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An Adapted Life Skills Empowerment Program for Homeless Youth: Preliminary Findings

Amanda Sisselman-Borgia

Lehman College, Department of Social Work, Bronx, New York, USA

ABSTRACT

Homeless youth are a difficult to reach subgroup of homeless individuals who require a unique level of intervention given their specific vulnerabilities as young people. They experience higher levels of trauma than their housed counterparts and lack parental guidance around concrete life skills as well as emotional support. This article provides a description of the adaptation process of a pilot life skills empowerment program designed to help homeless youth integrate successfully into the community by providing life skills training, emotional support, and social justice awareness. Youth participated in twice weekly group sessions and one-to-one mentoring with community volunteers. The adapted program was piloted in 3 cycles with small groups totaling 20 youth over the course of 18 months. Mixed methods were used to evaluate youths' experiences in the program. While the sample size was too small to detect statistical significance, scores on validated measures (Antonovsky's Sense of Coherence measurement tool and the Post-Traumatic Check-list Civilian version) demonstrated improvements in coping and sense of coherence and decreases in trauma symptoms. Qualitative findings supported the quantitative trends, demonstrating that youth felt more confident and hopeful about their futures, were able to set goals for themselves, and begin training programs and jobs. Youth were also able to develop trusting and meaningful relationships with mentors, staff, and peers. Implications for future program development and practice, future research, and social services education are discussed.

KEYWORDS

Homeless youth; homeless youth program; mentoring; youth services; youth training

Introduction

The crisis of homelessness has increased across the United States over the last several years (Cutuli et al., 2019). In particular, youth who experience homelessness are a subgroup of individuals experiencing homelessness who require a unique level of intervention given the systemic difficulties they face. Homeless youth are disproportionately youth of color and lesbian, gay, bisexual, transgender, and queer (LGBTQ) (Fusaro et al., 2018;

CONTACT Amanda Sisselman-Borgia  Amanda.sisselman@lehman.cuny.edu  Lehman College, Department of Social Work, Bronx, New York, USA.

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Morton et al., 2018). Homeless youth also report high levels of trauma from previous family/child abuse and through current lived experiences as homeless individuals (Bender et al., 2010; Wong et al., 2016).

This article provides information about an intensive and supportive community-based program called The Living Proud Life Skills Empowerment Program that was designed to meet the needs of homeless youth. Living Proud was adapted from a program originally designed for adults. The purpose of this program was to build upon existing strengths and improve life and coping skills, while also working toward reductions in trauma symptoms and connection to community resources. The original program, the Life Skills Empowerment Program, was a grassroots effort designed by an advocacy organization and a large faith-based social service agency to empower homeless individuals and those who were homeless or formerly homeless to tell their stories and shift community perspectives about homelessness. The original program existed within faith communities and organizations in New York City (NYC) and a surrounding suburb and served homeless men and women (Lightburn & Sisselman, 2014). The program included individualized mentoring, life skills workshops, individualized goal-setting plans, and sharing personal narratives to advocate for social justice change. Later, adaptations for women survivors of domestic violence, homeless veterans, and men and women recently released from prison were developed.

The specific aims of this article are to describe the adaptation of the original program for homeless youth and initial evaluation findings. This particular program was chosen as a model for this population because of the support it offers participants through skills-based learning, mentoring, and connection to community resources. The adaptation process was guided by social work principles and integrated intersectionality theory, and the principles of the trauma-informed care model, which include the strengths perspective (Crenshaw, 1991; Saleeby, 1993). A strengths perspective is crucial to research and work with youth experiencing homelessness; however, the literature often describes vulnerable populations using a problem-centered approach. Although the literature reviewed here may discuss problems experienced by youth, the overall goal was not to perpetuate the problem-centered approach, but to describe some of the most significant issues facing youth experiencing homelessness.

The roots of the original program also aligned well with the strengths perspective and trauma-informed care, with emphasis on providing positive feedback about existing strengths as well as a safe environment for participants to learn and move their lives forward. Trauma-informed care focuses on four main components: trauma awareness, emphasis on safety, opportunities to rebuild control, and a strengths-based approach (Hopper et al.,

2010). Further, intersectionality theory, a term coined by Crenshaw (1991), describes the overlap of marginalized experiences based on different parts of one's identity. Homeless youth identify not only as racial/ethnic minorities and sexual/gender minorities but also as homeless individuals. These different aspects of their identity triple their risk for discrimination and marginalization. Program staff sought to help youth develop positive aspects of their identity and to develop resilience and a sense of pride around their identity. Berger and Quiros (2014) write that including an understanding of intersectionality is an essential part of creating a trauma informed-informed environment.

Literature review

Significance and intersectionality

The existing literature documents the growing numbers of homeless youth across the United States and globally (Black et al., 2018; Krabbenborg et al., 2013). Chronic physical and mental health issues, including HIV, substance abuse, depression, anxiety, and posttraumatic stress disorder (PTSD), are very common (Wong et al., 2016). Youth experiencing homelessness are also more likely to get involved in the criminal justice system due to minor offenses, drug involvement, stealing, or prostitution, most often related to the difficult circumstances of their living situation. Violence and trading sex for shelter or other basic necessities such as food or safety are common as well. Neurocognitive development and academic achievement are also typically impacted for youth who are homeless (Edidin et al., 2012). Adolescence is a vulnerable time for brain development, and the trauma associated with homelessness at this age can cause delays and disruptions to the developmental process. Delays or disruptions in neurocognitive development as well as the specific and concrete issues associated with living on the street are all associated with lower academic achievement in homeless youth (Edidin et al., 2012).

Intersectionality is significant to this work because there is an overrepresentation of minority and LGBTQ youth in the population of youth experiencing homelessness (Cochran et al., 2002; Morton et al., 2018). Discrimination based on these intersecting identities, particularly in the form of subtle discrimination, or microaggressions, contributes to the poor health and well-being of homeless youth (Budescu et al., 2019; Sisselman-Borgia et al., 2018). Microaggressions based on race and ethnicity were associated with poor mental health and suicidality in homeless young people. Newer research suggests that youth experiencing homelessness reported microaggressions based on their homeless status, separate from race and ethnicity (Budescu et al., 2019; Sisselman-Borgia et al., 2018). Homelessness

based microaggressions were also associated with increased depression, anxiety, suicidality, and problems sleeping (Sisselman-Borgia et al., 2018).

Trauma and homeless youth

Studies showed that youth experiencing homelessness struggled with previous traumas related to family abuse or neglect and with traumas related to living on the street or in shelters (Edidin et al., 2012; Keeshin & Campbell, 2011; Wong et al., 2016). Keeshin and Campbell (2011) found that 84% of the youth in their sample had histories of childhood abuse prior to the age of 18, including physical and sexual abuse. Homeless youth are at an increased risk for sexual assault and witnessing violent crimes while living on the street. LGBTQ, in particular transgender youth, are at a particularly high risk for sexual assault and violence on the street (Shillington et al., 2011). Additionally, many homeless youth have experienced child physical, sexual, or emotional abuse and/or have witnessed domestic violence in their families of origin (Wong et al., 2016). Finally, domestic violence in relationships was common among homeless youth (Morton et al., 2018).

Substance abuse is another common struggle among homeless youth and is often used as a coping mechanism to deal with trauma experienced prior to and during homelessness (Edidin et al., 2012; Nyamathi et al., 2010; Thompson et al., 2010; Wenzel et al., 2010). Wenzel et al. (2010) found that substance abuse was more prevalent among youth who met peers through their networks on the street versus those who met peers in recovery or treatment settings. Another study demonstrated that identification with homeless culture is also a predictor of substance misuse in homeless youth (Thompson et al., 2010). Both homeless culture and street networks are associated with increased experiences of trauma. Newer research shows that male homeless youth who have experienced trauma are more likely to be diagnosed with substance abuse as a coping mechanism, while females who have experienced trauma are more likely to be diagnosed with PTSD and depression (Harris et al., 2017).

Resiliency and trauma

The existing literature demonstrates there are certain individual and external factors that can help to promote resiliency in homeless youth and mediate risk factors associated with trauma. Individual factors include less time on the streets and characteristics such as higher perceived levels of personal control. Youth with greater levels of perceived personal control and self-determination are more likely to be successful in finding stability in permanent housing and experience less psychological distress (Krabbenborg et al., 2013; Slesnick et al., 2017).

Social support, an external factor, is positively associated with mental health functioning in youth who are homeless, but older youth and those who have been homeless for longer periods of time are less likely to have this support (Wright et al., 2017). Further, youth who are involved in supportive living environments following homelessness have better self-reported well-being and quality of life and are better integrated into the community than youth who transition into independent living situations following homelessness (Kidd et al., 2013).

Existing programs

Most programs for homeless youth do not offer all of the necessary or needed services under one roof and have difficulty capitalizing on factors that promote strength and resiliency, as described above. Shelter beds and housing opportunities for homeless youth are considerably lower than the numbers of youth who are homeless and on the streets (Ha et al., 2015; Henwood & Padgett, 2019). Service providers, including crisis shelters, drop-in centers, social workers, and mental health counselors, are overwhelmed with requests for assistance and are often unable to accommodate existing needs. Drop-in centers are engaging youth and providing basic services such as showers and meals. However, overwhelmed service providers are unable to do more than focus short encounters on referrals and paperwork instead of individual support and mentoring. Youth are engaged briefly and often leave in search of more extensive assistance which is hard to find. The need for services greatly exceeds the availability.

Many existing interventions and programs have poor communication with each other, making it hard for youth to receive continuity of care. One study showed that communication among different agencies was a real hindrance for both youth and staff as they tried to manage referrals to different sources (Black et al., 2018). The processes involved in referrals were frustrating to the staff and youth felt “bounced around” (Black et al., 2018; Slesnick et al., 2017). Slesnick et al. (2017) found programs that were better able to communicate and connect youth to services were more effective and that having contact with a mentor was protective of mental health in service avoidant youth with histories of trauma.

Some existing programs are focused on reducing HIV infection and related risky behaviors through testing. An intervention study conducted by Milburn et al. (2012) examined the effectiveness of the family intervention, STRIVE, which was designed to address HIV and risky sexual behaviors in homeless youth. The intervention was more effective at reducing risky sexual behavior as well as substance use and delinquency than the control condition. However, many youth experiencing homelessness do not have

access to family, or they have families who are unwilling to participate in such an intervention. So the effectiveness or feasibility of this kind of intervention for the majority of youth experiencing homelessness is questionable.

Alternatively, a study specifically designed to examine the Community Reinforcement Approach (CRA), which is informed by cognitive, behavioral, and systems perspectives, was effective in working with youth who were living on the street and not connected with family or a shelter (Slesnick et al., 2007). The authors compared treatment conditions to a group of youth who received usual care at a drop-in center. The youth who participated in the CRA intervention participated in an average of seven sessions, which included establishing rapport and addressing individual as well as systemic issues. Youth in the intervention had significant reductions in depression and substance abuse and improvements in social stability (Slesnick et al., 2007).

The existing literature documents factors that make for a more successful intervention for youth experiencing homelessness (Heinze et al., 2010; Lightfoot et al., 2011; Morton et al., 2018). Youth and staff in multiple studies agree that additional support for employment and education services would be helpful, including cognitive, emotional, and concrete types of support, such as funds for transportation. Morton et al. (2018) corroborate this important need for education and support around education services, finding that having a GED was protective for younger parents and they would be less likely to be homeless with a GED. Intervention planning should include assessment or screening of preexisting personal characteristics of the youth who participate in interventions to target necessary skills in ways that are appropriate for this population (Lightfoot et al., 2011). Youth who have better problem-solving skills at the outset have fewer problem behaviors to address, thus addressing problem-solving skills in youth who may have a deficit in this area could prove to be effective (Lightfoot et al., 2011). The age of the youth involved may also be something important to consider when balancing needs and important aspects of interventions. Heinze et al. (2010) found that younger youth reported addressing safety needs to be most important, while older youth reported that the structure of the program and consistency were most important to them.

Gaps in the literature

Although there are several programs across the country designed to meet the needs of youth experiencing homelessness, each with varying outcomes and inputs, there are not enough evidence-based interventions. Available

programs are generally brief and without intensive evaluations and do not take into account the various needs of this diverse group, such as trauma histories. Another large gap relates to youth who identify as LGBTQ, an overrepresented group in this population. LGBTQ youth who experience homelessness are at an increased risk for discrimination, trauma, and PTSD and have more limited support systems. Programs designed to reach this subgroup are generally in urban areas, leaving out youth who come from rural and suburban areas. Programs that cater to the larger population of youth experiencing homelessness often fail to consider that facilities should be gender neutral and that staff and other youth should be aware of the unique needs of this group (Maccio & Ferguson, 2016; Prock & Kennedy, 2017).

This article starts to fill gaps in the literature by introducing a newly adapted intervention model designed to meet the needs of a diverse group of youth experiencing homelessness, including those who identify as LGBTQ, with life skills training, several levels of support, and community building. Preliminary unpublished evaluation report findings for the original Life Skills Empowerment Program demonstrated that adult participants reported reductions in trauma symptoms and improvements in coping and managing their lives.

Theoretical framework

A trauma-informed, strengths-based approach with a focus on intersectionality was used to guide the development of the program adaptation, decisions about evaluation outcomes, and the interpretation of findings. The main quantitative outcome variables in the evaluation were trauma symptoms and sense of coherence, or one's ability to cope and manage in the world. Trauma and sense of coherence were also the main outcome variables in the evaluations done with the existing Life Skills Empowerment Programs for adults (Lightburn & Sisselman, 2014).

Trauma-informed work includes several main components: trauma awareness, emphasis on safety, opportunities to rebuild control, and a strengths-based approach (Hopper et al., 2010). Table 1 shows how these trauma-informed components, including use of the strengths perspective, were applied to the different aspects of the program adaptation. Providing a safe environment meant also demonstrating an awareness of the intersectionality of marginalized identities among homeless youth. In practice, this meant fostering an environment that was safe for diverse opinions and identities. It also meant educating youth about how to communicate effectively with others who were different than themselves and how to maintain a "safe space" while respecting differences.

Table 1. Demographic variables (please note that these are out of order b/c of formatting issues but should be placed in correct order for publication).

Variable (N)	Frequency	%
Gender (16)		
Male	7	44%
Female	9	56%
Race/Ethnicity (16)		
White/Caucasian	1	6%
Latin(x)	1	6%
Black/African American	4	25%
Native American	1	6%
Mixed Race/Biracial	9	57%
Education level (15)		
Some high school	8	53%
High school/GED	5	33%
Some college/tech training	2	14%
Number of children (16)		
None	11	69%
1	4	19%
2 to 3	1	6%
More than 3	1	6%
Wants to improve education (16)		
Yes	11	69%
No	5	31%
Wants help to improve education (16)		
Yes	11	69%
No	5	31%
History of incarceration (16)		
Yes	5	31%
No	11	69%
Length of incarceration (5)		
Less than 3 mos	3	60%
3 to 6 mos	2	40%
Physical health problems (16)		
Yes	5	31%
No	11	69%
Mental health problems (15)		
Yes	8	53%
No	7	47%

Intervention and adaptation procedures

Prior to adapting the program materials and developing the sessions for youth, a systematic review of the literature was conducted to understand the most salient issues for homeless youth as well as to review the evidence for effective programs. Following the extensive and systematic review of the literature, separate focus groups were run with homeless youth from the community and service providers. The review of the literature and focus groups provided evidence that the initial life skills empowerment program for adults would be well-suited for an adaptation for youth.

The adaptation process took several months to complete and included feedback from community programs, youth who were homeless, and a thorough review of the literature. Focus groups with youth were conducted at two different points in the adaptation process to learn more about their

most pressing needs and then to receive feedback on the program curriculum draft. Feedback from youth who were on the streets (service avoidant) and using services currently was included in the adaptation process. The original life skills empowerment program for adults included seven main components:

1. Life skills sessions led by community volunteers and a peer leader
2. One-to-one mentoring
3. Communal meals organized by staff and peer leader
4. Goal attainment (with the support of mentors and staff)
5. Developing and sharing one's personal narrative and sharing this at a public speakers' night
6. Peer-related social support
7. Stipend at graduation based on attendance

The original program model was not designed with a trauma-informed focus, even though its premise was aligned with those principles. Developing intentionally trauma-informed procedures was important for youth experiencing homelessness given their extensive trauma histories. The original program also included publicly sharing one's story as a spoken narrative, which is hard for youth who are still developing cognitively and particularly for those with heavy trauma histories. Thus, the adaptation around creating one's story and explaining the art form in an exhibition instead of spoken word was a more age-appropriate adaptation. The needs around trauma and addressing issues related to multiple marginalized identities also led to the adoption of the trauma-informed care and intersectionality models used to guide the adaptation process. Focus groups and literature reviews confirmed the diversity of the homeless youth population, with 50% in some regions identifying as LGBTQ and 90% as ethnic minority. Both a literature review and community focus groups revealed that homeless young people disproportionately experienced intersectional marginalized identity statuses and a high prevalence of trauma. For these reasons both a trauma-informed and intersectional approach were used to adapt this program and guide evaluation considerations.

Table 2 provides information about the adaptations to the original program and connects each adaptation to the literature as well as trauma informed care principles. Sessions were twice weekly for 14 weeks. A licensed social worker ran the program sessions with a graduate social work intern, and both were included in a learning collaborative run by a local university for sister programs. Staff included these two individuals and a program coordinator. The program coordinator was responsible for recruiting participants, developing a schedule for meals through volunteers

Table 2. Program adaptations.

Program component	Description of adaptation with trauma-informed principle(s)	Supporting literature
Life skills sessions	Skills sessions for youth were added: managing difficult emotions, healthful cooking, connecting to school or training, understanding trauma, values and exploring diversity. Other topics were included as they were in the original program: budgeting, how to set SMART goals, and resume writing and interviewing skills.	Karabanow et al. (2010) demonstrated that homeless youth do not have the skills or ability to connect to formal work opportunities. Helping the youth to develop usable skills and connect to resources in the community became a crucial part of the adaptation.
Mindfulness	Opportunities to rebuild control Strengths-based perspective Adding mindfulness exercises to the beginning and end of the program offered youth a new coping mechanism to enter the safe space of the session and to stay focused throughout and in between sessions.	
Overall staffing/Environment	Opportunities to regain control Emphasis on safety Creating a trauma-informed and safe environment was essential. The original programs, while anecdotally sensitive to trauma, were not actively trauma informed. Mentors and program staff and volunteers were trained to understand the impact of trauma on this population. Trauma awareness Emphasis on safety Strengths-based perspective	The literature is growing with regard to the amount of trauma experienced by homeless youth, both in families of origin and on the street. (Bender et al., 2010; Wong et al., 2016). Slesnick et al. (2007) showed that trauma was a significant barrier to treatment engagement and reductions in substance abuse, a pervasive issue among homeless youth. Sales et al. (2016) reviewed studies related to trauma and HIV prevention, both pervasive issues among homeless youth and concluded that efforts focused on specific types of traumatic events (i.e., childhood trauma) and not on cumulative trauma, accumulated over time. This was a gap that the adaptation sought to fill. Further, Vitopoulos et al. (2017) demonstrated the effectiveness of mindfulness in an intervention to help reduce trauma symptoms and improve mental health in homeless youth.
Mentoring and adult contacts	The original program generally scheduled 5-7 mentoring sessions in total over the course of the program. The literature documents homeless youth's great need for adult mentorship and guidance, so we doubled this and invited mentors to	Karabanow et al. (2010) found that there was a shortage of available work opportunities for homeless youth, leaving them with few options. Connections to community members and adults who could vouch for the youth and offer them

(continued)

Table 2. Continued.

Program component	Description of adaptation with trauma-informed principle(s)	Supporting literature
Community meals	<p>attend once per week and participate in other sessions in addition to goal setting.</p> <p>Opportunities to take back control</p> <p>Emphasis on safety</p> <p>This component was carried forward as it was an important part of relationship building among the youth and with staff, volunteers, and youth. The youth were included in the community in this way. Building community for youth, including trusting relationships is important. This element of the program was innovative in the program literature.</p>	<p>opportunities was crucial. Slesnick et al. (2017) found that adult mentoring was a protective factor for the mental health of homeless youth.</p> <p>Also related to Karabanow et al. (2010) findings and need for opportunities, the community meal allowed youth to interact with the adults and volunteers informally, providing more data about their ability to relate to others and ability to manage in a work environment.</p>
Goal setting	<p>Strengths-based approach</p> <p>Developing skills and setting goals is a skill that youth must master to be successful in the community. In the original program model, goals were the focus with mentors and were contained to those sessions. The adaptation for youth had more of a focus on goal development because of the vulnerable age and cognitive development of the participants. The social work intern/case manager was an integral part of goal setting and worked directly with the youth and the mentors to help find resources and make connections within the community.</p>	<p>Dashora et al. (2011) found that homeless youth with task oriented coping skills were less likely to engage in delinquent activities than those with emotion focused coping. This highlighted the importance of investing in goal setting and task oriented work with the youth in the adaptation.</p>
Developing and sharing personal story/Narrative	<p>Opportunities to take back control</p> <p>This was a major feature of the original program and was carried out through spoken word during sessions designed to work on developing the story and then a public session at the end of the program to share. Youth express themselves differently and are not always as comfortable or emotionally able to share a written narrative. Thus, as a team, we offered them the opportunity to tell their story through creative means. The program facilitator and case manager led these sessions, with support from the mentors. Adding the mentors on most story development nights was helpful as the youth needed additional support as they recounted difficult moments of their histories and</p>	<p>Use of personal narratives and the concept of narrative therapy has been helpful in shifting one's personal narrative to a more positive outcome (Merscham, 2009). Michael White's (2005) framework was helpful in developing this component of the adaptation and understanding the importance of allowing youth to work through their story to address trauma and move forward. Specifically he speaks of finding support in difficult situations and holding onto hope in less than ideal circumstances (White, 2005).</p>

(continued)

Table 2. Continued.

Program component	Description of adaptation with trauma-informed principle(s)	Supporting literature
Co-facilitation of group sessions	<p>thought about how to represent these moments as well as their plans to change their narrative for the future. Strengths-based perspective</p> <p>Opportunities to take back control</p> <p>The original program was facilitated by peers who completed the program previously. The peer component was important in engaging and motivating participants. Because of the level of trauma experienced by homeless youth, the adaptation was facilitated by a professional social worker with clinical experience in working with youth with heavy trauma histories. Graduates from the original programs were engaged as mentors and guest speakers to include this important element from the original program.</p>	<p>Based on the studies demonstrating that homeless youth have heavy trauma histories and the effectiveness of trauma informed practices, this was a crucial component to the adaptation (Bender et al., 2010; Slesnick et al., 2007; Wong et al., 2016).</p>
Stipend	<p>Emphasis on safety</p> <p>Strengths-based perspective</p> <p>The original program included a stipend to demonstrate the value of time put into the program and thereby assist with retention and also as a reward for completion. The stipend also recognized concrete needs of the participants for financial support. This was carried into the adaptation for youth. It was important to demonstrate that the staff and program leadership trusted the youth with money.</p> <p>Opportunities to take back control</p> <p>Strengths-based perspective</p>	<p>Garvey et al. (2018) demonstrated that providing a cash stipend/incentive was a helpful tool for retention of program participants. They were able to retain 91% of their participants at 3 month followup.</p> <p>The stipend was \$10 a session with a \$20 bonus for those who did not miss more than two sessions. The most a participant could make with the stipend was \$300 including the bonus, if they attended all sessions.</p>

and other sources, and setting up the program schedule for that cycle. The licensed social worker was responsible for working with the program coordinator to develop the session content, including guest speakers, and to manage group dynamics within each session. The program coordinator was responsible for assisting with session content and recruiting volunteers for mentoring in addition to recruiting guest speakers.

Youth had the most contact with the program facilitator and their individual mentors. Youth interacted with the program facilitator approximately 29 times throughout the program. The facilitator was present for each program session as well as the session where youth met to do evaluation materials. The facilitator left during the evaluation procedures but

was there for dinner and to support the youth before they did their evaluation surveys and focus group. Program participants interacted each session with the facilitator and approximately once per week with their mentors. The program coordinator and social work intern often met with youth to address case management needs prior to the start of each session and to help mentor/youth pairs connect with resources. The social work intern would schedule meetings prior to sessions with youth to address individual needs. The number of these interactions was different for each youth participant, depending on need; however, each youth had an average of seven formal meetings with the social work intern/case manager. Participants met with their assigned mentors an average of 12 times, with most meeting 14 times. This number included an occasional meeting with a replacement mentor if their assigned mentor was unavailable. The replacement mentors were available during each mentor session so that all youth were familiar with them in the event their individual mentor was unavailable.

Community support was integral to the program, as mentors and meals came from the community. Everyone ate dinner together before each session, including staff, volunteer cooks and mentors, and participants, creating, as youth shared, a sense of community and family for the youth.

Program description

The program took place in a large room in the basement of a church with a mission to serve and assist young people who are homeless. The bathrooms were all gender neutral, and the entire staff of the church, including office and custodial staff, were trained upon hiring in orientations led by the pastor and administrative leadership of the church to be sensitive to the needs of a broad range of homeless individuals. The pastor of the church identifies as gay and feels particularly moved to help LGBTQ young people, who are disproportionately homeless. The room had a kitchen and long tables and chairs set up for the group. The kitchen was used to heat and serve food that was brought from volunteers for the program sessions and to hold drinks and snacks that the youth were able to have during program sessions.

It should be noted that during initial focus groups with youth to determine goodness of fit for the program adaptation, we asked about the possibility of the program being held in the church basement. There were no objections. The youth said they felt safe and comfortable in the church and either knew this pastor themselves or heard through word of mouth that this particular church community was an ally. The church co-sponsored the program, offering assistance with obtaining weekly metro cards for participants, space, and recruitment. At the time, there was a drop-in center

housed within the church for homeless youth during a different time frame than the program specifically focusing on LGBTQ young people, although they did not turn anyone away who was homeless. Thus, there was a mix of youth who visited the drop-in center. A few of the youth who visited the drop-in center participated in the program, but the majority of participants were recruited from other drop-in centers and shelters throughout the city.

Each session began with the youth arriving to the church, usually early before the session began, and they would get settled and talk with staff. The program would generally take place with chairs arranged around a table. Sometimes, depending on the topic, chairs would be moved into a circle for a more intimate discussion. On days where mentors were present, mentor/participant pairs would meet in separate areas of the space or go outside to another quiet space to meet. On mentor days, all mentor-youth pairs would meet back in the larger space to debrief and regroup with each other and the program facilitator before the end of the session.

Each week certain youth had appointments with the social work intern/case manager before sessions began. Youth and staff would set up together for dinner, preparing paper plates, cups, and a food/drink buffet. Meals were solicited from community volunteers, restaurants, and another church mission. Staff, volunteers, mentors, and youth participants would eat dinner together before beginning the session content. This became an opportunity for participants to share information about their day, receive feedback and support about concerns, and generally an opportunity to “vent.” Following the meal, the program facilitator would begin with a mindfulness activity to help everyone focus and prepare for the program session that evening. Participants would then read and discuss a reading brought in by the program facilitator. Readings were brief but designed to elicit conversation and sharing of feelings by the youth. Readings were usually inspirational in nature, but often brought up feelings of anger for the youth in the beginning because their life circumstances often prevented feelings of inspiration. Youth were encouraged to openly share feelings of anger if they were comfortable. Youth were also given other options such as stepping away from the group for a moment or choosing to pass on their moment to reflect on the reading. These options were an important part of maintaining safety within a trauma-informed environment. It became an opportunity to discuss alternative ways of thinking and how to empower one’s self to make changes and advocate for larger structural change.

After the mindfulness and reading exercises, the bulk of the program session would begin. Each session had one of several topics assigned to it – life skills, mentor/goal setting, or story development. Life skills sessions included concrete skills like money and budgeting or connecting with

educational resources/school/training and softer skills such as managing your emotions in difficult situations and handling relationships successfully. Life skills sessions were facilitated by the program facilitator and often included a presentation from a volunteer community professional with expertise in the areas described above. Mentor sessions would consist of individual mentor/participant meetings that focused on development of goals and working toward them. Mentors would develop relationships with participants that helped build trust. Mentors attended training sessions with licensed social workers and trauma counselors, including the program facilitator, to learn about participant needs, trauma, and to receive support. Training sessions occurred prior to the program started and were offered throughout the intervention. The program facilitator also met individually with mentors as needed to address individual concerns.

Story development sessions were designed to help participants work on developing their stories in whatever form they felt most comfortable. Participants created something – an art form or poem, a song, or collage that represented where they had been, where they were, and where they planned to go. Mentors often used parts of their sessions to help the youth work on the development of their stories. Some met with participants in between sessions, but these additional sessions were not documented. The twice weekly sessions alternated between the main three types of content (story development, life skills, and mentors/goals).

Each session would end with a recap of the session and closing mindfulness activity. This was an important part of each session, as the content of the sessions had the potential to be heavy and emotionally charged, so having the opportunity to summarize and come back to the present moment was built in as a trauma-informed component to support the youth in transitioning to their regular activities following the program session. Engagement in mindfulness activities was optional for youth who found it triggering, and there were a few sessions where youth did not engage in the mindfulness activities. The facilitator found that providing the option helped to maintain safety and youth were more willing to participate. Youth would share responsibilities for cleaning up following the session with program staff. Participants would rotate set up and clean up responsibilities each session.

Sessions in total were three hours long, which included dinner and setup/cleanup. Youth would arrive with volunteers and staff at 4 PM to begin setting up and to touch base with program staff about case management issues. Dinner and official setup with actual programming would begin at 5 PM, with the content portion of the session from 5:45 to approximately 7:45 with a 15 min cleanup period at the end. Community volunteers who contributed meals were invited to stay for dinner and

conversation prior to program content, but did not stay through the content portion of the session for confidentiality reasons. On mentor session nights, mentors would be present for dinner and session content. Program sessions were run twice per week for 14 weeks.

Current study

The current study describes a summative evaluation related to a pilot program. Hypotheses were that participants would have increased well-being and life functioning as measured through the Sense of Coherence scale and decreased trauma symptoms as measured through the Post-traumatic Stress Checklist. The study also sought to answer the following research questions: 1) How did the program contribute to participant well-being? 2) How did the program contribute to goal setting for participants?

Methods

Both quantitative and qualitative methods were used to evaluate the pilot cycles of the adapted program. A mixed methods approach was chosen because the intervention is in nascent stages, and we felt we were still learning about how the adaptation worked for youth and needed as much information as possible. Field notes were taken by research assistants and the principal investigator (PI, also the author) throughout the adaptation process and during all meetings, focus groups, and other planning activities. Qualitative methodologies for describing the program, development of focus group questions, and analysis of qualitative data, including field notes, are described below.

A convergent analytic approach was taken as qualitative data were gathered alongside the quantitative data (Cresswell et al., 2013). Field notes were used to enhance the understanding of the program process and later informed the findings of the quantitative outcome data. Similarly, focus group data were collected at the same time as the quantitative outcome data to learn about participant experiences in more depth. This was done to obtain the most information possible within the time frame following the program. Youth who experience homelessness are a transient population, so the research team made these methodological decisions in part to ensure data were collected from as many participants as possible while we remained in contact with the youth. The team worried that if too much time passed after the program finished, there would be higher levels of attrition and followup would have been more difficult.

Further, a mixed methods approach was warranted to honor the voices and stories of the youth who participated in the pilots and shared their reactions and parts of their lives with the research team. Tuck and Yang

(2014) aptly describe the colonization of vulnerable participant voices in research and academia. These authors call for a refusal and decolonization of typical research methods, which capitalize on the stories of vulnerable populations for the purposes of publication and advancing academic careers. Small portions of the words and qualitative data collected from the youth were included in this evaluation study. We hope this avoided overexposure of their stories and was respectful of the trust they had for our process. Thick descriptions and observations of the research team were carefully included to avoid sensationalizing the lived experiences of the youth who participated in our pilot study.

Acceptability and feasibility of the adaptation

The following things were considered prior to piloting to assess the success and feasibility of the adaptation:

1. The staff would be able to recruit youth to participate and sustain participation in a time-intensive program.
2. Each pilot cycle would run for the entire time and implement all essential program elements. Program facilitators and staff would participate in weekly fidelity checks with the PI to ensure proper implementation and share challenges.
3. At least 85% of the youth who began the program would complete the program and graduate.
4. All youth who participated would set goals, meet weekly with a mentor, attend all sessions including life skills with maximum two absences, and develop and publicly exhibit some creative form of their personal story related to homelessness.

Participation and program completion

Youth were recruited and participated, but only 70% fully completed the program and participated in graduation. However, it is important to note that program staff was able to track three of the six who did not finish. These three all came close to completion of the program, but were offered jobs and attained a major goal that they set out in the beginning of the program.

Implementation

Each pilot cycle ran the full course and all elements were implemented with weekly fidelity checks with the PI. There were no graduated participants who had more than two absences and all who graduated completed

every element of the program. The three youth who got jobs completed all elements up until the time they left the program to begin working. They all completed approximately two-thirds of the program and left within the last four weeks of programming. The main element that these youth were unable to complete was the exhibition of their personal story related to homelessness. Although a formal feasibility and acceptability study was not completed, it is believed this initial assessment serves as evidence that the program has potential for feasibility and acceptability in a larger, more formalized trial or evaluation.

Procedures

Quantitative methods

Quantitative methods were used to obtain a comprehensive participant demographic profile and to evaluate coping and levels of trauma. Data were collected using a written self-report survey at baseline before the program started and again following program completion. Youth were recruited to participate in the evaluation if they participated in the pilot program. Recruitment efforts were done through organizations and programs that serve homeless youth, including shelters and drop-in centers in the five boroughs of NYC. Participants had to be between the ages of 16 and 24 to participate in the program, which was based on the New York City Department of Youth and Community Development definition of homeless youth (<https://www1.nyc.gov/site/dycd/services/runaway-homeless-youth.page>). The survey took approximately 15 min to complete both at baseline and post program, and youth were offered a \$15 cash incentive for completing the survey at each time point. Procedures were approved by the PI's Institutional Review Board. Data were collected at the program site, with program staff and facilitators out of the room. Trained research assistants collected the data and conducted informed consent procedures with oversight from the PI.

Measures

A survey was used at baseline that included typical demographic information such as age, gender, and ethnicity as well as information about substance use in the last 30 days and history of incarceration. Two previously validated measurement tools were used to gather information about participants' levels of functioning and their trauma levels. The same validated measurement tools were used again postprogram to determine any changes from preprogram to postprogram.

Sense of Coherence. The Sense of Coherence (SOC-29) (Antonovsky, 1993) is a scale that has been previously validated with adolescents and adults

internationally. SOC measures the extent to which a person trusts and connects to those around them, in addition to the ways a person copes with challenges and difficult situations (Antonovsky, 1993). In this study, the scale was used to measure changes in ways that the youth made meaning in the world. Scores range from 29 to 203, with an average range for young adults between 132 and 160. Low scores (below 132) on this scale have been correlated with depression, anxiety, and one's ability to manage basic life tasks and function in society (Antonovsky, 1987). Each question is answered in a Likert-type scale, with responses ranging from 1 to 7. Examples of items include, "When you face a difficult problem, the choice of a solution is?", with anchors of 1 "confusing and hard to find" and 7 "completely clear." "When something unpleasant has happened in the past your tendency was?", with anchors 1 "to beat yourself up about it" and 7 "say ok it happened and move on." The scale has excellent face validity and has been used in samples across the globe and across the life span in at least 16 languages (Eriksson & Mittelmark, 2017). Flannery, Perry, Penk, and Flannery (1994) conducted studies that indicated strong criterion validity and found correlations between the SOC and commonly used measures for anxiety, depression, locus of control, and stress management. The literature supports the SOC as a validated measurement tool and describes a typical shift in scores over a one-year time period for adolescents and emerging adults to be approximately 0.2 points (Eriksson & Mittelmark, 2017). In this study, the SOC scale demonstrated an alpha level of .49 and .75 at baseline and posttest, respectively.

Post-Traumatic Checklist. The Post-Traumatic Checklist (PCL) (Weathers et al., 1993) is a 17-item scale that has been previously validated to measure trauma symptoms and presence of PTSD in veterans and civilians (nonveterans). Blanchard et al. (1996) describe diagnostic efficiencies of .7 and above using the score of 44 as a cutoff. A validation study done by Ruggiero et al. (2003) with a sample of 392 found that the scale was internally consistent with an alpha of .87. In the same study, convergent validity was found with high correlations between scores on the PCL and two other established and validated measurement tools for PTSD. Test-retest correlation coefficients were .92, .88, and .68 for immediate retest, retest within one week, and retest within two weeks, respectively. There is some debate about sensitivity and cutoff scores, but these authors found that 44 was an appropriate cutoff score and correlated with PTSD diagnoses (Ruggiero et al., 2003). Items are answered on a Likert-type scale ranging from 1 to 5, with 1 being "not at all" and 5 being "extremely." Examples of items include, "I have repeated, disturbing dreams of a stressful experience from the past" and "I have physical reactions (e.g., heart pounding, trouble

breathing, sweating) when something reminded me of a stressful experience from the past.” In this study, the PCL demonstrated an alpha level of .81 and .84 at baseline and posttest, respectively.

Quantitative analysis

It is very important to note that due to the small sample size for pre-post analysis, there was no expectation of statistical significance. All analysis was done to examine preliminary trends and to determine the feasibility of evaluation procedures with this population. The quantitative analyses described here are primarily descriptive for these reasons. Frequencies captured demographic information, while paired sample t-tests examined differences in participants on the two major outcome measures (SOC and PCL, as above) pre- and post-program. Correlations were utilized to determine if there was any association between the two outcome measures.

Qualitative methods and analysis

Qualitative methodologies in the form of focus groups and field notes were used during the program adaptation, the pilot cycles, and following the program. The research team used these methods to identify participant goals within the program and to understand more about the program processes, challenges that the participants had within the program, and to identify reported successes. It was important to supplement the quantitative analysis with more in-depth qualitative data because of the small N and exploratory nature of the work. Focus groups were recorded digitally at the program site within the month following program completion/graduation using a voice memo application on the PI's password-protected cell phone, and the recordings were then stored on the PI's password-protected computer. Participants received an additional \$15 incentive to participate in the focus group, separate from the incentive for completing the survey. The focus groups were 60–90 min in length. Three focus groups were completed, one after each program cycle.

Questions for the focus groups were developed using guidance from Patton's (2002) methodological framework on use of clear, open questions. Question development was also guided by questions used for previous evaluations of the adult versions of the program (Lightburn & Sisselman, 2014). Care was taken to write questions that were sensitive to the difficult circumstances of the youth and questions that elicited feedback about feelings as well as content regarding the program components. Examples of focus group questions include the following:

1. How has the program helped you to understand the things that have happened to you at different points and places in your life?

2. How has this understanding helped you to reach goals or move forward? Prompt: Ask for concrete example of a goal and how it helped.
3. How could the program better help you to understand the things that have happened to you?
4. How would this help you reach a goal? Prompt: Ask for examples.

The research team drafted questions and received feedback from service providers and youth and then rewrote the questions based on this feedback. Descriptions of program activities as recorded in field notes taken by the PI and research assistants are included to provide a “thicker description” of the program itself and of the adaptation process. Geertz’s (1973) concept of thick description was used as a guide for this part of the data collection and writeup of the findings. Research assistants took field notes and observed program setup as well as activities at random times throughout the program pilot sessions. Research assistants also met with program staff and volunteers regularly to learn more about program processes.

Research assistants transcribed the focus group recordings and analyzed field notes with the guidance of the PI. Using a content analysis approach, the PI and two research assistants reviewed the data within the transcripts and identified themes. Meetings were held to address differences in themes and to develop a list of agreed-upon themes. The transcript data were then coded by the PI and two research assistants based on these themes. Meetings were held again to ensure agreement on themes. Any coding disagreements were resolved in conversation, and all three coders ultimately agreed upon final coding decisions. The process of theme development and categorization was guided by the work of Patton (2002) and Braun and Clarke (2006).

Participants

Demographics for the 16 participants who completed baseline surveys can be found in [Table 1](#). The average age of the participants was 20, but they ranged in age from 18 to 24. Four of the participants had children, and two of these participants had children currently in their care. Most of the participants (81%) needed permanent housing, while some were in transitional housing specifically for homeless youth. Approximately one-third of the youth had some history of incarceration, but all instances were for less than six months. Half of the youth reported mental health issues and one-third reported physical health issues. Approximately half of the youth who participated in the pilot identified as LGBTQ, which mirrors the larger LGBTQ population. We were unable to test any difference in outcomes among different demographics, including sexual or gender identification,

because of the small N. Eleven youth participated in the focus groups, all of whom identified as youth of color and three as LGBTQ.

Results

Quantitative results

A total of 20 youth participated in the pilot study over the course of three program cycles, and 16 youth completed baseline surveys. All program elements were the same in all three cycles, and the PI met with program coordinators and facilitators to discuss fidelity to program components each week. Of the 20 youth, 14 completed and graduated from the program. Three of the youth who did not graduate obtained jobs and were unable to continue the program due to work commitments, and the remaining three left the program for unknown reasons. Postprogram survey data were collected following the program completion for 9 of the 14 who graduated. Two of the program graduates were unable to make the survey data collection date because of school and work commitments, but they participated in an additional focus group that took place two months following the completion of the program. Because so much time passed following the program, survey data were not collected at this time from these two participants. The remaining three graduates did not show up for the postprogram data collection for unknown reasons. Anecdotal information from the community and other youth participants suggested those who did not show up were busy with school or work commitments, but there was no way to confirm this.

The main outcome measures demonstrated change from baseline to postprogram. Again, statistical significance was not expected given the small N. As previously mentioned, the literature describes a typical shift in scores over a one-year time period for adolescents and emerging adults to be approximately 0.2 (Eriksson & Mittelmark, 2017). Participants in this small pilot had an average score difference of 3 points from baseline to postprogram. Paired t-tests showed that participants had average SOC scores of 125 (SD = 21.56) at baseline and 128 (SD = 16.27) following the program ($t = -2.3, p = .67$). Additionally, average trauma scores declined from 45 (SD = 12.53) at baseline to 42 (SD = 11.54) at postprogram ($t = 1.06, p = .32$). A negative correlation was found between SOC and PCL scores at baseline, indicating that lower SOC scores were associated with higher trauma levels ($r = -.51, p = .07$). Similar to the above-mentioned findings, there was no expectation of statistical significance because of the small number of participants; however, the correlation approached statistical significance in the desired direction.

Qualitative results

Main evaluation themes

There were four main qualitative themes that emerged from focus group transcripts following each program cycle: 1) feelings of empowerment and confidence, 2) development of trust for the community, 3) feeling hopeful, and 4) discussions of challenges encountered during the group. First, participants reported feeling both empowered and a sense of confidence from all of the support in the program. They felt that support from peers and mentors was equally important. They learned to find common ground, which they were not always able to do out on the street. They gained an appreciation for the differences in their group of peers and found unexpected similarities as well. Mentors were there each week specifically for them, to support their activities and provide encouragement. The combined sources of support led to feelings of empowerment and confidence. Youth felt more capable and informed about resources and able to manage in different settings.

Relationships with the facilitator and individual mentors as well as the social work intern were the most influential and impactful, according to the youth. This made sense as these were the adults with whom the youth interacted the most. They also felt that relationships with each other were influential in helping them learn to accept difference and relate to others in ways they had not previously. For example, youth who identified as cis-gendered and heterosexual felt they were different and often made efforts to separate themselves on the street from LGB or transgender youth. After spending time with LGB and transgender youth in program sessions and sharing personal narratives, they began to see more similarities than differences and felt connected through their shared experience. Some of the youth talked about feeling protective of their new friends in environments outside of the program and felt they had learned to be more tolerant of others as a result.

No matter what I did or how I felt, they built my confidence ... I never thought it would be possible. (Participant A)

The mentors stayed on top of us with the goals, all of them made sure everyone accomplished them and created new ones. (Participant B)

[Participants names] is my people now. I got their backs when we're outside. (Participant C)

The second theme related to trust. The youth developed feelings of trust for the community that they did not feel before. Negative experiences with providers and others in the community led to decreased feelings of trust and beliefs that no one would believe in them or give them a chance. Eating meals with fellow participants and program staff that were prepared

by volunteers and people from the community each session helped them to believe that there were good people out there. Meeting with the group of mentors that showed up each week also reinforced this idea of trust and feeling that the community might in fact have a place for them.

It was good letting everyone know where we came from and how we ended up here, we got to know and trust each other. (Participant C)

Third, the youth expressed feeling hopeful. They related the consistency of the mentor support in working toward their goals to feeling hopeful for themselves and their peers. They reported seeing progress and change in themselves and in their fellow participants. Several participants spoke about feeling as if so much more was possible now. They connected this feeling of hope and possibility directly to their ability to function and reach goals related to training or employment. Several of them felt that feeling hopeless was related to their difficulties in staying focused previously.

It [the program] kept me from quitting. I feel like I can accomplish anything. (Participant D)

I never thought it was possible to save \$2,000. (Participant E)

Finally, discussions of challenges emerged throughout the larger group discussions. One of the biggest common challenges, or subthemes, that the youth identified was the issue of finding affordable housing. They were very frustrated that the program could not solve this problem more immediately for them. The data did reveal, however, that the youth were more acutely aware of the structural problems related to the larger housing affordability crisis in the region. They felt more equipped to advocate for more and better housing and felt that the development and sharing of their personal stories could possibly help in making change on a broader level.

The program does not change the housing issues here in the city and that is frustrating. We did learn to advocate, which is a good start. (Participant F)

Another common challenge, or subtheme, that the youth identified was that facilitators and staff wanted them to have a certain level of “decorum,” which included speaking at lower tones of voice, which at times felt stifling. They wanted staff to know that loudness did not mean they were losing control. They felt that people expected them to lose control and that staff sometimes saw loudness as a precursor to this. They felt that being loud sometimes was necessary to express their perspectives and get their points across. The free expression of frustration was important to them, as a group.

Help us to lower our tone and hear each other, but don't kill it [our groove]. (Participant G)

Finally, the youth felt that the program was too short and that they would have been able to accomplish more and do a better job with their story “creations” if they had more time. Several of the youth stated they felt more comfortable with everyone as time went by and they would have been more comfortable sharing more complete versions of their stories if they had more time to process with each other. Sessions where they worked on their stories were intense and hard to do when they did not know each other in the beginning.

We needed more time. By the time we all got comfortable and got to know each other, the program was close to being done. (Participant A)

Connecting the qualitative and quantitative results

Using a mixed methods approach and having qualitative data to support the quantitative findings were essential. This demonstrated triangulation for the data and support for the findings from multiple perspectives, which is particularly important given the small N. Cresswell et al. (2013) best practices for mixed methods were used as a guideline for merging and reporting the quantitative and qualitative data. Qualitative interview questions were developed to complement and delve deeper into critical components of the quantitative measures of trauma and sense of coherence/life management. Quantitative and qualitative data were collected separately, but were designed to complement one another. A trauma-informed approach in combination and knowledge of intersectionality theories guided the analysis of the qualitative and quantitative data. Trauma-informed theory would suggest that improvements in SOC scores might be related to youth expressions of increased feeling of hope and trust. The SOC is a global measure of functioning that correlates highly with measures of depression and one’s ability to trust others and manage in the world. The SOC measures feelings of internal control and capability to handle distress. The themes in the qualitative data such as expressions of hope and trust support the quantitative findings. Similarly, it makes sense that the youth felt more hopeful and trusting as their levels of trauma symptoms reduced. Trauma and the negative impact of identification with multiple marginalized identities (intersectionality) can increase anxiety levels and reduce trust, so a trauma-informed program approach with an emphasis on personal strengths and safety might have helped the youth to feel more trusting and hopeful.

The qualitative finding related to the issue of housing and youths’ ability to understand the larger housing crisis might also be related to their improved SOC scores. Improvement in SOC scores suggests the youth were more capable of logical and critical thinking regarding social issues and

behavioral change. They were less likely to feel personally attacked by the lack of housing and more likely to see it and articulate it as a larger community issue warranting advocacy. It required a different type of thought process and a shift in thinking. In some respects, identifying something that they had less control of might have caused more anxiety, but the social justice focus of the program helped to empower the youth about their potential role in impacting change.

Ultimately, the youth felt more in control of their own destiny. The youth showed quantitative improvement on the SOC measurement overall, and the qualitative data supported this finding with increased feelings of self-confidence and improved trust of others. They spoke about the relationship with their mentors and how this helped to improve their ability to reach goals and feel trusting of and more connected to others in the community. Intersectionality theory would suggest that homeless youth experience a disconnection from the community because they are stigmatized based on multiple parts of their identities. Thus, these relationships and improvement in trust are particularly important.

Discussion

This article discussed the initial adaptation process and pilot evaluation findings of an existing program designed for homeless men and women adapted to meet the needs of homeless youth. A trauma-informed perspective informed by intersectionality theory was used to guide the adaptation process. The findings from the preliminary evaluation were promising, as youth reported feeling supported by the intervention, felt more trusting of others, and had an improved sense of hope for the future. Further, average SOC scores increased and average trauma levels decreased from baseline to postprogram in those who participated in the pilot. These results must be taken with much caution because the sample size is very small. The pilot should be replicated with a much larger group of youth to determine if these findings are sustained.

The program was grounded in trauma-informed care, and all program elements were designed with care and attention to create an environment safe for trauma survivors. To review, trauma-informed care emphasizes four main components as summarized by Hopper et al. (2010): trauma awareness, emphasis on safety, opportunities to rebuild control, and a strengths-based approach. Decreases in trauma scores might be attributed in part to the use of trauma-informed care and practices. Trauma-informed care was practiced throughout the program elements and through all contacts with staff and volunteers. Program sessions were designed to help youth manage symptoms and behaviors associated with trauma. For

example, starting and ending with mindfulness exercises was implemented to help manage trauma. Mindfulness is indicated in the literature as an intervention that can help reduce symptoms associated with trauma and stress and improve health and mental health in at-risk, urban youth (Sibinga et al., 2011). The social support that the youth received (through mentors, program staff, and each other) combined with the session content created a unique program experience. Support was provided on multiple levels while delivering content that was designed to improve skills, increase mindfulness, and improve self-confidence. Providing intensive levels of support in addition to guidance and skill building mirrored a time limited version of the parenting process.

Staff and volunteers were trained regarding trauma and the possible impacts on homeless youth. The training offered a foundation for empathy and providing nurturance to youth who had been through multiple traumatic experiences and had associated issues with trust. Content was delivered by staff and volunteers through a trauma-informed, strengths-based perspective, and stressed the importance of believing the youth could and would succeed. The program was facilitated by a social worker who had strong clinical training in addressing trauma in youth using a strengths-based perspective. Thus, trainings for staff and volunteers reflected a strengths-based perspective.

Although the first piloting efforts were promising, there were challenges, including youth frustrations with staff “stifling” their ability to express themselves loudly, while also learning how to moderate emotions and communicate effectively. Managing youth expectations around housing shortages and the affordable housing crisis was also difficult but expected. Program staff was prepared to handle these expectations through the social justice component of the program where youth shared their stories. This was a mechanism through which the program could help youth to understand structural issues contributing to homelessness and how advocacy could lead to change.

As found in previous studies, the trauma levels of the youth who participated in the intervention were high at baseline (Edidin et al., 2012; Keeshin & Campbell, 2011; Wong et al., 2016). The evaluation materials and questions did not ask about the roots of the trauma youth participants experienced, and this is something that should be added to any further evaluation of this intervention. The literature shows that perceived sense of control and self-determination are indicators for success in finding stable housing, and the youth in this study specifically talked about improved confidence and connected it to their ability to manage concrete tasks such as finding housing or managing educational goals (Krabbenborg et al., 2013; Slesnick et al., 2017). The sessions were designed to improve their

skills and feelings of control in the real world and community environment.

Further, youth in this study talked about the importance of support, both in the form of peer support and adult mentor support and the role it played in their successes, which is corroborated in the literature (Wright et al., 2017). As the program grows and the base of participants who have completed the program grows, it will be increasingly important to consider including peer leaders and/or mentors. Gaps in support for employment and advocacy are discussed in the literature and were corroborated by the youth in this study, as they discussed these issues in the qualitative data (Maccio & Ferguson, 2016; Prock & Kennedy, 2017). Finally, youth frustrations with staff trying to “rein them in” connects with work by Gwadz et al. regarding the tensions of youth needing both autonomy and structure.

Application of intersectionality to the intervention

Intersectionality was integrated primarily into the personal narrative and mentoring components of the program. Participants were encouraged to explore different parts of themselves and to develop creative (i.e., a poem, song, collage, or other artistic representation) personal narratives around their identities. For example, youth often talked about their life stories during the sessions in response to the content presented that evening. They were encouraged by program staff and eventually by each other to think beyond their identity as individuals who were experiencing homelessness and think about other parts of themselves. They were able to identify as artists or writers or caring human beings. They began to articulate how the different parts of their marginalized selves intersected to make things harder for them. Several of the youth talked with the staff about this, with one of them specifically saying, “It isn’t just that we are Black or that we are Gay or Queer or homeless. We are all of these and the system hates us for it.” The youth who identified as LGBTQ began to think of themselves as advocates for sexual and gender minorities and cis-gendered/heterosexual youth began to think of themselves as allies to the LGBTQ community. These shifts to a more positive view of their positions and identities was empowering for them.

Intersectionality informed the dialogue between the program staff and participants around developing their stories. Mentors were trained to understand that the youth participants had been marginalized in more ways than one. Mentors learned that youth experiencing homelessness were survivors of a system designed to keep them from succeeding and that they needed support to address needs within this system. Program staff also

used the theoretical underpinnings of intersectionality to inform their understandings of youth reactions to session content and to help mentors understand why there was so much pain and trauma. Marginalization from multiple places could be a “triple whammy” for youth who identified as an ethnic and sexual and/or gender minority while also experiencing homelessness and the severe impacts of poverty and classism. The idea of structural inequity was used to help the youth understand why our system needs to be fixed and to help frame the program objective of advocacy through personal narrative.

Socioeconomic class is another complex part of the youths’ identity that should be recognized. It is important to note that some of the youth that participated in the program came from families who were middle to upper middle class in different parts of the country. This subgroup of participants had roots in the middle class but wondered if they would ever be able to pull themselves out of their current state of homelessness and poverty. Some youth were acutely aware that other parts of their identity (i.e., sexual identity) were the primary reasons they were homeless, as their parents had kicked them out of their homes. Other youth in the program were raised in poverty, in and out of the foster care system, and/or had parents who were incarcerated and no living relatives they could count on. The wide range of experiences with socioeconomic class in this program were congruent with the existing literature (Morton et al., 2018). Program developers and practitioners should be acutely aware of the potential for intersecting identities as they recruit for interventions. Organizations and interventions serving youth experiencing homelessness may need to plan for longer initial engagement phases in their programming.

While intersectionality was intentionally applied to certain program elements and informed session content, future iterations of the program should be even more intentional about naming this concept. It is essential for youth participants, staff, and mentors to be able to describe and name intersectionality and to understand how marginalization from multiple identities (i.e., sexual identification and/or gender, race and ethnicity, homelessness, and socioeconomic class) has the potential to keep people from successful community integration. Program staff might be able to help youth put words to the feelings and experiences that they describe. Helping the youth connect their feelings to the concept of intersectionality has the potential to make their advocacy efforts during the gallery night more effective, particularly to community stakeholders and local government officials. Mentors could bring their new knowledge of intersectionality and its potential impact on youth to the community to raise awareness and improve knowledge on this topic among community stakeholders as well.

Implications for practitioners

As practitioners and researchers work to develop and implement interventions for homeless youth, there are several practical implications that could be useful. Brief programs may be helpful in engaging youth initially, but ultimately the youth and staff involved in this pilot felt that a longer program would have been more helpful, and might have provided more time to develop lasting relationships with mentors and peers as well as more time to make meaningful life changes. The youth reported that it took time to get to know each other and to trust their fellow participants as well as the mentors and staff. The literature has documented that there are pervasive issues with trust among youth experiencing homelessness (Kurtz et al., 2000). Street culture makes it very difficult for youth to trust those around them. Most of the youth we encountered had poor experiences with service providers prior to their participation in this program and were leery about trusting new people. Once they began to feel more settled and more comfortable sharing their stories, the program was coming to an end. The youth described the relationships they made and the unlikely connections with peers different than themselves that would not normally happen on the streets or in shelters. The association of trust and trauma is well documented by experts in the literature and the findings of this evaluation are congruent with the literature (Van der Kolk, 2015).

The feedback that the youth provided about a longer program have implications for practice, as programs must take these needs and issues with trust into account while developing interventions for youth experiencing homelessness. Engagement and recruitment should be elongated to give the youth time to settle in and get to know each other as well as the staff. As the group begins to build trust, session content can gradually get into more details about their lives. The youth who participated in this study said they would have been able to make more progress on their goals if they had more time. The discussions about program length also speak to the self-awareness of the youth, which is a big strength. The youth were vulnerable enough to share that they need time to trust people and to ask for additional help. Crosby et al. (2018) found that youth who were connected to social support were more likely to seek help. Saldanha and Parenteau (2013) do an excellent job describing the difficulties with engagement among sex trade workers, who are oftentimes also youth experiencing homelessness. Efforts to engage youth doing sex work on the street can take months and even years as street rules and street culture rapidly change, given previous traumatic experiences, police activity, and gentrification of certain neighborhoods (Saldanha & Parenteau, 2013).

It is important to hear the voices of the youth that are involved in the programming and take a bottom-up approach to intervention development

and adaptation. Be mindful that youth styles of communication might be different and that loud does not necessarily mean out of control or not listening. Most important is that youth and staff agree to listen to each other and commit to allowing everyone to be “heard.” Using an intersectionality framework or lens, if staff assume that youth will lose control based on their age or homeless status, could be experienced as a microaggression or subtle form of discrimination by the youth, leading to further distress (Budescu et al., 2019; Sisselman-Borgia et al., 2018). Similarly, support from staff and mentors as well as peers was very important to the youth who participated in these pilot cycles. Allowing the youth to be heard was important as was taking the time to help them understand that effective communication is essential for successful community integration. The youth specifically said this support helped them to feel more trusting and to push through some difficult circumstances, such as staying in school and dealing with bureaucracy.

Specific recommendations

1. Train program staff using a trauma-informed perspective or model. Provide concrete educational materials and resources around trauma associated with homeless young people and its impact.
2. Explain the program model to youth and how each component is designed to support different parts of their experience. Encourage dialogue and feedback. Include the youth in the refinement process and make changes and improvements in real time. This will demonstrate that you are listening and help with trust building.
3. Provide regular support sessions for program staff and volunteers to discuss concerns and avoid burnout. Education about self-care and boundaries is important.
4. Create a mechanism for open feedback and dialogue from program staff and youth. Conversation and open communication can reduce misunderstandings and help to improve retention.
5. Involve the community and engage volunteers through social justice and personal narratives. Volunteers can bring in-kind and monetary support to the program and help youth make meaningful connections in the community with regard to work and training programs. Community members often know of opportunities and can act as a reference for the youth and vouch for them.

Implications for educators

In addition to implications for practitioners, this study has implications for educators as well. We should train new practitioners to understand the

importance of their relationship with youth. Developing rapport and establishing a relationship that includes active listening and empathy are paramount and the importance of this relationship should not be overlooked. We should also teach young and learning practitioners to develop awareness for their own biases and to be able to step back and take note if their own values impact the way that they are interacting with others. Even subtle statements or actions, that might seem harmless, can have profound impact on youth or others who are struggling. As discussed above, expecting the youth to lose control because they were using loud voices might be one example. Developing tolerance for difference is equally important. Educators should also teach advocacy and empowerment in the context of youth homelessness, as these skills are essential for youth to survive and thrive, and particularly for those who are or have been homeless. Connecting youth to the community and finding ways to advocate for themselves and for others can be very meaningful and lead to lasting change personally and for others.

Limitations and implications for future research

While the outcomes of the initial evaluation are promising, the N was very small, thus the program must be piloted with a larger group of participants. Quantitative evaluation findings were not available for all youth who completed the program, further limiting the sample size. Recruitment was done throughout NYC but the intervention was run in one borough, limiting the generalizability of the findings. Sexual identification was measured through program staff demographic counts at intake and youth self-report within the program, but not in the evaluation materials; therefore, it was difficult to provide exact demographics for LGBTQ participants. This was a limitation as LGBTQ youth are generally overrepresented in the homeless youth population. Program staff reported that just under 50% of the participants identified as LGBTQ, but in the two smaller pilot cycles only one in each group identified as LGBTQ, so in one cycle it would have been closer to 30%. This is a demographic that would need to be more accurately captured in future studies and evaluations using this model.

Another limitation relates to attrition of the sample and retaining participants for evaluation measures. Because each program cohort is small, attrition of even a small number of participants was problematic for evaluation purposes. The small sample might have been the reason for the low alpha level for the baseline SOC. Future studies should determine if this measure is appropriate with this population. The posttest alpha was more acceptable, so the baseline alpha level may have been an anomaly. Pilots in the future will need to consider this issue and take additional measures to do

everything possible to retain participants and bring them back for evaluation purposes. We offered both incentives for completing surveys and interviews as well as a meal. However, the evaluation took place within the week or two following the program completion and graduation. It might be beneficial to hold evaluation procedures just before graduation or on the same day.

The model should be revised based on these initial findings and then tested with larger cohorts of youth to determine feasibility and acceptability in diverse groups of homeless youth. Given the high trauma levels, it would also be important to gather additional data from youth participants about specific types of trauma experiences and to dig deeper to understand how these specific experiences impact functioning, risky behaviors, and ability to participate in the program. Larger trials must be conducted to establish acceptability and feasibility, as well as effectiveness. Randomized control trials may be hard, given the transient nature of this population, so researchers should consider quasi-experimental designs where usual care groups are used as control groups.

Conclusion

While this study has limitations and findings should be interpreted with caution, it starts to fill a gap in the literature around the possibility for a replicable intervention for homeless youth. Programs that were originally designed for adults can be adapted, but we must be willing to evaluate and make changes. The adaptation process takes time and patience and the model will likely need consistent revision to meet the changing needs of youth amidst difficult economic times. Time and patience are particularly important because of the population. Change does not and will not happen overnight, particularly for homeless youth with heavy trauma histories. Homeless youth are rapidly developing cognitively and emotionally, even beyond the age of 18 as they enter emerging adulthood (Edidin et al., 2012). They have varied and intense levels of need that include emotional support and mentoring as well as concrete assistance in connecting to resources. Housing shortages and very tight deadlines for economic assistance coupled with intense trauma levels create circumstances that make the odds for success more difficult for homeless youth. Thus, adjusting program components to fit needs and providing much support to staff and mentors is very important. Each group of youth will likely have a varied level of need based on the wide variability of issues within the homeless youth population. Use of trauma assessments and functioning levels at intake could help program staff to adjust sessions for each particular group of youth and to prepare mentors for the specific needs of their specific

mentees. However, despite the limitations and difficult nature of the work, the youth in this study benefited in multiple ways from the intense level of support they received from staff, mentors, and peers. This study offers some hope for the future of youth who are homeless.

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