validity was obtained, thus it should be interpreted with caution. Common responses included an acknowledgement that the homeless population is heterogeneous and that it would be unwise for a counselor to make assumptions about the population before familiarizing themselves with the population first. Kevin, for example, suggested that counselors talk to and get to know people who are homeless. Kevin was a 42-year-old White man, who reported that he had been homeless most of his life.

> Talk to them. Get deep. Find out where they're from. What got them there? How many times they been there. If they've been there once and they just lost their job. I wouldn't talk to them people; I would talk to the repeat offenders. Find out why. Is it their social skills? Is it their ability to do the work?

Mary acknowledged that she had learned from living at the shelter that the

homeless population is more diverse than she assumed. She refers to people's different intentions in using shelter services. Mary was a 40-year-old White woman who had been homeless for the first time six weeks prior to the interview.

> From what I've learned from being here, there's truly good people that are homeless and there are some where this is like a second home for them… I have met some; they've been coming here you know and it's like home sweet home and I've met some that are truly like, "What am I going to do?" There's this little boy out here, with blond hair, I guess he's 19. To me this child does not belong here [referring to the participant in our study named Grant]. And you know I would say to you that he does not belong here… I've learned how people con people here. But I would have zero tolerance for that if I were to run this place. I guess just finding out why people are here and their reasons.

Understand etiology of problem

Four participants provided four recommendations that counselors should better understand the etiology of the problems of those homeless persons that they are treating. With a 16% participant rate validity, this category should also be interpreted with caution. A representative quote for this category comes from 37-year-old Jeffrey who speaks from experience that counselors could try to better understand a person's addiction.

> There are counselors that have been helpful. I have been to treatment centers and by the time you go… I don't know if you know what treatment center does but a counselor, a good counselor is going to find out. They going to, you know, try to understand your addiction. And they're going to not make you seem like a bad person.

Similarly, 37-year-old Jennifer recommended that counselors pay attention to the "underline cause" for a problem.

> I think there's always an underline cause. If that person is willing to get to the root of the problem to do that… To face what's going on and deal with what's going on or what had happened in the past… so you can live a good life, not be like this… Yeah, definitely a counselor [could help them].

Resources

The Resources theme contains four categories of recommendations: Resource Provision, Accessibility of Services, Shelter Services is Helpful, and Approach Clientele. Twelve participants gave 16 recommendations in this theme – a participant rate validity of 48% suggesting a valid overarching theme.

Resource provision

Seven participants provided seven recommendations for resource provision. The participant rate validity was 28% for this category, suggesting a valid set. Individuals responding in this category stated that counselors could help by providing more resources to people who are homeless – often speaking from their personal experiences of needing resources at critical times in their life. One example of Resource Provision is a quote by April, a 30-year-old Black woman who had recently become homeless for the first time due to moving her family in with an abusive family friend.

> Maybe if I had a counselor she (the counselor) could have got at me. She probably would know more about me and my situation and could say, "You know I don't think that's a good idea for you." Or she could say, "You could try this program," you know, something like that? And that's how I think a counselor could work. But not just somebody. Not just a counselor that can hear my problems… I think that my counselor, my perfect counselor would have found some resources for me… You can't imagine the little things that really matter like envelopes and a stamp. I never thought that soap, and I always took those things for granted. Soap and toothpaste, those things are like commodities. Those are commodities. You run out. I never used to run out like this. By being in this situation you really find out that things could really mean so much, like socks. We were sharing eight pairs of socks, some of them mix matched, but as long as we had socks we couldn't worry about that. I mean yeah, I think a counselor could have helped, definitely… Resources, like it would help for people like me who are out of town, if you know bus schedules. Bus times. If you know about the Crisis Center; the Crisis Center is a really good place to help. To know, like for clothing, my kids didn't have a lot of clothing. Know what type of places you can go to get vouchers. Like the Crisis Center gives you vouchers. It would help if a counselor would know that. "Oh well you can go here on the first and they'll give you this."

Grant was a 19-year-old White man who was displaced after the Iowa floods and then began abusing methamphetamines, both experiences he believed contributed to his homelessness. Grant noted that it would have been helpful for him to have a counselor direct him earlier to resources such as the Shelter House – possibly preventing him from beginning his substance abuse.

> I didn't know about this place [the shelter] at all for a long time until like I was downtown and working and someone told me. If I would have had some place like this to rebound [after the flood] instead of crashing at parties every night and doing drugs and stuff. Resources and places to get help, you know? Because pretty much what they did when you got flooded out was they gave you like 500 bucks and then they're just like too bad for the rest and then there's like four months wait and 90% of the time you don't get your stuff. Because I was blowing my money other ways you know, if I would have had this place for a few days I could have picked out another apartment or a car or something like that.

Accessibility of services

Five participants provided five recommendations for more accessible resources. With a 20% participant rate validity these results should be interpreted with caution. Responses for this category typically indicated that the services needed by people who are homeless are often difficult to access due to lack of knowledge about services, cost of services, or transportation to services. Participants in this category suggested that counselors take more of an advocacy role by making services for the homeless more accessible and by making their own counseling services more accessible. April brought up accessibility of services as a recommendation and told her personal story with having difficulties accessing services due to multiple responsibilities and transportation limitations. April was a 30-year-old Black woman with some college education who had been at the shelter for one month and had been homeless with her children for two months.

> Go here, go there, but if I don't know how to get there could you help me, show me? And like, for instance, they wanted me to go to this program that starts at nine o'clock. My kids have to be at school at eight o'clock. They can be there at eight o'clock. The program is on the east side. I found this daycare. Now they gave me two pages of daycares. I went through, went through, went through. Most of them disconnected, somebody else's number, they don't have any room. They'll have room here. I got to the back and finally found one. It's way over here. So, to get my kids to school by eight o'clock, to get to this place, I'm not going to make it. I would never make it there. And if you don't, you get sanctioned. But she did not care. "That's not my problem." That's what she said. And when I got off the phone, I didn't get an attitude with her, didn't disrespect her, I said, "OK, I understand. I'll find a way." So now I have to figure out, I'll have to sanction myself. There's no way I can possibly do this. I tried every which way first. And once I realized that there was just not no way possible. Not with me on the bus and walking – to make it there. I told her, I can't do it.

Another example of a recommendation for Accessibility of Resources comes from 45-year-old Karl, a White man with one year of college education in the past. Karl reported having "self-destructive tendencies" that he viewed as an untreated mental health problem contributing to his homelessness. Karl suggested that counseling be more readily available at the shelter – making his attendance and adherence to counseling more likely.

> Availability. That would be my thing. If you were here every day. And you wouldn't have to approach me. Sooner or later I would approach you. I think that would be the key. If you were here. Just sitting here, you could watch 'I'-tube, chat on Yahoo, whatever you want to do. As long as you were here and then I can say, "Whew, it's about time I'm going to talk to him." Because even if it's a hide from Larry [shelter house worker] to go talk to him as a reason to be in the air conditioning. That's what I would say. Being here.

Shelter service is helpful

Though only having an 8% participant rate validity, the category of Shelter Service is Helpful was included due to the interviews being conducted at the Shelter House. Two participants provided two recommendations indicating that the shelter was helpful to them. In his recommendation, William reflected on his positive experience

with the shelter's resources. William was a 58-year-old White man with some college education who had become homeless five months before the interview after an emotional setback when his father died and he lost his job at the same time.

> Actually, finding this place [i.e., finding the shelter was helpful]. I think so. I think if I was still living in the truck like I was, I don't know if I would have kept pushing to find a job or not. First couple of days, yeah, because of the people, you had to get used to the walks of life, but it's nice having a bed to sleep in, wake up and take a shower in the morning, take a shower at night, where without having to find one, this and that. And that makes a lot of difference to me. It's a little thing, but it makes a lot of difference. He's [referring to shelter house staff member] giving me quite a few different things. Set up a bank account and so on and so forth. Like I said, I can see the light at the end of the tunnel here.

Approach clientele

The last category in the Resources theme is Approach Clientele. The category had a participant rate validity of 8% suggesting that the category be carefully interpreted. Two participants provided two recommendations that suggested counselors approach their clientele at shelters. Both participants believed that it was unlikely for people who are homeless to approach a counselor, though may be willing to speak with a counselor if the counselor initiated the contact. For example, James disclosed that his experience with the interview was an example of him being approached and therefore choosing to confide his problems with a counselor. James was a 51-year-old Black man who had a history of family disputes, being physically assaulted, being conned, and having problems with alcohol abuse – all seen as contributors to his homelessness. This is his recommendation to counselors:

> Something like what you doing now. You, whether you know it or not. What I just got done finished telling you, I don't tell people my deepest family matters and such things. Kinda made me feel a little better. Just by telling you. Just listening… My momma used to say that a counselor not going to come out, you gotta go to the counselor. They not going to come out to you, because they really don't know you whether you got a problem or not. They not going to come out to

> you and say, "Let me talk to you about your problems"… Just like my situation. Nobody know what I go through, but if I can't sit right here and wait for a counselor to come up to me and say, "Mr. James, we need to sit down and have a talk, because I think you need me". So I can say, "I've been waiting for you to come." It don't happen like that. Right if they [referring to counselors] knew people. That's a good thing you just did, "Do you want to talk about it for a minute?" They approach the person. And like I said, a lot of people just like me. They be crying on the inside for help, but they too proud to really ask for it. But then, it would be nice if the counselor walked up and say, "Come here. I believe that you and me need to have a talk. Let's just have a talk and get some pressure off of you. It's confidential between me and you." Something like that. I believe that most people might open up to that. Right, because nobody's going to volunteer. But if the counselor came to them? A counselor can't just walk up to everybody. But it would be nice if there was some kind of way. That would be nice, I think more people would get aid and assist. Because somebody came to them to aid them when they had none inside. Just come to them, I think. There's a way for a counselor to do that. Because they go to school and learn psycho-social and human behavior and sort of such things. They should be able to detect when a person do need assistance… That would be a good thing. I appreciate you getting the pressure off of me. You be a good thing.

Summary of Recommendations Results

In this study, participants provided 92 useful recommendations to counselors on how to help people who are homeless or at risk of becoming homeless. Sixteen categories emerged from the data to make up four overarching themes. The four themes of recommendations to counselors are Types of Counseling, Counseling Not Enough, Counselor Characteristics/Knowledge, and Resources. A more in-depth analysis of these themes can be found in the Discussion section of this dissertation.

Summary of Results

This chapter provided a detailed account of the results of this qualitative investigation. Of the 238 useful responses by the 25 participants, 146 pertained to critical incidents that led to homelessness and 92 were recommendations to counselors for how they can better work with people who are homeless. The seven themes describing the 18 categories of critical incidents leading to homelessness were explained and illustrated

with direct quotations from participants. The four themes describing the 16 categories of recommendations to counselors were also explained and illustrated with direct quotations from participants. Additionally, results were summarized in tables with participant rate validity percentages and demographic information about the respondents for each category and theme.

CHAPTER V
DISCUSSION

Introduction

This dissertation has provided the reader with an overview of the literature on homelessness – presenting the problem of homelessness and related research on how professionals are trying to better understand and help the population. The qualitative procedure, the critical incident technique, was described to the reader. The current study used the critical incident technique to gather, analyze, and report data from 25 participants focusing on the two research questions: *What do homeless individuals perceive to be the critical incidents that led to their homelessness?* and *What do people who are homeless recommend for how counselors can help the homeless and individuals at risk of becoming homeless?* This chapter provides a discussion of this dissertation's empirical results. Each of the 11 themes uncovered in the study are examined in light of participant responses and relevant research. Moreover, implications for clinicians and researchers are provided with the review of each of the themes. Furthermore, the limitations of this study are presented in this chapter.

Critical Incidents That Lead To Homelessness

When participants were asked, "Describe an incident in your life that you consider critical in leading to you becoming homeless," their responses led to the classification of seven themes from 18 different categories. These themes and categories can help clinicians who plan to serve homelessness populations and those at risk of becoming homeless. Furthermore, these themes and categories are useful for researchers who wish to better understand antecedents to homelessness. As follows is a discussion of the seven themes related to critical incidents that lead to homelessness.

Employment, Finances, and Resources

The Employment, Finances, and Resources theme had the highest participant rate validity (92%) indicating that these were incidents that the majority of the sample believed led to their homelessness. Specifically, the category in this theme, Loss of Employment, was one of two of the most highly cited categories of critical incidents in the entire study. And a related category, Job Search Difficulties, had responses from over half of the participant pool. These findings suggest that employment problems are viewed as incidents that led to homelessness among many in this sample. The literature appears to support this finding. For example, the U.S. Conference of Mayors (2009) reported that unemployment was one of the primary reasons for homelessness in their multi-city survey. In another study, Ratcliff, Shillito, and Poppe (1996) found that homeless individuals saw unemployment as a primary problem and barrier to maintaining economic stability and thus maintaining housing. Moreover, the emerging category of Financial Problems from the current study may help to confirm research purporting that economic instability is an antecedent to homelessness.

This issue of employment and unemployment is especially important for psychologists. 'Psychology of work' researcher David Blustein (2006) asserts that for most individuals employment is as a source of personal identity, is a way to meet cultural norms, serves social connection needs, and provides a sense of self-determination. Namely, unemployment can have devastating effects on a person's psychological state not just their economic state. The participant Jeffrey's response is an example of the psychological effects of unemployment.

> A combination of things actually. Loss of job, which creates stress, which in turn creates a person to want to change the way they feel, which resorts to drugs, then

> you become dependent on drugs, and then it just spirals downhill from there and gets worse and worse. They're all connected.

Blustein suggests that psychologists, specifically counselors, be more involved in assisting individuals like Jeffrey find employment as a way to meet basic psychological needs. In some cases this may mean psychologists supporting homeless individuals in their job searches, in using computerized employment resources, in contacting employers for clients, and in preparing clients for job interviews.

Also supporting the theme of Employment, Finances, and Resources, the recent U.S. Conference of Mayors report (2009) noted that 72% of cities reported *lack of affordable housing* and 52% of cities reported *poverty* as primary reasons for homelessness. Housing resource problems and related financial issues were evident in the participant responses in the current study. For example, Roger, one of the participants, gave his account of not being able to pay his rent after the rent price was raised:

> Rent was so high. I couldn't pay the rent, the full amount. I got evicted… I had a roommate. We were sharing and my roommate up and left and I couldn't afford there… I had to move out. I became homeless.

Maintaining economic stability may also be difficult for the participants in this sample due to the limited educational attainment among the individuals in the group. Of the homeless participants in this study, 32% reported not graduating from high school, 32% reported having a high school diploma, 8% said that they had earned a GED, and 28% stated that they graduated high school and had some college coursework. None of the participants had reported graduating from college. These demographics are very similar to statistics in the greater population of homeless people. It is estimated that 38% of homeless individuals have less than a completed high school education, 34% have

attained a high school diploma or equivalent, and 28% have some higher education (Burt et al., 1999). These results and statistics are in comparison to the U.S. Census Bureau (Stoops, 2004) findings in 2003 that about 85% of U.S. adults 25 years and older had completed high school. The large proportion of homeless individuals without a high school education is likely contributing to the problems of unemployment, as well as financial problems, and problems navigating complex resource systems. Encouraging and assisting clients in educational attainment is likely to be a needed task for counselors working with people who are homeless. Additionally, Blustein (2006) recommends that psychologists involve themselves in public policy advocacy efforts to improve educational systems and opportunities for clients to receive the training needed to obtain employment.

The results of this study suggest that problems with employment, finances, and resources were perceived to be contributors to homelessness by the participants. More research is warranted to confirm these exploratory findings. Additionally, counselors would be wise to assess for and attend to the financial stability of their homeless clients. In particular, learning about participants' employment, financial, and resource problems may be beneficial for both counselor and client.

Interpersonal Incidents

One of the more surprising findings from this investigation was that many participants indicated that their homelessness stemmed from interpersonal problems in their life. The data revealed Interpersonal Incidents to be an frequently cited critical incident leading to homelessness. While the interpersonal category of Domestic Abuse was an expected result considering the mass of existing literature tying domestic violence

to homelessness (e.g., U.S. Conference of Mayors, 2009), the other interpersonal problems deduced were not expected given that few studies on the interpersonal causes for homelessness exist. For example, one of the most robust categories in this study was Isolated from Interpersonal Support. Participants reported that part of being unable to overcome their homeless situation was because they did not have the proper interpersonal support in their life to help them find housing and employment again. Participants often stated that their family or friends were no longer available, were no longer alive, or lived in another state or country. Whereas many individuals who have supportive family or friends would likely access those resources at a time of trial (e.g., loss of employment, eviction), these participants appeared to have that option unavailable to them. And subsequently, participants believed that this lack of support led to their homelessness. As the participant Deborah put it, "My mother's been passed away for years. I was the only child, so I don't have any brothers and sisters… Well it would be nice to have [family]. Yeah, it's just like, where do I turn to?"

Similarly, a substantial number of participants reported that they were not accessing their interpersonal resources because they did not want to burden their supports. Crane et al. (2005) found somewhat similar results in their study of elderly homeless people in the United States, England, and Australia. The researchers discovered that commonly cited causes for homelessness were, among others, relationship breakdowns and interpersonal disputes with neighbors. Therefore, a counselor working with a homeless client may want to explore the client's perceptions of their support systems and whether or not burdening a support is a concern. For example, Deborah reported that she did not seek support from a coworker because she did not want

to burden the coworker. Interestingly, as Deborah spoke about the coworker she disclosed that the coworker would likely have wanted to support her.

> I'm discouraged, and I don't like other people I know knowing that I'm here and you think, "Oh god; what are they going to think of you?"… I thought I might call another gal I used to work with at [name of local factory], but they have so many people that are always asking them, "Do this, do that." She doesn't even know that I am here, she probably would be, "Why didn't you call me?" or something. I don't know; I don't want to deal with that.

Helping individuals like Deborah access available resources may be a useful task for a counselor. Additionally, psychological researchers should investigate further this issue of *burdening support*.

Interpersonal support issues were a salient problem among individuals in this data set. There is some research that suggests that people of lower socioeconomic status are less likely to experience social support than those of higher socioeconomic status (Shinn, Knickman, & Weitzman, 1991). Overall though, there are very few studies that examine the interpersonal support concerns of those in poverty (Bassuk, Mickelson, Bissell, & Perloff, 2002) or of those who are homelessness. Further research in this area is highly recommended and may yield results that can be helpful for mental health professionals who work with the homeless. A counselor working with someone at risk of becoming homeless would benefit from understanding the interpersonal problems that lead to homelessness. For example, knowing that interpersonal isolation from family or friends can lead to homelessness may suggest to a mental health counselor that taking an interpersonal psychotherapy approach to preventing homelessness would be most beneficial (Weissman, Markowitz, & Klerman, 2007). Helping people who are homeless via interpersonal psychotherapy methods could be an important area of future research.

Substance Abuse

Substance Abuse was also a commonly reported theme. Participants disclosed both their own substance abuse problems and the substance abuse problems of others as a contributing factor to their homelessness. Substance abuse problems have been well documented as a concern in the homeless community (McCarty et al., 1991; National Survey of Homeless Assistance Providers and Clients, 1996). Indeed, Toro et al. (1997) found that people who are homeless are almost twice as likely to have a lifetime diagnosis of substance abuse than those who have never been homeless. The U.S. Department of Health and Human Services (2003) estimates that 30%-58% of all people experiencing homelessness have problems with substance abuse. And a SAMHSA study (1996) found that 38% of homeless people report alcohol abuse and 26% report other drug abuse. Moreover, in a U.S. Conference of Mayors report (2009) 68% of cities reported substance abuse as a primary cause for homelessness.

With past research revealing that substance abuse is a problem in the homeless community and with the qualitative accounts from the current study, it appears that there is evidence to suggest that substance abuse may be a large contributor to homelessness. Resources are in place for psychological care for substance abusers who are homeless. For example, the McKinney-Vento Homeless Assistance Act (2002) has allocated special funding for community mental health systems and drug and alcohol abuse programs, but some believe that these programs are not meeting the demand for the substance abuse problems that exists in the homeless population (National Coalition for the Homeless, 2006).

Counselors working with people who are homeless or at risk of becoming homeless would be wise to assess for and treat substance abuse problems in their clients in hopes of minimizing the risk for chronic homelessness. Additionally, counselors should ask clients about substance abuse in their interpersonal networks (e.g., family, close friends, roommates) because the evidence from the current study suggests that substance abuse in these systems can also cause homelessness.

It should be noted that in the current data set men more often reported problems related to substance abuse – especially their own problems with substance abuse. In the category Substance Abuse of Participant men made up 80% of respondents who reported that their own substance abuse led them to homelessness despite being only 56% of the entire sample. This result may indicate that homeless men are more likely to have substance abuse problems, but interpretation should be withheld due to the small sample size and the exploratory nature of the study. Regardless, the intersection of gender and the causes for homelessness warrants further study. With a few exceptions (e.g., Liu et al., 2009) gender issues in the homeless population have not been well studied by researchers.

Significant Difficult Events

The theme Significant Difficult Events involved responses in several categories. Traumatic events were reported, being conned and/or robbed was reported, and being in a natural disaster was reported. In all cases the difficult event was perceived to be significant enough to contribute to the participant's homelessness. For the category Traumatic Event, critical incidents were considered traumatic if they referred to a situation where extraordinary, emotionally overwhelming, and uncontrollable life events

took place that caused significant dysfunction for the participant (Van der Kolk, 1987). The death of a family member was a commonly reported traumatic event that led to homelessness. This result resembles a finding by Crane et al. (2005) in their multi-nation study on the causes of homelessness among the elderly. Crane and colleagues found *death of a loved one* to be a commonly cited cause for homelessness. Trauma history is something that has been observed in the homeless population before, though the homeless trauma research has typically focused on the victimization experiences of women who are homeless (Goodman, 1991; Milburn & D'Ercole, 1991). Some researchers, in fact, have argued that homelessness itself is a traumatic event warranting further research (Goodman, Saxe, & Harvey, 1991). And Roll, Toro, and Ortola (1999), in a study of 228 homeless individuals, learned that homelessness often coincided with having a recent stressful event or events and being recently assaulted.

Some respondents in the current study (four participants) reported being conned or robbed as a leading to their homelessness – often describing deceptive practices or brutal assaults in which their money was taken. For example, Stephen from the current study stated: "I got beat and robbed and all kinds of bad things happened to me in different places, different times." Stephen's experience of struggling with violence seems to be supported by the literature. Toro et al. (1995) found that people who are homeless experience higher rates of exposure to street violence. It should be noted that past studies have not investigated violence, being conned, or being robbed as a contributor to homelessness. Future research could focus on the antecedent experience of homeless individuals being conned or robbed.

Though only reported by three participants, thus not meeting the participant rate validity threshold, it seemed important to include the category Natural Disaster, considering the recent floods in Iowa and other natural disasters in the United States in recent years. According to the National Law Center on Homelessness and Poverty (2007) natural disasters can have strong negative effects on people who are economically disadvantaged and at risk for becoming homeless. Two of the participants in the current study reported that the 2008 Iowa floods caused their homelessness, while one reported being affected by Hurricane Katrina. In 2005, Hurricane Katrina was estimated to have left over 1.5 million people homeless (National Law Center on Homelessness and Poverty, 2007). And shortly after the Iowa floods of 2008, Iowa Governor Chet Culver announced that 36,000 Iowans in 11 counties were forced into homelessness by the flooding of that summer (Gomez et al., 2008). Displacement after a disaster can have serious effects on a person's housing situation, not to mention traumatic effects on an individual as seen in Grant's account. Grant, one of the participants in the current study, described how the floods displaced him from his home, which led him to live with his friends who were abusing methamphetamines. He disclosed feeling depressed after the floods and turning to heavy drug abuse as a coping mechanism, beginning a cycle of financial instability that led to his homelessness.

> I had like a pretty good thing going. Then after the flood I really couldn't get to work. I didn't have a car… Then I didn't have no money. Then the bit of FEMA money that I did have I was using lots of drugs.

The results from this study and extant literature on significant difficult events suggest that these critical incidents can have devastating and lasting effects on an individual. While more research could be done in this area, clinicians especially should

be aware of the likelihood of these problems when working with homeless clients. Additionally, treating at-risk populations for trauma-related issues may lead to a decrease in homelessness. For example, it was apparent from the experience of the interviewer for this study that many individuals had not had a chance to discuss their personal concerns with anyone before and felt that the interview itself was therapeutic. For instance, April a participant who described a traumatic experience of being conned by a family friend was very emotional during the interview. She spoke at length about the predicament that she was in and how it felt for her to be out of control in the situation with no help. At one point in her discussion she described how the family friend's "dog would come and pee on us, walk all over us. I slept on the floor." In the interview she described several other traumatic events that she had experienced. At the end of the interview April expressed her gratitude for discussing her past traumas: "I enjoyed talking with you. I don't know why." Simply giving participants a space to debrief, process, and receive emotional support for their difficult life events could have lasting psychological and behavioral impacts. Further research may help illuminate the effectiveness of supportive counseling for homeless individuals who have struggled with significant difficult life events.

Illness

Participants cited both physical and mental illnesses as antecedents to homelessness. It should be noted that while this theme met the threshold for participant rate validity the two categories did not meet the threshold. Therefore, these results and corresponding discussion of the categories Psychological Illness and Physical Illness should be interpreted with caution.

A notable observation is that men were more likely to cite illnesses as a cause for homelessness. Seventy-eight percent of the responses related to illness in general came from men. Even more, the category Psychological Illness had an 83% response rate from men. These rates are of note given men comprised 56% of the participants. It is unclear why men would report illness more than women, or if this was simply an artifact of the sample selected for this study. Further research may investigate gender and illness among people who are homeless.

Research supports the notion that physical illness is a salient problem for people who are homeless (Kushel et al., 2001; McMurray-Avillia, Gelberg, & Breakey, 1999). While in the current study only 20% of participants reported having physical illnesses that led to their homelessness, SAMHSA (1996) estimates that 46% of people who are homeless have chronic physical health problems such as high blood pressure, diabetes, or cancer and that approximately 26% have acute health problems such as tuberculosis, pneumonia, or sexually transmitted diseases. In a 2008 study Zlotnick and Zerger found that homeless people had more problems with physical illness than individuals who were not homeless – specifically hypertension, asthma, diabetes, tuberculosis, and HIV/AIDS. And Garibaldi et al. (2005) found physical bodily trauma, infestations, peripheral vascular disease, cellulitis, ulcers, frostbite, and burns as notable physical health problems in a homeless sample. Furthermore, there is evidence to suggest that living in shelters or on the streets can put people at greater risk for physical health problems or a worsening of already existing conditions (Schnazer et al., 2007; Wilson, 2005).

The five critical incidents discussed by participants in the current study and the supporting literature on physical health problems in the homeless population are

compelling enough to suggest that support and care in this area is needed by health care professionals. Psychologists with a background in health psychology can make use of their specialized skills to assist homeless individuals with physical health problems. Additionally, most generalist counselors have the skills to support clients who are facing the psychological effects of chronic or acute physiological ailments and can help make proper medical care referrals.

Psychological illness was more commonly cited by participants than physical illness with 24% of the participants in the current sample reporting mental health problems as leading to their homelessness. Mental illness and related effects on homeless people has been well researched (Culhane, Metraux, & Hadley, 1996; Hemmingsson, Lundberg, & Diderichsen, 1999; McCarty et al, 1991; Roll et al., 1999; Wong & Piliavin, 2001; SAMHSA, 1996). The U.S. Conference of Mayors (2009) reported that mental illness was perceived as a primary cause for homelessness by 48% of cities surveyed. And SAMSHA (1996) asserts that 39% of people who are homeless experience some form of mental health problem. Moreover, it is estimated that as many as 27% of homeless people suffer from serious diagnosable mental health issues (National Survey of Homeless Assistance Providers and Clients, 1996). Lehman and Cordray's (1993) meta-analysis of 16 epidemiological homeless studies in the United States resulted in weighted estimates showing that 43% of people who are homeless have an Axis I mental health disorder. And the APA Council of Representatives (1991) has stated that while psychological illness likely causes homelessness, psychological illness is also likely *caused by* homelessness.

An example from the current study comes from Kevin, a 42-year-old, White man. He reported that his mental health problems and related incidents were antecedents to his homelessness. "My drinking, my bi-polar, my past history [of physical abuse and neglect by parents]. And I've worked my ass off and it ain't going nowhere. I mean I've worked hard."

With the prevalence of mental health problems in the homeless population revealed by extant literature and the responses from current participants about mental health concerns, this is an area where psychologists should continue to focus their research and practice. This is especially the case considering the apparent problems with mental health care for the homeless. Acosta and Toro (2000) reported that people who are homeless are often dissatisfied with mental health and substance abuse services. And Patterson and Tweed's (2009) study of homeless and formerly homeless persons revealed that many participants noted that medical care and mental health care were important for escaping homelessness. Hence, psychologists need to assist in the creation of more helpful and accessible health care opportunities for individuals who are homeless or at risk for becoming homeless.

Legal Problems

Seven participants reported critical incidents that were related to legal problems. In nearly all cases, the participant referred to their own incarceration and problems readjusting to non-prison life. For example, participants with felonies complained about how difficult it had been to obtain employment with a criminal record.

Incarceration problems in the homeless population and problems with readjustment afterwards have been observed by researchers before. Hopper, Jost, Hay,

Welber, and Haugland (1997) found that it was common for individuals to transition from being homeless to being incarcerated and then back to homelessness. The rate of homelessness among individuals who have been incarcerated is higher than the rate of homelessness for those who have not been incarcerated before (Greenberg & Rosenheck, 2008). That is, there is a positive correlation with homelessness and incarceration. Therefore, this issue of legal problems warrants attention by researchers and clinicians alike. Developing a stronger understanding of the connections between legal problems and homelessness would illuminate ways in which service providers could intervene in these problems. Specifically, as suggested by one participant, post-prison counseling may benefit individuals in this at-risk population.

There was a notable gender disparity in this theme with most respondents being male. For this theme and corresponding category of Legal Incidents, 71% of the respondents were male and 29% female, in contrast to the 56% male and 44% female demographic for the participant sample pool. These results seem consistent with research showing that men are more likely to be incarcerated than women in the United States. In a 2002 Bureau of Justice report, 93.2% of the incarcerated in the United States were men (Beck & Harrison, 2003). Moreover, Roll et al. (1999), in a study of 228 homeless adults, found that the men were more likely than the women to have a history of criminal problems. Further research focusing on issues of masculinity and legal problems among homeless individuals is recommended. If legal problems indeed are a cause for homelessness, then psychologist involvement in intervening with this problem should be a priority.

Choices

There were two categories related to choices that emerged from participant responses. "I made poor choices" was one of the categories and Choice to be Homeless was the other. Neither of the categories nor the theme Choices met the 25% participant rate validity threshold and therefore should be cautiously interpreted in terms of representativeness of other individuals who are homeless. If anything these results may suggest that the minority of participants believe that homelessness was due to their own choices. Five out of the 25 participants reported making poor choices that led to homelessness and only two participants reported that they chose to be homeless. And in the cases of the two participants who chose to be homeless, both reported in their interviews that they no longer wanted to be homeless. Therefore, it can be stated that 'desiring to be homeless' was not the norm in the current group of homeless participants. Liu et al. (2009), in a qualitative study of homeless men, came to similar findings. Ten of the 15 participants in their study reported that there were two types of homeless people – those who chose to be homeless and those who did not choose. Few other studies have examined the choices that people make that lead them to homelessness. It would be helpful for researchers to take a closer look at how it is that people choose to be homeless. Since most shelter services and other services for the homeless population are built upon the assumption that homelessness is an unwanted situation, reevaluating the suitability of these programs for individuals who choose to be homeless is warranted. One participant in the current study reported that he had been traveling between shelters for three to four years without intention of finding independent living. This participant,

Scott, said that he chose to be homeless at the beginning of his travels, but recently decided he no longer wanted to be homeless.

> Shelters, finding a place that's in between. But I have a lot of good memories too. I made a lot of friends in Seattle in particular. They rock in Seattle… It was kinda adventurous. But it's old now and I'm done. Been there done that.

Additionally it should be noted that Scott's report of intentional homelessness, while still fitting the legal definition of homelessness, appears to be a more transient style of living. Indeed, there is research to support that homelessness is difficult to define because of the transient nature of some individuals who are homeless (Tompsett et al., 2006). The difference between homelessness for individuals primarily using local shelters and homelessness for those who are intentionally transient in nature is an important area for future research.

Also notable is that both categories in the Choices theme were characterized by responses where participants reflected on their personal responsibilities for their homelessness. For example, Christopher's response:

> I never woke up and said, man I want to be homeless. This is all about, this is a result of my fucked up choices. This is the consequences… The past is, I got to learn from it though. And I will never forget it man, because it's easy to repeat that.

The issue of choices may be an avenue in which counselors can help people who are homeless or at a risk of becoming homeless. Many counselor theoretical orientations offer personal responsibility and the willingness to make helpful choices as an important part of the therapeutic process (e.g., Hayes, Strosahl, & Wilson, 2003; Yalom, 1980). If it is indeed the case that personal choices are a cause for homelessness, counselors may be able to use their existing theory and skills to assist clients in making helpful decisions

for their own welfare and take personal responsibility for the choices that they are able to make in their life.

Summary of Critical Incidents

In response to the question "Describe an incident in your life that you consider critical in leading to you becoming homeless," participants provided responses that were classified into seven themes and 18 different categories. The results suggest that employment problems, financial problems, resource allocation issues, interpersonal incidents, substance abuse, significant difficult life events, physical and mental illness, legal problems, and personal choices were all critical in leading to homelessness. These exploratory results provide catalysts for more thorough investigations on the antecedents to homelessness. Moreover, clinicians who work with individuals who are at a risk for homelessness can use these results to help inform their practice with this population.

Recommendations for Counselors

Participants were asked to provide recommendations for counselors who intend to work with people who are homeless. Additionally, some participants provided ways in which counselors could have helped in their own experiences leading to homelessness. The responses led to four overarching themes from 16 different categories of recommendations. These recommendations are particularly helpful because they provide advice for clinicians directly from the client source. Moreover, researchers may be interested in these recommendations as qualitative support for existing research on counselor helpfulness and as a catalyst for future research exploring ways that counselors can help the homeless. As follows is a discussion of the four themes related to the recommendations given to counselors.

Types of Counseling

Participants recommended several specific types of counseling as helpful to individuals who are homeless. Types of Counseling, was one of the two most prevalent themes in the recommendation portion of the study. Sixty-eight percent of the participant pool provided recommendations about different types of counseling that could be offered to people who are homeless. Among those types was Substance Abuse Counseling, the most robust of categories among all the recommendations. Forty-four percent of the participants recommended substance abuse counseling as a way to help people who are homeless. As discussed earlier in this chapter, substance abuse has been identified as a significant problem in the homeless community, and the current study suggests that experiences of substance abuse may be significant types of critical incidents leading to homelessness. There is research that proposes that homelessness can be minimized through the treatment of substance abuse problems (Zlotnick, Tam, & Robertson, 2003). Likewise, substance abuse treatments have been widely provided for and studied in the homeless population. For example, contingency management treatments are common fare in treatment programs for people who are homeless and struggling with substance abuse (Corrigan & Anderson, 1984; Koegel et al., 1988; Rahav & Link, 1995; Rosenheck et al., 1989). These behavioral management programs have been shown to be helpful, but often require those in care to be inpatients or in special transitional living communities and often require monetary incentives as reinforcers (Schumacher, Mennemeyer, Milby, Wallace, & Nolan, 2002). Therefore, the interventions are costly and difficult to support considering most people who are homeless are not able to pay for substance abuse treatment.

Evidence from the literature and the current study seem to suggest that substance abuse counseling is of primary importance to preventing homelessness. Both researchers and clinicians should continue the work that they are doing in the intervention of substance abuse problems among individuals who are homeless. Additionally, more cost effective programs are warranted for this population.

Employment counseling was also suggested by participants as a way to help those who are homeless. Specifically, participants requested a more active form of help for finding employment than they were already receiving. For example, in the current study Michael said, "No just giving me a four page sheet of paper say all these jobs hiring felonies. That's not helping… Why these counselors don't help call these companies? Why these counselors don't try to help speak up for you?" Michael and other participants suggested that advocacy would be helpful from a counselor in helping them find employment. There is research supporting the idea that employment training from service providers can lead to economic stability and subsequent housing stability (Ratcliff, Shillito, & Poppe, 1996). Indeed, it is recommended by the APA (2010) that psychologists play a more active role in helping people who are homeless. This may mean assisting a client with navigating job search websites or calling an employer on behalf of a client. Other forms of support and advocacy may be assisting a client with finding transportation to a job interview or teaching and practicing job interview norms in a counseling session. A theme in the responses from participants in this study was that extra support in a job search from a counselor could be highly beneficial. And there is some research on psychologist counsel for client's finding work that supports this recommendation (Blustein, 2006).

While many counseling psychologists are trained in career and vocational counseling methods, the qualitative reports from the current study indicated that specific help finding employment and job training is seemingly more important for this population than finding 'a career' or 'vocation.' Blustein (2006), a counseling psychologist who studies career and employment issues, confirms this notion. Blustein posits that 21st century work is less characterized by the traditional career search and more by pragmatic issues such as pay and support – this sentiment being even more prevalent among individuals from low socioeconomic status or those who are marginalized in society (e.g., ethnic minorities). Moreover, Blustein claims that employment serves to meet basic psychological needs for an individual. Specifically, work is a source of personal identity, a way to meet cultural norms, is a form of social connection, and provides a sense of self-determination for individuals. These are all areas that people who are homeless may struggle with and are all areas where psychologists can help.

Also cited by participants, though not meeting the participant rate validity threshold, was family counseling and supportive counseling. Past research has shown that family interventions and support interventions, such as Ecological Based Family Therapy, have been effective for individuals in the homeless population (Slesnick & Prestopnik, 2005). Other types of counseling that were suggested, though only once each, were domestic abuse counseling, anger management counseling, counseling for adolescents, counseling and services specifically for women, social skills counseling, relationship counseling, improved DHS counseling for children, counseling for individuals adjusting after prison release, and improved general mental health care.

These recommendations indicate that there are many counseling needs in the homeless population. Therefore, many different types of counseling can be useful to help this population. Indeed, the extant research indicates that various types of mental health care can help people move from homelessness to housing (Gelberg & Linn, 1989).

As can be implied from the participants' recommendations, individuals who are homeless would greatly benefit from a variety of types of counselors with different specialties. For example, a counselor specializing in family systems therapy may be helpful to some individuals, while a substance abuse counselor could help others in this population. These results suggest that addressing the counseling needs of this population will take teams of service providers with many different specialties as has been recently suggested by the APA's task force on psychology's contribution to end homelessness (2010). Moreover, these results reveal that shelters housing the homeless are an ideal setting for training psychologists. The 2010 APA task force on homelessness recommends that graduate school programs in psychology develop internship and practicum opportunities with populations experiencing homelessness. Shelters, such as the one used for this study, house individuals with numerous types of counseling needs. Psychology students and professionals who wish to broaden and improve their clinical and research skills may be able to find various training opportunities at shelters while at the same time helping a population in need. Indeed, training may be an effective way to offer free services to this population where resources are limited and funds for care are scarce. Additionally, shelters are settings where students and psychologists can be trained in working with a diverse population, including diversity in gender, race, and class that may not be available in typical counseling training opportunities (APA, 2010).

Counseling Not Enough

An unexpected response to the question of recommendations for counselors was that counseling would not be helpful or may not be enough to prevent homelessness. The theme of Counseling Not Enough was robust, cited by 68% of participants in the sample. The theme has four categories.

The first category, Counselor Not Helpful, contained responses by nine participants about how they did not believe counseling could be helpful to people who are homeless. It should be noted that responses for this category came solely from the racial minority participants in the sample. That is, 78% of the respondents in this category were Black, 11% Latino, 11% Asian, and no respondents were White. This is in comparison to the 48% White, 44% Black, 4% Latino, and 4% Asian demographics for the entire sample set. These demographic results should be generalized carefully due to the small sample size and the exploratory nature of this study. Nevertheless, the results indicate that the people of color in the sample were more apt to believe that counseling would not be helpful. This result is congruent with evidence from the literature showing that people of color may underutilize mental health services and other health services due to cultural, social, and service barriers (Alvidrez, 2004; Keller & McDade, 1997; Root, 1985). There has yet to be much research, though, on the help seeking behaviors of ethnic minorities in the homeless population. Future researchers may want to test hypotheses about the specific beliefs of counselor helpfulness held by homeless people of color. Additionally, looking at the interactions between health care professionals and ethnic/minority homeless individuals is warranted to assess for systemic barriers to care for ethnic minorities.

Counselors would be wise to attend to resistances to helpfulness that exist in all their homeless clients. Developing rapport, engaging in psychoeducation, and socializing people who are homeless to the counseling process may be a useful start. Likewise, psychologists could educate health care providers about working with people of color in the homeless population.

The second category in this theme is Spirituality Component Needed, which refers to client statements about spirituality being helpful instead of counseling. Some participants also indicated that spiritually based counseling could be more helpful to people that are homeless than conventional 'secular' counseling. There is some research that supports this result. For example, MacKnee and Mervyn (2002) found, in their qualitative study of people who are homeless, that participants believed that spiritual experiences were important in escaping homelessness. Similarly, Patterson and Tweed (2009) discovered from survey data of currently and formerly homeless persons that spirituality was perceived by participants as beneficial in helping them escape homelessness. And Brush and McGee (2000), using a self-report instrument on spiritual perspectives with 100 homeless men, found that spirituality was viewed as important in the participants' lives and that a significant portion of the sample participated in regular spiritual activities. However, Brush and McGee's participants were also involved in an Alcoholics Anonymous program while being surveyed, which may have mediated their perspectives and behaviors due to the spirituality component to the treatment. Brush and McGee reported that they believed that the importance of spirituality in the lives of homeless persons is that it helps individuals reconnect with themselves and others through spiritual introspection and spiritual community.

It should be noted that this category of Spirituality Component Needed was more commonly reported by Black participants, with 71% of the respondents being Black (5 participants) and 29% being White (2 participants). This is in comparison to the 44% of participants (11 individuals) in the entire 25 person sample identifying as Black. It must be emphasized that this discrepancy may be due to an artifact of the sample or it may be related to other unknown factors. There is evidence to suggest that spirituality plays an important role in the way African Americans conceptualize their health care practices (Johnson, Elbert-Avila, & Tulsky, 2005; Musgrave, Easley-Allen, & Allen, 2002). Considering the possibility that spirituality may be particularly salient for African Americans in the homeless population and that African American's make up 42% of the homeless population (U.S. Conference of Mayors, 2006), counselors who plan to work with the homeless should be aware of the importance of spirituality in counseling.

The third category in this theme of Counseling Not Enough is Counseling for Other Needed. This category was just under the validity threshold of 25% with a participant rate validity of 24%, though did contain useful responses from six participants about how someone else in their life could benefit from counseling. The "other" in participant responses for this category typically referred to a romantic partner, parent, or sibling who had substance abuse problems, was an abuser of the participant, or both. These results revealed that the problems of those in close interpersonal contact with participants also served as a major contributor to their homelessness. As Grant suggested, family counseling could be helpful in his situation where his stepfather was physically abusive.

> It would be nice to just have a family counseling session, but you really can't with my family because they won't do it. If it was available it would be nice. Like it

> might work for some people. I'm sure if he [abusive step-father] went he would get better.

In some cases providing counseling to a tertiary person in the homeless client's life may be unlikely, though empathy for this desire for others to get help can be provided by a counselor and may be of some comfort to the client. Additionally, counselors can help the client find the support that they may be missing due to interpersonal problems with the individual who 'needs' counseling.

The fourth category, Personal Responsibility, also not meeting the participant rate validity threshold, was cited by five participants. This category contained responses by participants about how taking personal responsibility for life would help people who are homeless. As discussed for the Choices theme, personal responsibility is an important part of several counseling theories (e.g., Hayes et al., 2003). For example, Yalom (1980) describes personal responsibility and "willingness" as a crucial component of the counseling process and that without personal responsibility change is unlikely to happen. Developing a self-responsible and empowered stance towards their situation may be beneficial to homeless clients. Patterson and Tweed (2009) found in a study of 80 formerly homeless participants that realizing one's own ability and potential greatly facilitated individuals' move from homelessness to independent and self-sufficient living. Patterson and Tweed suggested that psychologists be more involved in helping people who are homeless build a sense of competence and potential in their own self. Counselors working to help homeless clients to improve their psychological sense of potential, empowerment, and self-responsibility could have beneficial effects. Jennifer's account, from the current study, illustrates the effectiveness of personal responsibility and "willingness" in the counseling process. Jennifer was a recovering substance abuse

addict who had been in an inpatient treatment program where she benefited from counseling that took a self-responsible stance.

> When I talk to the people and they're like, "I want to get better, I want to get better." I know for myself that I said that, but until I said, "I will do whatever it takes and I don't want to live like this anymore," is when I was ready to make the change. Until then I wouldn't have done anything. Because I can hear what people are saying, but it's just going to go out the other ear.

Counselor Characteristics/Knowledge

The theme of Counselor Characteristics/Knowledge emerged from three categories: Caring Counselor Characteristics, Familiarization with Population, and Understanding Etiology of Problem. In all cases the participants indicated that they would like counselors to show them more understanding of their situation and to treat them more compassionately.

Of chief interest and relevance to counselors are the participant responses pertaining to wanting more caring counselors. Words such as caring, gentle, patience, and empathy were used to describe how participants believed a counselor should act if they were going to be most helpful. As Angela stated, "Don't look down on them because you never know their situation, what brought them there. Sometimes a little outside love helps. It's very encouraging." The APA (2010) recommends that psychologists use strength-based treatment approaches with homeless clients – to affirm and support the existing skills of a population that is often defined by its faults. Moreover, the APA also suggests that psychologists create trusting relationships with their homeless clients through rapport building.

Additionally, these caring characteristics are at the core of microskills training for many counselors (Ivey & Ivey, 2003). Therefore, the results from the current study

suggest that even the most basic counseling skills, when implemented well, can be beneficial for homeless clients. Indeed, several participants noted how just being listened to by a counselor via the research study's interview was helpful to them.

Moreover, several participants reported incidents in which they worked with counselors who did not exemplify these caring characteristics and were therefore seen as unhelpful. Evidence suggests that people who are homeless often do not have caring experiences with counselors and other support providers. In a study in the *Journal of General Internal Medicine* (Wen, Hudak, & Hwang, 2007) researchers surveyed 17 homeless persons and all of the participants reported that they felt ignored, rushed, brushed aside, and treated rudely by service providers. Thirteen participants stated that they felt discriminated against, dehumanized, and disempowered by community health-care workers. Psychologists can help health care providers to more effectively work with those who are homeless.

Additionally, psychologists themselves can benefit from a better understanding of the problems that homeless people face. Both categories Familiarization with Population and Understand Etiology of Problem indicated that many of the counselors that participants have interacted with do not have a strong understanding of the issues that individuals who are homeless have to cope with. The APA task force on homelessness (2010) recommends that counselors and researchers develop more familiarization with the homeless population and advance their understandings of the problems in the homeless community. The report instructs psychologists to provide care by making direct contact with clients who are homeless (e.g., meet for sessions at a shelter).

Resources

The theme Resources refers to participant responses and related categories associated to the need for more resources to help people who are homeless. Participant recommendations included a need for better resources, more accessible services, statements about the shelter being helpful, and the need for counselors to approach clientele. While the theme Resources had a high participant response frequency (i.e., 18 recommendations from 12 participants), only the category Resource Provision met the validity threshold with a rate of 28%. The other three categories in this theme did not meet the threshold and therefore should be generalized with caution.

In all categories from this theme, participants were requesting that counselors help them navigate and access resources. For example, Margaret suggested that resources would help her and others who are homeless.

> Help connect them with resources. Because, just like me. I'm not on drugs today, but if I don't find a job, I still can't get an apartment, so I'm still gonna be homeless. Like, it all goes together… So you gotta have a foundation. Right, so resources, the best thing that I can say for a counselor for a homeless person, they need resources.

As Margaret suggested, homelessness can be directly linked to the ability to find affordable housing. Through an analysis of census data, shelter usage, and other economic resources, Quigley and Raphael (2004) reported that data confirm that many problems of homelessness can be solved with an improvement in the resource allocation surrounding affordable rental housing in the United States. Furthermore, Bhui, Shanahan, and Harding (2010) found in a series of interviews that homeless participants had difficulties accessing resources at times of crisis. Specifically in their study, health care resources were reported as complicated to navigate due to the complexities of the

systems and processes. Part of the problem is that resources for a growing homeless population are limited. Wong et al. (2006) found in a survey of homeless service providers that the use of shelters between 1987 and 2001 had greatly increased requiring more and larger shelters. In a 1996 report of shelters, 40,000 programs assisting the homeless in 21,000 locations in the United States were documented (Burt et al., 1999). The National Coalition for the Homeless (2006) reports that government funded programs for the homeless are not meeting the existing demand. And while some participants in the current study noted the shelter being helpful, the existing research seems to indicate that there could be greater shelter resources for the homeless in the United States.

It is interesting that two participants requested that counselors approach clientele who are homeless as a way to help the population best. Several existing counseling approaches developed for the homeless recommend approaching clients rather than waiting for clients to approach the counselor. For example the Psychologist First Aid approach by Schultz (2006, as cited in APA, 2010) instructs psychologists to provide 30-minute contact meetings with perspective clients to initiate a relationship and develop rapport. Using treatment approaches such as the Psychologist First Aid approach may best meet the needs of clients in this unique population.

Counselors should be familiar with the resources in their community. Connecting people who are homeless to these resources would meet a need that many in this study's sample identified. Additionally, more research is needed in understanding resource problems and allocation in the homeless population and how counselors can help their homeless clients better access these resources.

Summary of Recommendations

Participants provided recommendations to counselors who intend to or currently work with people who are homeless or people who are at a risk of becoming homeless. There were four themes and 16 different categories representing the collection of recommendations provided by the participants. The results suggest that recommendations varied from specific types of counseling to ways in which counseling was not helpful enough. Also recommended were ways in which counselors can improve their own characteristics and knowledge of the homeless population as well as how counselors can improve resources. These recommendations provide direct feedback to helping professionals who work with individuals who are homeless or at risk of becoming homeless. Moreover, researchers can use these exploratory results as a catalyst for further investigations on ways in which counselors can be most helpful in preventing and intervening with homelessness.

Limitations

This research study offers many different implications for counselors and researchers who work with or plan to work with people who are homeless or at risk of becoming homeless. It is important for the readers of this dissertation to be aware of the limitations of this investigation. Outlined below are five limitations of the current study identified by the primary investigator.

First, using the critical incident technique means that the study is an exploratory study. That is, this investigation did not test a hypothesis, but rather explored general research questions. Therefore, it is important to keep in mind that the results of this study are not meant to be taken as confirmatory, but rather as an array of helpful catalysts for

future studies. Subsequent research may use experimental designs to study specific hypotheses gleaned from the results of this qualitative study.

A second limiting factor is the subjective process in which the results were gathered and analyzed. To compensate for the subjectivity of the process an auditor was used to help validate the results and check the critical incident technique process for reliability. Nevertheless, only one researcher performed the majority of the analysis for this investigation. As is the case with any other individual, this primary investigator has personal experiences and beliefs that can bias his interpretation of these data. Therefore, like other qualitative studies, this study is limited by the subjective nature of the research tool (i.e., the investigator). Repeated studies are warranted to confirm the subjective analysis of this researcher's results using more objective means.

A third limitation is the participants themselves. It has been emphasized in this dissertation that this study is unique in that it is asking homeless persons directly about their experiences becoming homeless and their views on how counselors can help. The downside of interviewing individuals directly is that their self-report is mediated by their own memories and interpretations of critical events in their life. The evidence, in the case of this study, is based on self-report rather than observable behavioral evidence. Direct behavioral evidence of causes for homelessness and ways in which counselors could be helpful would be considered a more reliable and valid source of data by many researchers, though viewed as unrealistic considering the parameters of this dissertation. A related limitation with the participants is that individuals in this study were chosen based on their willingness to be interviewed. It is likely that people who volunteer to

disclose their experiences about becoming homeless and their views on counselor helpfulness are different from those who would not volunteer.

A fourth issue that limits this study is the cross-sectional nature of the methodology. That is, this study merely captures a snapshot of the subjective experiences of the participants studied. People's interpretation of their own experiences likely change over time as perspectives change. In contrast, a longitudinal method for studying the causes of homelessness and how counselors can help may be more useful in capturing a more long-term and accurate perspective on these issues.

A fifth limitation is related to the generalizability of these results. One reason that generalizability cannot be assumed is that the sample size of this study is relatively small for making general statements about the entire homeless population. A second reason for interpreting generalizability cautiously is that the sample was specific to individuals living at one local homeless shelter. Namely, the sample was a convenience sample. And though diverse in gender and racial/ethnic background, it is difficult to say that this sample was representative of other homeless persons. Furthermore, generalizability was limited by geographic location. Namely, the participants were living in Iowa, a rural state. Particular caution should be taken when generalizing these results to individuals who are homeless in more urban settings.

Conclusion

This dissertation reviewed the problem of homelessness and summarized relevant literature for the reader. Additionally, the two research questions for the current investigation were presented along with a qualitative methodology to study these research questions. The research questions were "What do homeless individuals perceive to be the

critical incidents that led to their homelessness?" and "What do people who are homeless recommend for how counselors can help the homeless and individuals at risk of becoming homeless?" The critical incident technique was used to explore these questions in a 25-participant sample of homeless shelter residents. The critical incident technique procedures were described as well as demographic information about the study participants. The results of the analysis were provided in tables and explained with the help of direct quotes from interview responses. This dissertation concluded with a discussion of the themes and categories that emerged from participant responses, followed by a disclosure of possible limitations to the research design.

This research study serves the emerging body of literature on the reasons for homelessness and on the ways counselors can be helpful to people who are homeless. Moreover, these results may benefit mental health clinicians in better understanding and better treating the problems faced by people who are homeless.

It is the hope of this author that this dissertation provides more than information to researchers and clinicians, but also serves as an inspiration for psychologists to become more involved in helping to create change in the lives of people who are homeless. As this dissertation points out, homelessness is a serious problem in the United States. In the opinion of this author, homelessness is a social justice issue that necessitates a social justice response. As Vera and Speight (2003) stated: "A social-justice informed psychologist seeks to transform the world, not just understand the world" (p.261). Counseling psychologists specifically, as social justice trained clinicians, are ideal helping professionals for the homeless population – a diverse group of individuals who struggle with a multitude of presenting issues. A general theme across the responses in

this research study was the sentiment that homeless people need advocates—helping professionals who go above and beyond to be caring, to provide resources, to understand the unique problems individuals face, and to support their homeless clients.

Psychologists can play an important role in helping people who are homeless. Indeed, psychologists need to be more involved. Shinn (1992) explored the role of psychologists in homelessness and asked the following questions of psychologists:

> How does a society of unparalleled affluence permit such destitution in its midst? How do we who are well fed, well housed, and well dressed walk by our brothers and sisters who are none of these? These are truly psychological questions (p.20).

Through research, practice, and advocacy helping professionals can create both systemic and individual change for the underserved and marginalized in society. There are great needs to be met in the homeless population. Meeting those needs is the task at hand.

APPENDIX: TWO-PART INTERVIEW PROTOCOL

Part One

Before I begin the study I think it may be useful for me to clarify something about the term "homeless" that I will be using. I realize that not all people have the same definition for homelessness, so I for the purposes of this research study I am going to use the legal definition of homelessness, which is: *Someone who lacks a fixed, regular, and adequate nighttime residence. This definition includes individuals whose primary nighttime residence is in a supervised shelter or institution designed for temporary accommodations.*

Do you believe you are homeless according to that legal definition?

(Query if necessary)

Demographic Questionnaire

Let's begin with the questions about who you are.

(Gender: Ask if necessary)

1. How old are you?
2. Where are you originally from?
3. What do you consider your race or ethnicity?
4. How far did you go in school?
5. What is your current living situation?
6. How long has that been your living situation?
7. Have you been homeless before?
8. What have you done for work in the past?
9. What do you do for work now?

Thanks for giving me those answers. Do you have any questions so far?

Part Two: **Critical Incident Portion**

Now, I am going to ask you a series of questions related to events leading up to you becoming homeless.

Describe an incident in your life that you consider critical in leading to you becoming homeless. When I say an incident that is critical I mean something that made a significant contribution to you becoming homeless.

Who Query: Tell me more about the individuals involved.
What Query: Explain in more detail what exactly happened.
When Query: When did this happen?
Where Query: Where did this incident occur?
Criticalness Query: Tell me more about why you consider this incident critical in your becoming homeless.

Counselor Utility Question

How do you think a counselor could have helped you in this specific situation?

Follow-up: When I say a counselor, I am referring either to a substance abuse counselor, mental health counselor, or career counselor.
Query: Do you think you would be homeless right now if you would have been able to receive help from a counselor for this specific situation?
Query: (If a counselor would not be helpful) What or who would be helpful?

[Repeat protocol until the participant reports no more incidents or interview time elapses]

Final Question:

I am in a counseling program and work with many counselors. What recommendations would you have for counselors who might want to work with people who are homeless or people who might be at a risk to become homeless?

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