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**SUBJECTIVE WELL-BEING INTERVENTIONS FOR
HOMELESS YOUTH IN FAMILY SHELTERS**

by

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**SUBMITTED TO SCRIPPS COLLEGE IN PARTIAL
FULFILLMENT OF THE DEGREE OF BACHELOR OF ARTS**

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NOVEMBER 30, 2020

Abstract

Homeless adolescents in families are at a higher risk of developing psychological disorders and having poorer mental health compared to their non-homeless peers due to increased trauma and stress in their environments. Positive psychology research on subjective well-being offers a framework to address mental health and life skill deficits in the homeless youth population. This study proposes a 10-week group intervention program in family shelters that provides constructive activities and reflections focusing on improving well-being, self-esteem, optimism, social relationships, and life skills. After the implementation of these interventions, participants will report increased levels of subjective well-being, self-esteem, optimism, and social support immediately after finishing the program, in a 3 month follow-up, and in a 6 month follow-up. Predicted results shows that this intervention program is effective in increasing all measures in post-test and 3 month follow-up assessments, while decreasing perceived stress reports. However, this intervention will not be effective in maintaining these improvements after the 6 month follow-up assessment, when scores begin returning to baseline levels. This research contributes to short-term methods of improving subjective well-being in homeless youth populations and highlights the importance of incorporating mental health resources from a positive psychology perspective.

Subjective Well-Being Interventions for Homeless Youth in Family Shelters

Homelessness is a rising issue in America with almost 600,000 people in 2019 reported as not having access to a stable living situation. The U.S. is experiencing a homelessness crisis, which has been caused by a variety of structural and individual factors including the high cost of living in metropolitan areas, low or loss of income, unstable relationships (personal and familial), and illness or disability (Main, 1998). Homelessness can affect anyone as this is a diverse population that ranges from veterans to abuse victims to people with disabilities. In 2019, 33% of the homeless population was made up of families (National Coalition for the Homeless, 2007). This includes children, as the number of homeless students enrolled in public schools in the U.S. has increased by 15% from 2015 to 2018. Subgroups of homeless students include students with disabilities, English learners, unaccompanied youth, and those who are migratory (Data and Statistics on Homelessness, 2020). Homeless students often report lower scores in reading and math levels as well as higher rates of high school truancy and incompleteness (Rahman et al., 2015).

Homelessness is often categorized using the terms sheltered and unsheltered. As the names suggest, those who are sheltered live in shelters, with family or friends, or in hotels, while unsheltered people live outside these facilities, often on the street or in cars. Of the homeless children and youth reported by public schools in the 2017-2018 school year, 74% are “doubled-up” by sharing housing with family, friends, or someone in a similar economic situation. Other recorded living environments include 12% of students in shelters or waiting for foster care placement, 7% of students unsheltered, and 7% of students living in hotels or motels (Data and Statistics on Homelessness, 2020). A smaller portion of the adolescents experiencing homelessness are unaccompanied youth, with around 35,000 counted in 2019. 89% were 18-24

years old and half were unsheltered (National Alliance to End Homelessness, 2020). It is likely the actual number of homeless unaccompanied youth is much greater due to the unreliability in collecting this data based on a singular point in time. The National Incidence Studies of Missing, Abducted, Runaway and Thrownaway Children (2002) estimates closer to 500,000 children experience homelessness each year for over one week with the majority of these children between the ages 12-18.

Research has shown that homelessness is associated with a higher risk of negative health outcomes in both physical and mental health, which can be attributed to factors like social, educational, and personal engagement that are more difficult to fulfill alongside other considerable stressors that come with homelessness. These environmental factors are especially important when considering developmental processes in children and adolescents, where encouraging mental well-being and empowerment should be prioritized alongside traditional mental illness-based treatment. Therapy from a positive psychology perspective can offer motivation, satisfaction, and self-esteem which are especially critical for youth in stressful situations, such as homelessness (Stewart & Townley, 2019). This proposed study continues existing research about the ways homelessness can be detrimental to the development and mental health of adolescents by offering a solution in addressing these issues. Current resources for adolescents offered at family shelters can be improved by including positive psychology interventions focusing on subjective well-being, self-esteem, optimism, social relationships, and life skills that encourage mental health benefits in homeless youth and will increase their overall quality of life.

Positive Psychology

Positive psychology is a relatively new discipline of psychology that emphasizes happiness and fulfillment in life. This field focuses on developing concepts that move beyond the study of psychology as primarily the diagnosis and treatment of mental disorders where the definition of mental health is more than just the absence of disease. Coming from a more holistic perspective, hypotheses like the Complete State Model (CSM) identify meaning in life and well-being through positive emotions and fulfillment as an effective way to address mental health (Keyes, 2005). From this perspective, mental illness and mental health are not in opposition to one another, therefore those with psychiatric disorders do not inherently have poor mental health and vice versa. Instead, the CSM reframes the concept of mental health as flourishing or languishing, to be used in conjunction with psychiatric disorder diagnoses. Díaz et al. (2018) identified that trauma survivors without a post-traumatic stress disorder (PTSD) diagnosis may still report low scores in subjective well-being scales. As such, therapeutic understanding of mental health should be broadened to incorporate these traits of well-being and flourishing .

A core concept within positive psychology is subjective well-being (SWB) as a measure of determining positive psychological health (Diener et al., 1998). SWB is multifaceted and encompasses a variety of factors: positive and negative affect, life satisfaction (e.g. fulfillment, meaning, success), and domain satisfactions (e.g. marriage, work, health, leisure) (Diener & Arora, 2009). Experiencing positive SWB results in tangible outcomes, from better physical health and social relationships to increased work engagement and higher incomes (Heintzelman et al., 2020).

Another approach to SWB is the PERMA (Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment) model (Seligman, 2011) that categorizes elements of SWB.

Descriptions of each component from Kern et al. (2015) are:

Positive emotions refer to hedonic feelings of happiness (e.g. feeling joyful, content, and cheerful). Engagement refers to psychological connection to activities or organizations (e.g. feeling absorbed, interested, and engaged in life). Positive relationships include feeling socially integrated, cared about and supported by others, and satisfied with one's social connections. Meaning refers to believing that one's life is valuable and feeling connected to something greater than oneself. Accomplishment involves making progress toward goals, feeling capable to do daily activities, and having a sense of achievement. (p.263)

This approach considers these factors as ways to scientifically and therapeutically improve SWB and offers a distinctive foundation to do so (Seligman, 2018). Engaging in the PERMA model has been researched as an effective strategy for establishing coping abilities to manage stress (Patnaik, 2014). Applying this theory to therapeutic interventions can address the psychological symptoms of chronic stress and enhance resilience to stress.

Other positive psychology researchers have looked at the application of environmental factors that affect mental health. Peterson & Seligman (1984) introduced the idea of learned helplessness, where individuals in situations with uncontrollable events adopt motivational, cognitive, and emotional deficits. The environment that surrounds a person who experienced trauma can contribute to helpless behavior (Nolen-Hoeksema, 1986). In this case, a lack of options or skills, opposition from others, internalization of blame, and adaptive survival are all potential reasons why a person may believe themselves to be helpless (Flannery & Harvey,

1991). The recovery process from these situations involve positive psychology methodologies that include reclaiming personal control, treating PTSD symptoms, improving self-esteem and positive affect, and nurturing supportive relationships, which are all integral to developing a sense of purpose and meaning in life.

Risk in Homeless Populations

Homeless youth report poorer physical health and increased psychological risk than their non-homeless peers, which can manifest in unsafe sex or drug related behaviors (Gultekin et al., 2020). Additionally, experiencing homelessness before the age of 18 is correlated with a higher risk of developing a substance use disorder as a young adult. Substance use disorders are associated with psychological underdevelopment and other harmful outcomes (Moss et al., 2020). In addition to substance use, homelessness can have other long-term psychological effects on young adults. Physical and mental trauma, particularly from sexual abuse, experienced prior to and/or during homelessness can lead to symptoms of depression, PTSD, and self-injury (Wong, Clark & Marlotte, 2014).

60% of homeless women have children under the age of 18 (National Center on Family Homelessness, 2008). While unstable living environments are detrimental to the children, the majority of their mothers experienced traumatic events that may have contributed to their own economic situations (Bassuk et al., 1996). 44% of these mothers were homeless themselves as a child and “over 92% of homeless mothers have experienced severe physical and/or sexual abuse during their lifetime” (National Center on Family Homelessness, 2008, p.3) often by their own family members or romantic partners. Given that youth homelessness can be due to familial conflict, there is a cyclical nature to experiencing both trauma and homelessness. As a result,

many homeless children are exposed to violence and abuse, sometimes within their own household, which can increase the risk of developing aggressive or antisocial behaviors.

Other mental outcomes in homeless youth include a higher risk for psychiatric disorders in environments that promote chronic stress (Edidin et al., 2012). PTSD as a result of trauma effects are disproportionately high in vulnerable homeless adolescent populations and can develop comorbidly with other disorders like drug addiction (Bender et al., 2010). In a meta-analysis by Kamieniecki (2001), houseless adolescents had significantly higher rates of psychological distress, suicidal behavior, and anxiety, mood or substance abuse disorders. It was also shown that a longer length of time that one is homeless directly correlates with an increased risk of developing one of these disorders, which further necessitates the need for health resources for this population.

Certain groups are at a higher risk for becoming homeless, including “youth who identify as LGBTQ; pregnant and parenting youth; youth with special needs or disabilities, and youth of color, particularly African-American and Native American youth” (National Alliance to End Homelessness, 2020, para.3). Due to their age and dependent legal status, homelessness in the youth age group is commonly a result of family conflict, as opposed to the financial uncertainty that is a common cause of homelessness among adults. Due to the different situations that cause homelessness in adolescents, the youth demographic tends to be overrepresented in socially deviant behaviors, such as identifying as LGBTQ or experiencing teen pregnancy. This information is necessary in designing and implementing intervention strategies to support this unique population. As a result of their age, the psychological processes of young adults are still developing and are more susceptible to external influences and stressors.

A specific absence in youth shelter services are appropriate childcare facilities and environments for adolescents who are pregnant or have children. While this is a minority group overall, they have additional needs, primarily in childcare services, that if provided would allow them to focus on their other responsibilities such as “attending school, job interviews, and work” (Aviles & Helfrich, 2004, p. 336). This is another barrier that parenting youth have to accessing the resources that may help them develop life skills and allow them to transition out of homelessness. Other issues mentioned in Aviles and Helfrich (2004) are how temporary shelters catering toward adolescents were unsuitable environments for young children, where parents are unable to control exposure to swear words or inappropriate media, and other interactions that could exacerbate developmental concerns in their children.

Another sub-population is LGBTQ youth who are also more likely to be homeless due to social stigma, rejection by their families, and lack of a support system (Bidell, 2014; Prock & Kennedy, 2017). There is a disproportionate amount of homeless youth that identify as LGBTQ compared to the general population. They may also have additional therapy needs than non-LGBTQ+ youth, including gender identity or sexuality acceptance, protection against sexual harassment, STI and HIV testing services, and appropriately sensitive mental health treatment programs (Powell et al., 2016). This group is more at risk for mental health issues and abuse, and may still experience discrimination in homeless facilities or programs. Only 43.5% of transitional living programs in the U.S. have LGBTQ-specific services like support groups, LGBTQ affirming therapy, and gender-neutral bathrooms and sleeping areas (Prock & Kennedy, 2017). As mentioned above, a lack of mental health support is a common barrier to achieving personal goals and responsibilities that can lead one out of homelessness, and this problem is more pronounced in underserved populations.

There are a variety of situations, backgrounds, and needs in the homeless youth population that can be difficult to address given the diversity within this group. In a survey by Aviles and Helfrich (2004) about the facilities at a temporary shelter in Illinois for adolescents between the ages 14 to 21, useful services identified by homeless adolescents included assistance in education, job search, medical care, and housing as well as other life skills like meal preparation and money management. However, the barriers to accessing and utilizing these services, such as feeling hopeless, overwhelmed, or lacking motivation were often overlooked (Aviles & Helfrich, 2004). Individuals with anxiety or other mood disorders were found to have even less instances of service utilization (Bender et al., 2010). Although these kinds of shelters offer the basic needs of food and shelter, additional mental health support in empowering individuals may help them in being able to take the steps to address their many responsibilities.

Positive Psychology Interventions

While much of the current research on homeless youth focuses on the psychosocial deficits faced by this population, there are several studies about the role of interventions and support in assisting homeless youth. According to models of positive psychology, subjective well-being is just as important for mental health as acknowledging prevalent disorders within homeless groups. Barczyk et al. (2014) surveyed social support, future expectations, and cultural factors on the subjective well-being of homeless young adults, and found that those with optimistic views of the future and friends in similar situations who could relate with them scored higher on subjective well-being. These features of social support and future perspectives are integral to well-being and have been shown to improve optimism and have a positive impact on their lives.

Given the specific needs and demographics in the homeless youth population, there are several studies that introduce intervention services at homeless youth facilities. These services include therapy, employment support, well-being activities, or LGBTQ workshops (Abdel-Baki et al., 2019). By offering a variety of mental health services, a spectrum of needs by this diverse population can be met in a way that best serves the youth. Other forms of support may include the importance of maintaining family routines in homeless shelters when family members are living together. Schultz-Krohn (2004) found that promoting intimacy, maintaining a legacy, and developing connections with the community increased family integrity and hope. These practices served to strengthen family interactions and increased resilience to external challenges and could be an area of further expansion where certified therapists can teach parents strategies for maintaining meaningful routines.

School environments are also a significant aspect within these children's lives. Ramakrishnan and Masten (2020) looked at school readiness and intrinsic motivation in homeless children between the ages 3-5. Mastery motivation exercises were used to measure resilience and adaptability. Children that scored high levels in the motivation exercises reported better emotional and prosocial behavior, which are beneficial for psychological and cognitive development. Homeless children are often associated with behavioral and academic problems; however, this study indicates that promoting motivation in high-risk students may increase academic outcomes.

Due to the nature of homelessness, a potential limitation to implementing ongoing therapy interventions in this population, particularly at emergency or temporary shelters, is the inconsistency in reliably meeting or contacting clients (Lloyd, Hilder, & Williams, 2017). Other study limitations with the homeless youth population is receiving the appropriate consent from

guardians of minors. This can exclude unaccompanied minors and other adolescents where parents or family members aren't easily accessible (Kidd, 2003). Finally, building trust with participants of this population is more difficult because many of them have experienced previous traumas or have an increased distrust of service providers (Bender et al., 2010; Powell et al., 2016).

In recognizing the psychological needs of the homeless youth community and unique population distribution compared to homeless adults, integrating concepts of positive psychology into therapeutic activities can address personal well-being. Previous studies acknowledge numerous stressors in a homeless environment, so identifying potential solutions to these issues fills a gap in existing research (Edidin et al., 2012). Through a longitudinal format, homeless youth recruited at family shelters will participate a 10-week intervention program where subjective well-being, self-esteem, optimism, and social relationships will be measured along with perceived stress levels. This study will address the research question of how intervention programs using a positive psychology lens can improve the mental health and well-being in adolescents experiencing homelessness. Results are expected to show that the implementation of positive psychology practices in homeless shelters or facilities will improve the subjective well-being, self-esteem, optimism, and social relationships of homeless youth participants through group therapy and skill training interventions addressing these issues.

Proposed Method

Participants

Using information about effect sizes from previous studies examining the effects of subjective well-being, self-esteem, quality of social relationships, and future outlook over time,

55 of participants would be ideal for this study (Manthey et al., 2016; Sheldon & Hoon, 2007). This was calculated by finding the G*Power (Faul, Erdfelder, Lang, & Buchner, 2007) with a $\alpha = 0.05$ and desired power = 0.9. To address the limitation of high attrition due to the nature of homelessness, an over-recruitment of participants greater than the suggested power analysis would attenuate the loss of participants over time.

The participants that will be recruited include youth living with their families in a sheltered (as opposed to unsheltered) environment. These adolescents will be 11 to 18 years of age, with recruitment efforts focusing on individuals who are of middle school and high school ages. According to existing data, the majority of homeless youth live with extended family members or friends and only 12% of students live in a designated shelter (Data and Statistics on Homelessness, 2020). Therefore, this sample will represent only a small portion of the overall homeless youth population, but examining the needs of homeless adolescents in families still addresses a valuable gap in current research.

Some family shelters include after school care for children living in the shelter; these programs are often designed to provide an educational space to complete homework assignments or engage in safe activities. Since the target participants of this study are minors, recruiting at a family shelter ensures that legal guardians of the children will be able to provide consent for participation in the study. Therefore, these after school programs provide the ideal infrastructure for holding the therapy sessions in a recurring location that the children are already familiar with, while not overwhelming shelter resources.

Materials

Assessments will utilize self-report scales that will be printed on paper to be filled out by participants before and after the intervention period. The following scales listed will be used:

Perceived Stress Scale. The perceived stress of the participants will be measured by Cohen et al.'s (1983) Perceived Stress Scale (PSS). This measurement is used primarily to gauge participant stress levels, negative affect, and depressive symptoms over the last month. This scale has 14-items that identify positive and negative affect, including feelings of stress and lack of control, in a 5-point Likert scale (0 = never, 5 = very often). The PSS has substantial internal consistency and test-retest reliability .

Subjective Well-being. Subjective well-being will be measured with the EPOCH Measure of Adolescent Well-Being Scale (EPOCH-MAWB) (Kern et al., 2016). This is a 20-item measure that surveys five main domains that consists of personal well-being according to Seligman's PERMA theory. Each item is rated with a 5-point Likert scale (1 = almost never/not at all like me, 5 = almost always/very much like me). The five domains (Engagement, Perseverance, Optimism, Connectedness, and Happiness) collectively determine overall subjective well-being of the participants. Individual scores of items relating to Engagement will be used to measure the efficacy of the skills portion of the therapy sessions. Connectedness scores will be analyzed in conjunction with the following Social Support Questionnaire to determine the quality of the participants' social relationships over time. Similarly, EPOCH-MAWB Optimism scores will be evaluated with the Life Orientation Test that also measures optimism.

Self-Esteem The Rosenberg Self-Esteem Scale contains 10-items, 5 positively worded and 5 negatively worded, to self-report personal affect (Rosenberg, 1965). Items are scored on a 4-point Likert scale ranging from "strongly agree" to "strongly disagree". The highest possible score is 30; a score above 25 indicates high self-esteem and a score below 15 indicates low self-

esteem. Questions address ideas of self-worth and self-acceptance, including statements like “I feel that I have a number of good qualities.”

Optimism Optimism will be measured with the Revised Life Orientation Test (Scheier et al., 1994). It is a 10-item scale scored by a 5-point Likert scale (0 = strongly disagree, 4 = strongly agree). This test measures positive thinking in future outlook as well as pessimism in reverse-scored items.

Social Support Questionnaire. A Social Support Questionnaire (SSQ) was designed based on the scale by Sattler, Wagner & Christiansen (2016). The focus of the questions was modified to center around socioeconomically disadvantaged youth compared to the original measure, which intended to identify support networks in the gay male community. In a free response format, four questions ask participants to count the amount of people they rely on and feel comfortable with (see Appendix A). The final question, “How many of these people are in similar living situations as you?” specifies if adolescents feel more connected to those who can better relate to their environments (Barczyk et al., 2014; Kidd, 2003).

Demographics. Additional demographic information will be asked of the participants, including the participants’ age, grade, ethnicity, and time spent in the shelter.

Procedure

Informed consent and an explanation of the study will first be provided to the participants and their guardian(s) present. Contact information from the guardian(s) will be collected and they will be given the contact information of the researchers, as well as details on additional mental health resources. Once they have agreed to participate in this study, the participants will be asked to complete an initial survey of all measures and demographic information to determine their baseline scores.

The adolescents will meet in groups with a trained psychologist during the after school program at the shelter. This study will last over the course of 10 weeks, with two consecutive weeks dedicated to each topic. To account for variability in schedules, two days of the week will be dedicated to relaying the same information for each topic so that participants who are unable to attend one day have the option to attend the other to potentially limit participant attrition over time and allow for smaller group sizes.

The sessions will focus on positive psychology-based practices that address each of the dependent variables with two additional sessions to build useful life skills (Heintzelman et al., 2020). The participants will be asked to complete all scales four times over 6 months: the initial meeting to establish baseline scores, immediately after completing the 10-week intervention program (post-test), 3 months post-test, and 6 months post-test. Participants will receive a \$5 gift card for a local clothing or grocery store for the completion of each assessment.

Interventions

The intervention topics will have two proposed activities, one for each of the two weeks in the topic module.

Subjective Well-being The first day will serve as an introduction to the study and allow participants to meet one another. The definition of subjective well-being will be discussed, then participants can play ice breaker activities including the “name game” where “students [choose] a positive adjective to describe themselves that [begins] with the same letter as their first name” (Daniels, 1992, p.110). This game encourages positive thinking and self-esteem while also engaging with their peers. At the end of the session, participants will be asked to keep a gratitude journal to list three good things that happened at the end of each day. This activity is based on the intervention method suggested by Seligman et al. (2005) to improve happiness based on

positive psychology research. Journals for the participants will be provided and they will be encouraged to write in these journals every day until the end of the 10 weeks.

The following week will address goal setting based on the Going for the Goal Program (O'Hearn & Gatz, 2002) that teaches goal setting, problem solving, and social support skills to at-risk adolescents. The act of goal setting can improve one's sense of personal control, resilience, and future outlook. This program details strategies to achieve goals that include writing them down and breaking them into manageable steps. They also explain that goals should be specific, positive, and precise to be the most effective (Forneris et al., 2007).

Self-Esteem Previous studies have shown that self-esteem in homeless populations can be improved by identifying personal strengths to guide the achievement of specific goals (Lindsay et al., 2000; Early & GlenMaye, 2000; Kidd, 2003). The next session will focus on activities that discuss individual strengths. To introduce the topic, the participants will answer questions about characteristics they value in themselves and others. This includes discussion questions like "what are you good at?", "what do you enjoy to do?", and "what traits do you admire in others?" The group will then work together to define these strengths. A list of pre-written definitions of common strengths will also be provided. Finally, the participants will fill out a strengths and qualities worksheet to allow for personal reflection on their own characteristics and goal setting for areas of improvement (Park & Peterson, 2009). On sheet of paper, the participants will write down three things under each of the following prompts: "Things I'm good at:", "Compliments I have received:", "What I like about my appearance:", "Challenges I have overcome:", "I've helped others by:", "Things that make me unique:", "What I value most:", and "Times I've made others happy:" (Therapist Aid, 2015).

After reviewing positive strengths and character traits, the next session will be a creative project to create a “good feeling award.” This activity will have participants make an award for themselves to celebrate a personal accomplishment (Daniels, 1992). A variety of art supplies will be provided for this task.

Optimism A recommended strategy that encourages optimism utilizes cognitive restructuring in order to challenge automatic negative thoughts (Beck, 1970; Shikatani et al., 2019). This session will focus on how to manage difficult emotions and deal with negativity (Barczyk et al., 2014; Bluth & Eisenlohr-Moul, 2017). In this approach, participants will first be taught how to identify and label the emotions they are feeling, then practice self-compassion phrases designed to “help an individual to disengage from rumination, feel less isolated, and begin to comfort [themselves]” (Germer & Neff, 2013, p.861).

The second half of the module will be a continuation of identifying and practicing coping strategies. Participants will be asked to consider personal stressors that lead to feelings of stress and worry in their daily lives (Daniels, 1992) and design individualized self-compassion phrases.

Social Relationships Capitalization, defined as sharing positive personal events with others, has been shown to improve affect and well-being (Gable et al., 2004). The act of communicating these events and responding enthusiastically strengthens social relationships and increases levels of trust. Participants will learn about capitalization and its benefits, which will encourage them to share their good news with others (Heintzelman et al., 2020). They will also practice active and constructive responses that offer the most psychosocial benefits when hearing of positive events in their own social networks (Reis et al. 2010).

Next, participants will work together to create a collaborative art mural to strengthen social skills, practice working with others, and promote connections within the intervention

groups (Daniels, 1992). Art supplies will be needed for this activity. As they work on this task, participants will be asked to incorporate ways of active and constructive communication that was practiced in the previous session to increase cooperation.

Life Skills The first life skills section will focus on nutrition and food management (Hatsu et al., 2019). This will include information about healthy eating, obesity and diabetes, where to get food (e.g. food banks), and meal planning and preparation (Omizo et al., 1992). For the correlating activity, participants will have an interactive workshop on cooking healthy meals with a microwave and other limited appliances (Helfrich & Fogg, 2007).

The final intervention session will address budgeting and money management through role-playing games that simulate economic factors (Toro et al., 2007). Teaching these tangible skills are important to develop at this age even if the younger participants aren't expected to immediately practice independent living skills because it provides a foundation for self-sufficiency (Mallon, 1992).

Ethics

Homelessness is a notable social issue and should be approached in a safe and scientific manner by researchers. The homeless youth population is particularly vulnerable due to their age range and environmental situation. By addressing this specific population, this study aims to fill a gap in current research where the effects of positive psychology intervention in homeless youth populations are not often taken into consideration. The benefits of a study like this can improve the facilities and types of engagement offered in homeless shelters and organizations to better support the mental health needs of this group given their vulnerable position.

This study has minimal risk to the participants involved. An informed consent process will be applied prior to beginning the study and debriefing will be performed at the end of each

intervention day in the case that a participant chooses to not attend each session. Participation in this study will be voluntary with the option to stop participation available at any time.

Compensation will include a \$5 gift card for the completion of each assessment: baseline, post intervention, 3 month follow-up, and 6 month follow-up tests. No deception will be involved as participants will be informed of the purpose of the study before being asked to consent.

Participants may find some topics discussed mildly sensitive as it asks them to self-reflect on current stressors present in their lives, including filling out a perceived stress scale. These issues will be addressed and debriefed through the therapy portion of each session. To ensure the safety of each participant, a licensed therapist with previous experience with disadvantaged youth populations will be leading each session and additional information regarding mental health resources will be available. All data collected will be kept anonymous by removing any identifying factors from the survey results. Contact information from the participants' guardians will be kept confidential and will not be attached with the data files. Additional measures to establish confidentiality allows only the leading therapist and primary researchers access to result information. Overall, this study has minimal risk to the participants and its purpose serves to benefit their personal well-being.

Predicted Results

This study examines the primary hypothesis that the implementation of positive psychology practices in family shelter after-school programs will increase the subjective wellbeing, self-esteem, optimism, and social relationship scores of homeless youth participants compared to baseline reports due to group therapy and skills training interventions. As a result, scores from the Perceived Stress Scale measuring feelings of stress, negative affect, and lack of

control are expected to decrease from the baseline in post-test and follow-up assessments in contrast to the SWB variables. A repeated measures ANOVA statistical test will be used to determine the overall effects of the intervention sessions on subjective well-being, self-esteem, optimism, and social relationships. These four outcome variables will be analyzed to find the composite effect of each dependent variable. This ANOVA test will be used to compare the baseline assessment to the post-test scores, as well as to the follow-up scores at 3 and 6 months post-test.

A positive linear pattern of improvement is predicted as a result of the intervention program, however there may be a decrease in this trend at the 6 month follow-up point. Heintzelman et al. (2020) found their participants reported a greater positive affect and life satisfaction immediately after their 12-week intervention compared to recorded baseline levels. Life satisfaction maintained its averaged score during the 3 month follow-up while positive affect slightly decreased over time. Therefore, similar variables in this study such as SWB, self-esteem, and optimism will likely follow this direction.

The proposed interventions in this study target previously researched areas of stress in homeless adolescents' lives (Powell et al., 2016). So it is expected that perceived stress and subjective well-being variables will have an inverse relationship. The Heintzelman et al. (2020) study showed this pattern of negative affect scores decreasing from the baseline to the post-test assessment, before then increasing closer to baseline levels 3 months later. A similar pattern will be expected in the perceived stress variable of this study because, even though negative affect and perceived stress are different conditions, they both contrast well-being variables. Therefore, as subjective well-being, self-esteem, and optimism increase then decrease over time, perceived stress scores will show the opposite trend.

Social support scores are expected to slightly differ from other well-being variables by increasing in the post-test measurements and maintaining this improvement over both follow-up assessments. A different longitudinal study that incorporated social support, defined as having at least one person available when needing help, reported a significant increase from baseline results to a follow-up assessment six months after the end of the program (Powell et al., 2016).

Discussion

Given the current state of homelessness and the prevalence of families experiencing unstable living conditions, homeless adolescents are at a higher risk for developing physical and mental disorders, facing violence and trauma, and chronic stress among other conditions (Bender et al., 2010; Wong et al., 2014; Yu et al., 2007). These components can lead to negative external outcomes such as lower high school graduation rates and class attendance (Rahman et al., 2015). The combination of these elements often result in lower levels of self-esteem, motivation, hope, and other psychological factors in this population (Aviles & Helfrich, 2004; Kidd, 2003; Stewart & Townley, 2019). The stressors associated with being homeless are detrimental to mental health, which is especially critical in adolescent growth development (Daniels, 1992; Gultekin et al., 2019). In reviewing previous studies implementing resources and support for this group, the majority of interventions focused on treating substance use and addressing basic needs without “considering issues of well-being, quality of life, living skills, and social support” (Edidin et al., 2012, p.366).

Positive psychology research on homeless populations offers an approach to improving mental health, socialization, and access to life skills, which have been shown to be areas of deficit among these groups (Aviles & Helfrich, 2004). This study proposes an intervention based

on previous positive psychology research to improve the overall subjective well-being in homeless adolescents living in family shelters. Additional variables measured are self-esteem, optimism, and social relationships. The hypothesized outcomes of these targeted interventions would show a significant increase in subjective well-being and decrease in perceived stress by the participants after completing the study.

Overall, the 10-week intervention program will improve SWB, self-esteem, optimism, and social support in the short-term. This study will test the participants at 4 different points: baseline, post-test, 3 month follow-up, and 6 month follow-up. After the 3 month follow-up point, SWB, self-esteem, and optimism are expected to lower back to baseline without continued intervention practices.

Subjective well-being will likely show the greatest improvement compared to the other individual variables since it is multidimensional and composed of other conditions focused on within the interventions. In previous studies (Seligman et al., 2005), the gratitude journal activity of writing three good things that happened each day has increased positive affect and decreased depressive symptoms for 6 months in previous studies. This activity is easily implemented and participants should be encouraged to keep doing it after the completion of the intervention program as the longer one continues this activity, the longer its benefits will last. The second activity of goal setting is based off of an effective and reliable intervention program designed for at-risk youth (O'Hearn & Gatz, 2002). This adapted intervention concentrates on increasing engagement and perseverance in the EPOCH-MSWB to improve SWB. Being able to plan realistic, achievable goals and create a path to complete it can have positive implications for academic accomplishments and future employment (O'Hearn & Gatz, 2002). Finally, learning useful life skills of food and money management should also contribute to increased feeling of

empowerment and SWB. Learning information about nutrition, cooking, and budgeting gives adolescents a sense of control, especially as marginalized groups often have less societal power (Stewart & Townley, 2019).

The self-esteem section of the intervention focused on encouraging positive affect through a personal reflection of strengths and qualities. Homeless youth with low self-esteem are associated with negative mental health outcomes like depression and suicide ideation (Stewart & Townley, 2019). Identifying character traits is strongly associated with fulfillment and life satisfaction, both of which are components of SWB. When participants only identify their strengths, the greatest effect is seen immediately post-test, but not continued in follow-up results. However, when participants were actively using their identified strengths in different situations, then they reported feeling happier and less depressive symptoms during follow-up assessments (Seligman et al., 2005). With this information, it is expected that participants in this study that were able to apply the concepts they learned will have greater self-esteem and SWB scores. In future studies, adding additional post-test intervention sessions to review information from the program may show longer lasting results from the participants. According to interviewed homeless youth, developing a sense of self-worth and self-esteem is one of the most beneficial things for those in similar situations hoping to improve their lives. "This may involve exploring their talents and abilities, and giving them an outlet for these skills that could lead to employment" (Kidd, 2003, p.252). Therefore, programs centering homeless adolescents should incorporate activities that encourage building self-esteem and life skills.

Optimism is a predictor of well-being and a beneficial skill to improve resilience that ties in with the previous measure of self-esteem. Adolescents with higher optimism measures show less symptoms of anxiety and depression (Stewart & Townley, 2019). Kidd (2003) recorded

instances of optimism in homeless youth who reported positive outlook by growing from challenging situations and reminding themselves that their situation is temporary. Learning coping strategies can increase feelings of control and self-efficacy, which in turn can decrease risk of substance abuse and other risk-taking behaviors (O'Hearn & Gatz, 2002; Patnaik, 2014).

Kidd (2003) distinguished peer support as one of the most influential factors for homeless young adults, particularly those without familial relationships. Although there is the potential risk of coercion and manipulation when adolescents are dependent on these relationships for emotional, social, and physical support, most interviewees said "friends left them feeling less lonely, increased self-esteem and helped prevent them from becoming trapped in situations such as drug addiction (p.253). This population may have less social connections, however, "these relationships were more long-term, viewed as strong and supportive, involved frequent interactions, and lacked conflict" (Barczyk et al., 2014, p.177). Since participants in this study do have familial connections, social support may not be as critical as it is for unaccompanied youth who don't inherently have those connections. However, this does not negate the importance and value of social relationships in this group.

It's likely that social support will slightly increase after the intervention program and stay at that level throughout the follow-up assessments. The SSQ is expected to show the number of total supportive relationships is close to the number of supportive relationships with people in similar living situations as the participant. Barczyk et al. (2014) found that homeless young adults with friends that could relate to them also reported higher levels of subjective well-being. Powell et al. (2016) found that in their own longitudinal intervention, social support significantly increased six months after the end of the program. Unlike the other variables, social interaction is constant and the opportunity to practice capitalization, constructive responses, or other strategies

are consistently available. An increase in scores may also reflect bonding and a sense of community within the intervention groups as adolescents were able to learn with peers in similar situations (Stewart & Townley, 2019).

Perceived stress levels are hypothesized to decrease over time as SWB, self-esteem, optimism, and social support increase (Heintzelman et al., 2020). However, it's possible that this hypothesis will not be supported as changes may also be due to external factors rather than a direct effect from the therapy interventions. This is may be true for all dependent variables, but particularly for perceived stress as the nature of homelessness contributes to an unstable environment (Moss et al., 2020).

Limitations and Future Directions

This study design relies on self-reported data that involves self-reflection and disclosing personal feelings, which may have affected the reliability of the results from participants over- or under-reporting positive or negative experiences (Bender et al., 2010; Powell et al., 2016; Stewart & Townley, 2019). Participants are also more likely to be distrustful of institutions and service providers, which can also influence results and requires longitudinal studies to establish a rapport of trust for more reliable results (Kidd, 2003). To prevent reporting biases, additional non-self-report measures would help ensure the validity of results from the intervention (Heintzelman et al., 2020).

By focusing on youth living with family members in shelters, this study excluded some subgroups within the homeless youth population. Unaccompanied minors, where LGBTQ+ identifying people, teen parents, and familial abuse victims (Stewart & Townley, 2019) are overrepresented, and adolescents without access to long-term housing or educational resources

were not reflected in these results. Research of unaccompanied minors pose additional ethical concerns that require more complexity in study designs and implementation (Edidin et al., 2012). Future studies should focus on adapting these findings to further benefit these underrepresented groups that are most vulnerable in these populations.

Given the likelihood of participant attrition when conducting studies with this population, it's important to consider the type of housing offered at a shelter. Many emergency shelters limit the amount of time people are allowed to stay in the shelter (Ramakrishnan & Masten, 2020). In 2015, 54% of people stayed in emergency shelters in the U.S. for less than 30 days and the average length of stay was 68 nights (National Alliance to End Homelessness, 2017). Therefore, access to an organization or program that allows for longer stays is necessary when implementing a longitudinal study. Youth shelters, halfway houses, and transitional housing tend to allow longer stays to clients as well as offer more programs and resources and may be a more viable option for similar studies (United Way, 2019).

This study examines the research question of how longitudinal intervention programs using a positive psychology lens can improve the mental health and well-being of homeless youth. Homelessness is associated with many negative mental and physical health outcomes, therefore interventions like the one proposed can provide therapeutic resources and skills for adolescents to feel happier and more in control of their own lives. The variables explored in this study overlap with other factors of well-being and decreasing psychological distress. Intervention programs have the most effect in a short-term period of time, however making these resources more accessible would ensure that adolescents are informed and able to receive longer lasting benefits from the skills and strategies they learned. The homeless youth population is underserved and understudied, and this is especially true when looking at the children in

homeless families. Previous experiences of homelessness, violence, or trauma can be predictors for future homelessness (Bassuk et al., 1996; National Center on Family Homelessness, 2008), so identifying and implementing ways to promote self-efficacy in these adolescents can help break the cycle of homelessness in this high-risk group.

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Appendix A
Social Support Questionnaire – Modified

1. How many people you can really count on when you need help?
2. How many people can you totally be yourself with?
3. How many people do you go to when you're very upset?
4. How many of these people are in similar living situations as you?

Adapted from:

Sattler, F. A., Wagner, U., & Christiansen, H. (2016). Social Support Questionnaire--Modified [Database record]. Retrieved from PsycTESTS. doi: <https://dx.doi.org/10.1037/t58550-000>