

**ATTACHMENT, PSYCHOLOGICAL FUNCTIONING, AND RESILIENCE
WITHIN THE STREET INVOLVED YOUTH POPULATION:
DESCRIBING YOUTH WHO ACCESS COMMUNITY AGENCY SUPPORT**

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Abstract

Youth homelessness is defined within the literature as youth who have left their homes and are living independent of parental figures and/or caregivers, have no stable residence or source of income, and lack access to the supports needed to make the challenging transition into adulthood (Canadian Observatory on Homelessness, 2015). Previous research studying homeless (or street-involved) youth has primarily focused on risk factors hindering the development of this population, and has largely ignored resilience, coping, and help-seeking behaviours. The current study examined the attachment styles (both categorically and dimensionally), psychological functioning, resilience, and help-seeking behaviours in street-involved youth of St. John's, Newfoundland. Face-to face interviews were completed over a four-month period with 63 youth (42 males, 21 females) aged 15-29 ($M_{\text{age}} = 20.00$), recruited from a local community organization providing outreach services to street-involved youth. Results revealed the disproportionate struggles of the street-involved youth population, and highlighted higher levels of attachment insecurity, psychological distress and lower resilience compared to normative peers. Findings also showed a significant difference in psychological functioning, overall resilience, and emotional reactivity based on individual attachment style. In an exploratory model of help-seeking, a positive relationship was found between overall resilience (defined as a sense of mastery and sense of relatedness) and frequency of community service access. However, contrary to predictions, no relationships were found between frequency of community service access and attachment, psychological functioning, or emotional reactivity. Implications of the present findings in development

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of interventions for street-involved youth are discussed, in addition to strengths and limitations of the present research, and suggested areas of future inquiry.

I dedicate this dissertation to my parents, Garth Henry Patterson and Shirley Louise (Osborne) Patterson, who devoted their lives to the education and empowerment of others. Without the supportive foundation you provided, I would not have been able to reach for my dreams.

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Attachment, Psychological Functioning, and Resilience within the Street-involved Youth Population: Describing Youth who Access Community Agency Support

Adolescence and young adulthood is a complex and challenging period of human development. This developmental phase is a bridge between childhood and adulthood that includes significant biological, social and emotional changes, and carries a goal of becoming a productive member of society. During this time youth require adaptive resources (i.e., parental support and adult support) in order to assist with this transition (Masten et al., 2004; Surjadi, Lorenz, Wickrama, & Conger, 2011). Therefore, it is not surprising that individuals reared in environments of violence, substance abuse, and/or maltreatment may experience challenges in achieving typical developmental tasks, as exemplified in a recent review of the literature by Trickett, Negriff, Ji, and Peckins (2011), which highlighted the significant relationships between maltreatment and maladaptive biological and social development variables within adolescence. More specifically within the literature, maltreatment (generally defined as physical abuse, emotional abuse, sexual abuse, neglect) has been associated with adverse effects on cognition and academic functioning (Mills et al., 2011), development of peer relationships (Anthonysamy & Zimmer-Gembeck, 2007), increased drug-related problems (Huang et al., 2011), and violent delinquency (Mersky & Reynolds, 2007), among others. Moreover, it has been shown longitudinally that individuals who have experienced a disruption in the bond with primary caregivers (i.e., experiencing maltreatment from parental figures) show an increased risk for the development of mental health concerns (Kim & Cicchetti, 2010). Overall, the research literature reports the prominence of familial dysfunction within the population of youth who prematurely leave

their home environments (Ringwalt, Greene, & Robertson, 1998). Struggles such as being raised within a chaotic home environment, witnessing substance abuse and personally experiencing physical, emotional, and/or sexual abuse have all been highlighted as experiences of street-involved youth (Raising the Roof, 2009; *Young and Homeless*, 2014). Given the stressful, negative experiences of these youth, the attainment of age-typical developmental tasks within this population in particular should be an area of concern.

For youth who have experienced familial bond disruption and who struggle with homelessness on a daily basis, it is important to focus on understanding how early relational experiences have impacted their individual development and explore protective processes that may mitigate these early negative experiences to promote thriving. More specifically, by gaining further knowledge and understanding of the struggles and characteristics of this population, community interventions can be developed and tailored to promote resilience and help-seeking behaviours within these youths. This dissertation is a descriptive study examining attachment styles and psychological functioning in street-involved youth, a population that has been shown to have disproportional involvement with negative early relational experiences. The youths participating in this study are caught in a cycle of homelessness, where they have no permanent residence, or are at risk of homelessness (currently living in volatile, unstable, or transient housing situations). Previous researchers studying the street-involved youth population have predominantly focused upon risk factors hindering the development of these individuals, largely ignoring coping and resilience. Therefore, another important goal of the present study will be to highlight the experience of resilience within street-involved youth, and

investigate how attachment style, psychological functioning, and help seeking variables associate with resilience in this population. The proposed study will serve as a contribution to the ever-growing literature on street-involved youth, and will highlight factors associated with resilience and vulnerability within a community sample. This dissertation will strive to summarize previous research in the areas of resilience, attachment styles, and psychological functioning not only as entity constructs, but also in the context of street-involved youth within western culture. It is hoped that this contribution to the research literature will ultimately be used to support additional research in this area of study and promote the examination of current outreach programming and serve to inform interventions for street-involved youth.

Resilience

For the present study, resilience will be defined as an active process that promotes adaptation despite being within a context of significant adversity, as suggested by Luthar, Cicchetti, and Becker (2000) and will build on the understanding of resilience as a social ecological construct (Ungar, 2008). Resilience has been described as an evasion of negative consequences, despite the exposure to risk factors (Keyes, 2004). According to Luthar and Zelazo (2003), resilience is not an all-or-nothing concept but is a trajectory of development. It has also been asserted that resilience can never be directly measured, but is inferred based on the measurement of two component constructs, namely, risk and protective factors (Luthar & Zelazo, 2003). In its relatively short history, resilience has gone through a myriad of definitional transformations (Cicchetti & Garmezy, 1993), as well as changes in how the construct is measured (Luthar et al., 2000). However, definitions utilized most frequently in the contemporary resilience literature consider

resilience to be individual variations in response to risk factors (Rutter, 1990). More specifically, resilience denotes the dynamic process of adaptation despite being within a context of significant adversity (Luthar et al., 2000; Luthar & Zelazo, 2003; Masten & Coatsworth, 1998; Masten & Powell, 2003; Rutter, 1985). This conceptualization encompasses two implicit critical conditions: (1) an individual has an exposure to significant threat or adversity; and (2) the individual has shown positive adaptation despite major hurdles threatening to impede the developmental process (Masten & Coatsworth, 1998). Luthar and colleagues (2000) highlight that resilience is not limited to psychological traits but also encompasses vulnerability and protective factors within the environment. Simply put, resilience is understood as a quality of the environment (i.e., relationship factors, familial factors, community factors, cultural factors as well as other ecological factors) as much as it is a quality of the individual (Seccombe, 2002). Gilligan (2004) further explains how resilience must be understood as a product of the environment, not simply based on individual traits:

While resilience may previously have been seen as residing in the person as a fixed trait, it is now more usefully considered as a variable quality that derives from a process of repeated interactions between a person and favourable features of the surrounding context in a person's life. The degree of resilience displayed by a person in a certain context may be said to be related to the extent to which that context has elements that nurture this resilience (p.94).

Thus, current definitions of resilience indicate a dynamic process that promotes growth and development in response to (and in spite of) challenges, either through interactions with positive others or within supportive contexts. This contemporary definition of

resilience, stressing that the construct is not based on personal attributes, is an improvement over previous trait-focused definitions as it avoids victim blaming, a strong criticism of previous trait-based resilience work (Luthar & Zelazo, 2003). Rather, these definitions demonstrate that resilience is an area of research involving specific attention to positive outcomes and influences (as well as negative ones), and highlights strengths of groups rather than focusing on failures of individuals (Luthar & Zelazo, 2003).

Given the complexity of the resilience process, much research has been conducted in an attempt to determine its underlying mechanisms or ‘causes’ (Keyes, 2004). However, due to the nature of resilience and its inability to be scientifically manipulated in a controlled research setting, we will never truly be able to determine what “causes” one individual to be (or not be) resilient at a particular point in time. However, through correlational research we are able to investigate relationships among variables, and can strengthen this research knowledge by ensuring our methodology is as strong as possible, utilizing theoretically sound measures and scales, and presenting the findings in their pure form. Through this type of correlational research, family context and interpersonal factors have been shown to be associated with the development and nurturance of resilience (Masten et al., 1999), in addition to personality dimensions (Cicchetti, Rogosch, Lynch, & Holt, 1993), and biological factors (Davidson, 2000). Within this research area, several variables have emerged as protective factors, defined as qualities or circumstances that lessen or moderate the impact of risk factors on an individual’s developmental outcome (Keyes, 2004). In a review of the research literature on resilience, Masten and Powell (2003) outline these factors on individual, relational/familial, and environmental levels. Beginning on the individual level, protective factors that promote resilience are cognitive

factors (including IQ scores, problem solving, and attentional skills), positive outlook on life, positive self-perception, self-regulation of emotional arousal and impulses, as well as a personality that is autonomous, outgoing, warm, and adaptable. Within a relational/familial setting, researchers have identified stable relationships with caregivers, minimal discord among family members, authoritative parenting (high warmth and responsiveness as well as monitoring and supervision), close relationships with competent adults (such as parents, relatives, and mentors), as well as relationships with prosocial and rule-abiding peers as additional protective factors fostering resilience. Lastly, at a community level, resilience has been associated with connections to prosocial organizations (such as clubs or religious groups), neighbourhood quality, effective schools, and accessing organizations offering counselling and other support services (Masten & Powell, 2003).

A longitudinal research study was conducted by researchers investigating the resilience of youth over the course of a 20-year span. This project was developed through Norman Garmezy's (a notable figure in the proliferation of resilience research) interest in studying the competence of children at risk of psychopathology, and was known as 'Project Competence' (Masten & Powell, 2003). Specifically, this project researched children growing up in Minneapolis, Minnesota. Life adversities, individual and familial qualities, and competence levels (defined as effective performance on three major age-developmental tasks including academic achievement, conduct, and peer/social competence) were monitored in 205 children and adolescents. It was found that children who succeeded in the face of adversities had significantly more internal and external resources, specifically in the form of intelligence and being recipients of effective

parenting (Masten et al., 1999). In turn, these individuals learned to follow rules of society, were actively involved in extra-curricular activities, developed close friendships and romantic relationships. Conversely, children who struggled in the face of adversity had very few protective resources. The studies found that lack of support as well as poor decision making and attentional skills led to the development of maladaptive coping mechanisms, with youths reporting significant behavioural and emotional problems as well as lower self-esteem than their resilient peers (Masten et al., 1999). However, a 20 year follow-up study of these youths indicated that drastic modifications to social support such as military service, breaking ties with deviant peer groups, and developing positive romantic relationships were shown to contribute to resilience within this population (Masten, 2000).

Investigators in the area of resilience research have repeatedly demonstrated that individuals who possess or who are exposed to known risk factors are at a higher likelihood of negative developmental outcomes than those individuals who are not associated with risk factors (Keyes, 2004). However, researchers have proposed that not all individuals exposed to risk factors have negative developmental trajectories, and that there are underlying mechanisms that promote competent functioning within individuals despite exposure to adverse conditions (Cicchetti et al., 1993; Rutter, 1985). As such, the construct of resilience has become important in investigating reasons as to why some individuals maintain healthy adjustment under adverse conditions, while others develop psychological and behavioural problems or experience other negative developmental outcomes (Rutter, 1990). The general goal of resilience research is to illuminate developmental consequences of behaviour and functioning in the presence of adversity,

and to highlight protective factors in development, be it in the individual, familial, or community relational context (Keyes, 2004). Thus, resilience is a necessary construct in the dynamic trajectory of health or maladjustment in street-involved youth.

Previous researchers have documented many risk factors hindering the process of resilience in homeless children and youth, including living with just one parent, having parental figures with less than a high school education and/or low employment rates, as well as a history of adverse or stressful life events (such as moving, witnessing violence, illness/death of a parent; Masten & Sesma, 1999). Building on this previous research, a goal of the present study is to examine factors associated with resilience (e.g., sense of mastery, feelings of relatedness, and emotional reactivity), and how they are exhibited within a community sample of street-involved youth. Moreover, the present study will explore the association between resilience factors and the degree of help-seeking behaviour within this population. It is hoped that further understanding of these variables will assist local community programming in fostering protective factors among youth. Specifically, research into this area may be used to help promote and encourage healthy development and the completion of age-appropriate developmental social and psychological tasks within this population, in spite of the numerous risk factors and stressors (such as early experiences) that threaten to impact the normal trajectory of individual psychosocial development.

The focus of the present study pertains to the developmental periods of adolescence and young adulthood. According to Erikson (1963), the formation of an individual's identity is a crucial developmental task during the adolescent years, as is the development of intimate, secure relationships during young adulthood. These

developmental periods serve as an ideal time to study resilience, as it is during this period that youth require a strong support system to help them navigate through developmental crises in order to become productive members of society (Carnegie Council on Adolescent Development, 1995). However, for those youth who have repeatedly learned through early experiences that the world is an unreliable, untrustworthy place, or for those who face a variety of daily struggles merely to survive, forming positive, secure, trusting relationships with others may be a task that is unfamiliar, threatening, and/or overwhelming. Therefore, in order to investigate resilience within a particular population, it is first essential to understand the course of typical psychological and social development, and factors that may support, or obstruct, these developmental patterns.

Psychosocial Development

Erikson's theory of psychosocial development is a life-stage theory encompassing eight unique stages of personality development (Erikson, 1963). More specifically, the theory focuses on the formation of the self (the individual) reliant on relational interactions in social and cultural environments (Erikson, 1963). At each proposed stage, there is a specific challenge resulting from biological, psychological, and cultural influences which requires resolution in order for the individual to be prepared to progress on through to the next developmental stage.

Erikson believed that the eight stages of psychosocial development unfolded by the epigenetic principle of maturation. This principle asserts that individuals develop through predetermined stages in relation to a developing readiness "to be driven toward, to be aware of, and to interact with, a widening social radius" (Erikson, 1963, p. 270), and that society and culture helps to facilitate progress through the stages. As the individual

moves through their developmental path, confronted crises can be resolved positively, negatively, or somewhere in between. Specifically, Erikson (1963) described the developmental path as proceeding through these ‘critical steps’, with critical being defined as “a characteristic of turning points, of moments of decision between progress and regression, integration, and retardation” (p. 270-271), meaning crises are not ‘threats of catastrophe’ but are turning points; periods of increased potential and vulnerability (Erikson, 1980). Positive resolution of previous encountered crises places the individual in a state of readiness to encounter the next crisis. Knowledge and abilities learned from prior psychosocial tasks provide an advantage in meeting and negotiating challenges within the next developmental task (Erikson, 1980). Equally, unsuccessful resolution of a stage may place the individual at a disadvantage to meet and successfully navigate challenges of the next stage, potentially impeding or delaying an individual’s continued psychosocial development (Erikson, 1963). The eight stages of psychosocial developmental, as outlined by Erikson (1963, 1980), as well as outcomes of successful and unsuccessful negotiation of these stages, are summarized in Table 1. For the present study, Erikson’s theory will be the theoretical guide for typical developmental tasks.

Since its conception, Erikson’s theory has generated a vast array of theoretical and empirical support in both research and clinical settings (Domino & Affonso, 1990). Overall, it has been found that many individuals are able to progress through the psychosocial changes and navigate through the variety of developmental milestones without significant difficulty or distress, whereas others encounter a more challenging transition. For those who have experienced chaos within the home environment, and/or who face a variety of daily struggles to survive, developmental tasks may not be so easily

negotiated, and development may follow an alternate path or be halted at an earlier stage (Coll, Powell, Thorbro, & Haas, 2010). For example, Erikson (1963) theorized that identity formation and the development of intimacy with others were the main developmental tasks surrounding the periods of adolescence/young adulthood. However, if an individual is still struggling with a negative early experience surrounding a relationship with a caregiver (namely, unsuccessful negotiation of the trust versus mistrust stage), the individual may be in a position of stagnation where negotiation of both identity and intimacy are impeded as individuals are left dealing with consequences from unsuccessful negotiation of the first stage. Siegel (1999) reports that the development of mistrust in others does indeed have serious psychological, behavioural, and biological consequences, including changes in brain development, diminished capacity for affect regulation, and reduced satisfaction from interpersonal relationships, ultimately leading to maladaptive coping behaviours as an attempt to regulate emotional states. Given these findings, the stage of trust versus mistrust can be argued as the most crucial, as this is the foundational stage allowing for trusting connections and secure attachment to others and may have the most long-term consequences for both psychosocial development and psychological health. Therefore, of particular interest to the present study is the social, psychological, and developmental impact of failure to negotiate the trust versus mistrust developmental stage. This will be investigated utilizing attachment theory and examining individual patterns of attachment, which have been shown to be associated with early caregiver behaviours (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1988).

Attachment and Development

Attachment theory, originally proposed by John Bowlby (1969, 1973, 1988), highlights the influence of early relational experiences on an individual's developmental course (Bowlby, 1988). In his theory Bowlby (1973, 1988) suggests attachment is deeply connected by the way a child is treated by a caregiver, a claim that has received support within the literature over time (i.e., Ainsworth et al., 1978; Sroufe, 2005). Primarily, it has been formulated that a bond with an attachment figure serves to provide children with a foundation of security in which they are able to explore the social world (Ainsworth et al., 1978). By learning from early relational experiences with caregivers, children develop cognitive schemata (also referred to as internal working models) of others' availability and responsiveness, which in turn, reflect the child's understanding of self, relationships, and the outside world (Bowlby, 1988). These internal working models help guide interpersonal behaviour and define individual attachment patterns or "styles" (Bowlby, 1988).

Mary Ainsworth and colleagues (1978) identified three classifications of attachment (or attachment styles) in their work based on the quality of the primary attachment relationship, highlighting the fact that children appeared to be "organized" and utilize a distinct behavioural and attentional strategy when faced with a task of situations involving episodes of separation- reunion with a caregiver figure. These classifications of organized attachment were later labelled as secure, anxious-resistant (insecure), and avoidant (insecure). Through this research, it was determined that in cases where caregivers provide affectionate and consistent care, children are more likely to develop internal working models of secure attachment. Conversely, however, in the context of

environmental threats and/or chaos, children are at a greater risk of developing an insecure attachment or associated working models. Given these findings pertaining to the importance of developmental context, it is not surprising that research suggests classification of parental attachment styles may also play a role in determining infant attachment styles. For example, Benoit and Parker (1994) reported the ability to predict infant attachment style (at age 12 months) based on maternal attachment style measured during pregnancy in 82% of the cases examined. In continuing to explore how transmission of attachment translates across generations, Hautamäki, Hautamäki, and Neuvonen (2010) reported that 42% of 33 grandmother-mother-infant triads had corresponding attachment classifications when the child was 1 year, and 47% when the child was 3 years of age.

In a seminal paper published by Main, Kaplan, and Cassidy (1985), a case was presented for a fourth category of infant attachment to be added to the categories previously outlined by Ainsworth and colleagues (1978). Main and collaborators noted that the behavioural responses of a proportion of children did not fit within the original categories outlined by Ainsworth during their observational research study; some showed lack of organization during attachment interactions, and demonstrated odd or simultaneous approach and avoidance of the caregiver upon reunion. It was noted by Main and colleagues, in retrospect, that these children were “forced or imposed a classification” (p. 99) that did not fully represent the behaviour witnessed. What Main and colleagues (1985) asserted is that a fourth distinct attachment category was warranted, which was given the label of “insecure-disorganized/disoriented style”. This style in particular has been associated with problematic outcomes within the research

literature (Main, 2000), and is strongly predicted by caregiver intrusiveness and maltreatment (i.e., physical abuse, psychological unavailability, neglect; Sroufe, 2005). A 30-year longitudinal study of the developing person by Sroufe and colleagues (see Sroufe, 2005 for a comprehensive review of the study's findings) noted that disorganized attachment in infancy is a strong predictor of the development of psychiatric disturbance during late adolescence. More specifically, behaviour such as self-harm (cutting, burning, etc.) in early adulthood has been shown to be highly associated with a history of disorganized attachment and maltreatment (including sexual abuse), a relationship that remains significant once other causal factors are taken into account (Sroufe, 2005). Moreover, the likelihood of a disorganized classification rises from 15% in low-risk samples (i.e., community samples) to more than 70% in high risk samples (i.e., clinical samples and family violence samples), strengthening the suggestion of an association between this attachment style and the development of psychopathology (Lyons-Ruth & Jacobvitz, 2008).

Research has shown that internal working models are often carried forward into adolescence, although attachment style may change over time in response to changes within the caregiving environment (i.e., previously securely attached children may later develop insecure attachments in response to a changing family environment or family adversities; Bowlby, 1988; Vaughn, Egeland, Sroufe, & Waters, 1979). Sroufe (2005) notes, however, that due to the centrality and foundational properties of the infant-caregiver attachment relationship, internal working models are never truly lost, but can undergo transformations throughout development (i.e., peer experiences can inform social competence).

As attachment relationships remain important throughout the lifespan, much work has examined the relationship between internal working models of attachment and socio-emotional development in adults (Bartholomew & Horowitz, 1991), in addition to how attachment is measured throughout the lifespan (Bartholomew & Horowitz, 1991; Bartholomew & Shaver, 1998; Fraley, Waller, & Brennan, 2000; Schmitt et al., 2004). In an expanded model of attachment styles founded on the work of Ainsworth and colleagues (1978), Bartholomew and Horowitz proposed a four prototype, two-dimensional construct of adult attachment based on internal working models of self and other. In their proposed model, both view of self and view of others may be dichotomized into positive or negative categories. Specifically, one may view the self as worthy of love and support (positive) or may have the view of being unworthy of such concepts (negative). Similarly, others may be viewed as trustworthy and reliable (positive), or unavailable and rejecting (negative). Combined, four distinct prototypes emerge: secure, dismissive-avoidant, preoccupied, and fearful-avoidant (see Figure 1; Bartholomew & Horowitz, 1991).

The first prototype, secure attachment, represents a sense of worthiness of love (positive) and the expectation that others are trustworthy and reliable (positive). Prototype two, labelled as preoccupied attachment style, occurs when one feels unworthy of love and support (negative), but maintains the expectation that others are accepting and responsive (positive). Bartholomew and Horowitz (1991) theorized this combination would leave the individual preoccupied with gaining acceptance from others, and therefore labelled it accordingly. For the third prototype, fearful-avoidant attachment style, a sense of unworthiness (negative) combined with a sense that others are rejecting

and untrustworthy (negative) leads to a fear of intimacy and social avoidance in order to protect oneself from rejection. Lastly, the fourth prototype of attachment style is comprised of a positive view of self (a sense of worthiness of love and support) but a negative view of others, labelled as dismissive-avoidant. Bartholomew and Horowitz (1991) explained that individuals within this category may avoid close relationships to protect themselves from disappointment. As such, they maintain a sense of independence and do not place themselves in positions of vulnerability with others. More simply, the four different types of attachment can also be explained in terms of avoidance and anxiety/dependence (Bartholomew & Horowitz, 1991). In this conceptualization of the attachment model, the avoidance dimension relates to the internal working model of “other”, and expectations of others as trustworthy and supportive, whereas the anxiety dimension is related to an individual’s internal working model of self. Therefore, secure attachment corresponds to low avoidance and low anxiety, preoccupied attachment consists of low avoidance and high anxiety, fearful attachment corresponds to high avoidance and high anxiety, and dismissive-avoidant corresponds with high avoidance and low anxiety (Bartholomew & Horowitz, 1991).

Bartholomew and Horowitz (1991) conducted two quantitative investigations in order to validate their proposed model of adult attachment styles. Findings of attachment styles in university-aged participants (validated by self-report measures in addition to questionnaires completed by same-sex best friends of the participants) were found to be consistent with the proposed model. A subsequent study replicated these findings and extended the model of attachment to include family of origin relationships. It was found that attachment styles with peers correlated significantly with participant representations

of familial relationships. Overall, the findings of these two studies support Bartholomew and Horowitz's (1991) postulation that adult attachment patterns can be identified utilizing the dimensions of self and other (dichotomized into positive and negative), which serves to assist in understanding individual approaches to interpersonal relationships.

As demonstrated, attachment patterns have the tendency to persist into adulthood, however the terminology used within the adult attachment literature differs from that originally proposed by earlier researchers such as Ainsworth and Main (Bartholomew & Horowitz, 1991; Shaver & Clark, 1996). In comparing the Ainsworth and colleagues model of childhood attachment with the Bartholomew and Horowitz model of adult attachment, some differences in the nomenclature exist. In both models, secure attachment remains the same for both children and adults. Anxious-avoidance attachment style in children however is referred to as a dismissing style in the Bartholomew and Horowitz model. Anxious-ambivalent style is seen as analogous to preoccupied attachment style in adults, and disorganized attachment styles in children are most often referred to as fearful-avoidant attachment styles within the adult population (Shaver & Clark, 1996).

A notable question within the current attachment literature is whether attachment style should be considered categorically (i.e., secure, preoccupied, dismissing, and fearful-avoidant styles) or as a continuous variable (i.e., where an individual falls on the anxiety and avoidance [self/other] dimensions). It has been suggested that since the latter method of classification increases the precision of measurement of the construct, it is best to utilize a dimensional model of attachment versus a categorical one (Fraley, 2012). As

the current climate of the literature embraces the dimensional approach to measuring attachment, this will be predominantly utilized in the present study. However, the Bartholomew and Horowitz model remains helpful in conceptualizing the meaning of such dimensional scores. As such, and for the sake of continuity and comparison with previous research literature, categorical attachment styles will also be discussed and presented.

Bowlby has suggested that attachment to others is a lifelong process; once attachment patterns have been formed there is a likelihood they will remain relatively stable. Equally, however, Bowlby asserted that this may not always be the case (Bowlby, 1988). Longitudinal research supports Bowlby's mixed assertions by showing that even following an experience of change (such as changes in social support, life stress), there is a strong tendency for early attachment styles to remain, even if they only emerge during certain circumstances or situations (Sroufe, 2005). However, in a longitudinal examination of a high-risk sample, Weinfield, Sroufe, and Egeland (2000) noted no significant continuity in attachment classifications at infancy and at age 19, and highlighted that chaotic lives and frequent changes in experience may account for the low stability within this population. In particular, it has been found that disorganized attachment style remains the least stable (i.e., the least reliably predicted) attachment style over time (Main & Cassidy, 1988), although some children will continue to show disorganized behaviour throughout their development (Main & Cassidy, 1988, Sroufe, Egeland, Carlson, & Collins, 2005). Within the literature, extreme bond disruptions within the parent-child relationship have been hypothesized as a risk factor for maintaining a disorganized style, with these disruptions being defined as frightening,

threatening, and/or dissociative parental behaviour (see Hesse & Main, 2006). In a meta-analytic review investigating the aforementioned hypothesis, Madigan and colleagues (2006) reported that studies of maltreated children have frequently demonstrated that anomalous (frightening, threatening, dissociative) parenting is related to the development of attachment disorganization, and that children who are exposed to these parental behaviours are almost four times as likely to form a disorganized attachment style than peers who have not experienced this behaviour. Hesse and Main (2006) described children with a disorganized attachment style as being stuck within a paradox: their primary figure of attachment, a source of comfort and safety, is also a source of distress and fear.

Adolescent research literature has highlighted associations between attachment style and a youths ability to rely on social support (Larose & Bernier, 2001) and engage in pro-social, adaptive behaviour (Keskin & Cam, 2010), both of which have also been shown to correlate with resilient outcomes (Masten & Powell, 2003). Therefore, attachment serves as an essential variable in exploring resilience and accessing social supports within any population, as attachment style can be viewed as a motivational system or roadmap guiding social interactions, including that of help (or care) seeking behaviour. It is also important to note that research on adolescents also describes an association between individual attachment styles and mental health (Keskin & Cam, 2010; Zegers, Schuengel, van IJzendoorn, & Janssens, 2008). Consequently, psychological functioning and its relationship with attachment may be equally important to consider when investigating the process of adolescent resilience and help seeking behaviours.

Attachment and Psychological Functioning

Attachment and its association with development has been a topic of increased interest within the literature over the past few decades, in particular, applying attachment theory to the investigation of the origins of psychopathology in childhood and adolescence (Rutter & Sroufe, 2000). The consensus among developmental researchers is that the quality of relationships in an individual's life plays a crucial role in one's psychosocial and emotional development (Richmond & Stocker, 2006; Trickett et al., 2011). For example, a study by Daniels (1990) found that transitions through developmental stages were more complicated for those adolescents who had developed a disconnection from family members due to divorce or familial conflict. Poor quality familial relationships have been shown to negatively affect an individual's overall wellbeing (Dekovic, 1999). Recent research has found that abuse and neglect within childhood is associated with long term impairments in cognition and academic functioning. More specifically, one longitudinal study found that adolescents with a history of maltreatment scored lower overall on tests of reading ability and perceptual reasoning (Mills et al., 2011). Individuals who have experienced familial conflict and maltreatment demonstrate higher levels of either verbal and physical aggression or withdrawal and lower prosocial behaviour, behaviours which were ultimately linked to peer likeability and social rejection (Anthonysamy & Zimmer-Gembeck, 2007). Within recent literature, a relationship has been established between early negative experiences with caregivers and increased drug-related problems/illicit drug use within adolescence (Huang et al., 2011), as well as violent, delinquent behaviours (Mersky & Reynolds, 2007). Supporting these findings, in one study of 426 maltreated and non-maltreated

youths attending a camp program for inner city children from low socioeconomic backgrounds, Kim and Cicchetti (2010) found that difficulties with emotion regulation stemming from negative early experiences with a primary caregiver (i.e., maltreatment) were significantly associated with the development of internalizing and externalizing symptomatology over time. Moreover, Kim and Cicchetti (2010) found that maltreated children experienced higher levels of peer rejection and lower levels of peer acceptance than non-maltreated participants, leading to further challenges.

Studies such as Kim and Cicchetti's abovementioned work fall within the realm of developmental psychopathology, an area of research that attempts to highlight factors contributing to the development of psychopathology¹ within at-risk individuals (Cicchetti & Cohen, 2006). More specifically, developmental psychopathology serves as a research framework to help explain the relationship between adolescent difficulties (psychopathologies) and attachment (Rutter & Sroufe, 2000) -- a structure in which a variety of disciplines converge in an attempt to illuminate the development and functioning of individuals (Cicchetti & Sroufe, 2000). Under this framework, hypotheses have been proposed that psychopathology is a product of a non-secure attachment developed in the early years of life (Zeanah, Keyes, & Settles, 2003), and many studies of attachment styles have shown that patterns of attachment associated with insecure attachments are related to a variety of later social and psychological struggles (Keskin & Cam, 2010; Scott-Brown & Wright, 2003; Sroufe, Egeland, & Carlson, 1999). Examples

¹ For the purposes of the present study, psychopathology will be defined as a symptom or disorder utilizing the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (*DSM-IV-TR*; APA, 2000).

of social and psychological challenges include higher incidences of reported clinical symptomatology (as reported by the Achenbach Youth Self-Report Form), higher levels of emotional problems (anxiety, depression), as well as thought disorders (Scott-Brown & Wright, 2003). Moreover, in a study of maltreated children, Cicchetti and colleagues (1993) found children who have experienced maltreatment are more likely than non-maltreated children to demonstrate disruptive-aggressive behaviour, withdrawal from peers, and exhibit internalized behaviour problems.

Numerous longitudinal studies have also demonstrated that children with insecure attachment, especially those exhibiting disorganized attachment, are at a greater risk for psychopathology than peers of differing attachment styles (Lyons-Ruth & Jacobvitz, 2008). In a series of meta-analyses, Cyr, Euser, Bakermans-Kranenburg, and Ijzendoorn (2010) found medium effect sizes for a set of studies showing that children living under high-risk conditions (excluding child maltreatment risk) demonstrated fewer secure attachments and greater disorganized attachments than children residing in low-risk familial situations. For the set of child maltreatment studies, large effect sizes were found, indicating that maltreated children were less secure and more disorganized in their attachment styles than other high-risk children (Cyr et al., 2010). These meta-analytic findings pertaining to attachment disorganization make intuitive sense, as individuals who develop attachment styles which maintain a distance from attachment relationships (especially fearful-avoidant attachment styles) may be doing so as a defence against chaotic and unstable familial environments.

Disorganized attachment style has been of particular interest to researchers investigating the role of attachment in the genesis, development, and ultimate treatment of

psychopathology (see Liotti, 2011, for a review; Lyons-Ruth & Jacobvitz, 2008). It has been hypothesized that disorganized attachment style (and also more generally insecure attachment styles) stemming from early negative experience contributes to a developmental pathway characterized by difficulties in mentally integrating emotional-interpersonal information (Liotti, 1999), potentially leading to the deficits in psychological functioning seen in these individuals (Lyons-Ruth & Jacobvitz, 2008). Moreover, the disorganized style of coping with additional stressors within attachment relationships has also been postulated to be associated with difficulties with emotional regulation (DeOliveria, Neufeld-Bailey, Moran, & Pederson, 2004). More specifically, it has been shown in a longitudinal study of child maltreatment, emotion regulation, peer acceptance/rejection, and psychopathology that emotion regulation may serve as either a risk or protective factor in the link between child maltreatment and the development of later psychopathology and difficulties with peer relations (Kim & Cicchetti, 2010). The relationship between attachment and psychological functioning demonstrated within general adolescent literature (Keskin & Cam, 2010), has been largely unexplored in relation to resilience and help-seeking behaviour within a community sample. As such, goals of the present study are to investigate relationships among these variables utilizing a sample of street-involved youths. Before these goals can be investigated however, it is important to understand the uniqueness of the street-involved youth population, and more specifically, the research outlining how attachment and psychological functioning present independently within these individuals.

Attachment and Street-involved Youth

There are several terms utilized when referring to youth homelessness, including ‘homeless youth’, ‘youth living on the margins of homelessness’, ‘street-involved youth’, as well as ‘at-risk youth’. Youth homelessness in general refers to youths who are homeless (i.e., have no permanent residence), at-risk (or on the margins) of homelessness, or are caught in a cycle of homelessness for whatever reason (Raising the Roof, 2009). Street-involved youth can live in a variety of conditions. It has been suggested that up to 80% of street-involved youths do not live on the streets, but are part of the ‘hidden homeless’ population who cyclically stay with friends or family (referred to as couch surfing), stay in temporary shelters, or live in unsafe or crowded conditions. In a 2009 study completed by the Raising the Roof organization, participants indicated they preferred the term ‘street-involved youth’ to ‘at-risk youth’ as the latter is too general. For the purposes of the present study, the term “street-involved youth” will be used most frequently, as previous research has noted this is the most preferred term by this population, as it is all-encompassing (Raising the Roof, 2009).

Creating a distinction between the causes and consequences of youth homelessness is very challenging as homelessness among young people is often associated with increased risks in a variety of life domains, making it hard to determine a singular cause of homelessness (Thompson, Bender, Windsor, Cook, & Williams, 2010). However, much research has been dedicated to investigating factors associated with youth entering the cycle of homelessness, including sexual orientation, socioeconomic status, pregnancy, challenges with school, familial disruption, residential instability, familial conflict, and/or maltreatment (Toro, Dworsky, & Fowler, 2007). In particular, it is

consistently found across studies that homeless or street-involved youth leave their home of origin due to a breakdown of support systems and/or experiences of trauma (including family conflict, abuse, and/or violence). A study by Whitbeck, Hoyt, and Ackley (1997) reported that over 80% of homeless youths had an object thrown at them by a caregiver, 86% were pushed, shoved, or grabbed in anger, 43% reported being beaten up, and 29% reported being threatened with a gun or a knife by an adult caretaker. A more recent study by McCay and colleagues (2010) also reported prominent victimization among homeless youths, with 61% of participants revealing experiences of physical assault within their lifetime. Youth often describe conflict with parental figures as a primary reason for leaving home (Kipke, Palmer, LaFrance, & O'Connor, 1997). Therefore, it has been proposed that a history of familial conflict and dysfunction may be a common underlying factor for the majority of youth homelessness (Thompson et al., 2010).

As previously established, the relationship between parents and children early in life is integral in the development of an individual's ability to cope and maintain relationships later on in life. One study revealed that homeless youth report higher levels of maltreatment, family conflict, and family aggression, and lower levels of positive family contact, warmth and supportiveness (cohesion) in comparison to those parents of non-homeless youth, all which have been known to be associated with attachment quality within the relationship (Wolfe, Toro, & McCaskill, 1999). Given the potentially toxic relationships with family members, it is not surprising that at-risk youth populations are associated with higher instances of disengagement in school settings, including poor grades, school suspension, and expulsion (Thompson & Pollio 2006; Tyler & Bersani, 2008) as well as psychological maladjustment (Hughes et al., 2010). Compounded, these

difficulties often leave youth with no support network to help cope with their challenging lifestyles and normative developmental tasks, nor individuals with whom the youth can learn to form a secure attachment. Attachment styles are specifically important to investigate within the population of street-involved youth as this interactional style may complicate the ability to engage in a trusting relationship with others, thereby increasing the barriers to psychosocial development and impeding developmental progress towards becoming a stable and autonomous adult.

Little research has specifically explored attachment styles among street-involved youth, although one study has highlighted the higher rates of insecure attachment within this population (Tavecchio, Thomeer, & Meeus, 1999). It is also not well understood how variables associated with the process of resilience (sense of mastery, sense of relatedness, emotional regulation) relate to early experiences and the development of attachment styles in the street-involved youth community sample. However, previous research has argued that by leaving a negative family housing situation and seeking support from others (i.e., friends on the street, community support agencies), individuals are increasing their feelings of self-efficacy and self-respect (a protective factor), and taking a major step on the road of resilience (Rew, 2003). Given the dearth of research investigating attachment styles and resilience (and ultimately help seeking behaviour) within the street-involved youth population, the present study will strive to further describe attachment styles of these youth. This will be accomplished by highlighting its relationship with known variables associated with the process of resilience, as well as exploring the role of attachment within an overall model of help seeking behaviour.

Psychological Functioning and Street-involved Youth

Even before struggling with the cycle of homelessness, street-involved youth are at an increased risk for psychopathology due to breakdowns within the family system and potentially negative early experiences involving attachment figures. However, increased stressors associated with the daily struggles faced by street-involved youth place them at an even greater risk for physical and mental health issues, as well as social difficulties. Numerous youths report feelings of loneliness and isolation as they face homelessness (Rew, 2000), potentially exacerbating risk for mental health concerns and psychological symptomatology.

Indeed, high incidences of drug use (Bousman et al., 2005), mental illness, suicidality and delinquent behavioural issues have been noted within this population (Votta & Manion, 2004). Homeless and street-involved youth are also more vulnerable to exploitation, leading to an array of potential mental, physical, and legal consequences. For example, the social environments in which youth find themselves or create for themselves can lead to drug dependence, and sexual exploitation in the form of sex work or ‘survival sex’, defined as engaging in sexual activity in exchange for money, clothing, food, drugs, or a place to stay (Halcón & Lifson, 2004; Lankenau, Clatts, Welle, Goldsamt, & Gwadz, 2005). These activities, although potentially seen as a tool for street survival, also increase individual likelihood of encountering risky situations (such as exposure to sexually transmitted infections; Roy et al., 2003).

In a review of the literature, Eckersley (2011) suggests that rates of mental illness in the general youth population are increasing over time. In theorizing correlates for such an increase, Eckersley asserts that (at least within westernized culture) changes in the

family (including poor parenting), technology that increases the gap between the upper and lower classes and promotes social isolation, increased drug and alcohol use, poorer nutrition, and culture-wide changes in behaviour (such as increased neuroticism and narcissism and reduced self-control) are the most detrimental to the mental health of youth. In his argument, Eckersley further explains that this increase in mental illness among youth is a reality that is only exacerbated by social inequality and disadvantage.

Indeed, homeless adolescents report higher instances of a variety of mental health issues in relation to comparative samples (McCay et al., 2010; Whitbeck, Johnson, Hoyt, & Cauce, 2004). These issues include drug use (Whitbeck et al., 2004), internalizing and externalizing disorders (Hughes et al., 2010), attention deficit hyperactivity disorder (van Wormer, 2003), and suicidality (Kidd, 2004). Studies completed in the United States have documented frequent reports of major depressive disorder, post-traumatic stress disorder, and substance abuse in homeless and runaway adolescents (Fietal, Margetson, Chamas, & Lipman, 1992; Rhode, Noell, Ochs, & Seeley, 2001; Whitbeck et al., 2004). Similar disorders have also been reported in Canadian homeless youth. A mixed-methods survey by McCay and colleagues (2010) reported elevated levels of psychopathology in street-involved youths of Toronto, with approximately one-third of participants reporting one or more psychiatric diagnoses. In this study, depression and other mood disorders were the most frequently reported, although other diagnoses reported were schizophrenia, post-traumatic stress disorder, anxiety disorders, personality disorders, substance abuse, and anorexia (McCay et al., 2010). Youth described living with mental health issues as one of their greatest challenges with surviving life on the street. Difficulties in finding strength in the midst of challenges and seeking supportive relationships were listed as other areas

of great concern (McCay et al., 2010). Overall prevalence rates of psychopathology are high within the street involved youth population, with one study reporting upwards of 48% meeting criteria for mental health and/or drug addiction problems (Hughes et al., 2010).

A three-year research study on street-involved youth followed 689 homeless and at-risk youths in three Canadian cities (Calgary, Toronto, and St. John's). The information obtained during one-on-one interviews was used to track and describe youths, as well as gain a sense of individual experiences over the longer term. In this survey, depression, post-traumatic stress disorders, and suicidality were noted as the most prominent self-reported mental health concerns present in this population (Raising the Roof, 2009).

Substance use and abuse are also higher among street-involved youth. Specifically, American homeless youth report twice as much overall drug use as their housed counterparts, are four times more likely to use heroin, five times more likely to use hallucinogens, and seven times more likely to use crack cocaine (Koopman, Rosario, & Rotheram-Borus, 1994), although the most frequently used substances as per youth report are alcohol, marijuana, and LSD (Gleghorn, Marx, Vittinghoff, & Katz, 1998). The Canadian Raising the Roof (2009) study revealed that many youths engage in drug use as a form of self-medication to assist in coping with the stressors faced with life on the street. Specifically, more than 53% of the youths surveyed reported drug and alcohol abuse, while describing these substances as a coping mechanism to their current life situation (Raising the Roof, 2009). Themes of drug abuse as a coping mechanism and escape from the reality of being homeless have also emerged in qualitative explorations

of homeless youths self-management of mental health medication (Muir-Cochrane, Fereday, Jureidini, Drummond, & Darbyshire, 2006).

Although there is some understanding of psychological functioning within the street-involved youth population through previous research, only a handful of known studies have described the psychological distress of street-involved youth utilizing clinically-validated and standardized assessment tools, particularly in Canadian small urban centres such as St. John's, Newfoundland. As such, the present study will serve as a contribution to the research literature and enhance current understanding of psychological functioning (defined as levels of psychological distress) within this population. Studies by McKay et al. (2010) and Hughes et al. (2010) have previously investigated mental health concerns in samples of homeless and street-involved youths in both Toronto and Halifax (respectively) utilizing standardized assessment tools and will serve as points of comparison for the data obtained in the present research study. The present study will also illuminate the relationship between psychological functioning and the process of resilience within this population, as well as investigate the role of psychological functioning within an overall model of help seeking behaviour.

Resilience and Street-involved Youth

In comparison to the literature investigating the physical and mental health challenges of street-involved youth, the literature pertaining to resilience within this population remains very limited (Cleverley & Kidd, 2011), and has primarily been qualitative. Bender, Thompson, McManus, Lantry, and Flynn (2007) conducted a series of focus groups with 60 homeless youths receiving health and social services from a Southwest United States drop-in community resource centre. One main theme that

emerged was defined by Bender and colleagues as “street smarts”. This included the importance of finding a balance between self-reliance and accepting help from others, having the skills necessary to avoid dangerous situations and locate resources, and being adaptable to ever-changing social structures of street culture. Other themes included personal strengths (e.g., coping skills, motivation, attitudes, spirituality) as well as accessing external resources (developing peer networks and obtaining resources from strangers). In looking at other qualitative studies in this area, developing street smarts (Kidd & Davidson, 2007; Rew & Horner, 2003), developing a peer community (Kidd, 2003; Rew & Horner, 2003), having a secure sense of self and being less reactive to the opinions and beliefs of others (Kidd, 2003), having sense of faith in the future or spirituality (Bender et al., 2007; Kidd, 2003; Kidd & Davidson, 2007; Rew & Horner, 2003; Williams, Lindsey, Kurtz, & Jarvis, 2001), and self-improvement (engaging in healthier behaviours, developing emotional maturity, mastering skills for the future; Rew & Horner, 2003; Williams et al., 2001) all emerge as themes of resilience described by homeless youth participants.

Only three quantitative studies were found in this area while searching through previous literature. In a 2001 study, Rew, Taylor-Seehafer, Thomas, and Yockey sampled 59 homeless adolescents from a Texas community street-outreach program and examined (among other things) the best predictors of resilience. Resilience was defined as “beliefs in one’s personal competence and acceptance of self and life that enhance individual adaptation” (Rew et al., 2001, p. 35). It was found to be negatively correlated with hopelessness, loneliness, risky behaviours, and connectedness, with hopelessness and connectedness explaining 50% of the variance in resilience. Cleverley and Kidd (2011)

defined resilience as “a set of personal qualities such as self-efficacy, engagement of the support of others, having an action-oriented approach, and adaptability, that allow one to thrive in the face of adversity” (p. 1049), and surveyed 47 youths in community agencies within Hamilton, Ontario. The results of their investigation suggested that perceived resilience was positively correlated with self-esteem, and negatively correlated with suicidal ideation and psychological distress. Similarly, a study by Perron, Cleverley, & Kidd (2014) supported this inverse relationship between resilience scores and psychological distress. The present study is seeking to expand upon the previous research literature in the area of resilience and street-involved youth by quantitatively examining resilience within this population, and its relationship with attachment, psychological functioning, and help seeking behaviours.

Help Seeking Behaviours and Service Utilization among Street-involved Youth

As highlighted previously, findings suggest that street-involved youth experience a disproportionate degree of mental health challenges (Hughes et al., 2010; McCay et al., 2010; Votta & Manion, 2004; Whitbeck et al., 2004). Despite this assertion, a study of 16-21 year olds by Thompson, McManus, Lantry, Windsor and Flynn (2006) found that the street-involved youth population are the least likely, in comparison to their peers of a similar age, to access medical, social, and/or mental health services. When services are accessed, it is most likely on an emergency (or crisis) basis (Solorio, Milburn, Andersen, Trifskin, & Rodríguez, 2006), when waiting for assistance is no longer an option. In a review of the literature in the area of service utilization within homeless youth, Thompson et al. (2010) explained that that shelters and drop-in centres are the most likely venues in which street-involved youth can (and do) seek help, and they often serve as a first point of

contact for case management, early intervention, medical services, and later referral for additional services (if strong, trusting relationships are formed). Thompson and colleagues (2010) also report that very little systematic research has been completed on homeless youth interventions, potentially due to the transient nature of the population. As a result, we currently have limited knowledge of the qualities of the street-involved youth who do access these services, or of the potential benefits of these services through outcome research. The current literature primarily focuses on and highlights the multitude of barriers to help-seeking facing this population (Thompson et al., 2010). Barriers identified include logistical factors such as not knowing where to go when experiencing difficulties, and/or being unsure of the appropriate service to use (Solorio et al., 2006); social barriers (such as perception of discrimination) and structural barriers (such as scarce resources and long waitlists; Hudson et al., 2010), as well as individual factors (Collins & Barker, 2009).

Collins and Barker (2009) highlighted narratives of 16 youths in a qualitative examination of homeless youth accessing emergency hostel services in central London, England. Their goal was to examine young people's views on seeking psychological support for mental health concerns. A predominant theme emerged regarding the youths feeling reluctant not only to seek help but to trust help offered because of the value the participants placed on self-sufficiency. Feelings of hurt and anger, stemming from perceived betrayal by familial and societal contexts, and contributing to the mistrust of others were also highlighted as facilitating the development of self-reliance and avoidance of asking for assistance from others (Collins & Barker, 2009). Earlier investigations in this area also highlighted the distrust of authority figures that emerges in

this population, including fear of being exploited and further victimized by adults and/or abandoned due to previously learned experiences (Kurtz, Lindsey, Jarvis, & Nackerud, 2000). These findings raise the question of what role, if any, attachment style may play in determining whether or not service will be accessed.

Overall, there is currently limited data in terms of service utilization within the street-involved youth population, and to our knowledge, there is no previous study that has explored the relationships among attachment, mental health, and resilience of those youth who do access services. A deeper understanding of these relationships and of the youth who do access services is essential for efforts to address barriers to service access for this underserved population, and to provide tailored care based on the population's needs. The present study seeks to illuminate qualities of youth who are accessing services within a community-based organization; explore a model of help-seeking behaviour by examining attachment, psychological functioning, and resilience of street-involved youth, and examine how these variables may be related to the frequency at which service is accessed.

Purpose of Present Study

The purpose of this dissertation is to describe a community sample of street-involved youths in terms of attachment style and psychological functioning, and in terms of factors associated with resilience and help seeking behaviours. To date, no known research study has incorporated all of the aforementioned variables within this population in a small urban centre. More generally, and important to note, there is currently a shortage of research literature investigating characteristics associated with frequency of service utilization within the street-involved youth population and the impact of this

service on these youth. The information obtained from the present study will illuminate help seeking behaviours within a community sample and serve to inform interventions for this population, assisting in the development of programs aimed at meeting the needs of this population and supporting a healthy transition to adulthood. As such, the following research questions, and hypotheses have been proposed:

Research Question 1. How does the street-involved youth population of a community organization compare to normative community samples on measures of resiliency, attachment, and psychopathology published within the literature?

Hypothesis 1. It is hypothesized that the community organization participants will have significantly different scores on the measures of resilience, attachment, and psychopathology. Specifically, it is believed that youths within the sample will report higher levels of psychological distress, will show greater vulnerabilities in terms of resilience (i.e., lower scores on resilience measures, and higher scores on vulnerability measures), and will be significantly more likely to have an insecure attachment pattern (defined as significantly higher scores in attachment avoidance and attachment anxiety) than individuals from normative samples.

Research Question 2. What is the relationship between psychological functioning and resilience, and do these variables differ among the four styles of attachment (based on Bartholomew and Horowitz prototype model of secure, preoccupied, dismissing, and fearful attachment) within a sample of street-involved youths?

Hypothesis 2. Based on the work of Rew et al., 2001 as well as Cleverley and Kidd (2011), it is hypothesized that resilience will be associated with lower psychological distress and better overall psychological functioning. Furthermore, given previous

literature, it is expected that insecure attachment styles will be more predominant than a secure attachment style within the sample of street-involved youths. It is hypothesized that youths who have a fearful attachment style, analogous to disorganized attachment style in childhood (Shaver & Clark, 1996), will show greater deficits in psychological functioning and resilience in comparison with secure, preoccupied, and dismissing attachment styles.

Research Question 3. In an exploratory model of help-seeking, how are factors such as attachment, psychological functioning, and resilience associated with frequency of community organization service access in a sample of street-involved youths?

Hypothesis 3. It is hypothesized that attachment anxiety and avoidance will be negatively associated with help-seeking behaviour in street-involved youths. Moreover, it is expected that psychological functioning will be positively associated with frequency of service access, as will the resilience factors of having a sense of mastery and a sense of relatedness. Emotional reactivity is expected to have a negative association with frequency of service access.

Method

Participants

A convenience sample of street-involved youths was recruited through the Outreach and Community Engagement services program offered by Choices for Youth (CFY), a non-profit, community-based organization providing supportive housing and life-skill development to youth within the area of St. John's, Newfoundland. The final community sample included 63 individuals; 42 males (66.7%), 21 females (33.3%). Ages ranged from 15 to 29 years old ($M = 20.00$, $SD = 3.32$). The majority of participants did

not classify themselves as a visible minority (93.7%, $n = 59$). Sixty-one participants (96.8%) identified themselves as Canadian citizens, and two individuals (3.2%) reported having permanent resident or immigrant status within Canada. Forty-eight (76.2%) described themselves as heterosexual, 10 (15.9%) as bisexual, three (4.8%) as gay/lesbian, and 2 (3.2%) as “other”. Normative samples employed in the present study were obtained from previously collected data published by each measurement developer and will be described in greater detail where appropriate.

Setting Background. The CFY organization was developed to support street-involved youth between the ages of 16 and 29 years, and employs empowerment strategies designed to assist with the management of various challenges within the lives of those they serve. Services offered include emergency shelters, employment preparation programs, supportive/affordable housing units, peer mentoring, as well as outreach and youth engagement (Choices for Youth, 2011a). Outreach and youth engagement services (often referred to as ‘outreach’) are frequently the initial point of contact for youth accessing the services or programming offered by CFY. Drop-in services, one-on-one guidance pertaining to a variety of issues (i.e., housing, financial and legal issues, addictions), social and relationship-building opportunities, and basic needs (laundry and shower services, hot meals, clothing and personal items, telephone and internet access) are provided to youth on a daily basis. Outreach operates on a harm-reduction model in order to meet young people ‘where they are’, while also providing a welcoming environment in which they are able to connect with staff members (Choices for Youth, 2011b).

In 2008 and 2009, CFY provided various forms of outreach support to approximately 300 youths, with staff reporting an average of 35 young people per day accessing outreach services. Moreover, it is reported that youth often seek these services on a long-term basis, and services have expanded throughout the organization's history in order to meet the increased needs of the youth served by CFY (Choices For Youth, personal communication, June 6, 2011). In 2012, the year this research project was completed, CFY reported servicing over 700 youths through their Outreach and Youth Engagement programme, highlighting the increase in need of support for street-involved youth (Choices for Youth, 2014). It should be noted that although recruited through Community and Outreach services, individuals may have been concurrently participating in multiple programs within the CFY organization.

Measures

Participants were presented with five different measures pertaining to demographic information, psychological functioning, attachment, and resilience.

Sociodemographic Information. Demographic information was obtained via an intake interview established by the CFY organization, the Youth Participant Profile (see Appendix A). This interview contains approximately 65 questions and assesses the following aspect of experience: basic demographic information (age, gender, sexual orientation), reasons for visiting CFY, parenthood, housing history, family climate, educational history, health and wellness issues, employment/income, counselling history, involvement with criminal justice system, sexual exploitation, anger, social comfort, and self-esteem.

Psychological Functioning. Psychological functioning was measured using the *Symptom Checklist 90-Revised* (SCL-90-R; Derogatis, 1994). The SCL-90-R is a self-report scale measuring a broad range of psychological problems and symptoms of psychopathology. Respondents rate the degree to which a particular problem has caused them distress in the previous week on a 5 point Likert-type scale ranging from “not at all” (0) to “extremely” (4). The instrument is designed for use on individuals aged 13 and above, is written at a sixth grade reading level, contains 90 items, and takes approximately 12-15 minutes to complete. The test contains 9 symptoms scales (Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism) in addition to 3 global indices (Global Severity Index, designed to measure overall psychological distress; Positive Symptom Distress Index, designed to measure the intensity of symptoms, and Positive Symptom Total, number of self-reported symptoms). For the research questions of the present study, the Global Severity Index (GSI) will be utilized as an overall general measure of psychological functioning as recommended by Derogatis (1994). Higher scores on the GSI index indicate higher levels of overall psychological distress whereas lower scores represent greater self-reported psychological functioning. This score is a normalized t-score utilizing norms based on gender and age. The SCL-90-R has consistently demonstrated sound levels of reliability in addition to content, concurrent, and discriminant validity (Groth-Marnat, 2009). Chronbach’s alpha (α) for the SCL-90-R scales for the present study ranged from .80 to .98 and were, therefore, considered to show good internal consistency.

Attachment. The *Experiences in Close Relationships-Revised* (ECR-R; see Appendix B; Fraley et al., 2000) measured attachment patterns in the present study. The ECR-R is a 36-item self-report scale designed to assess two dimensions of attachment as adapted from the Bartholomew and Horowitz (1991) anxiety and avoidance model. The scale consists of 18 items pertaining to discomfort with closeness (attachment avoidance) and 18 items about fear of abandonment and need for contact (attachment anxiety). Participants are asked to indicate the degree to which they agree or disagree with a given statement on a 7-point Likert-type scale. Response options range from “Strongly Disagree” (1) to “Strongly Agree” (7). The scale also included a neutral, “Neither Agree nor Disagree” (4) option. The ECR-R provides both dimensional and categorical measures of attachment. For the dimensional variables, the average of the items within each subscale is calculated to obtain one overall attachment avoidance score and one overall attachment anxiety score. Participants were assigned a style of attachment based on a median score cut-off on each dimension by utilizing the Bartholomew and Horowitz model (secure, preoccupied, dismissing, and fearful) as a guide, a method grounded in theory and suggested by Fraley (2012). Specifically, the median scores for attachment anxiety and attachment avoidance were calculated, and participants were assigned an attachment style as such: participants were labeled as ‘*secure*’ if scores fell below the median scores for attachment anxiety and attachment avoidance (**low anxiety, low avoidance**), ‘*preoccupied*’ if their score fell above the median for anxiety, but below the median for avoidance (**high anxiety, low avoidance**), ‘*dismissing*’ if scores fell below the median for anxiety, but above the median for avoidance (**low anxiety, high avoidance**), and ‘*fearful*’ if participant scores fell above the median scores for both attachment anxiety

and attachment avoidance (**high anxiety, high avoidance**). Previous research has shown the reliability and validity of the ECR-R, and demonstrated its superior psychometric properties in relation to other attachment measures (Fraley et al., 2000). The measure has shown high internal consistency of $\alpha = .94$ for Avoidance and $\alpha = .90$ for Anxiety, in addition to good convergent validity with other established measures (Brennan, Clark, & Shaver, 1998). The present study showed excellent internal consistencies for the ECR-R scale, with $\alpha = .95$ for the Attachment Anxiety scale, and $\alpha = .92$ for the Attachment Avoidance scale.

Resilience. The *Resiliency Scales for Children and Adolescents: A Profile of Personal Strengths* (RSCA; Prince-Embury, 2007) was used to measure personal strengths related to the construct of resilience in the present study. The RSCA is a standardized assessment tool designed to measure areas of perceived strength and vulnerability in adolescents aged 9-18. This measure has also been utilized for clinical and research purposes on an older adolescent/young adult population, where the norms for the 15-18-year-olds typically stand up well (S. Prince-Embury, personal communication, June 14, 2011). The RSCA can be completed 15-20 minutes and is written at a third grade reading level. Participants are asked to rate 64 items pertaining to their personal attributes and perception of external events on a 5-point Likert-type scale. Specifically, ratings are as follows: (0) Never, (1) Rarely, (2) Sometimes, (3) Often, (4) Almost Always. The measure was developed by utilizing the theoretical background provided by the literature on resilience, as well as through interviews with clinicians and youth in order to operationally define the broad construct of resilience (Prince-Embury as cited in Prince Embury, 2007).

The RSCA contains three overall construct scales: (a) the Sense of Mastery Scale (MAS); (b) the Sense of Relatedness Scale (REL), and the Emotional Reactivity Scale (REA). In 2007, two index scores were developed and added to the RSCA (after its initial publication in 2006), including the Resource Index (RES) as well as the Vulnerability Index (VUL). Scale scores (MAS, REL, and REA) as well as the Index scores (RES, and VUL) are converted from raw scores by age band (9 to 11 years, 12 to 14 years, and 15-19 years) into standardized scores.

The MAS scale measures youths self-perceptions of their skills and competence in the manner they interact with the environment. Comprised of 20 items, the scale encompasses three theoretically related content areas (subscales): (a) optimism about life and one's own competence; (b) self-efficacy associated with developing problem-solving attitudes and adaptability, demonstrated by receptivity to criticism; and (c) the ability to learn from one's mistakes (adaptability).

The REL scale examines youths perceived quality of their relationships, specifically measuring individuals comfort with others, sense of trust, perception of support from others, and the capacity to engage in healthy relationships with others over four subscales (Prince-Embury, 2007). This scale is based on developmental theory, attachment theory, and the view that the ability to engage in relationships is a basic human necessity (Prince-Embury, 2007). The REL scale is composed of 24 questions.

The REA scale addresses the perceived ability of the individual to self-regulate their emotions. More specifically, this scale consists of three conceptually related content areas: sensitivity (or the threshold for reaction) and the intensity of the reaction, length of time it takes to recover from emotional upset and regain emotional equilibrium

(recovery), and minimizing impairment (social consequences) while upset (Prince-Embury, 2007). This scale is theoretically based on Siegel's conceptual framework of emotion regulation and its associated components (Prince-Embury, 2007). Unlike the MAS and REL scale, high scores on the REA scale indicate vulnerability in the area of emotional reactivity, whereas lower scores represent resiliency.

The RES index is calculated by combining an individual's perception of their skills (MAS scale) and perception of relational quality (REL scale) scores to summarize the overall strengths available to an individual (Prince-Embury, 2007). Prince-Embury (2007) noted that the MAS and REL scales are related, and the relationship between the two can be paralleled with Erikson's theory of psychosocial development, as "a sense of autonomy and sense of industry as based upon the sense of trust developed by the child" (Prince-Embury, 2007, p. 15). As such, strengths are developed through positive interactions between behaviour and the social environment, leading to the development, mastery, and a sense of relatedness to others.

Lastly, the VUL index is obtained by calculating the discrepancy between an individual's perception of personal resources (RES) and the degree to which they are emotionally reactive (REA). For this scale, personal vulnerability is defined as having personal resources that are significantly below an individual's level of emotional reactivity. The VUL Index was added to the RSCA measure to provide a screening index for individuals at risk (Prince-Embury, 2007).

Raw scores obtained from the RSCA measure range from 0 to 80 on the MAS and REA scales and 0 to 96 on the REL scale. These scores are then converted into t-scores for comparison with 50 (with an SD of 10) representing an average score. High scores

(above average) in the MAS and REL scales, as well as the RES index reflect positive self-appraisal and resilience characteristics. Conversely, the REA scale and VUL index are scored negatively, where high scores represent impairment (challenges) in functioning, emotional difficulties, and vulnerability to difficulties during times of adversity. The RSCA has been found to have adequate internal consistency and test-retest reliability for all age bands (Prince-Embury, 2007). This measure has also been found to be valid when compared to a variety of measures (Prince-Embury, 2007). Internal consistencies for the present study were very good to excellent for the scales (Cronbach's $\alpha_{\text{MAS}} = .88$; $\alpha_{\text{REL}} = .92$; $\alpha_{\text{REA}} = .93$), as well as the overall indices ($\alpha_{\text{RES}} = .95$; $\alpha_{\text{VUL}} = .87$).

Procedure

The present study received ethics approval from the Interdisciplinary Committee on Ethics in Human Research (ICEHR) of Memorial University of Newfoundland in May, 2012. Data collection took place in St. John's Newfoundland at the local community organization between June 4th, 2012 and September 4th, 2012. Advertisement posters (Appendix C) were placed inside the Carter's Hill location of Choices for Youth, which houses the organization's Outreach and Community Engagement services program. Posters provided a brief description of the study and the option to sign up for an individual appointment. However, the primary method of recruitment was accomplished through the snowball effect and active recruitment by the principle investigator, who made herself available select days during outreach hours (1pm to 3pm on weekdays) to answer any questions pertaining to the study and to engage in participant recruitment by handing out advertisements and promoting the benefits of the research study. In order to circumvent coercion into participation, all efforts were made to ensure the youths were

aware the research study had no effect on their access to services offered by the CFY organization, nor would CFY be made aware of those who did (or did not) participate in the research study. Due to the nature of the recruitment procedures (snowball effect among CFY clients and recruitment strategies of staff members and the principle investigator) it is a challenge to determine the number of potential participants who declined participation, making it challenging to estimate response rates. However, a very conservative estimate may be calculated. In the three months that recruitment was taking place at the CFY organization, the centre served approximately 250 individuals (Choices for Youth, personal communication, August 5, 2015). In utilizing this number, we can estimate that approximately 157 youths were theoretically exposed to materials describing the research project within the 41 days of data collection (3 days a week over a 3 month period). Utilizing these numbers, it is estimated that 40.1% of those theoretically exposed to the research study consented to participate and have their data utilized in the present dissertation.

All data collection appointments took place in a private office within the community agency and lasted between 35 and 120 minutes (with an average time of approximately 60 minutes). Youths were given the option to take a break at any point during the interview process, and the aforementioned numbers include break times. Consent procedures (see Appendix D) and measures were presented orally to all participants to ensure that literacy issues were not a barrier to participation. However, participants were also given the option to complete any measures on their own in a quiet, private space. Measures were counterbalanced to account for response fatigue. In cases of orally presented materials, participant responses were recorded by the participant on a

separate form to maintain privacy, with the exception of the demographic Youth Participant Profile measure (for which responses were recorded by the principal investigator). All collected data were kept in a locked filing cabinet within the Psychology Clinic at Memorial University. With participant consent separate from research consent (see Appendix E), data from the Youth Participant Profile were added to an additional database securely located within the Psychology Clinic at Memorial University, to be used for CFY demographic record keeping purposes. In terms of consent, with the strained familial relationships common among the street-involved youth population, researchers have suggested that individuals under the age of majority (and therefore consent) be regarded emancipated from their parents and therefore able to consent to participation (Grisso, 1992). This guideline was followed for the present research so as not to alienate this population and include all youths who offered to participate in order to obtain a more inclusive sample of street-involved youth of Newfoundland and to provide these individuals a voice within the research literature that may not be heard otherwise.

As incentive, participants were able to choose either a \$10.00 gift certificate to Tim Hortons (coffee shop) or Dominion (grocery chain store). This level and type of incentive has been utilized in previous research studies accessing the at-risk and homeless youth population, and serves as an honorarium for their time. The present study took, on average, an hour of the participants' time, and minimum wage in the province of Newfoundland at the time of data collection was approximately \$10.00 an hour. Therefore, a \$10.00 gift card amount was seen as an appropriate amount of compensation that would not risk coercion into participation. However, in recognizing the economic

circumstances of the participant pool, steps were taken to ensure that participants did not feel influenced to complete the study simply for the compensation. To circumvent this issue, participants were provided compensation before completion of the interview and were made aware during the consent process that they could withdraw as a participant at any time without penalty. All participants completed the measures within one interview session, with the exception of one participant who came back for a second interview appointment to complete one measure. This participant was provided an additional incentive for the second appointment. Participants indicating a history of suicidal thoughts and/or attempts were asked about their current suicidal ideation. As per the research protocol, participants expressing the slightest potential for self-harm were referred to on-site outreach workers, given the name and number of an off-site mental health professional, and were provided information about local mobile crisis teams and other avenues of support.

Frequency of service access data was obtained from the Accountability and Resource Management (ARMS) database maintained by the community organization. Permission for the principle investigator to access ARMS was provided by the Director of Support Programs at the community organization. Frequency of service access was calculated by enumerating all service requests from the participant youths from the date of file creation until the date the research interview occurred. Examples of service requests included outreach attendance, requests for information and/or resources, advocacy or liaison requests, housing support, meals, access to technology (phone, computers/internet, fax, photocopier), personal care items, recreational outings, transportation (such as bus passes or other transportation), support for identified issues

(such as financial concerns, food shortage, employment issues, housing issues, educational issues). It is possible for youth to request multiple services on one day. For the purposes of the present study, each service request was counted as a separate entity, and no differential weight was given to any of the service requests (i.e., requesting a meal was counted the same as requesting support for financial concerns or employment issues, etc.). It should be noted that although ARMS is designed to be as accurate as possible, given the nature of the population as well as the numerous individuals who present during outreach services, there may be some errors or omissions within the database. Moreover, it was discovered by the researchers that the database was only created in July of 2008. As such, only service requests since that date have been included in the research analyses. Therefore, it can be approximated that the frequency of service access variable obtained from ARMS is a conservative estimate of the number of times of requested or accessed service.

Results

Data conditioning

Sixty-six youths agreed to interviews, and of these, 63 youths provided consent to utilize their data in the present research study. The remaining three youths began the interviews but discontinued participation and withdrew consent due to forgotten previous commitments or concern for the time it would take to complete the entire interview. Only data from completed interviews were used in the research analyses. A missing value analysis was completed on the measures associated with the major research questions (i.e., measures related to attachment, mental health, and resilience), which revealed no pattern in missing responses. For the resilience scales, any missing data points were

estimated using the procedure outlined by Prince-Embury (2006), replacing the missing value with the mean of the remaining items within its subscale. In total, this procedure was utilized for four different resilience values. As the missing data points seemed to be missing at random and constitute well less than 1% of the total data points, mean substitution was a suitable solution and should have no negative effect on subsequent data analysis (Tabachnick & Fidell, 2007). Means and standard deviations for major variables are presented in Table 2 and Table 3. Bivariate correlations may be found in Table 4, and were calculated utilizing the Pearson product moment correlation (r) with the exception of the categorical variables of attachment style, which utilized the point biserial correlation calculations (r_{pb}).

Sociodemographic Description of the Youth Sample

An aim of the present study was to describe the sociodemographic characteristics of a sample of street-involved youths currently accessing community agency support in St. John's, Newfoundland. Select data obtained from the Youth Participant Profile are presented in Table 5 and are expanded and illustrated below, utilizing information and quotations obtained from interviews. Health and wellbeing variables will also be highlighted in addition to the sample's description of their current supports.

Education and employment. During the interviews, many youths described their struggles with academics due to learning difficulties, mental health issues, and conflict with authority figures within the educational system. The majority of the sample, 79.4% ($n = 50$), reported having dropped out of school at least once during their educational career and reported having obtained less than a high school education at time of participation ($n = 53$; 84.1%; see Table 5 for a more explicit breakdown of educational

levels). At the time of the survey, 22% ($n = 14$) of the youths sampled indicated they were currently attending school in some form (i.e., high school, adult basic education, college courses). Forty-seven youths (74.6%) reported being unemployed at the time of participation, with 19.1% ($n = 12$) having no sources of income. Many participants (63.5%; $n = 40$) were receiving government assistance (either through Human Resources, Labour and Employment, Employment Insurance or Youth Services). In speaking with the youths however, several participants described working in unsafe conditions and/or taking “under the table” employment (such as drug dealing, sex work, hazardous manual labour work) to make ends meet.

Participation in street culture. At the time of participation, 66.7% ($n = 42$) of youths reported being a participant in the “culture of the street”. For the purposes of the present study, participation in street culture was defined as having developed “family” ties on the street, having an understanding of the homeless community, and/or engaging in the ‘economy’ of the street. Among those involved in street culture were individuals who had done so for over five years (35.7%; $n = 15$). In asking participants to explain their involvement with street culture, many individuals indicated that they have learned to be “street smart” and have the knowledge on how to get by during tough times. Understanding the rules of hitchhiking, sleeping on the streets, and having the ability to think quickly and find sources of income were all reported as important ‘survival’ qualities by youth participants. As one participant highlighted:

I have lived everywhere, yet nowhere. I sleep on the streets, know the places to go, and know everyone downtown [St. John's]. I know all of the best panhandling spots, and [have learned] the unwritten rules of panhandling through experience.

Another youth indicated that he learned to survive the streets by selling drugs, however struggling with constant street violence (being stabbed multiple times) and his own substance abuse ultimately forced him to make changes in his life. Other youth reported their involvement with street culture as being able to survive with no income at all, staying with friends, sleeping on shipping crates, park benches, and/or in tents hidden within wooded areas. Seemingly, however, the commonality underlying all responses of the youths was the ability to take care of oneself, and understanding the art of ‘getting by’.

Family of origin. A large proportion of youths reported having a disrupted connection with their family of origin ($n = 42$, 66.7%), with 30 individuals (48.4%) indicating they had been in the care of Child and Youth Family Services at some point during their lives. The majority of the youths experienced early family breakups ($n = 33$, 52.4%), although only 44.4% ($n = 28$) reported growing up in a single-parent family. Many youths described growing up within a chaotic environment ($n = 40$, 63.5%), experiencing chaos such as substance abuse/addiction within the family, a history of offending within the family, and family violence.

When requested to expand upon their experiences within their family of origin, youths described varied histories of family mental health issues (including mood disorders, substance use/abuse, gambling addictions), family violence, and significant separation from parents (due to Child and Youth Family Services, interpersonal conflicts among family members, and/or death of a parent). Two areas that were most frequently highlighted by participants were mental health and substance abuse issues within the youths family of origin. In particular, one youth reported growing up with a father who

had been frequently absent while completing four tours of duty in the military. When his father returned, the youth was kicked out of his house as his father was struggling with severe post-traumatic stress, and could not handle the responsibilities of raising a teenager. Another participant described a familial home that was chaotic due to her mother's hoarding behaviours and abuse of multiple substances. Although the participant remained in her home with her family, she reported being involved with Child and Family Youth Services since the age of 2, and described both her mother and stepfather as 'abusive'. Yet another participant explained:

[I grew up in a home that] had no food, lots of yelling, and was an unclean environment. One time my father gave me OxyContin for a toothache. I was asleep for three days, and my dad did not even check on me to make sure I was alive. I wish child welfare had taken me away from that place.

According to the data of the sample, experiences of substance use and misuse within their familial home were seemingly not unique to these two participants. Specifically, of the youth participants sampled, 33 (52.4%) indicated they had been raised in a home where there were substance abuse and addiction issues.

Witnessing, experiencing, and perpetrating family violence was another area described by over half of the sample of youth participants, with 34 (54.0%) specifically stating that family violence was present in their familial home. One youth participant disclosed the severe abuse she would witness within the home, including an incident at the age of 6 where she recalled seeing her father holding a shotgun to her mother's head. Another participant described her home life as a child as having a mother with a history of a "bad temper", and a father who would frequently be out drinking. She reported that

both of her parents also struggled with gambling addiction and that the family had experienced severe financial difficulties. These issues seemingly culminated in violence within her family, as she recounted an altercation in which her mother chased her around the familial home with a knife.

However, the most common underlying experience described by the youths were losses or bond disruptions in significant attachment relationships, which included being removed from the familial home, being kicked out of the familial home (i.e., also known as a “throwaway youth”), parental abandonment, and/or the death of parents. Several of the youths surveyed described being taken away from their parents at a young age, only to enter foster situations in which physical, emotional, and sexual abuse occurred. One participant in particular described an experience where he was taken from his abusive father by Child, Youth and Family Services and put into a home where his foster father was also abusive. This youth was later placed in a group home at the age of 12 and one at the age of 16, where he was later kicked out due to behavioural issues. In describing his experience, the participant said “I can put it into one simple word...’hell’.” Another youth explained, “I was not treated well growing up, and was scared of my father. Things went downhill, and I attempted suicide at the age of 8. I then left home to move in with my aunt and uncle.” This participant later found out that her biological mother left when she was 10 days old, and the woman she thought was her mother, was actually her stepmother. The multiple instances of bond disruptions and separations with significant attachment relationships are apparent in the aforementioned examples. Sadly, similarly poignant stories of disruption connections were conveyed by the overwhelming majority

of participants. Only 23.8% ($n = 15$) of the present sample reported a consistent connection with their family of origin.

Housing history. Many individuals who participated in the present research study reported a varied history of housing situations, including frequent moves within their family unit, governmental placements (staffed homes, foster care, group homes), utilization of emergency shelters, and/or living on the streets. In particular, 11 youths (17.5%) indicated being placed within a staffed home at least once during their lifetime, with a mean of 1.37 ($SD = .92$) placements per youth (range: 1-4 placements). Twenty participants (31.7%) reported a history of foster care placements ($M = 6.15$; $SD = 6.60$; range: 1-30), and 18 (28.6%) had experienced a placement within a group home ($M = 2.11$; $SD = 1.64$; range: 1-8). The majority of youth participants surveyed had accessed the services of an emergency shelter (57.1%; $n = 36$). Within the sample, youths had utilized an emergency shelter on average 3.7 times ($SD = 3.09$; range 1-12). During the youth participant interview, a total of 22.2% ($n = 14$) of the sample had mentioned living on the streets at some point during their lives, and frequently cited that this occurred when either the shelters were full (i.e., they were turned away) or they were unable to secure alternative housing having been kicked out of a previous living arrangement. Others described this as a preferable alternative to the neglect or threat of violence experienced within their homes and/or government placements. Despite receiving current assistance, 34.9% of the sample ($n = 22$) reported struggling in securing (and maintaining) housing.

Health and wellbeing. An overwhelming majority of the sample ($n = 60$; 95.2%) endorsed at least one self-reported mental health concern (namely anxiety, depression, bipolar disorder, psychosis, attention deficit hyperactivity disorder, previous suicidal

thoughts, previous suicidal attempts, post-traumatic stress disorder, eating disorder, and/or substance abuse). A further breakdown of self-reported mental health concerns and trauma-related experiences can be found in Table 5.1. Of note are the frequencies of previous suicidal ideation and suicide attempts (57.1 %, $n = 36$ and 46.0%, $n = 29$, respectively), as well as the frequency of self-reported experience with physical abuse ($n = 30$; 47.6%), emotional abuse ($n = 39$; 61.9%), and/or sexual abuse ($n = 16$; 25.4%). Also of note, the majority of participants reported previous and/or current substance abuse issues ($n = 33$; 52.4%). Reported experience of substance use among youths accessing services in CFY can be found in Table 5.2, and frequency of previous and current substance use of those reporting substance use may be found in Table 5.3.

Supports. Fifty-one youths (81%) indicated having at least one friend they considered to be close, and 35 youths (55.6%) indicated they had someone they considered to be a positive role model (citing themselves, siblings, parents, grandparents, children, famous musicians [e.g., Eminem], girl/boyfriend, staff at the community organization, religious figures [e.g., Jesus]) . A large proportion of the sample, however, 60.3% ($n = 38$), reported feeling lonely.

Fourteen youths sampled (22.2%) indicated they did not feel they had healthy relationships. When asked the follow-up question pertaining to why they felt their relationships were unhealthy, one youth responded: “I can’t connect with anyone, it’s like I never learned how to”. Another stated “I don’t know how to have a [healthy relationship]. I’ve been used too many times; I don’t know if I can trust anybody.” Another responded, “I don’t like people to get too close. I don’t know many ‘good people’”. The majority of youths sampled reported having healthy relationships ($n = 49$;

77.8%). When asked the follow-up question as to why they felt these relationships were healthy, one youth responded "...because I know if anything happened, even in the deepest, darkest times, they would help me", whereas another youth stated "I know I have [healthy relationships because] we aren't screaming or beating the shit out of each other. That's good, right?" Other general responses included being able to talk about anything, having a mutual/trusting relationship, and having minimal 'drama' and fighting within the relationship.

Youth Participants in Comparison to Normative Samples (Research Question One)

The first goal of the present study was to compare data obtained from a sample of street-involved youths within St. John's Newfoundland with normative community samples on measures of attachment, resiliency, and psychological functioning. This goal was developed as a means of describing the study's sample in addition to exploring the areas of strength and/or struggle that may emerge within the street-involved youth population.

Statistical methods. Given differences between the sample size of the present study and normative data obtained, Welch's (unequal variances) *t*-tests were utilized to compare all independent samples, unless otherwise noted.

Attachment style. In comparing attachment dimensions, attachment anxiety as well as attachment avoidance, the study sample was compared to a normative community sample database collected by R. Chris Fraley (personal communication, August 20, 2013), comprised of online participants, between the ages of 15 and 29 ($M = 20.89$, $SD = 3.42$) who had not previously completed the measure. The total sample size of the comparative sample was 13,890 participants (75.6% female, 24.4 % male). Results of the

Welch's t -test comparisons are outlined in Table 6. The attachment anxiety scores for the study sample ($M = 4.00$, $SD = 1.57$) were significantly higher than the comparison sample ($M = 3.60$, $SD = 1.10$); $t(13951) = 2.02$, $p < .05$; Hedges' $g = 0.30$. A significant difference in attachment avoidance as defined by the ECR-R was also found between the current sample ($M = 3.88$, $SD = 1.32$) and the normative group ($M = 2.87$, $SD = 1.16$); $t(13951) = 6.06$, $p < .001$; Hedges' $g = 0.87$, with the current sample reporting significantly higher levels of attachment avoidance when compared to their normative peers.

Resilience. Resilience within street-involved youth was captured by the RSCA within the present study. Scores were broken down based on the scales of the RSCA, namely the Sense of Mastery (MAS), Sense of Relatedness (REL) as well as the Emotional Reactivity (REA) scales, as well as the overall resiliency indices defined as the Resource Index (RES) and Vulnerability Index (VUL). For the overall scales and indices, means of the study sample were compared against the standardized mean score of 50 with a standard deviation of 10. As such, a series of one-sample t -tests were conducted on scale and index scores, utilizing a test statistic of 50. To assist in further illuminating the qualities of the street-involved youth sample, one-sample t -tests were also run on associated subscales from the MAS (Optimism, Self-Efficacy, Adaptability) REL (Trust, Support, Comfort, Tolerance), and REA (Sensitivity, Recovery, Impairment) scales. Subscales were compared against a scaled score mean (i.e., test statistic) of 10 and a standard deviation of 3. See Table 7 for results of the t -test comparisons and effect sizes. For all subscales, scales, and overall indices, analyses revealed a significant difference between the scores obtained from the sample of street-involved youth and the

standardized scores. Effect sizes ranged from medium to large (Cohen's d of 0.42 to 0.91).

Although there were significant differences in scores across the board in comparison to the standardized scores, an overall profile emerged highlighting relative strengths and vulnerabilities of the present sample. In particular, results revealed that overall the youths sampled had slightly below average self-perceptions of their skills and competence in their environmental interactions (MAS Scale; $M = 44.59$, $SD = 9.28$), and were on the lower end of average in optimism about their own competence (Optimism subscale; $M = 8.41$, $SD = 2.86$), self-efficacy in developing problem solving attitudes (Self-Efficacy subscale; $M = 8.76$, $SD = 2.93$), and receptivity to criticism (Adaptability subscale; $M = 8.13$, $SD = 2.95$). According to the results of the REL Scale, youth reported that the perceived quality of their overall relationships was below average ($M = 40.83$, $SD = 10.31$). Levels of trust in relationships (Trust subscale; $M = 7.27$, $SD = 3.12$), perception of support (Support subscale; $M = 7.32$, $SD = 3.12$), tolerance of differences (Tolerance subscale; $M = 7.76$, $SD = 3.17$), and comfort in interacting with others (Comfort subscale; $M = 8.41$, $SD = 3.43$) were all within the lower range of average. The sample was above average in experiencing challenges in self-regulating emotions and affect (REA Scale; $M = 58.75$, $SD = 11.25$), particularly in terms of level of experienced impairment (Impairment subscale; $M = 12.89$, $SD = 3.34$). The threshold for emotional reactions, intensity of reactions, as well as time to regain emotional equilibrium (Sensitivity and Recovery subscales; $M = 11.68$, $SD = 2.77$ and $M = 11.86$, $SD = 2.77$ respectively) were on the higher range of average compared to other individuals of a similar age.

As an overall summary, it was revealed that the sampled youths globally scored below average on areas of strengths (RES Index; $M = 42.87$, $SD = 10.30$), and above average on areas of vulnerabilities (VUL Index; $M = 58.75$, $SD = 10.34$) in comparison to their peers.

Psychological functioning. To illuminate psychological functioning patterns of the current street-involved youth sample, scores for each of the SCL-90 dimensional scales (Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism) as well as the Global Severity Index, Positive Symptom Distress Index, and Positive Symptom Total were compared to published normative scores for an adolescent non-patient group (Derogatis, 1994). A series of Welch's t -tests were conducted, with detailed results presented in Table 8. Overall, scores were significantly higher for the study sample in comparison to the normative group as obtained by Derogatis (1994), suggesting greater mental health challenges for street-involved youth in terms of overall psychological distress and symptomatology. Effect sizes ranged from small/medium to very large (Hedges' g of .42 to 1.51).

Psychological Functioning, Resiliency, and Models of Attachment (Research Question Two)

The second research question of the present study pertained to the relationship between psychological functioning and resiliency, as well as whether psychological functioning and resiliency differ among the four styles of attachment (based on the Bartholomew and Horowitz prototype model of secure, preoccupied, dismissing, and fearful attachment) within the sample of street-involved youth. Given the current debate

within the literature, this research question will be investigated utilizing both the dimensional model of attachment (as outlined in Fraley, 2012) and the categorical (prototypical) model of attachment proposed by Bartholomew and Horowitz, calculated from the ECR-R utilizing the method of classification suggested by Fraley (2012).

Psychological functioning and resiliency. Psychological functioning was entered into a univariate regression analysis to determine its relationship with overall resiliency. Results revealed that psychological functioning significantly predicted overall resiliency scores ($B = -.34$, $t(1,61) = -3.07$, $p \leq .01$), and accounted for 13% of the variance in resiliency scores.

Psychological functioning, resiliency, and the categorical model of attachment. The categorical model of attachment, as outlined by Bartholomew and Horowitz (1991), is shown in Figure 1.

Statistical methods. A between-subjects multivariate analysis of variance was conducted to assess differences among the four attachment styles (as outlined by Bartholomew and Horowitz) on a linear combination of psychological functioning (as defined by the GSI on the SCL-90), and resiliency-related variables (Sense of Mastery Scale [MAS], Sense of Relatedness Scale [REL], and the Emotional Reactivity Scale [REA]). Assumptions of multivariate normality, independence of observations, homogeneity of variances/covariance, and linearity were checked, and results were satisfactory (Tabachnik and Fidel, 2007). With the use of a $p \leq .001$ criterion for Mahalabois distance, no outliers were identified. It was noted in preliminary analyses however that the MAS and REL scale were highly related (Pearson's $r = .79$, $p \leq .001$), suggesting difficulties with multicollinearity. As such, to correct any effects of

multicollinearity, these scales were combined into a composite variable for subsequent analyses. This combination does make conceptual sense in terms of overall resiliency based on the previous literature, and the strong correlation between the MAS and REL construct scales has been noted by the RSCA author, who supports the use of the RES Index (a combination of the MAS and REL scales) to summarize the overall strengths available to the individual (Prince-Embury, 2007). Therefore, in the MANOVA for this second research question, attachment style serves as the independent variable (4 levels), and psychological functioning, overall resilience (RES), and reactivity (REA) serve as the dependent variables.

Findings. Results revealed a statistically significant difference in psychological functioning and factors of resilience based on an individual's attachment style, Wilks' $\Lambda = .56$, $F(9, 139) = 4.17$, $p \leq .001$, multivariate $\eta^2 = .18$. Examination of the coefficients for the linear combinations distinguishing attachment style groups indicated that all variables contributed in distinguishing the groups. More specifically, psychological functioning ($\beta = -9.12$, $p \leq .01$, multivariate $\eta^2 = .10$), overall resiliency ($\beta = 16.45$, $p \leq .001$, multivariate $\eta^2 = .39$), and emotional reactivity ($\beta = -10.17$, $p \leq .01$, multivariate $\eta^2 = .12$) contributed significantly toward discriminating a secure attachment style from the other three attachment styles. Only overall resiliency contributed significantly toward discriminating the preoccupied attachment style from the other three attachment styles ($\beta = 9.33$, $p \leq .01$, multivariate $\eta^2 = .14$). Follow-up univariate ANOVAs indicated that when examined alone, psychological functioning, overall resiliency, and reactivity were all significantly different for individuals based on attachment style, all having a main effect, $F(3, 59) = 2.79$, $p \leq .05$, $F(3, 59) = 12.75$, $p \leq .001$, and $F(3, 59) = 2.99$, $p \leq .05$,

respectively. Means and standard deviations for the predictor variables by attachment style type are presented in Table 9.

Pairwise comparisons were calculated using Bonferroni's correction in order to determine the differences among the four attachment types. These tests revealed that differences in mean ratings of overall resiliency were significant between the secure and dismissing, secure and fearful, as well as the preoccupied and fearful types. Specifically, resiliency was higher for individuals with secure attachment ($M = 51.50$, $SD = 7.42$) over those with dismissing ($M = 40.85$, $SD = 9.34$; $p \leq .01$) and fearful ($M = 35.05$, $SD = 8.95$; $p \leq .001$) attachment styles. Individuals with a preoccupied attachment style also reported higher levels of overall resiliency ($M = 44.39$, $SD = 6.85$) compared to those with a fearful attachment style ($M = 35.05$, $SD = 8.95$; $p \leq .05$). In terms of reactivity, the only significant difference in the mean ratings were between the secure attachment style and fearful attachment style, with individuals with a fearful style reporting greater levels of reactivity ($M = 63.90$, $SD = 11.90$) over participants who had a secure attachment style ($M = 53.72$, $SD = 8.84$; $p \leq .05$).

Psychological functioning, resiliency, and the dimensional model of attachment. Figure 2 outlines the dimensional model of attachment as presented by Shaver and Fraley (2010), as well as how this model maps onto Bartholomew and Horowitz's model of categorical attachment.

Statistical methods. Three standard multiple regressions were conducted to determine the contribution of attachment anxiety and attachment avoidance dimensions in the prediction of psychological functioning (as defined by the GSI of the SCL-90) and resilience (as defined by the RES Index and the Emotional Reactivity [REA] scale). Once

again and as described above in the categorical analysis of this research question, the MAS and REL scales were collapsed into the overall RES Index due to issues of multicollinearity, and to assist with comparison. Assumptions of multiple regression including linearity, normality, and homoscedasticity were checked and were satisfactory (Leech, Barrett, & Morgan, 2008; Tabachnik and Fidel, 2007). With the use of a $p < .001$ criterion for Mahalabois distance, no outliers were identified. It should be noted that the present sample size ($n = 63$) is below the recommended 'rule of thumb' sample size of $N \geq 50 + 8m$ (where m is the number of independent variables; a sample size of 66 for the proposed analyses) for a medium effect size in multiple regression analyses as suggested by Tabachnik and Fidell (2007). However, Green (as cited in Tabachnik and Fidell) noted that the analyses can be robust with a smaller sample size, namely $N \geq (8/f^2) + (m-1)$ where a medium effect size is assumed and $f^2 = .15$ (therefore $n = 54$ for the proposed analyses). Green noted that problems generally occur when the dependent variables are skewed. As such, to ensure robustness of the following exploratory analyses, t-scores for psychological functioning, as well as the resilience measures, were used in all analyses to assist with normality. However, the following analyses should be interpreted with the above mentioned in mind.

Findings. Table 10 presents the results of the standard multiple regression analyses of psychological functioning, resilience variables, and attachment dimensions. The first standard (simultaneous) multiple regression was conducted to assess the contribution of attachment anxiety and attachment avoidance dimensions to psychological functioning. The cumulative effect of attachment variables significantly predicted psychological functioning, $F(2,60) = 8.13, p \leq .001$, with only attachment anxiety

uniquely contributing to the prediction. Altogether 19% of the variability in psychological functioning is predicted by the dimensions of attachment (R^2 adjusted = .19), with the direction of the relationship suggesting that as attachment anxiety and attachment avoidance increase, psychological distress also increases.

The second standard multiple regression was conducted to assess the contribution of attachment anxiety and attachment avoidance to an overall measure of resiliency (combination of REL and MAS). This combination of attachment variables significantly predicted overall resilience, $F(2,60) = 46.67, p \leq .001$, with both attachment anxiety and attachment avoidance uniquely contributing to the prediction. Overall, 60% of the variability within resilience was accounted for by the combination of the two attachment dimensions (R^2 adjusted = .60). As predicted, there is an inverse relationship between the attachment dimensions and resiliency, meaning that as attachment anxiety and avoidance increase, overall resilience decreases (see Table 10).

Finally, a third standard multiple regression was conducted to examine the relationship between the attachment dimensions and emotional reactivity (REA; noted as a counter-resilience measure). Results revealed that overall, the attachment dimensions significantly predicted emotional reactivity, $F(2,60) = 7.66, p \leq .001$. Only attachment anxiety uniquely contributed to this prediction, however. As shown in Table 10, 18% of the variability in emotional reactivity was predicted by the dimensions of attachment. The direction of the relationship indicated that as attachment anxiety increases, emotional reactivity also increases. However, our expectation, that attachment avoidance would be associated with REA, was not supported.

Relationships between Attachment, Psychological Functioning, Resiliency and Help Seeking Behaviours (Research Question Three)

The third research question of the present study explores the relationships between attachment, psychological functioning, and factors of resilience and help-seeking behaviour. For the purposes of the present study help-seeking was defined as the frequency of community organization service access and operationalized as the number of times in which a youth client had accessed any service from the community organization.

Statistical methods. Given the sample size of the present study and the exploratory nature of this research question, separate univariate analyses were run for each variable, namely attachment (attachment avoidance, attachment anxiety), psychological functioning, and resilience factors (Sense of Mastery, Sense of Relatedness, Emotional Reactivity) . This was done to determine whether each individual variable was independently associated with the dependent (outcome) variable, frequency of service access. Variables that were found to be significantly associated with help-seeking behaviour were then entered into a final multiple-regression model. A similar model of analysis has been utilized within the research literature in this area, given the commonality of smaller sample sizes in research studies with this population (see Cleverley & Kidd, 2011).

Findings. Results of these analyses may be found in Table 11 and are depicted in Figure 3. Contrary to hypothesis, attachment anxiety (Model 1), attachment avoidance (Model 2), psychological functioning (Model 3), and emotional reactivity (REA; Model 6) did not uniquely predict frequency of service access by street-involved youth. Sense of mastery (MAS; Model 4) predicted the help-seeking outcome variable, $B= 11.63, t(1,61)$

$= 3.76, p \leq .001$, significantly accounting for 18% of the variance in frequency of service access scores. Sense of relatedness (REL; Model 5) also significantly predicted frequency of service access, accounting for 10% of the variance, $B = 8.32, t(1,61) = 2.87, p \leq .01$. Both of these analyses were consistent with what was hypothesized, in that a positive relationship between these predictor variables and help-seeking behaviour was found. Based on these results, the MAS scale and REL scale would have been entered into the final multiple regression model predicting frequency of service access. However, based on previous concerns pertaining to multicollinearity due to the high correlations between the MAS and REL scale, a composite variable, overall resilience index (RES Index), was entered into the final regression instead. Overall resilience significantly predicted frequency of service access, accounting for 17% of the variance within this variable, $B = 10.21, t(1,61) = 3.64, p \leq .001$. This result suggests a positive relationship between overall resilience and the frequency at which youth accessed community services.

Ancillary Analyses

Psychological Functioning (SCL-90) score comparisons. To further explore the present sample, standard t-tests were conducted comparing mean psychological functioning scores on the SCL-90 from the current sample with a comparable sample of 70 street-involved youths in Toronto obtained by McCay et al. (2010). Results of these comparisons, including means and standard deviations, are presented in Table 12. Of note, the dimension scores on the SCL-90 for the present study sample did not significantly differ from the McCay et al. (2010) sample.

Resilience and help-seeking behaviour. To further explore what facets of resilience are associated with frequency of service access in the model of help seeking

behaviour, the subscales of the MAS and REL scales were examined. A series of bivariate correlations were conducted utilizing the Pearson product moment correlation (r). A significant positive association between each of the facets of resilience pertaining to a sense of mastery (optimism, self-efficacy, and adaptability) and frequency of service access was found. Moreover, significant positive associations were also found between each of the facets of resilience reflecting a sense of relatedness (tolerance of others, feeling supported, comfort with social relationships, and trust) and the frequency at which the youth accessed service at a community organization. Results of the correlations are presented in Figure 4.

Age and Gender. The present study did not have a priori hypotheses regarding age or gender. However, associations between the study's variables and the aforementioned demographic variables were explored. Correlations are presented in Table 13. Differences in attachment variables (anxiety and avoidance), resilience scales and indices, psychological functioning, frequency of service access and other variables of interests by gender are presented in Table 14. As significant gender differences were found in several of the study's key outcome variables (resilience index, frequency of service access), all of the present study's analyses were repeated controlling for gender. The patterns of results were identical to those reported earlier within the dissertation, with one exception, namely, the second research question investigating the contribution of attachment avoidance and anxiety to the overall measure of resiliency (the RES Index). To explore the role of gender with this combination of variables, a hierarchical linear regression was computed. When gender was entered alone, it significantly predicted overall resiliency, $F(1, 61) = 13.82, p \leq .001$, adjusted $R^2 = .17$, with males reporting

higher levels of resilience than females. When attachment anxiety and attachment avoidance are added after taking gender into account, they significantly improve the prediction of overall resiliency, R^2 change = .55, $F(2, 59) = 59.34$, $p \leq .001$. Together, gender and both attachment dimensions significantly predicted overall resiliency, $F(3, 59) = 52.97$, $p \leq .001$, adjusted $R^2 = .72$, showing that being male and having lower attachment anxiety and lower attachment avoidance is significantly related to higher levels of overall resilience.

These gender differences in resilience are not consistent with the previous literature (Cleverley & Kidd, 2011; Rew et al., 2001). As such, it was considered that other variables might be confounding the results. Additional post-hoc analyses suggest significant differences on key variables between the gender groups within the sample. For example, it is interesting to note that there was a significant difference in age between the two genders, with males being older on average ($M = 20.60$, $SD = 3.56$) than females ($M = 18.81$, $SD = 2.44$), $t(61) = 2.07$, $p \leq .05$. Moreover, there was a difference between these two groups on the amount of time spent within the community organization, with males having been involved for an average of 23.36 months ($SD = 15.77$) and females for only 14.24 months on average ($SD = 15.27$); a statistically significant difference $t(61) = 2.19$, $p \leq .05$. A further hierarchical regression revealed, however, that even after accounting for age, and the number of months spent accessing community services, gender remained significant in the prediction of overall resiliency, with male participants reporting higher levels of resilience than female participants.

Discussion

The present study examined the attachment styles, psychological functioning, resilience, and help-seeking behaviours of 63 street-involved youths in St. John's, Newfoundland and Labrador. Specifically, this research study was designed to address the following questions: (1) how does the street-involved youth population compare to normative community samples on measures of resiliency, attachment, and psychological functioning; (2) what is the relationship between psychological functioning and resilience, and how do these variables differ among attachment styles; and (3) how are attachment, psychological functioning, and resilience associated with help-seeking behaviours within street-involved youths? Findings, conclusions and areas for further investigation based on these research questions will be discussed below.

The majority (66.7%) of the present sample was male; this significantly higher proportion of male participants may be related to the close proximity of a shelter for young adult males to where data collection occurred. The shelter closes during the times designated for this study's interviews, and encourages residents to engage in outreach services, increasing the chance of exposure to the recruitment procedures. Of note, this higher proportion of male participants is not unique to the present study and is comparable to several studies focusing on this population (Hughes et al., 2010; Kidd, 2003; Kidd & Davidson, 2007; McCay et al., 2010; Rew et al., 2001; Segaert, 2012; Shillington, Bousman, & Clapp, 2011). For example, Segaert (2012) found that the majority of homeless youths accessing emergency shelters across Canada from 2005-2009 were male (63%). Literature in the area of street-involved youth speaks to the diversity of this population, including the disproportionate representation of minority

populations in terms of race/ethnicity, sexual orientation, and gender identity (Canadian Observatory on Homelessness, 2015). For example, it has been estimated that 25-40% of the homeless youth population identify as lesbian, gay, bisexual, transgender, and/or queer (LGBTQ), whereas only 5-10% of the general population identifies as LGBTQ (Josephson & Wright, 2000). In the present study, very few individuals described themselves as a visible minority (6.3%), but a larger proportion identified themselves as part of the LGBTQ community (23.8%). The present sample was not as ethnically diverse as other samples found within the literature (Hughes et al., 2010; Kidd & Shahar, 2008; Rew et al, 2001; Shillington et al., 2011), with the overwhelming majority of the sample identifying as white/Caucasian. This is not surprising, given the limited ethnic landscape of St. John's, Newfoundland compared to the greater diversity of larger urban centres. The age of the present sample ($M = 20.00$) was comparable to other studies within the literature (Kidd & Shahar, 2008; McCay et al., 2010).

Describing Street-involved Youth in Relation to Comparative Samples

Results of the present study highlight the past and current struggles encountered by the street-involved youth population, with respect to both quantitative sociodemographic data and narrative data collected through youth participant interviews. Street-involved youth experienced many unique challenges in comparison to those developing in a more normative context. The youth were struggling to achieve financial and housing stability and many were doing so in addition to experiencing instability and disruptions in their relationships with parents, caregivers, and other family members. Relationship breakdowns, violence, neglect, abuse and maltreatment, in addition to other traumas have been cited among the top reasons for youth to escape living situations

(Raising the Roof, 2009; Ringwalt et al., 1998; Young and Homeless, 2014). These early negative experiences impact the psychosocial development of individuals (Huang et al., 2011; Kim & Cicchetti, 2010; Mersky & Reynolds, 2007; Mills et al., 2011; Trickett et al., 2011), exacerbating struggles with mental health (Kim & Cicchetti, 2010), and increasing challenges in finding a secure housing environment. Specifically, the present study chose to describe youth in relation to attachment, resilience, psychological functioning and help seeking behaviours in order to develop a deeper understanding of how street-involved youth cope with faced adversity, and to help determine what skills are needed to assist them in transitioning from the streets.

Comparison of Attachment. Higher scores for attachment anxiety and attachment avoidance were found in the current sample compared to a normative sample group, a finding that is consistent with the results of Tavecchio and colleagues (1999). Specifically, Tavecchio and colleagues (1999) reported that the homeless population is less likely to describe themselves as having a secure attachment (which can also be defined as low attachment anxiety and low attachment avoidance as in the present sample) than individuals within control groups, which is a trend that also emerged from the present study.

Several key disparities between the youths sampled for this study and the comparative sample should be noted and considered. First, the comparative sample was collected in an online forum, while the sampled youths were interviewed face-to-face, which may have an influence on individual responses. Previous research suggests only slight differences between the two data collection mediums, but highlights the potential for perceived anonymity (ultimately, reduced socially desirable responding) when

completing measures online (Ward, Clark, Zabriskie, & Morris, 2012). Second, the comparative sample mostly consisted of female respondents (75.6% female, 24.4% male, while the sampled youths were 66.7% male). Gender may be a factor in the comparison as it has been previously suggested that males present with more attachment avoidance and females with more attachment anxiety, a postulation grounded in evolutionary theory (Del Giudice, 2009). Previous research has failed to find systematic gender differences in attachment styles past early adolescence (Bakermans-Kranenburg & van IJzendoorn, 2009a). A meta-analysis of more than 200 adult attachment representation studies, presenting attachment classifications of over 10,500 individuals (employing the Adult Attachment Interview) showed an absence of gender differences despite having the power to find a difference should one be present (Bakermans-Kranenburg & van IJzendoorn, 2009b). Findings by Bakermans-Kranenburg and van IJzendoorn (2009a; 2009b) would therefore suggest that the different proportions of males and females in the current and normative samples would not have an effect on the results found, and supports the conclusion that differences in attachment between these two samples exist.

Theoretically, the observed differences in attachment between street-involved youth and a normative sample suggest that street-involved youth develop different cognitive schemata (internal working models) with respect to attachment than normative peers. Given the higher levels of attachment anxiety and attachment avoidance present in this population, and the stated negative experiences with early caregivers, the results of the present study suggest that youth develop an understanding of self, others, and relationships that may serve to protect them from further vulnerability. Rather than labeling this as a deficit, insecure attachment in this population may instead be reframed

as a relational coping strategy that helps street-involved youth to better navigate these negative relational situations. Previous research has alluded to the use of these coping strategies in street-involved youth (Kolar, Erickson, & Stewart, 2012); however, this has not been previously conceptualized utilizing the attachment framework. Attachment-related positive adaptation in this population is an area that has remained largely unexplored, and as such, there is currently no adequate theoretical framework in which to place these youth. It is therefore necessary to develop a framework that focuses on the resilience associated with insecure attachment rather than on pathologizing insecure interactional styles.

Comparison of Resilience. For the overall resilience scales, the youth were significantly below average in their sense (experience) of mastery and sense of relatedness to others, and above average in terms of their emotional reactivity. With an alternative measure of resilience (the 25-item Conner-Davidson Resilience Scale), Cleverley and Kidd (2011) also found that resilience scores were lower overall for the street-involved youth population in comparison to previously published samples (both general population and outpatient psychiatric). Additionally, Cleverley and Kidd (2011) noted a relationship between the level of perceived resilience and length of homelessness, with resilience eroding as time on the street increased. The present study revealed a similar relationship between the level of reported resilience and the length of time youth had been involved with a community organization. Given the methodological differences in the two studies, it is challenging to make any further comparisons between the samples. There is, however, a general trend for street-involved youth to report lower resilience than comparative samples, and this appears to emerge from both studies. Street-involved youth

reporting lower overall resilience fits theoretically with the work of Masten and Powell (2003), highlighting the impact of interpersonal experiences, family context, and environment on overall resilience, as well as previously published literature that speaks to the relationship between exposure to risk factors and individual outcomes (Keyes, 2004).

Once again, rather than being viewed from a deficit perspective, the between-group difference of street-involved youth and the comparative sample may speak to the increased developmental complications and environmental factors that have impacted the resources available to the seemingly disadvantaged street-involved youth population. It is imperative to acknowledge the developmental context of an individual when considering resilience, as behaviour that may be adaptive and resilient in one context may be seen as maladaptive or problematic in another context (such as mistrust of others, social isolation, and/or violence; Kolar et al., 2012). As an example, imagine an individual who grew up in a context where he or she experienced abuse, neglect, bond disruptions, and food insecurity, in addition to financial and housing instability. For this individual, the numerous risk factors may translate into a lower score overall on a standardized measure of resilience, suggesting lower resources and higher vulnerabilities than a peer who did not develop in a disadvantaged context. However, given the variety and severity of circumstances the “less resilient” individual had to negotiate throughout the course of their development, great strength and growth may have been shown in spite of these circumstances, making the individual highly resilient for that particular developmental context, learning relational strategies and skills to survive in their environment. Alternatively, we can imagine a securely attached individual who was raised in stable home environment and who enjoyed privileges of emotional, financial, and parental bond

security. This individual also developed relational strategies and skills to survive in their developmental context. However, if we were to place this individual onto the street and ask them to survive, how would their resources and vulnerabilities be perceived? Most likely, previously successful skills and strategies would not translate well into the new context. Along the same vein, Kolar and colleagues (2012) highlight the challenges in the construct of resilience in street-involved youth, including the implicit normative (“white middle-class family”) judgement of what constitutes positive or negative adaptation. This is eloquently discussed by Howard Kaplan (1999):

A major limitation of the concept of resilience is that it is tied to the normative judgments relating to particular outcomes. If the outcomes were not desirable, then the ability to reach the outcomes in the face of putative risk factors would not be considered resilience. Yet it is possible that the socially defined desirable outcome may be subjectively defined as undesirable, while the socially defined undesirable outcome may be subjectively defined as desirable. From the subjective point of view, the individual may be manifesting resilience, while from the social point of view the individual may be manifesting vulnerability. (pp. 31-32)

Returning to the example described above, while keeping Kaplan’s (1999) constructivist assertion in mind, an individual developing in a “disadvantaged context” may seek ways to better their situation. One option to do so may be dropping out of school to sell drugs or engage in sex work, a choice that may traditionally be seen as maladaptive (i.e., a vulnerability) from a societal level. However, considering context, the individual may subjectively see this employment as a desirable outcome that will assist with personal

survival (i.e., resilience). As such, differences in individual context may make the comparison made by the current study highlighting differences between the street-involved youth population and a normative sample prejudicial, and alternative standards of resilience may be needed for future research when examining the street-involved youth population. The between-groups difference found in the present study should therefore serve as a reminder of the increased level of risk factors encountered by the street-involved youth population, and the additional work required to develop “socially acceptable” coping strategies and healthy psychological functioning in comparison to normative peers.

For the youths of the present sample, a high proportion (upwards of 67%) reported exposure to at least one of the following: disrupted connections with primary caregivers, chaotic home environments, substance abuse/addiction within their family, and family violence, with almost half of those interviewed reporting previous child and youth family services involvement with their family. Many also experienced abuse (emotional, physical, and sexual), consistent with other studies in this area (McCay et al., 2010; Frederick, Kirst, Erickson, 2012). These experiences, along with housing, income, and mental health challenges impact the context within which the present study’s sample developed, and may explain why the sample reported lower levels of resilience and higher levels of vulnerability compared to normative peers on a standardized assessment. As such, findings of the present study should be interpreted with the developmental context of street-involved youth in mind, in addition to the normative judgements implicit in labeling what is considered to be ‘resilience’. Moreover, although the youth are not to blame for their ecological context and the normative expectations placed on them, it

remains clear that street-involved youth can experience the consequences of utilizing their atypical coping strategies given the expectations of normative society (e.g., entering into conflict with the law, being thrown out of housing). As such, despite the criticisms of the concept of resilience, this construct can remain a theoretical guideline to interventions that will assist youth in transitioning off of the streets by providing alternative ways of coping and skill development that will assist with the reduction of consequences faced by this population.

Comparison of Psychological Functioning. The youth in the present study scored significantly higher than a normative non-patient sample on measures of psychological dysfunction, suggesting a higher incidence of psychological distress in the street-involved youth population. This finding is consistent with similar Canadian studies investigating street-involved youth (McCay et al., 2010; Hughes et al., 2010), and highlights the need for psychological interventions for this population. Post-hoc comparisons between the present sample and previously published relevant samples yielded no significant differences, supporting the representativeness of the present sample to those published within the literature. Of note, this finding also suggests consistencies in reports of psychological functioning of street-involved youth in both smaller and larger Canadian urban settings.

Overall, high proportions of the youth sample self-reported mental health concerns, with the majority of the sample reporting a formal mental health diagnosis by a professional. The most endorsed concerns included anxiety, depression, attention deficit hyperactivity disorder, and substance abuse. These mental health challenges have been widely documented in literature for this population (Bousman et al., 2005; Fietal et al.,

1992; Hughes et al., 2010; McCay et al., 2010; Raising the Roof, 2009; Rhode et al., 2001; van Wormer, 2003; Votta & Manion, 2004; Whitbeck et al., 2004).

The present youth sample reported more suicidal ideation (57.1%) and suicide attempts (46.0%) than has been reported in the recent Canadian literature. McCay and colleagues (2010) reported that 31.4% of sampled Toronto street-youths endorsed suicidal ideation. More recently, Frederick and colleagues (2012) found that one third of their sample (consisting of 150 Toronto street-involved youths) reported suicidal ideation and 15% reported a suicide attempt in the 12 months prior to data collection. One explanation is that the present study asked participants to report if they had ever had experience with suicidal ideation or personal suicide attempts (i.e., lifetime prevalence), rather than placing a discrete time limit on these experiences (such as “in the previous year”). However, the suicide attempt rates found within this present study are higher than the estimated lifetime attempt rates of 10% to 37% reported by Yoder, Hoyt, and Whitbeck (1998) for the street-involved youth population. As such, suicidal ideation and attempts represents an area where additional research is needed. We suggest that future studies be mindful to ask about both one year and lifetime prevalence of suicidal ideation and attempts and also to provide clear definitions as to what constitutes these behaviours. A greater emphasis is being placed on the difference between suicidal ideation/suicidal attempts and nonsuicidal self-injurious behaviour, highlighted by the addition of new diagnostic criteria of Nonsuicidal Self-Injury in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (APA, 2013). To this researcher’s knowledge, this distinction has not been made in previous research. More precise and consistent definitions of suicidal ideation, suicide attempts, and nonsuicidal self-injurious behaviour

would be advantageous for researchers making comparisons of behaviours in street-involved youth in order to develop a clearer understanding of what is occurring in this population, as well as to assist in constructing appropriate interventions.

Describing Street-Involved Youth: Attachment, Psychological Functioning, and Resilience

Psychological functioning and resilience. The significant negative relationship between psychological functioning and overall resilience found in the present study is consistent with findings from previous research studies with comparable samples (Cleverley & Kidd, 2011; Rew et al., 2001). In a study of 59 homeless adolescents accessing services from a community street-outreach project in Texas, Rew and colleagues (2001) found that resilience was significantly related to lower levels of helplessness, loneliness, and risk-taking behaviour, all previously known correlates of psychological functioning. Rew and colleagues (2011) employed the Resilience Scale measure, which defines resilience as one's acceptance of self and belief in personal competence, and corresponds to constructs measured by the Sense of Mastery scale of the RSCA used in the present study. Additional research in this area has also highlighted an inverse relationship between perceived resilience and suicidal ideation (Cleverley & Kidd, 2011). As such, the present study adds to the previous research literature, providing additional support for an inverse relationship between psychological functioning and overall resilience. Moreover, the current study replicated findings of McCay and colleagues (2010) in their investigation into 70 Toronto street-youths, where mental health challenges (also defined as psychological distress on the SCL-90) were associated with decreased levels of resilience (as defined by the Resilience Scale). The fact that the

relationship between resilience and mental health challenges presents across studies using different measures speaks to the strength of this relationship.

Attachment and street-involved youth. The majority of the sample (71.4%) reported an insecure attachment style (preoccupied, dismissing, fearful/disorganized) versus a secure attachment style (28.6%). Minimal research on the attachment styles of street-involved youth has been conducted, with only one other study noting higher rates of insecure attachment styles within this population as compared to community samples (Tavecchio et al., 1999). As discussed previously, greater endorsement of insecure attachment styles may speak to the early negative experiences recounted by the youth sample, as maltreatment, conflict, aggression, and low levels of warmth and supportiveness within the familial environment have been shown to be correlates of attachment style (Cyr et al., 2010; Wolfe et al., 1999). According to attachment theory, personal attachment styles stem from early experiences with primary care givers (Ainsworth et al., 1978; Bowlby, 1988). Developmentally, the lack of a positive home environment and breakdowns in family living situations can pose many challenges and create barriers to normative development, both socially and psychologically (Kim & Cicchetti, 2010; Lyons-Ruth & Jacobvitz, 2008). In terms of the role of attachment in resilience, the present study examined this in two ways: categorically, through attachment styles as defined by Bartholomew and Horowitz (1991), and dimensionally, through attachment dimensions as defined by Fraley and colleagues (2000). Overall, psychological functioning and resilience variables were found to contribute to the prediction of attachment style. Specifically, it was found that psychological functioning, overall resilience, and emotional reactivity all contributed to distinguishing secure

attachment from the three insecure attachment styles. For this discussion, each variable (psychological functioning, resilience, emotional reactivity) will be highlighted separately and discussed in terms of its relationship with attachment.

Attachment and psychological functioning. The present study's findings confirm that psychological functioning differs based on an individual's attachment style, providing additional support for previous work in this area carried out within the developmental psychopathology framework (see Cicchetti & Sroufe, 2000; Keskin & Cam, 2010; Rutter & Sroufe, 2000; Scott-Brown & Wright, 2003; Sroufe et al., 1999; Zeanah et al., 2003). When examining psychological functioning and attachment styles categorically, the present study could not support the previous literature that suggests that individuals presenting with a disorganized attachment style may be most at-risk for psychological challenges (Liotti, 1999; Lyons-Ruth & Jacobvitz, 2008). Failure to provide support may be explained by the relatively small size of the present sample, with few people in each attachment style category, ultimately reducing the power of the chosen statistical analysis. Future research may wish to replicate this portion of the study with a larger sample size to further investigate any potential differences in attachment style and psychopathology in the street-involved youth population. Another explanation for the finding of the present study may be due to the choice of post-hoc analysis, the Bonferroni procedure, a method often considered to be one of the most conservative post-hoc procedures (Bland & Altman, 1995; Tabachnik and Fidel, 2007). This method was purposefully chosen for its conservative nature due to the number of post-hoc comparisons required in the present study. However, utilizing the Bonferroni procedure also meant risking an increase of Type II error, ultimately making it more difficult for the

results to be statistically significant regardless of whether a true difference exists. Future researchers should be mindful of the power reduction risk that the Bonferroni procedure provides when replicating this portion of the present study.

Keeping the abovementioned categorical findings in mind, the second research question was also investigated dimensionally. Here, both attachment anxiety and avoidance were found to be related to psychological functioning, and attachment anxiety in particular was uniquely important in predicting psychological well-being. Specifically, as attachment anxiety increased, individual psychological distress also increased. Theoretically, when mapping this finding on the Bartholomew and Horowitz (1991) model of adult attachment, it is suggested that those who have a positive working model of self and who see themselves as worthy of love and support (i.e., those individuals with lower attachment anxiety as seen in secure and dismissing styles) experience greater psychological well-being than their peers who have a negative working model of self (i.e., higher attachment anxiety as seen in preoccupied and fearful/disorganized styles). Currently, there are numerous research studies that theoretically support this relationship between positive self-regard (self-esteem) and psychological functioning within the street-involved youth population. It has been suggested that developing self-esteem can serve as a protective factor against depression and hopelessness (McCay et al., 2010), loneliness, feeling “stuck” or trapped (Kidd & Shahar, 2008), and suicidal ideation (Kidd & Shahar, 2008; McCay et al., 2010). The present study’s observations are consistent with this research, yet uniquely contribute to this area by looking through the broader, more integrated attachment relationship lens rather than simply addressing trait or state self-esteem. This finding opens up possibilities for future researchers in terms of utilizing

attachment as an important variable in their lines of investigation and also for clinicians seeking to develop interventions to address the extensive mental health issues of this population.

Attachment and resilience. For attachment and resilience, the present research study found that youth with a fearful/disorganized attachment style reported lower resilience than their peers with secure and preoccupied attachment styles. This finding suggests that individuals with a more negative working model of others (viewing others as unavailable and rejecting, as found within the dismissing and fearful/disorganized attachment styles; Bartholomew & Horowitz, 1991) have significantly lower levels of perceived resilience than those with a more positive working model of others (where others are seen as trustworthy and reliable as found within the secure and preoccupied styles; Bartholomew & Horowitz, 1991). The relationship between the model of ‘other’ and resilience held true with the exception of differences between the preoccupied and dismissing attachment style types. Reported resilience levels between these two attachment styles failed to reach significance in the present study, but kept within the overall trend. Differences between preoccupied and dismissing styles in terms of correlates of resilience have been documented within the previous literature. For example, a study by Keskin and Cam (2010) noted the effect of attachment style on adolescent strengths and problematic behaviours. Specifically, those with dismissing attachment style reported greater emotional symptoms, lower prosocial behaviours, and greater difficulties overall in comparison to preoccupied and secure peers (Keskin & Cam, 2010). Moreover, research has reported greater levels of withdrawal among college-aged adolescents with dismissing attachment, and lack of desire to seek out support during

times of stress due to mistrust of others (Larose & Bernier, 2001). The relatively small sample size in each attachment category of the present study may have made it more difficult to significantly quantify differences among these styles, and the conservative Bonferroni procedure used in conducting post-hoc analyses may have reduced power sufficiently to fail in detecting differences that may exist.

Alternatively, it is possible that the present study highlights that a more positive view-of-self (i.e., lower attachment anxiety) seen within the dismissing attachment style type versus the preoccupied style may actually help to mitigate some of the effects that negative view-of-others (i.e., higher attachment avoidance) would have on reported resilience. If a positive view-of-self does mitigate effects of a negative view-of-others, it would be expected that when looking at the present results dimensionally both attachment anxiety and attachment avoidance would significantly predict overall resilience, both together and separately. The present study did find this to be the case. In fact, these variables accounted for an extraordinarily significant portion of the variability within resilience (60%, or 72% after taking gender into account, which will be discussed later in this section). The inverse relationship found suggests that as attachment anxiety and avoidance decrease, resilience increases. When mapping this on to the Bartholomew and Horowitz (1991) attachment styles model, this means that individuals reporting a more secure attachment style (rating lower on the dimensional scales of attachment anxiety and attachment avoidance) would be most likely to report higher levels of resilience on a standardized measure of assessment than those reporting the other styles which fall higher on either or both dimensional scales (preoccupied and dismissing, and fearful/disorganized, respectively).

Results from the current examination of attachment and resilience also can be grounded in theory. Attachment style serves as a foundation upon which individuals base their motivation for seeking assistance in times of need, and can serve as a roadmap in helping to navigate social interactions (Ainsworth et al., 1978; Bowlby, 1988). This foundation stems from early experiences with caregivers, which, when unsupportive or adverse, have been shown to create developmental challenges (Bowlby, 1988; Coll et al., 2010) as well as socially maladaptive coping behaviours (Siegel, 1999). These challenges may impede or delay typical developmental tasks, and ultimately place these individuals at a disadvantage for integration into normative society (Erikson, 1980). The present study found a relationship between attachment style and resilience which supports the theoretical connection between attachment insecurity and atypical psychosocial development. More precisely, resilience was measured by looking at an individual's perception of their skill mastery as well as their perceived relational quality. This measurement of resilience as described by Prince-Embury (2007) can be paralleled with Erikson's theory of psychosocial development in terms of a sense of autonomy, a sense of industry, and a sense of trust developed by the child. Therefore, the present study's results suggest that there is a relationship between one's attachment style and the individual resources available for continued psychosocial development. Such a finding may be significant in helping to develop interventions that meet youth where they are both relationally and developmentally (such as through mentoring, mastery building, harm reduction, and development of therapeutic relationships). Interventions for these youth would assist them through developmental tasks and ultimately lessen barriers to becoming self-sufficient, productive, and psychologically healthy members of society.

Strong effect sizes for the relationship between the attachment dimensions and resilience were demonstrated utilizing the data collected, with attachment variables accounting for 60% of the variability in overall resilience. It is currently unclear why this relationship is so strong, but this may be due to the RSCA measure used in the present study. A significant portion of the overall resilience measure included a scale where youth reported their perceived quality of their relationships (REL scale), which may be accessing the same relational constructs that the measure of attachment examined. Bivariate correlations showed the REL scale was highly correlated with the avoidance dimension of the attachment scale, but not so highly correlated as to suggest they are measuring an identical construct. It is recommended that future researchers take this into account and design future investigations into this relationship accordingly, utilizing different measures to see if the present study's findings could be replicated before any strong conclusions are drawn.

As indicated previously, the present study found gender differences in the youths reporting of overall resilience. This gender difference is inconsistent with previous research in this area (Cleverley & Kidd, 2011; Rew et al., 2001), and so further post-hoc analyses were conducted to explain the finding. Key differences between the gender groups within the sample were found, including statistically significant differences in the participants' ages (males were older overall), in the amount of time spent accessing services at the community organization (male participants had accessed services for longer than female participants), as well as in the number of services accessed (males accessed more services). The difference in overall resilience scores in the present sample was thought to be due to combination of demographic variables and not simply based on

participant gender. Yet, further analyses demonstrated that differences in resiliency scores remained after accounting for these extraneous variables.

When previous studies are examined, a few systematic differences between the present sample and the previous literature become clear. Cleverley and Kidd (2011) examined 47 youths ranging in age from 15-21 years ($M = 18.2$) and Rew and colleagues sampled 59 youths aged 15-22 years ($M = 18.6$), whereas the present study had a much greater age range (15-29 years; $M = 20.0$). It is possible that even though age was not found to be related to resiliency scores in the present study, the wider age range itself could present systematic differences when compared to younger samples (i.e., in terms of types of experiences, developmental level, or world view). Also, a greater proportion of the present study identified as Caucasian (93.7%) versus the 74% (Cleverley and Kidd, 2011) and 61% (Rew et al., 2001) identified in previous studies, which could speak to differences in experiences or views among the samples that may have an effect on overall resilience. Lastly, the present study utilized a more comprehensive clinical measurement of resilience that encapsulates a variety of facets and domains associated with resilience (optimism, self-efficacy, adaptability, tolerance, support, comfort, and trust) than those used within the previous research. This more specific method of measurement may illuminate gender differences with greater ease than the more global measures of resilience used within previous research. Given these differences between the present study and previous research in this area, further research is warranted to explore any potential differences between male and female street-involved youth participants. The findings of the current study should be replicated before any conclusions are drawn.

Attachment and emotional reactivity. In the present study, individuals endorsing a fearful/disorganized type of attachment reported significantly higher levels of emotional reactivity than peers classified as securely attached. Dimensionally, the data of the present study suggest that both view-of-other (attachment anxiety) and view-of-self (attachment avoidance) are related to emotional reactivity, and that those with a negative view-of-others uniquely struggle with the ability to self-regulate emotions.

The findings of the present study are consistent with the literature stating that individuals with fearful/disorganized attachment type report the greatest challenges with emotional regulation (DeOliveria et al., 2004), and are not as successful in suppressing emotions as those with alternative attachment styles (Fraley & Shaver, 1997). Moreover, current findings provide empirical support for theoretical assertions that disorganized attachment behaviour is associated with a breakdown of coping strategies during stressful situations (Main & Solomon, 1990). Instead of an organized, socially acceptable response to a stressor, youth with disorganized attachment are thought to display behaviours that are characterized as moving away from others as a source of support, displaying contradictory patterns, freezing, and engaging in misdirected expressions (Hesse & Main, 2000). Emotional reactivity and its regulation have been associated with behavioural maladjustment and increased vulnerability to pathology (Prince-Embury, 2013) and present challenges with respect to the processing of emotional-interpersonal information (Liotti, 1999). Although these behaviours may present as problematic to the individual when navigating through services and/or normative society, it remains important to not pathologize this behaviour for street-involved youth. Given the constructionist approaches to resilience described earlier (i.e., Kaplan, 1999), it is

possible that emotional reactivity for fearful/disorganized youth can serve as an armour to vulnerability when they are immersed in developmental contexts where others cannot be trusted. The findings of the present study therefore highlight the necessity of creating safe, secure living environments for youth presenting with fearful/disorganized attachment styles before targeted interventions geared towards the development of emotional regulation skills can even begin. A search of background literature pertaining to emotional regulation/emotional reactivity in the street-involved youth population surprisingly yielded zero results. Future researchers are encouraged to examine the role of emotional reactivity/regulation in the street-involved youth population, particularly in terms of adaptability, both to deepen theoretical understanding and to inform the development of interventions for this population.

Exploratory Model of Help Seeking in Street-involved Youth

For the third and final research question, a model of help-seeking behaviour in the street-involved youth population was explored utilizing the variables of the present study. To this researcher's knowledge, there has been no previous quantitative work in this area. Much of the existing literature involving help-seeking in this population focuses on demographic characteristics and preferences of youth who access service (Raising the Roof, 2009; Shillington et al., 2011), explores reasons why youth require these services (Thompson et al., 2010), or qualitatively highlights the barriers faced by street-involved youth when seeking assistance (Collins & Barker, 2009; Hudson et al., 2010; Kurtz et al., 2000). The present study investigated the relationship between attachment, psychological functioning, resilience, and help seeking behaviours (defined by frequency of service access at a community organization). No significant relationships were found between

attachment anxiety, attachment avoidance, psychological functioning, emotional reactivity and frequency of service access. However, overall resilience (sense of mastery and sense of relatedness) significantly predicted frequency of service access. More specific follow up analyses showed that individuals who were more likely to access services at a community organization were also more likely to have optimism about their own competence, self-efficacy in problem solving, and adaptability in relation to learning from previous mistakes. Moreover, the youth who accessed services more frequently reported higher perceived quality of relationships, including a greater comfort with others, a deeper sense of trust in others, feeling supported by others when in need, and a greater tolerance of others' differences. These findings support postulations within the previous literature that suggest help-seeking, self-care, and developing a secure support network are related to resilience-promoting qualities such as self-efficacy and self-respect (Kidd, 2003; Rew, 2003; Rew & Horner, 2003). Masten's (2000) work with 'Project Competence' where it was found that youth with very few protective resources during their formative years were able to increase resilience qualities through seeking positive, secure additions to their social support network was also supported.

The analyses completed with respect to the present study's proposed exploratory model of help-seeking were correlational, therefore no assertions on the relationship direction between overall resilience and frequency of service access can be made at this time. It is unknown if the interventions offered within the community organization assist in developing a sense of mastery and a sense of relatedness in youth participants, or if individuals with more confidence in their skills and relationships are more likely to access services from the community organization. The present finding simply serves as a

descriptor for those who have accessed services, and does not speak to the effectiveness of the interventions offered. The mandate of the sampled community organization continues to be to reduce barriers for youth seeking assistance, and to provide stability to street-involved youth by addressing immediate needs (utilizing harm reduction strategies to meet youth 'where they are' and developing a trusting, supportive relationship over time). Moreover, the organization strives to offer programs that foster independence and increase life skills (such as mentoring programs and educational programs). To examine the relationship between resilience and exposure to community programming in the future, longitudinal research that assesses resilience qualities from day one of service access and follows youth involvement with a community organization is needed.

Longitudinal studies would serve as a beneficial addition to the research literature, although it is acknowledged that this is a challenging undertaking given the transient nature of street-involved youth (Thompson et al., 2010) and general challenges with relationship building and trust within this population (Collins & Barker, 2009; Kolar et al., 2012). Research strategies that recognize a need for self-sufficiency and independence, and are able to respect the youths potential cautiousness for sharing personal information, may be the most successful in this regard (Bender et al., 2007).

Given the positive relationship between the participants' sense of relatedness and frequency of service access, it is surprising that no relationship was found between frequency of service access and reported attachment avoidance and attachment anxiety. Originally, it was postulated that accessing services and developing relational stability with service workers at a community organization would provide youth with an opportunity to renegotiate their attachment style and re-work their view-of-self

(attachment anxiety) and others (attachment avoidance). This hypothesis was based on previous assertions within the literature that attachment style may change over time with changes in an individual's caregiving environment (see Bowlby, 1988; Cozzarelli, Karafa, Collins, & Tagler, 2003; Vaughn et al., 1979). As an example, Cozzarelli and colleagues (2003) examined attachment style stability in adult women seeking specialized medical services. Out of the 422 women respondents, only 54% endorsed the same attachment style after a two year period. Changes from insecure attachment styles to secure attachment styles (representing 21% of those who initially identified as preoccupied, 28% of fearful, and 39% of dismissing) were associated with increases in self-esteem, social support, and positive well-being, in addition to reduced interpersonal conflict and overall distress (Cozzarelli et al., 2003). Cozzarelli and colleagues' findings further suggested that while it is possible for attachment style to change over time, factors such as history of abuse, psychological distress, life events, and global perceptions of self may complicate movements toward attachment security. Given the developmental context of the present sample, and the fact they remain in a state of need within a community organization, any movement toward attachment security may take longer than what is reported for other populations in the research literature, accounting for the current findings.

Also surprising in the present study's results, psychological distress and emotional reactivity were not related to frequency of access to services with the community organization. When examining lack of association between help seeking behaviours and attachment, psychological distress, and emotional reactivity, it became clear that resolution of complex mental health struggles is not the primary objective of youth

seeking help, and is not necessarily reflected in the services offered by organizations. Historically, services for street-involved youth provide shelter, nourishment, and support for those looking for more stable housing situations. More often than not, these services utilize a drop-in model to meet the immediate needs and motivations of clients (Shillington et al., 2011) and to provide services in a way that motivates engagement and promotes service utilization. As a general rule, this is defined as availability on an emergency or crisis basis, based on client need (Solorio et al., 2006).

Community organizations catering to street-involved youth most often work in accordance with the classic hierarchical theory of human motivation, as originally outlined by Maslow in 1943. Maslow created a hierarchy of individual needs that highlights the requirement and importance of meeting basic needs (both physiological needs—hunger, thirst, bodily comforts, and safety needs—making sure that one is out of danger) before moving on to address other needs of love and belongingness (affiliation with others and to be accepted), esteem (to achieve, be competent, gain approval and recognition), and ultimately, self-actualization (fulfilment of one's full potential; Huitt, 2007). The 'first tier' or foundational intervention strategies employed by community organizations help to reduce the overall barriers to service access by meeting youths basic needs (food, shelter, warmth, stability, security) when they present for help, rather than asking for a greater, higher-level commitment than the youth may be motivated to engage in or be able to provide. By eschewing a long-term commitment, street-involved youth feel self-sufficient and self-reliant, without the need to consistently count on others for assistance. Initially, more in-depth interventions that address issues higher on Maslow's (1943) hierarchy of needs may be detrimental to youth if they do not have a solid

foundation of basic needs. For example, it would be harmful to address self-sufficiency or mistrust in others while youth remain in environments surrounded by individuals who may prey on or seek to take advantage of those around them. From youth participant interviews conducted for the present study, it appears that achieving stability by meeting the physiological and safety needs of street-involved youth can be a complex and challenging process. Youth reported that despite attempts to introduce stability into their lives through the accessing of support and services, they remain in unstable environments. It was noted that despite receiving aid to find stable housing (such as a rooming house or shelter), participants, at times, still felt unsafe in these conditions. Participants described not only witnessing violence in these 'secure' bases, but also experiencing violence, loss of personal property, and violation of personal privacy.

Given the experiences of street-involved youth, the maintenance of attachment insecurity, including the mistrust of others (such as that which comes with attachment avoidance) and self-sufficiency (not relying on others), can be seen as an adaptive survival strategy to cope with continued negative experiences in unreliable, unstable, or potentially volatile environments. Kolar and colleagues (2012) discuss similar behaviours as 'social distancing', where street-involved youth develop anti-social attitudes and outlooks on life that may protect them from getting hurt, such as distancing themselves from social groups and adopting an all-encompassing distrust of others. Kolar goes on to describe this as a "double-edged survival strategy" (p. 749) that is protective in terms of keeping youth away from negative influences and situations, but is also generally isolating. This strategy may make it more difficult for youth to engage in positive sources of support, and may present a challenge for interventions such as counselling or

psychotherapy that serve to address more complex issues (Kolar et al., 2012). As such, Kolar and colleagues acknowledge the strengths of street-involved youth, while also highlighting the maladaptive challenges and relational barriers that could arise within a help-seeking context, including a strong mistrust of authority figures (Kolar et al., 2012; Kurtz et al., 2000).

The present study chooses to conceptualize Kolar and colleagues' (2012) survival strategy under the attachment framework, where previously learned experiences serve to shape one's cognitive schema and interpersonal behaviours (Bowlby, 1988). Historically, the attachment framework has been highly normative, outlining healthy (i.e., secure) and unhealthy (i.e., insecure) ways of interacting with others. As discussed previously, this framework may be unfair to those who have experienced non-normative upbringings, and may unnecessarily pathologize differences in adaptive behaviours when developmental context is not taken into account. Altman (2015), in his discussion of the normative biases associated with attachment theory, states that these biases can be lessened when the individual's context is taken into account: "difference, organized into norms and hierarchies, tends to slide into deviance and deficit....consideration of differences along [socioeconomic, racial, ethnic] dimensions...can avoid the devaluation and pathologization of people who are different from oneself" (p. 68). Undeniably, normative biases arise in the definitions of what is considered to be healthy or unhealthy attachment behaviours (Altman, 2015), and currently an attachment framework that examines healthy and unhealthy attachment behaviours in non-normative contexts is needed. By combining both attachment and constructivist resilience frameworks, it is possible to begin considering differences in behaviour as approaches to living, rather than deficits in

functioning. The strategy outlined by Kolar and colleagues (2012) serves as an excellent example of how these two frameworks can be linked. It is hoped that the present research study serves as encouragement for the continued development of an alternative conceptual framework for the street-involved population that combines both attachment and resilience theory, recognising the strengths and adaptability of this population while also acknowledging and developing a deeper understanding of its struggles. It is thought that through this new framework, important, timely, and relevant interventions may be developed that truly assist individuals in making the transition from the street to mainstream society.

First tier interventions, ones that meet basic physiological and safety needs, serve to bring a foundation of stability to the lives of street-involved youth. It is from this stability that youth learn how to deepen relationships with prosocial mentors, and may then be afforded opportunities to address more complex needs, such as improving self-esteem, developing a sense of belongingness/affiliation, and addressing mental health issues. The interventions and services typically offered to youth by the community organization in the present study were not directly targeting attachment, psychological functioning, or emotional reactivity. Interventions generally focused on youth independence, stability (in terms of shelter and physical needs), and crisis management; however, mastery-building mentorship programming was also offered to youth. For the analyses of help-seeking in the present study, the type of intervention sought was not taken into account, only the frequency at which any of the services were accessed. It would be illuminating if future researchers take the type of service accessed into consideration in addition to frequency when exploring a model of help-seeking behaviour.

The present study served as a first quantitative step in this area, but additional research is warranted. This investigation highlighted that involvement with community organization is associated with greater overall resilience, including self-efficacy and perception of relationships. In the longer term, however, once some stability has been achieved, more in-depth interventions (i.e., addressing mistrust of others, negative core self-beliefs, negative self-schemata, emotional regulation, and other complex mental health concerns such as post-traumatic stress from early experiences) may be needed to assist the individual in the transition into a more mainstream adulthood. Research examining the addition of medical services and psychological counselling beyond that which is offered in a routine crisis service has shown promising results, in terms of not only vocational development, but also reduction of psychological distress and behavioural concerns (Barber, Fonagy, Fultz, Simulinas, & Yates, 2005). Additionally, the need for providing services along a continuum from least intrusive to most intrusive has been noted as a necessity in promoting resilience in youth with complex needs (Ungar, Liebenberg, & Ikeda, 2014). In terms of future conceptualization of help-seeking models, the present study proposes that non-foundational interventions be considered as a ‘second-tier’ of help-seeking, and investigated more fully in future research.

Strengths and Potential Limitations of the Present Study

The current study serves as a contribution to the research literature in the areas of attachment, psychological functioning, resilience, and help-seeking in the street-involved youth population, and has several areas of strength. First, the study utilized standardized (normed) measures for measuring psychological functioning, which has been seen in relatively few research studies looking at the street-involved youth population. This study

used a normed measure for resilience with a variety of facets that cover the three main domains of relationships, sense of mastery, and emotional reactivity. To the researcher's knowledge, this is the first time such an in-depth measure of resilience has been used with this population, which contributes a deeper understanding of the many correlates associated with the process of resilience for street-involved youth. Although the challenges in comparing interviewed youths to a normative sample has been discussed in this dissertation, utilizing a standardized measure still remains an important strength, as it provides a basis for comparison for future research in the area of street-involved youth. It is hoped that the current study will serve as a springboard for additional research into the development of norms, particularly for the homeless and at-risk youth population so a more constructivist approach to resilience can be established.

Next, this dissertation's incorporation of a broad, multidisciplinary view in presenting background research literature pertaining to attachment, psychological functioning, resilience, and help-seeking in relation to street-involved youth serves as a strength. By integrating views from education, nursing, social work, and medicine under a psychological lens, the study forms a comprehensive picture of street-involved youth. The positive benefits of a multi-faceted, multidisciplinary approach with this population have been discussed within the literature (Barber et al., 2005; Ungar et al., 2014), and include increased effectiveness and continuity of care. Research such as the present study can serve as a reminder to health service providers to not work in isolation and can be used to inform interventions that target the broad-based needs of this disadvantaged and vulnerable population.

As with any study, research findings must be interpreted with all possible limitations in mind. In stating this, the present study does have several limitations, some of which have already been highlighted within this discussion. First, this study recruited street-involved youth participants exclusively during drop-in hours at a local community organization. Utilizing local agencies for recruitment purposes is a common strategy for researchers investigating this population (e.g., Hughes et al., 2010; Kolar et al., 2012; McKay et al., 2010; Raising the Roof, 2009; Rew, 2000, 2003), but this method does not yield a representative sample of the entire street-involved youth population. In particular, the necessity for youth to make the initial contact with the community organization and ask for assistance limits who will be included in the sample. It is currently unknown if there are systematic differences between those youth who are involved with community organizations and those who never make contact with professionals. Although the present study made attempts to make recruitment wide-ranging, it is likely that given the restrictions of recruiting solely during afternoon hours in an organization in St. John's, Newfoundland, some important voices of the street-involved youth community were excluded. Given the scope of the present project, there was also a limited time for data collection (three months). A longer data collection period would have allowed for a greater sample size and would have provided additional power to the analyses used. Additionally, only youths who were accessing services during the time of data collection were able to participate, and the study employed a cross-sectional design. Studies employing longitudinal methodology, although potentially challenging given the nature of the street-involved youth population, would prove invaluable in developing a deeper understanding as to changes in attachment style, psychological functioning and resilience

over time, and their relationship with help seeking behaviours. The present study is also limited in the fact that an accurate response rate cannot be determined, which is a challenge in determining the representativeness of the present sample. It is suggested that future researchers take this into account and develop methods to determine how many youth were offered participation and the total number of those who declined participation.

Another limitation is the study's reliance on self-report questionnaires.

Participants were asked to recall many specific details pertaining to their family of origin, housing history (including number of foster/group home placements), health and wellness, and drug use. Results should be interpreted with this in mind, as problems with memory and bias in recall may have affected the data collected. Social desirability, where participants respond to questions in a manner they feel is consistent with the researcher's goals, also serves as a limitation of the present research. This may have had an effect on the responses given, particularly since the researcher collected data in a one-on-one interview format. Future research in this area may wish to include a social desirability measure to assess any impact this may have on the results obtained.

Lastly, the present study was limited with respect to the frequency of service access data, obtained through the ARMS database for the present study. Where this was an exploratory portion of this dissertation, the data provided an important first measure in investigating a model of help-seeking. However, there have been known inconsistencies in the ARMS database, including missing data, mistakes in reporting, and a limit to when service access began to be reported. Again, results should be interpreted with the understanding that the data presented may be inferred as conservative. The present study also did not differentiate the types of services accessed by the youths, which may be a key

variable of interest in future research hoping to determine interventions that have the greatest relationship with individual attachment, mental health, and overall resilience. It is highly recommended that this be further investigated, as it would serve as a significant contribution to the growing literature on street-involved youth, and would help inform future initiatives for intervention development.

Implications and Future Directions

Despite the aforementioned limitations, the results of the present study provide a significant contribution to the current research literature. No previous study has incorporated attachment, mental health, resilience, and help-seeking measures to form an overall profile of the street-involved youth population. The first identified goal of the current research study was to investigate how street-involved youth who are accessing services from a community organization compare to their normative peers in relation to resilience, attachment, and psychological functioning. This study helped quantitatively demonstrate the disproportionate struggles this population is currently experiencing in relation to previously collected normative data, with the present sample showing higher levels of attachment insecurity than peers and higher levels of psychological distress. Results also helped to elucidate the strengths and vulnerabilities of this population that can serve both as a springboard for future research and as a means of empirically informing necessary areas of intervention when working with this population. To provide additional support for the present findings, future research could replicate and expand on the present dissertation by collecting control groups from the general youth population of St. John's, Newfoundland to see if scores are comparable to those found within the research literature.

In using the RSCA measure with future research, investigators may also wish to take advantage of the measure's ability to form individual resilience profiles, forming an idiosyncratic picture of the process of resilience for each youth participant. Identification of potential subgroupings utilizing cluster analysis techniques and subsequent within-group comparisons may also be possible when utilizing this technique, and may be an exciting next step in developing a clearer picture of resilience within this population.

A second contribution of the present study is the investigation into differences in psychological functioning, resilience, and attachment styles both categorically and dimensionally. The present study supports Fraley's (2012) claim that variations within attachment are best modeled with dimensions rather than categories. He argues that utilizing only categorical classification reduces the precision of the attachment measurement and the statistical power is therefore lowered. Therefore, more specific information can be gathered when looking at attachment dimensionally, which can help to explain what may have been more generally presented categorically. It is proposed that future research follow the suggestion of Fraley (2012) and present the data dimensionally, or utilize the present study's strategy in presenting the information using both means of analysis.

This research study's findings highlight some important characteristics related to attachment that can be used to inform and develop interventions. Specifically, it was found that both psychological functioning and emotional reactivity were related to attachment anxiety (view of self). This information helps in understanding how attachment anxiety may have an effect on an individual, and serves as a basis to inform targeted interventions (i.e., working on increasing self-efficacy and feelings of self-worth

to help enhance psychological functioning). The present study also emphasized the importance of both attachment anxiety and attachment avoidance in the prediction of an individual's level of resilience. This information can be used by service professionals to gain a deeper understanding of the process of resilience for street-involved youth and to assist them in selecting appropriate interventions. The findings of the present study encourage the consideration of early developmental context when conceptualizing the struggles experienced by street-involved youth, and focusing on personal strengths rather than deficits. A strengths-based approach, emphasizing the need to find and strengthen positive pro-social attributes has been suggested as the best approach for understanding and intervening with this population. By taking this perspective, service providers are able to target skills and capabilities while capitalizing on youths areas of competency, with the goal of helping youth transition from the street to mainstream society (Bender et al., 2007; Kidd, 2003). Service providers can use this study's research to help form an appreciation of the context in which these youth are developing, and to help them navigate through these experiences. Understanding this context can help foster a sense of empathy and patience in professionals working with street-involved youth, particularly when young people are expressing themselves emotionally or behaviourally in ways that have formerly been protective and adaptive (e.g., employing the social distancing strategy as outlined by Kolar and colleagues [2012]). It has been suggested in the research literature that those who have informed knowledge of and acceptance for the unique experience of this population will have a greater likelihood of providing services that resonate with their clients (Bender et al., 2007).

Another contribution of the present study stems from the third and final goal pertaining to the creation of a model of help-seeking behaviour for the street-involved youth population. As mentioned previously, to the researcher's knowledge this is the first model of help-seeking behaviour that has included multiple key variables. This model helped to illuminate relationships (or lack thereof) between these variables and how frequently a young person has accessed services. This investigation also helped to clarify potentially different 'tiers' of help-seeking with respect to the qualities of youth who are accessing drop-in crisis services within a community organization. The present study delineated when particular interventions may be most appropriate based on theoretical knowledge. Future research is needed to determine when it may be relevant to suggest additional or 'second tier' assistance for street-involved youth.

As a whole, the present research serves as a reminder of the need for mental health support and intervention in this population, and the importance of timing these interventions according to the needs street-involved youth. Research suggests poor mental health outcomes of these youth may be due to perceived stigmatization on an institutional and societal level (Kidd, 2007). As such, research should work to reduce the stigma associated with street-involvement and homelessness by examining the developmental contexts that contribute to its cycle, rather than pathologizing those involved with the street. Policy makers, mental health advocates, and health-service providers can play key roles in developing educational programs that inform not only the institutions that service these young people, but also society at large. Ultimately, the mental health and well-being of street-involved youth should be of paramount concern. Despite previous research that highlights barriers to accessing services for this population and the work that has been

done to overcome these challenges, infrastructure problems remain, including lack of collaboration among services, lack of funding, long waitlists, and referral requirements (Hughes et al., 2010). It is hoped that the present study will serve as a motivator for policy developers and health service providers to continue making services accessible for this underserved population. It is our responsibility as privileged professionals to assist these youth in developing the skills necessary to transition into healthy, self-efficacious members of society. By continuing to research the unique challenges faced by this population, and by recognizing the strengths and abilities of these youth to adapt under extreme circumstances, we are allowing the voice of this population to be heard so that their struggles will no longer be stigmatized and ignored.

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Table 1. *Stages of Psychosocial Development and Outcomes* (Erikson, 1963, 1980).

Stage	Basic Conflict	Successful Negotiation	Unsuccessful Negotiation
Infancy (Birth to 18 months)	Basic Trust vs. Mistrust	<ul style="list-style-type: none"> • Development of secure attachment with caregivers • Belief that others within the social world can be trusted 	<ul style="list-style-type: none"> • Development of insecure attachment with caregivers • Belief that others within the social world are unreliable and cannot be trusted (mistrust)
Early Childhood (2 to 3 years)	Autonomy vs. Shame and Doubt	<ul style="list-style-type: none"> • Child develops a sense of personal control over physical skills, resulting in independence (autonomy) 	<ul style="list-style-type: none"> • Child is unable to gain control over physical skills or independence, leading to feelings failure, shame, and self-doubt
Preschool (4 to 5 years)	Initiative vs. Guilt	<ul style="list-style-type: none"> • Child is able to plan and carry out age-appropriate tasks and assert power over the environment, leading to a sense of purpose (initiative) 	<ul style="list-style-type: none"> • Child is made to guilty about asserting power over the environment, learning to become unassertive and resigned
School Age (6 to 11 years)	Industry vs. Inferiority	<ul style="list-style-type: none"> • Child is able to successfully cope with new social and academic demands, leading to a sense of competence (industry) 	<ul style="list-style-type: none"> • Child is unable to successfully cope with new social and academic demands, leading to a sense of failure and feelings of inferiority
Adolescence (12 to 18 years)	Ego Identity vs. Role Confusion	<ul style="list-style-type: none"> • Adolescent develops a stable sense of self and personal identity 	<ul style="list-style-type: none"> • Adolescent does not form a strong sense of self • Adolescent experiences role confusion, and is unable to negotiate a stable position in life (i.e., career choice and/or social role)
Young Adulthood (19 to 40)	Intimacy vs. Isolation	<ul style="list-style-type: none"> • Formation of strong, loving relationships with others (intimacy) 	<ul style="list-style-type: none"> • Failure to develop intimate relationships with others, leading to feelings of loneliness and isolation
Middle Adulthood (40 to 65 years)	Generativity vs. Stagnation	<ul style="list-style-type: none"> • Individual is able to create and/or nurture projects that are beneficial to other individuals, leading to feelings of usefulness and accomplishment 	<ul style="list-style-type: none"> • Individual has a shallow involvement in the world, leading to interpersonal impoverishment and a sense of meaninglessness (stagnation)
Maturity (65+ years)	Ego Integrity vs. Despair	<ul style="list-style-type: none"> • Individual is able to reflect back on life and feel a sense of satisfaction and fulfillment (ego integrity) • Individual experiences a sense of wisdom 	<ul style="list-style-type: none"> • Individual reflects back on life and feels a sense of regret, bitterness and despair • Individual experiences a fear of death

Table 2. *Means, Standard Deviations, and Ranges of Key Variables Used in the Present Study*
(*N* = 63)

Variable	Mean	(SD)	Range	
			Min.	Max.
<u>Attachment Variables (ECR-R)</u>				
Attachment-Related Anxiety	4.00	(1.57)	1.22	6.89
Attachment-Related Avoidance	3.88	(1.32)	1.00	7.00
<u>Resilience Scales (RSCA)</u>				
Sense of Mastery Scale*	44.59	(9.28)	20.00	62.00
Sense of Relatedness Scale*	40.83	(10.31)	18.00	65.00
Emotional Reactivity Scale*	58.75	(11.24)	38.00	85.00
<u>Psychological Functioning (SCL-90-R)</u>				
Global Severity Index*	67.75	(11.13)	32.50	81.00

* Calculated from t-scores

Table 3. Frequency of Service Access and Length of Time at Choices for Youth, based on date interviewed (N = 63)

Variable	Mean	(SD)	Range	
			Min.	Max.
Frequency of Service Access*	212.76	(248.68)	1	923
Length of Time at Choices *				
Months	20.32	(16.08)	0	48
Days	632.79	(491.96)	0	1478

* Based on data entered into the ARMS database

Table 4. Bivariate correlations among primary variables of interest ($N = 63$)

Variable	AAn	AAv	S	P	D	F	MAS	REL	REA	RES	VUL	GSI	SR	Mo
<i>Attachment Dimensions</i>														
Anxiety (AAn)	-	.23	-.59**	.39*	-.38*	.57**	-.48**	-.50**	.43**	-.51**	.55**	.44**	-.11	.05
Avoidance (AAv)			-.62**	-.30	.42**	.50**	-.57**	-.78**	.25	-.69**	.54**	.23	-.18	.04
<i>Attachment Styles</i>														
Secure ^a (S)			-	-	-	-	.44**	.59**	-.29*	.53**	-.47**	-.29	.25	.03
Preoccupied ^a (P)				-	-	-	.01	.13	.06	.08	-.02	.14	-.04	.02
Dismissing ^a (D)					-	-	-.05	-.16	-.09	-.10	.00	-.09	-.10	-.05
Fearful ^a (F)						-	-.40**	-.55**	.30	-.50**	.48**	.24	-.12	.05
<i>Resilience Scales/Indices</i>														
Sense of Mastery ^b (MAS)							-	.78**	-.45**	.91**	-.79**	-.39**	.42**	.22
Sense of Relatedness ^b (REL)								-	-.40*	.94**	-.79**	-.39**	.35*	.06
Emotional Reactivity ^b (REA)									-	-.42**	.83**	.33*	-.22	-.16
Resiliency Index ^b (RES)										-	-.85**	-.37*	.42**	.17
Vulnerability Index ^b (VUL)											-	.39*	-.40**	-.22
<i>Psychological Functioning</i>														
Global Severity Index ^b (GSI)												-	.05	.22
<i>Frequency of Service Access</i>														
Number of Service Requests (SR)													-	.64**
Months at Agency (Mo)														-

** $p \leq .001$ * $p \leq .01$ ~ $p \leq .05$ Note. Breakdown of participant attachment style: Secure ($n = 18$); Preoccupied ($n = 13$); Dismissing ($n = 13$); Fearful/Disorganized ($n = 19$)^a Point-biserial correlation calculation used due to the categorical nature of variable (r_{pb})^b Normalized scores (t-scores) were utilized to calculate correlational values

Table 5. *Sociodemographic Characteristics of Youth Sample*

Variable	Mean (SD)	Median	Range	
			Min.	Max.
Age	20.00 (3.32)	19.00	15	29
	Frequency (n)	Percent ^a (%)		
Gender				
Male	42	66.7		
Female	21	33.3		
Visible minority	4	6.3		
Canadian Citizen	61	96.8		
Sexual orientation				
Heterosexual	48	76.2		
Bisexual	10	15.9		
Gay/Lesbian	3	4.8		
Other	2	3.2		
Living Situation				
Bedsitter/Rooming house	17	27.0		
Apartment				
<i>Alone</i>	6	9.5		
<i>Shared</i>	11	17.5		
Homeless				
<i>Shelter</i>	11	17.5		
<i>Couch Surfing</i>	7	11.1		
<i>On the Street</i>	1	1.6		
Family	7	11.1		
Other	3	4.8		
Education				
Currently Attending School				
<i>Yes</i>	14	22.2		
<i>No</i>	49	77.8		
Dropped Out				
<i>Yes</i>	50	79.4		
<i>No</i>	13	20.6		
Highest Level Completed				
<i>Grade 7-9</i>	26	41.3		
<i>Some High School</i>	27	42.9		
<i>Completed High School</i>	3	4.8		
<i>Some Adult Basic Edu.</i>	2	3.2		

Table 5. *Sociodemographic Characteristics of Youth Sample (continued)*

Variable	Frequency (n)	Percent ^a (%)
Current Employment		
Yes	16	25.4
No	47	74.6
Sources of Income*		
HRLE	25	39.7
Youth Services	12	19.0
Employment insurance	3	4.8
Employment	14	22.2
Other	8	12.9
None	12	19.1
Involvement with Street Culture		
Yes	42	66.7
<i>If yes, for how long?</i>		
Under 3 months	4	9.5
Under 6 months	4	9.5
6-12 months	5	11.9
1-2 years	3	7.1
2-3 years	4	9.5
3-5 years	7	16.7
More than 5 years	15	35.7
Parental Status		
Pregnant (partner) first child	7	11.1
One child	6	9.5
One child, pregnant (partner)	2	3.2
Two children	3	4.8
Criminal Justice Involvement*		
Previous Incarceration	23	36.5
Current Involvement (Police)	24	38.1
Previous Parole/Probation	32	50.8
Current Parole/Probation	13	20.6

Table 5. Sociodemographic Characteristics of Youth Sample (continued)

Variable	Frequency (n)	Percent^a (%)
Family Context*		
Consistent Connection	15	23.8
Disrupted Connection	42	66.7
Chaotic Home Environment	40	63.5
Substance Abuse/Addiction	33	52.4
Early Family Breakup	33	52.4
Family Violence	34	54.0
Single Parent family	28	44.4
Low Income		
History of Offending	23	36.5
Significant death in the family (such as parent and/or sibling)	12	19.0
Previous Child and Youth Family Services Involvement (n = 62)		
	30	47.6
Housing History		
Inconsistent Family Housing	17	27.0
Staffed Home Placement	11	17.5
Foster Care Placement	20	31.7
Group Home	18	28.6
Emergency Shelter	36	57.1
Difficulty Maintaining Housing	22	34.9

^a Based on $n = 63$ unless otherwise stated* Multiple Answers Permitted (n may be > 63)

Table 5.1. Frequency of self-reported history of mental health and trauma-related experiences among youth accessing services at Choices for Youth; N = 63 (unless otherwise noted)

Experience	Youth Endorsing Experience	
	Frequency (n)	Percent ^a (%)
Counseling		
Have you ever had counseling?		
Yes	50	79.4
No	13	20.6
Are you currently in counseling?		
Yes	16	25.4
No	47	74.6
If you are not currently in counseling, are you interested in counseling? (N = 46)		
Yes	21	45.7
Self-Reported Mental Health Concerns*~		
Anxiety	42	66.7
Depression	43	68.3
Bipolar Disorder	13	20.6
Psychosis ^a	12	19.0
Attention Deficit Hyperactivity Disorder (ADHD) ^b	36	57.1
Suicidal Ideation (previous)	36	57.1
Suicide Attempts (previous)	29	46.0
Eating Disorder	9	14.3
Substance Abuse	33	52.4
Trauma-Related Experiences*		
Post-traumatic Stress Disorder	23	36.5
Trauma	25	39.7
Physical Abuse	30	47.6
Emotional Abuse	39	61.9
Sexual Abuse	16	25.4
Sexual Assault	17	27.0

* More than one answer was permitted

~ 79.4% of the sample reported being formally diagnosed with a mental health disorder

^a Including drug-induced psychosis

^b All three subtypes of ADHD were included in analysis (Hyperactive, Inattentive and Combined)

Table 5.2. Reported experience with substance use among youth accessing services at Choices for Youth (N = 63)

Question	Participants Responding "Yes"		Percentage of Participants Responding "No"	
	n	%	n	%
Have you ever used alcohol?	57	90.5	9	9.5
Do you currently use alcohol?	32	50.8	31	49.2
Have you ever used marijuana?	51	81.0	12	19.0
Do you currently use marijuana?	36	57.1	27	42.9
Have you ever used prescription drugs recreationally?	25	39.7	38	60.3
Do you currently use prescription drugs recreationally	6	9.5	57	90.5
Have you ever used non-prescription drugs recreationally?	37	58.7	26	41.3
Do you currently use non-prescription drugs recreationally	6	9.5	57	90.5

Table 5.3. Frequency of previous and current substance use (by substance) of youth who indicated substance involvement

Frequency of Previous Use*	n	% of all youth endorsing use of substance	Frequency of Current Use*	n	% of all youth endorsing use of substance
Previous Alcohol Use (N = 33)			Current Alcohol Use (N = 30)		
Daily	26	45.6	Daily	--	--
5-6 times a Week	--	--	5-6 times a Week	2	6.1
2-4 times a Week	8	14	2-4 times a Week	4	12.1
Weekly	7	12.3	Weekly	6	18.2
Monthly	10	17.5	Monthly	12	36.4
Less than Monthly	6	10.5	Less than Monthly	9	27.3
Previous Marijuana Use (N = 51)			Current Marijuana (N = 36)		
Daily	45	88.2	Daily	13	36.1
5-6 times a Week	2	3.9	5-6 times a Week	4	11.1
2-4 times a Week	--	--	2-4 times a Week	5	13.9
Weekly	2	3.9	Weekly	8	22.2
Monthly	2	3.9	Monthly	4	11.1
Less than Monthly	--	--	Less than Monthly	2	5.6
Previous Prescription Drug (Recreational use only; N = 25)			Current Prescription Drug (Recreational use only; N = 6)		
Daily	14	56.0	Daily	--	--
5-6 times a Week	1	4.0	5-6 times a Week	--	--
2-4 times a Week	3	12.0	2-4 times a Week	2	33.3
Weekly	2	8.0	Weekly	2	33.3
Monthly	2	8.0	Monthly	2	33.3
Less than Monthly	3	12.0	Less than Monthly	--	--
Previous Non-Prescription Drug (N = 37)			Current Non-Prescription Drug (N = 6)		
Daily	18	48.6	Daily	--	--
5-6 times a Week	--	--	5-6 times a Week	--	--
2-4 times a Week	3	8.1	2-4 times a Week	--	--
Weekly	5	13.5	Weekly	4	66.7
Monthly	3	8.1	Monthly	--	--
Less than Monthly	8	21.6	Less than Monthly	2	33.3

* Where "N" represents the total number of youth responding each particular question, and "n" represents the number of youth endorsing a particular frequency of use

Table 6. *Comparison of mean attachment anxiety and avoidance sample and normative scores on the ECR-R*

Attachment Dimension	Study Sample (<i>n</i> = 63)		Normative Group (<i>N</i> = 13890)		Diff	<i>t</i>	<i>g</i>
	Mean	<i>SD</i>	Mean	<i>SD</i>			
Anxiety	4.00	1.57	3.60	1.10	0.40	2.02*	0.36
Avoidance	3.88	1.32	2.87	1.16	1.01	6.06***	0.87

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

Note. Normative data was obtained from Fraley (2013) utilizing participants between the ages of 15 and 29 who had not previously taken this survey online.

Table 7. Comparison of sample ($N = 63$) Mean T and Scaled Scores and Standard Deviations for Resiliency Scales

Scale/Subscale	Study Sample		Diff.	<i>t</i>	<i>d</i>	Descriptive Range of Sample Scores
	Mean	<i>SD</i>				
<u>Resiliency Scales</u>						
Sense of Mastery Scale	44.59	9.28	-5.41	-4.63***	0.56	Below Average
Optimism	8.41	2.86	-1.59	-4.41***	0.54	Low Average
Self-Efficacy	8.76	2.93	-1.24	-3.36***	0.42	Low Average
Adaptability	8.13	2.95	-1.87	-5.04***	0.63	Low Average
Sense of Relatedness Scale	40.83	10.31	-9.18	-7.07***	0.90	Below Average
Trust	7.27	3.12	-2.73	-6.94***	0.89	Low Average
Support	7.32	3.12	-2.68	-6.82***	0.88	Low Average
Comfort	8.41	3.43	-1.59	-3.67***	0.49	Low Average
Tolerance	7.76	3.17	-2.24	-5.60***	0.73	Low Average
Emotional Reactivity Scale	58.75	11.25	8.75	6.17***	0.82	Above Average
Sensitivity	11.68	2.77	1.68	4.82***	0.58	High Average
Recovery	11.86	4.02	1.86	3.67***	0.52	High Average
Impairment	12.89	3.34	2.89	6.86***	0.91	Above Average
<u>Resiliency Indices</u>						
Resource Index	42.87	10.30	-7.13	-5.50***	0.70	Below Average
Vulnerability Index	58.57	10.34	8.57	6.58***	0.84	Above Average

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

Note. Mean index and overall scales were compared with mean scores for the normative sample set to T50 with an average range of T45 to T55. Subscale mean score compared with a mean score set at 10 for the normative sample, with an average range of 7 to 12.

Table 8. *Raw score means and standard deviations of psychological functioning variables*

	Study Sample (<i>n</i> = 63)		Normative Group ^a (<i>N</i> = 806)				
Dimension/Global Index	Mean	<i>SD</i>	Mean	<i>SD</i>	Diff	<i>t</i>	<i>g</i>
SCL-90 Dimensions							
Somatization	1.34	.95	.61	.53	.73	6.03***	1.27
Obsessive-Compulsive	1.65	.97	.91	.65	.74	5.95***	1.09
Interpersonal Sensitivity	1.31	.99	.99	.74	.32	2.51**	.42
Depression	1.45	.99	.80	.69	.65	5.12***	.91
Anxiety	1.35	.98	.66	.62	.69	5.50***	1.06
Hostility	1.52	1.04	.88	.81	.64	4.77***	.77
Phobic Anxiety	1.05	.97	.39	.52	.66	5.34***	1.17
Paranoid Ideation	1.57	1.07	.91	.73	.66	4.80***	.87
Psychoticism	.98	.88	.63	.61	.35	3.10**	.55
Global Severity Index	1.39	.86	.76	.54	.63	5.73***	1.11
Positive Symptom Distress Index	2.33	.66	1.57	.49	.76	8.95***	1.51
Positive Symptom Total	50.54	21.87	39.81	20.29	10.73	3.77***	.51

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

^a Obtained from Derogatis (1994) using Adolescent Non-patient Normative Group

Table 9. Means (M) and Standard Deviations (SD) for Psychological Functioning, Overall Resiliency, and Reactivity by Attachment Style

Variables	Attachment Style			
	Secure	Preoccupied	Dismissing	Fearful
	(n = 18)	(n = 13)	(n = 13)	(n = 19)
	Mean	Mean	Mean	Mean
	(SD)	(SD)	(SD)	(SD)
Psychological Functioning	62.69 (7.12)	70.85 (12.71)	65.73 (9.90)	71.81 (12.35)
Overall Resilience	51.50 ^{ab} (7.42)	44.39 ^c (6.85)	40.85 ^{**a} (9.34)	35.05 ^{***b/*c} (8.95)
Reactivity	53.72 ^d (8.84)	60.15 (13.01)	56.77 (8.65)	63.90 ^{*d} (11.90)

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

^a Secure attachment group was significantly different than dismissing attachment group for overall resilience

^b Secure attachment group was significantly different than fearful attachment group for overall resilience

^c Preoccupied attachment group was significantly different than fearful attachment group for overall resilience

^d Secure attachment group was significantly different than fearful attachment group for reactivity

Table 10. *Standard Multiple Regression Analysis of Psychological Functioning, Resilience Variables, and Attachment Dimensions*

Variable	<i>B</i>	<i>SE</i>	β
<i>Psychological Functioning</i>			
Attachment Anxiety	.16	.05	.41***
Attachment Avoidance	.07	.06	.14
$R^2 = .21, R^2 \text{ adj} = .19; F(2,60) = 8.13, p \leq .001$			
<i>Resilience (RES Index)</i>			
Attachment Anxiety	-.14	.03	-.37***
Attachment Avoidance	-.26	.04	-.60***
$R^2 = .61, R^2 \text{ adj} = .60; F(2,60) = 46.67, p \leq .001$			
<i>Emotional Reactivity (REA)</i>			
Attachment Anxiety	.16	.05	.39**
Attachment Avoidance	.07	.06	.16
$R^2 = .20, R^2 \text{ adj} = .18; F(2,60) = 7.66, p \leq .001$			
* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$			

Table 11. *Summary of Exploratory Regression Analyses for Model of Help-Seeking Behaviour*

Variable (Predictors)	<i>B</i>	<i>SE</i>	β	<i>t</i>
Model 1				
Attachment Anxiety	-18.09	20.17	-.11	-.90
$R^2 = .01$, R^2 adj= .00; $F(1,61) = .81$, $p = .37$				
Model 2				
Attachment Avoidance	-34.36	23.79	-.18	-1.45
$R^2 = .03$, R^2 adj= .02; $F(1,61) = 2.09$, $p = .15$				
Model 3				
Psychological Functioning	1.07	2.86	.05	.37
$R^2 = .00$, R^2 adj= -.01; $F(1,61) = .14$, $p = .71$				
Model 4				
Sense of Mastery (MAS)	11.63	3.09	.43	3.76***
$R^2 = .19$, R^2 adj= .18; $F(1,61) = 14.17$, $p \leq .001$				
Model 5				
Sense of Relatedness (REL)	8.32	2.90	.35	2.87**
$R^2 = .12$, R^2 adj= .10; $F(1,61) = 8.23$, $p \leq .01$				
Model 6				
Emotional Reactivity (REA)	-4.93	2.76	-.22	-1.79
$R^2 = .05$, R^2 adj= .03; $F(1,61) = 3.20$, $p = .08$				
Model 7				
Resilience Index (MAS and REL scales)	10.21	2.80	.42	3.64***
$R^2 = .18$, R^2 adj= .17; $F(1,61) = 13.25$, $p \leq .001$				
* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$				

Note: For Model 7, there were no differences in results after accounting for gender, therefore this was left out of the model.

Table 12. *Differences in Raw Score Means and Standard Deviations of Psychological Functioning Variables between Study Sample Group and McCay et al. (2010) Sample*

	Study Sample (<i>n</i> = 63)		Comparison Group (<i>N</i> = 70)			
Dimension/Global Index	Mean	<i>SD</i>	Mean	<i>SD</i>	Diff	<i>t</i>
SCL-90 Dimensions						
Somatization	1.34	.95	1.24	.87	.10	0.63
Obsessive-Compulsive	1.65	.97	1.55	.89	.10	0.62
Interpersonal Sensitivity	1.31	.99	1.19	.96	.12	.71
Depression	1.45	.99	1.40	.90	.05	.31
Anxiety	1.35	.98	1.20	.91	.15	.92
Hostility	1.52	1.04	1.28	.99	.24	1.36
Phobic Anxiety	1.05	.97	.82	.92	.23	1.40
Paranoid Ideation	1.57	1.07	1.37	1.02	.20	1.10
Psychoticism	.98	.88	.94	.85	.04	.27

p* ≤ .05 *p* ≤ .01 ****p* ≤ .001

Table 13. *Ancillary Analysis of Bivariate Correlations of Study Variables by Age and Gender*

Variable	Age	Gender ^a
<i>Attachment Dimensions</i>		
Anxiety (AAn)	-.01	.13
Avoidance (AAv)	-.14	.06
<i>Attachment Styles</i>		
Secure ^a (S)	.06	-.08
Preoccupied ^a (P)	.10	-.03
Dismissing ^a (D)	-.14	-.03
Fearful ^a (F)	-.02	.12
<i>Resilience Scales/Indices</i>		
Sense of Mastery ^b (MAS)	.15	-.32*
Sense of Relatedness ^b (REL)	.12	-.30*
Emotional Reactivity ^b (REA)	-.20	.00
Resiliency Index ^b (RES)	.17	-.43***
Vulnerability Index ^b (VUL)	-.23	.34***
<i>Psychological Functioning</i>		
Global Severity Index ^b (GSI)	.31*	-.14
<i>Frequency of Service Access</i>		
Number of Service Requests (SR)	.41**	-.29**
Months at Agency (Mo)	.56**	-.27**

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

^a Point-biserial correlation calculation used due to the categorical nature of variable

^b Normalized scores (t-scores) were utilized to calculate correlational value

Table 14. *Differences in Study Measures by Gender.*

Variable	Male M (SD) n = 42	Female M (SD) n = 21	t (df)
<u>Attachment Variables (ECR-R)</u>			
Attachment-Related Anxiety	3.86 (1.52)	4.28 (1.67)	1.00 (61)
Attachment-Related Avoidance	3.82 (1.37)	4.00 (1.23)	0.51 (61)
<u>Resilience Scales/Indices (RSCA)</u>			
Sense of Mastery Scale ^o	46.64 (9.42)	40.48 (7.65)	2.60 (61)**
Sense of Relatedness Scale ^o	42.95 (9.70)	36.57 (10.40)	2.40 (61)*
Emotional Reactivity Scale ^o	58.74 (11.22)	58.76 (11.57)	0.01 (61)
Resilience Index ^o	45.98 (9.55)	36.67 (9.01)	3.72 (61)***
Vulnerability Index ^o	56.10 (9.44)	63.52 (10.51)	2.83 (61)***
<u>Psychological Functioning (SCL-90-R)</u>			
Global Severity Index ^o	68.82 (11.34)	65.62 (10.63)	1.07 (61)
<u>Frequency of Service Access</u>			
	263.83 (270.73)	110.62 (248.68)	2.17 (61)*
<u>Other Variables of Interest</u>			
Age	20.60 (3.56)	18.81 (2.44)	2.07 (61)*
Months Spent at Choices	23.36 (15.77)	14.24 (15.27)	2.19 (61)*

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$ ^o Calculated from t-scores

Figure 1. *Categorical Model of Adult Attachment as presented in Bartholomew and Horowitz (1991)*

		Model of Self	
		Positive	Negative
Model of Other	Positive	SECURE Comfortable with intimacy and autonomy	PREOCCUPIED Preoccupied with relationships
	Negative	DISMISSING Dismissing of intimacy, Counter-dependent	FEARFUL Fearful of intimacy, Socially avoidant

Figure 2. *Dimensional Model of Adult Attachment as presented by Shaver and Fraley (2010)*

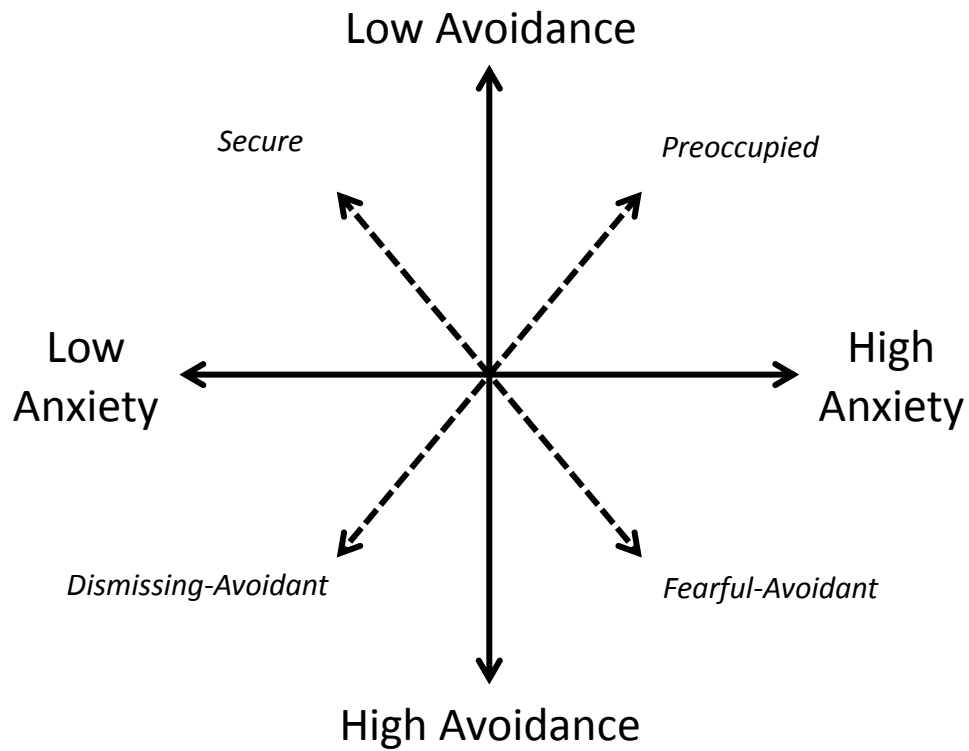
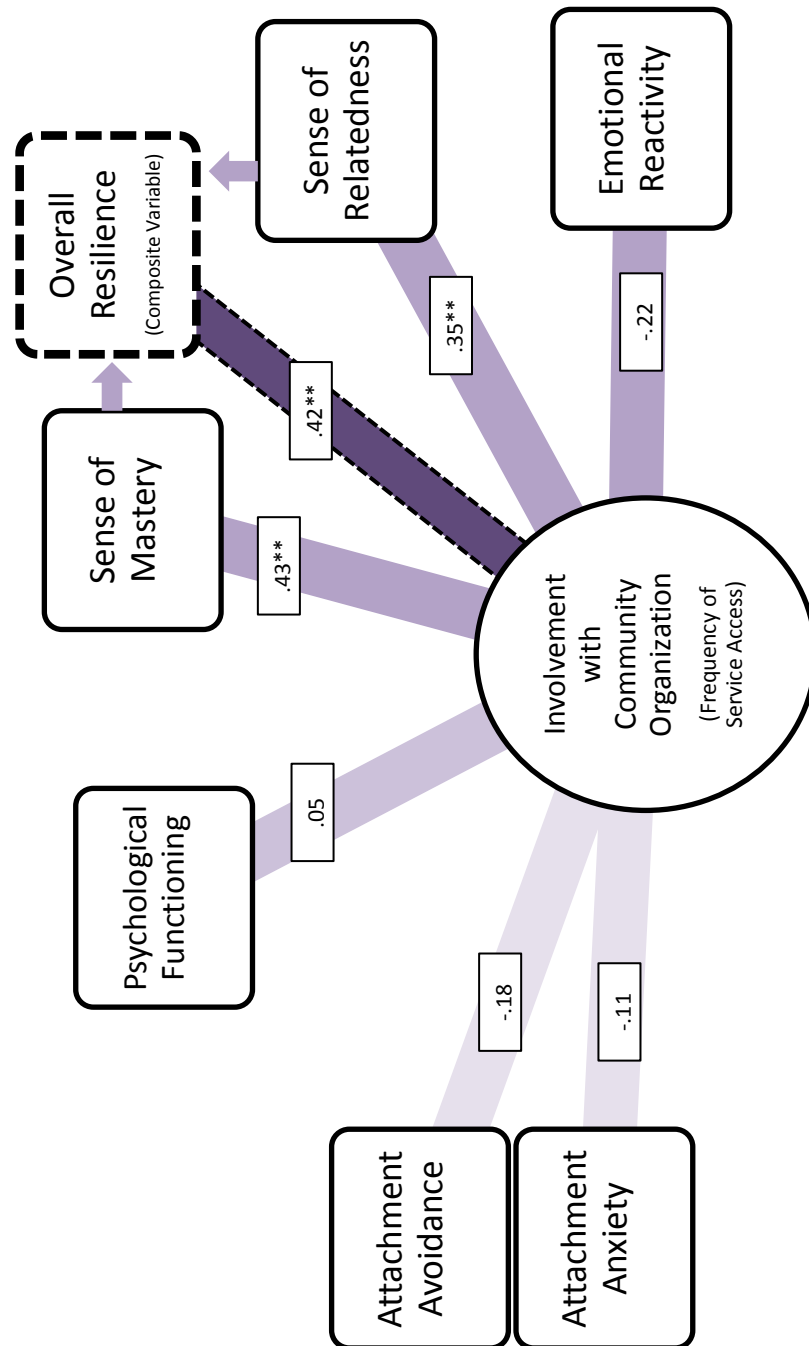
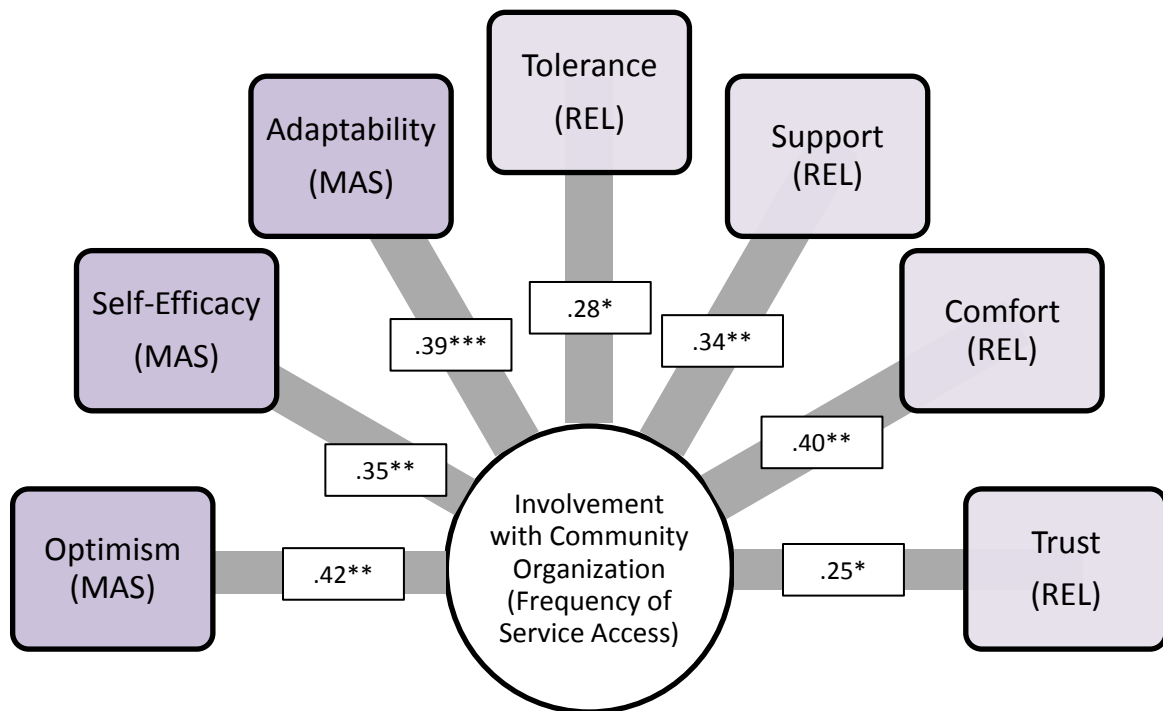


Figure 3. *Exploratory Model of Help-Seeking Behaviour (Frequency of Service Access)*

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

Figure 4. *Correlations between Facets of Resilience and Help-Seeking Behaviour (Frequency of Service Access; N = 63)*



* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

Note. MAS denotes subscales of the 'Sense of Mastery Scale' whereas REL denotes subscales of the 'Sense of Relatedness Scale' from the Resiliency Scales for Children and Adolescents measure.

Appendix A:
Demographic Information Questionnaire (Youth Participant Profile)

Ice-Breaking Questions:

- 1) What made you decide to visit choices? Please explain.

- 2) How did you hear about Choices?

- a. How long have you been involved with choices?

Demographic Information:

- 3) Gender: ☐ Male ☐ Female ☐ Transgendered ☐ Other (please specify) _____

- 4) Are you a visible minority? ☐ Yes ☐ No

- 5) Are you Aboriginal? ☐ Yes ☐ No

- 6) Age? _____ (Please specify in years)
(D.O.B: _____)

Parenthood:

- 7) Do you have any children? ☐ Yes ☐ No (How many? _____)

- 8) If yes to the previous question, do you have full or partial custody of your child(ren)? ☐ Full custody ☐ Partial Custody ☐ No Custody

- 9) If yes, do you receive parenting support from others? ☐ Yes ☐ No

- a. If so, by whom? ☐ Spouse/Partner ☐ Parents/Family ☐ Friends
☐ Other (Please specify)

- 10) What type of financial parenting support are you receiving?

☐ Spousal Support ☐ Parents/Family ☐ HRLE ☐ CYFS

☐ Other (Please explain) _____

Legal Status in Canada:

- 11) What is your legal status in Canada? ☐ Citizen ☐ Landed Immigrant
☐ Sponsored ☐ Immigrant ☐ Refugee Claimant

Living Situation:

- 12) What is your current living situation? ☐ Bed-sitter (alone) ☐ Bed-sitter (shared) ☐ Apartment (alone) ☐ Apartment (shared) ☐ Shelter ☐ Family
☐ Couch Surfing ☐ On the Street ☐ Other (Please explain)

- 13) Do you consider yourself to be participating in the “culture of the street” (i.e., developing “family” ties on the street, understanding the homeless community, engaging in the ‘economy’ of the street)?

☐ Yes ☐ No

- a. If so, please explain your involvement in street culture.

- b. If so, for how long?

☐ Under 3 months ☐ 3-6 months ☐ 6 months-1 year ☐ 1-2 years ☐ 2-3 years ☐ 3-4 years ☐ 4-5 years ☐ More than 5 years

Family of Origin:

- 14) Please check all that apply:

☐ Consistent Connection
☐ Disrupted Connection
☐ Early Family Break-up
☐ Single Parent Family
☐ Family Violence
☐ Substance Abuse/Addiction in the Family
☐ History of Offending in Family
☐ Chaotic Home Environment
☐ Low Income/Unemployment in Family
☐ Death in Family
☐ Other (Please Explain) _____

- 15) Were either of your parents in the care of CYFS? ☐ Yes ☐ No

- a. If so, who? ☐ Mother ☐ Father ☐ Both Mother and Father

- 16) Prior to your contact with Choices for Youth, have you ever been in the care of CYFS? ☐ Yes ☐ No

Housing History:

17) Please check all that apply:

- ☐ Inconsistent family housing situation
- ☐ Staffed Home Placements (How many? ____ (number))
- ☐ Foster Care Placements (How many? ____ (number))
- ☐ Group Home Placements (How many? ____ (number))
- ☐ Emergency Shelter (Number of times ____)
- ☐ Difficulty maintaining housing
- ☐ Other (Please explain) _____

Education History:

18) Are you currently attending school? ____ Yes ____ No

a. If so, what level/grade? _____

19) If no, did you drop out? ____ Yes ____ No

a. If yes, when? _____

b. What was the last grade attended? _____

20) What is this highest level you have completed?

- ☐ Grade School (Please name the specific grade _____)
- ☐ Adult Basic Education (Please name institution attended _____)
- ☐ Post-Secondary (Please name institution attended _____)
- ☐ Other (Please specify _____)

21) While in school, did you receive any additional support? ____ Yes ____ No

a. If yes, what kind of support did you receive?

- ☐ Special Education Classes
- ☐ Individualized Education Program
- ☐ Teachers Assistant/Aide
- ☐ Other (Please Specify _____)

22) Do you have difficulty reading? ____ Yes ____ No

23) Do you have difficulty in expressing yourself in writing? ____ Yes ____ No

24) Have you ever been diagnosed with a learning disability? ____ Yes ____ No

a. If so, please specify type (if known) _____

25) Have you ever been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD)? ____ Yes ____ No

a. If so, please specify type (if known) _____

Health and Wellness Issues:

- 26) Have you ever suffered from any of the following? (Please check all that apply):
- ☐ Anxiety
 - ☐ Depression
 - ☐ Bipolar Disorder
 - ☐ Psychosis (i.e., schizophrenia)
 - ☐ ADHD
 - ☐ Suicidal Ideation
 - ☐ Suicidal Attempts
 - ☐ PTSD
 - ☐ Trauma
 - ☐ Physical Abuse
 - ☐ Emotional Abuse
 - ☐ Sexual Abuse
 - ☐ Rape
 - ☐ Eating Disorder
 - ☐ Substance Abuse
 - ☐ Other (Please specify _____)
- 27) Were you formally diagnosed with any of the above by a health professional?
☐ Yes ☐ No
- a. If so, what is your diagnosis? _____
 - i. Who diagnosed you? (Specify professional) _____
- 28) Are you currently on any medication? ☐ Yes ☐ No
- a. If yes, for what purpose (i.e., pain management, depression, anxiety)? _____
 - b. If yes, what type of medication (if known)? _____
- 29) Have you ever used alcohol? ☐ Yes ☐ No
- a. If yes, how often?
☐ Daily ☐ 5-6 times a week ☐ 2-4 times a week ☐ Weekly
☐ Monthly ☐ Less than Monthly
 - b. Do you currently use alcohol? ☐ Yes ☐ No
 - i. If yes, how often?
☐ Daily ☐ 5-6 times a week ☐ 2-4 times a week ☐ Weekly
☐ Monthly ☐ Less than Monthly
- 30) Have you ever used Marijuana? ☐ Yes ☐ No
- a. If yes, how often?

___Daily ___ 5-6 times a week ___2-4 times a week ___ Weekly
 ___Monthly ___Less than Monthly

b. Do you currently use marijuana? ___Yes ___No

i. If yes, how often?

___Daily ___ 5-6 times a week ___2-4 times a week ___ Weekly
 ___Monthly ___Less than Monthly

31) Have you ever used prescription drugs recreationally? ___Yes ___No

a. If yes, how often?

___Daily ___ 5-6 times a week ___2-4 times a week ___ Weekly
 ___Monthly ___Less than Monthly

b. Do you currently use prescription drugs recreationally? ___Yes

___No

i. If yes, how often?

___Daily ___ 5-6 times a week ___2-4 times a week ___ Weekly
 ___Monthly ___Less than Monthly

32) Have you ever used non-prescription drugs? ___Yes ___No

a. If yes, how often?

___Daily ___ 5-6 times a week ___2-4 times a week ___ Weekly
 ___Monthly ___Less than Monthly

b. Do you currently use non-prescription drugs? ___Yes ___No

i. If yes, how often?

___Daily ___ 5-6 times a week ___2-4 times a week ___ Weekly
 ___Monthly ___Less than Monthly

Sexuality/Sexual Orientation:

33) What do you consider your sexual orientation to be?

___ Heterosexual ___ Gay ___ Bisexual ___ Other (Please specify)

34) Have you ever felt discriminated against due to your sexual orientation?

a. If yes, where?

b. By whom?

35) Have you ever been bullied because of your sexual orientation?

a. If yes, where? _____

b. By whom? _____

36) How comfortable do you feel about your sexuality?

- ☐ Very Uncomfortable
- ☐ Uncomfortable
- ☐ Sometimes Comfortable
- ☐ Comfortable
- ☐ Very Comfortable

Employment/Income History:

37) Are you employed? ☐ Yes ☐ No

a. If yes, what type of job do you currently have? Please Specify

38) What are your sources of income? Check all that apply.

- ☐ HRLE
- ☐ Youth Services
- ☐ Employment Insurance
- ☐ Employment
- ☐ Other (Please specify _____)

39) Prior to coming to the agency, describe your employment history:

40) Please describe the type of work you are interested in.

41) Are you interested in pursuing employment? ☐ Yes ☐ No

Counselling History:

42) Have you ever had counselling? ☐ Yes ☐ No

a. If yes, where? _____

43) Are you currently in counselling? ☐ Yes ☐ No

a. If yes, where? _____

44) If you have engaged/are currently engaged in counselling, what are the identified issues? Please specify.

45) Are you interested in seeking counselling? ☐ Yes ☐ No

Criminal Justice System:

- 46) Have you ever been incarcerated (in jail)? ☐ Yes ☐ No
- 47) Are you currently involved with the criminal justice system? ☐ Yes ☐ No
- 48) Have you ever been on parole or probation? ☐ Yes ☐ No
- 49) Are you currently on parole or probation? ☐ Yes ☐ No

Sex Trade/Sexual Exploitation:

- 50) Have you ever been involved in the sex trade or been sexually exploited?
☐ Yes ☐ No
a. If yes, for how long?
☐ Less than one year ☐ 2-5 years ☐ More than 5 years
- 51) Are you currently involved in the sex trade or been sexually exploited?
a. If yes, for how long?
☐ Less than one year ☐ 2-5 years ☐ More than 5 years
- 52) Have you ever been involved in survival sex (i.e., in exchange for food, drugs, or a place to stay)? ☐ Yes ☐ No

Anger/Impulse Control:

- 53) Has being angry ever caused you problems? ☐ Yes ☐ No
a. If yes, in what areas of your life?
☐ Home
☐ School
☐ Work
☐ Relationships
☐ Legal
☐ Other (Please specify. _____)

Social:

- 54) How comfortable do you feel in social settings?
☐ Extremely Uncomfortable
☐ Very Uncomfortable
☐ Sometimes Comfortable
☐ Very Comfortable
☐ Extremely Comfortable

55) How often do you go out socially?

- ☐ Less than once a week
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Daily

56) Do you have a friend you consider to be close? ☐ Yes ☐ No

a. Please explain what you mean by close.

57) Do you ever feel lonely? ☐ Yes ☐ No

Other Issues:

58) Do you have a positive role model? ☐ Yes ☐ No

a. If yes, who? _____

59) How self-confident do you feel on a scale of 1 to 10, with 1 representing 'Extremely Unconfident' to 10 representing 'Extremely Confident'? _____

60) How good do you feel about yourself on a scale of 1 to 10, with 1 representing 'Not Very Good' to 10 representing 'Very Good'? _____

61) Do you feel you have healthy relationships with others? ☐ Yes ☐ No

a. How do you know they are healthy? Please explain.

Closing Remarks:

62) What are the three top challenges, issues, or needs that would you like Choices for Youth to help you address?

- 1. _____
- 2. _____
- 3. _____

63) How motivated are you to make changes in your life on a scale of 1 to 10, with 1 representing 'Extremely Unmotivated' to 10 representing 'Extremely Motivated'? _____

64) What are your strengths? _____

65) Is there anything you feel we missed during this interview?

66) Final Comments:

Appendix B:
Experiences in Close Relationships Scale-Revised
(ECR-R; Fraley, Waller, & Brennan, 2000)

Instructions: The statements below concern how you feel in relationships and friendships with others. We are interested in how you *generally* experience relationships, not just in what is happening in a current relationship. Respond to each statement by marking a number to indicate how much you agree or disagree with the statement using the scale below:

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6	7

- ____ 1. I'm afraid that I will lose the love of others.
- ____ 2. I often worry that others will not want to stay with me.
- ____ 3. I often worry that others do not really love me.
- ____ 4. I worry that others won't care about me as much as I care about them.
- ____ 5. I often wish that others feelings for me were as strong as my feelings for them.
- ____ 6. I worry a lot about my relationships.
- ____ 7. When others are out of sight, I worry that they might become interested in someone else.
- ____ 8. When I show my feelings for others, I'm afraid they will not feel the same about me.
- ____ 9. I rarely worry about others leaving me.
- ____ 10. Others make me doubt myself.
- ____ 11. I do not often worry about being abandoned.

- ___12. I find that other people don't want to get as close as I would like.
- ___13. Sometimes other people change their feelings about me for no apparent reason.
- ___14. My desire to be very close sometimes scares people away.
- ___15. I'm afraid that once another person gets to know me, they won't like who I really am.
- ___16. It makes me mad that I don't get the affection and support I need from others.
- ___17. I worry that I won't measure up to other people.
- ___18. Others only seem to notice me when I'm angry.
- ___19. I prefer not to show another person how I feel deep down.
- ___20. I feel comfortable sharing my private thoughts and feelings with others.
- ___21. I find it difficult to allow myself to depend on others.
- ___22. I am very comfortable being close to others.
- ___23. I don't feel comfortable opening up to other.
- ___24. I prefer not to be too close to others.
- ___25. I get uncomfortable when others want to be very close.
- ___26. I find it relatively easy to get close to others.
- ___27. It's not difficult for me to get close to others.
- ___28. I usually discuss my problems and concerns with others.
- ___29. It helps to turn to others in times of need.
- ___30. I tell others just about everything.
- ___31. I talk things over with others.
- ___32. I am nervous when others get too close to me.
- ___33. I feel comfortable depending on others.

____34. I find it easy to depend on others.

____35. It's easy for me to be affectionate with others.

____36. Other people really understand me and my needs.

Appendix C:
Advertisement Poster



You are invited to participate in a research study investigating attachment, mental health, as well as personal strengths and challenges. The information gathered will help highlight factors associated with help seeking behaviours in the community and may be used to promote the examination of current outreach programming and interventions for at-risk youth.

Participation in this research study is anonymous, voluntary, and has no effect on your access to services offered by Choices for Youth. Choices for Youth will not be made aware of who did/did not participate in the study.

For attending the scheduled appointment, you will receive a \$10 gift certificate to either Tim Horton's or Dominion (your choice) as an honorarium for your time. There will be no penalty should you wish to withdraw your data from the study or leave the appointment at any time.

If you have any additional questions about the study, please contact:
Heather Patterson PsyD Candidate, Memorial University heather.patterson@mun.ca

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at: 709-864-2861

**Appendix D:
Informed Consent Form**

Dear Participant,

You are invited to participate in research highlighting factors associated with help seeking behaviours (including mental health, attachment, and individual strengths). The results obtained may be used to promote the examination of outreach programming and serve to inform interventions for those who are at-risk or struggling with homelessness. The current study is being conducted as partial fulfillment of a Doctorate in Psychology (PsyD) degree from Memorial University of Newfoundland, and is being completed under the supervision of Dr. Kellie Hadden in the Department of Psychology.

DESCRIPTION: You are invited to participate in a research study investigating mental health, attachment as well as personal strengths and challenges in relation to help seeking behaviours. If you choose to participate, you will be asked to complete an hour long interview. The interview will include demographic questions that will ask for information pertaining to your age, gender, sexual orientation, housing history, family of origin, education history, health and wellness issues, employment history, counseling history, involvement with the criminal justice system, anger, and social life. Moreover, the interview will also involve questions concerning your personality and current struggles.

RISKS AND BENEFITS: It is not expected that participating in this study will entail any specific risk to you. However, there may be some risk that you would find some of the questions too personal or difficult. As the questions in this study are of a personal nature, if you feel uncomfortable at any time or for some other reason you do not feel as though you can complete the survey, you can stop answering the questionnaire at any time without penalty. You may also choose to skip any questions in which you do not feel comfortable in answering. By participating in the present study, you will be providing important information on help seeking behaviours that may be used to help promote the examination of outreach programming and/or interventions for those who are homeless or at-risk for homelessness.

TIME INVOLVEMENT: The interview will take approximately one hour to complete.

REIMBURSEMENT: For attending the scheduled appointment, you will receive a \$10 gift certificate to either Tim Horton's or Dominion (your choice) as an honorarium for your time. There will be no penalty should you wish to withdraw your data from the study or leave the appointment at any time.

PARTICIPANTS' RIGHTS: If you have read this form and decide to participate, please understand that your participation in this study is completely voluntary and that you have the right to discontinue your participation and withdraw from the study at any point, without consequence. You have the right to refuse to answer particular questions. Your individual privacy will be maintained in all published or written data resulting from the

study, as all data will be aggregated and anonymous. All data collected will be kept completely confidential. Participation in this research study will have no effect on your access to services offered by Choices for Youth. Choices for Youth will not be made aware of who did/did not participate in the study. You are free to withdraw consent for participation at any time during or after the completion of the interview. Should consent be withdrawn, any information collected will be immediately destroyed.

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at 709-864-2861.

If you would like to discuss this research further and/or have any questions or concerns regarding the study, you may contact me, Heather Patterson, directly via email at heather.patterson@mun.ca or the project supervisor, Dr. Kellie Hadden at khadden@mun.ca.

By signing below, you have indicated that you understand this information and that you agree to participate in the study.

I acknowledge that I have been informed of, and understand, the nature and purpose of this study and I agree to participate. A copy of this Informed Consent Form has been given to me for my records.

Signed: _____

Date: _____

If you have any questions concerning this study please contact the researchers:

Heather Patterson, BSc(H), M.Sc.
PsyD Candidate
Email: heather.patterson@mun.ca

Kellie Hadden, PhD, R. Psych
Supervisor
Director of Clinical Training
Department of Psychology
Memorial University
Phone: 709 864-7675
Email: khadden@mun.ca

Researcher's Signature:

I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

Signature of Principal Investigator

Date

Appendix E:**Choices for Youth Participant Consent Form**

I agree to take part in a Youth Participant Profile interview for Choices for Youth. The purpose of the interview is to get a description of the young people who are served by the agency and the types of issues with which they struggle.

I understand that this information may be used to promote the examination of outreach programming and serve to inform interventions for those who are at-risk or struggling with homelessness.

I understand that this information will be kept confidential, and I understand that non-identifying information may be used for future research and/or record keeping purposes. I consent to the use of this information for future research and/or record keeping purposes. Individual privacy will be maintained in all published or written data resulting from future, and data will be aggregated and anonymous. YES NO

You are free to withdraw consent for participation at any time during or after the completion of the interview. Should consent be withdrawn, any information collected will be immediately destroyed.

I acknowledge that I have been informed of, and understand, the nature and purpose of this interview and I agree to participate.

Signed: _____

Date: _____

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at [709-864-2861](tel:709-864-2861).