SOCIAL HEALING:
A THEORETICAL MODEL FOR THE SUCCESS OF HOUSING FIRST

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By
Mary Ellen Gane
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Examining Committee Members:

Shanyang Zhao, Advisory Chair, Sociology
Michelle Byng, Sociology
Matt Wray, Sociology
Karin Eyrich-Garg, Social Work

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ABSTRACT

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Mary Ellen Gane

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Doctoral Advisory Committee Chair: Shanyang Zhao, Ph.D.

The Housing First program for addressing homelessness offers a new model for re-integrating socially maladapted chronic homeless individuals in society through social mechanisms. This model is in contrast to the predominant paradigm of addressing homelessness (treatment continuum model) which enforces a medical conceptualization of the chronic homeless, encouraging negative labeling and stigmatization of homeless individuals, thus, perpetuating continual homelessness for those individuals who reject this symbiotic paradigm of disease and treatment. Literature on Housing First indicates much success of the program in terms of financial savings and tenant positive outcome evaluations; however, there is limited explanation of how these successful outcomes are produced. In revealing the social mechanisms through which previously homeless tenants transition the main research question addressed is "Does symbolic interactionism provide a reliable (reasonable) theoretical framework for understanding the successes of Housing First?"

Within this dissertation, interactions between tenants and case managers are revealed to be the primary intervening variable in a process of transition for tenants. These interactions connect Housing First policy (independent variable) to successful

outcomes for tenants experienced during continued housing tenure (dependent variable). As measuring a process is difficult, three transitional dimensions were conceptualized from Housing First policy guidelines to produce interactions between case managers and tenants that affect tenant 1) social identity, 2) affective home creation, and 3) socially supported wellness. Interactions are found to produce psycho-social processes and symbolic meaning development in these three social dimensions that are created and received by individual actors as a social product.

The measurement methods in the study are triangulated to reflect the fluidity of real life processes and both qualitative and quantitative data types are collected to present different analytical perspectives. Three stages of measurement are used to explain the process of transition that is experienced by tenants. Policy data identify how case managers are directed to interact with tenants, interview data with tenants and case managers explains how both parties experience the interactions, and interview scale data from tenants and case managers confirms successful tenant longitudinal outcomes during housing tenure. From March 2008 until January 2011, twenty tenant case studies were interviewed three times in six month intervals. Nine case managers were also interviewed once and two tenants who discontinued permanent housing tenure were interviewed for an overall total of 71 interviews.

Results indicate that Housing First policy guidelines that encourage these social processes experienced by the tenant are: 1) Empowering and strength-based interactions from case managers produce social identity restructuring 2) The provision of permanent housing produces individual and family affective home creation to various degrees, and 3) The case manager provides supportive services and links to the community which

produces social support to various degrees that are linked to overall wellness and health. Social Identity is found to be primary to tenant transitions, affective home creation is secondary, and socially supported wellness is tertiary. The dimensions of home creation and socially supported wellness reinforce and occasionally detract from the initial social identity restructuring that tenants experience during housing tenure. Also, interactions from case managers are found to be the most consistent form of interaction across all three dimensions.

Overall, symbolic interactionism is found to be a reasonable framework for explaining the successes of Housing First. Through highly focused intention in interactions case managers facilitate three social processes for tenants that lead to their successful continued housing tenure. These beneficial processes can be more specifically described as 'socially healing processes' or 'social healing' as they heal the social dimensions of identity, affective home creation, and wellness networks to various degrees for tenants. Overall, this dissertation is a symbolic interactionist theoretically driven model of the socially healing processes through which individuals transition out of chronic homelessness and re-enter society within the Housing First program.

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CHAPTER 1:

HOUSING FIRST SUCCESSES AND SYMBOLIC INTERACTIONISM AS A USEFUL EXPLANATARY THEORETICAL FRAMEWORK

The chronic homeless are those that society has failed. Often referred to as the most problematic homeless population, they are deemed the deviants and the outliers because they do not successfully conform to the traditional societal pattern of success. The chronic homeless are even seen as outliers among the homeless population because they do not successfully mold to the traditional treatment methods for homelessness. This group constitutes 10% (Kuhn and Culhane 1998) of the 1.6 million individuals approximated to experience literal homelessness annually (National Alliance to End Homelessness 2009), however, they consume 50% of total annual public expenditures for shelter usage (Culhane et al. 2007). Defined as an "unaccompanied disabled individual who has been continuously homeless for over one year" (U.S. Department of Housing and Urban Development, 2009a: 6), the chronic homeless are individuals for which countless institutions such as family, education, healthcare, and even social service agencies have failed. They are those dispossessed and forced to the margins of society to fend for themselves without care and support in the most detrimental of situations. Miraculously, these individuals survive and create an existence in the shadows of society. Managing daily without many social benefits, these individuals have a unique experience and understanding of society. They are the ones who have experienced the fewest benefits from current social constructions, especially the current constructed paradigm of addressing chronic homelessness.

Housing First is a new model for addressing chronic homelessness developed through a psychological understanding of the unique experience of the social outlier. The Housing First model was developed with the consideration that chronically homeless people, having survived such devastating circumstances, may perceive themselves as tremendously strong, adaptive and self-reliant. The model integrates the knowledge that those who are chronically homeless may choose to live unassisted rather than accepting the negative labels and the lack of autonomy found within the traditional treatment standard. Housing First is a paradigm of understanding, unity, togetherness, and overall compassion, derived from the realization of this unique perspective of the chronic homeless individual. Housing First offers a perspective of equality, for it is a model without hierarchy that is developed from the belief that all individuals deserve housing. Providing an example of how humanity can progress when traditional assumptions and patterns are broken, it is a gateway into a new social paradigm where the experiences of the deviant are fully considered when implementing unifying social change.

The traditional and predominant method of addressing chronic homelessness is the treatment continuum model[1]. The treatment continuum model is structured in a linear fashion and is designed to clinically treat both the mental and physical conditions of the chronically homeless. This linear approach follows a continuum of stages to enhance

[1] The treatment continuum model is a combination of existing labeling for the same program in the Housing First literature titled both the "Continuum of Care" (Tesemberis, Gulcer, and Nake 2004) and "Linear Residential Treatment" (Tsemberis 1999).

client ‘housing readiness’ through stabilization from sobriety and clinical treatment (Tsemberis et al. 2004). The client is expected to initially move from the street to the shelter, then from the shelter into transitional treatment programs, and then lastly to permanent supportive housing (Massachusetts Housing and Shelter Alliance 2009). Within this model there is a focus on a “medicalized discourse of deviancy” for the homeless individual so that “as a result, helping practices focus on detecting, diagnosing, and treating understood deviancy within the bodies or selves of homeless people (Lyon-Callo 2000: 328). The chronically homeless individual must comply with these treatment regimens and the subsequential negative labeling of not being ‘housing ready’ if they desire to receive permanent housing.

In contrast to the predominant model, the Housing First model places the perspective of the homeless individual at the center of the paradigm. In this model individuals are re-housed as rapidly as possible into permanent housing. Housing is assumed to be a basic right of all individuals; it is not a prize at the end of a series of treatment obstacles, but rather a given necessity. After housing, the individual is provided with case management services and supports that are specifically tailored to the needs of each tenant. Housing First consumers are referred to as tenants and not clients by staff, providing an example of the strong emphasis on egalitarian structure within the program.

This new model of addressing chronic homelessness has proven to be very successful. Economically, Housing First drops the average costs of a chronically homeless individual living on the streets and in shelters from $40,000 per year to $16,000 per year (Pathways to Housing 2009). The cost-benefit of Housing First is so impressive

that "in 2003 the United States Interagency Council on Homelessness allocated $35 million in funding for Housing First programs" (Tsemberis 2005: 1305). In addition, tenants of Housing First have proven their satisfaction with the new paradigm through reportedly high retention rates of between 80% to 95% in given programs (Tsemberis 1999; Tsemberis and Eisenberg 2000; Stefancic and Tsemberis 2007; Massachusetts Housing and Shelter Alliance 2009), compared to the retention rate of 47% in the traditional treatment model (Tsemberis and Eisenberg 2000). Furthermore, the Housing First model is encouraged as a viable response to address and reduce chronic homelessness by the U.S. Department of Housing & Urban Development (U.S. Department of Housing and Urban Development 2007a). The model is also endorsed by the Substance Abuse and Mental Health Service Agency (SAMHSA) as the "best-practice" for service agencies in addressing chronic homelessness (Tsemberis 2004:280).

In spite of the vast attention placed on the beneficial attributes of the Housing First model, a weakness in the current literature is that most research is primarily focused on the outcomes and financial successes of the model without specific explanation of how these successes occur. Hence, what is lacking in the literature is a theoretically driven, empirically tested model to explain the underlying mechanisms or processes that contribute to the effectiveness and success of the Housing First model. The purpose of this research is to explain these mechanisms or processes from a sociological perspective. In doing this, I focus on the social processes of Housing First within a symbolic interactionist theoretical framework. Symbolic Interactionism highlights the importance of interactions; in this context the phrase 'social processes' refers to a process initiated by

structural forces within the Housing First program that produces interactions between tenants and case managers. Within these interactions, symbolic meaning development and psycho-social/emotional feelings are experienced by staff and tenants as a social product. Social processes for Housing First tenants include the social experiences, interactions, and events that become incorporated into the knowledge base of the individual as they transition from a state of homelessness to that of being a housed tenant within Housing First. These social processes are later described in this dissertation more specifically as 'socially healing processes' after results and findings were analyzed.

Current literature identifies that there are many factors associated with the success of Housing First as researched in the fields of psychology, psychiatry, social work, and public and community health; however, for the purposes of this research, I focus on the sociological factors. Among the many possible sociological factors, this research is limited to three distinct social processes involved in Housing First: Social Identification, Affective Home Creation, and Socially Supported Wellness. It is my hypothesis that these three factors, which correspond to guidelines within prescribed housing first policies, constitute the interactions or symbolic mechanisms that account for the successful stabilization and re-entry of Housing First participants into society. The purpose of this proposed research is to empirically investigate this hypothesis. Specifically, I intend to determine whether these three dimensions of social interaction are indeed salient in the eyes of the Housing First participants. If the hypothesis is empirically supported, how the dimensions contribute to the success of the Housing First project through the day-to-day interactions and symbolic exchanges among Housing First

staff and tenants will be revealed. Since I will use symbolic interactionism as the primary conceptual framework for this study, the findings of this research will answer the question of "Does symbolic interactionism provide a reliable (reasonable) theoretical framework for understanding the successes of Housing First?" If symbolic interactionism is proven to be a reasonable framework, the stabilization and corresponding meaning constructions to create stabilization for marginalized individuals, can be explained, at least in part, through the positive interactions they experience from case managers. This positivity is required in interactions between case managers and previously homeless tenants as dictated by Housing First policy guidelines. I later redefine these exchanges based within structural boundaries specifically as an overall socially healing processes.

Housing First and Its Successes

Housing First is a revolutionary model for addressing chronic homelessness that has produced highly successful outcomes for tenants. This section outlines the evolution of the Housing First model and its underlying philosophical structure in comparison to the treatment continuum model for addressing chronic homelessness. Evaluation literature of successful tenant outcomes describes the current findings for tenant transitions while in the program and evidence for cost-benefits are illustrated as an additional reasoning Housing First is a successful program.

History and Implementation of Housing First

In the late 1980s and early 1990s, during the Reagan administration, a distinct transition occurred in the discourse of homelessness. An inclusion of a more structural

paradigm in understanding the cause of homeless began to take precedence over the focus on the personal defects and problems of the homeless found in early conceptualizations (Rosenthal and Foscarinis 2006). Within the same time period a major concern in the discourse of homelessness were the social and individual or "macrostructural and microlevel causes of homelessness" (Shlay and Rossi 1992:130). From these discussions, the McKinney-Vento Homelessness Assistance Act was signed into law in 1987. The act consisted of fifteen programs providing a range services to homeless people, including the treatment continuum programs (U.S. Department of Housing and Urban Development 2009). "In 1995, the Department of Housing and Urban Development (HUD) implemented the [treatment continuum] approach to streamline the existing competitive funding and grant-making process under the McKinney-Vento Homeless Assistance Act and to encourage communities to coordinate more fully the planning and provision of housing and services for homeless people" (U.S. Department of Housing and Urban Development 2002:i). Hence, the treatment continuum model became the predominant model in addressing homelessness through governmental regulation. This model includes a three-tiered approach consisting of 1) Emergency Shelters, 2) Transitional Housing and 3) Permanent Housing (Shlay 1992). Underlying the treatment continuum model is the assumption that individuals cannot maintain independent housing until their clinical status is stabilized within treatment programs and possible medication regimes (Tsemberis et al. 2004). The need for clinical treatment within the paradigm produces a medical conceptual framework within service agencies for interpreting the deviancy of the chronic homeless individual (Lyon-Callo 2000).

Hence, compliance within the linear model is essentially compliance to the use of medical discourse and labeling of the individual as *diseased*. Even use of the word *treatment* implies a medical condition. If clients do not comply with the stages of program treatment, and the inevitable stigmatization of the label, they are often denied access to permanent housing (Tsemberis et al. 2004).

In the late 1990s, research by Dr. Dennis Culhane revealed a small group of characteristics that distinguished a subtype of homelessness titled 'chronic' homelessness (U.S. Department of Housing and Urban Development 2007c). Culhane found that this small group of homeless used "a significant percentage of the homeless assistance resources in their local communities through long term shelter stays, hospital visits, cycling in and out of jail, detox programs, or other community based services" (U.S. Department of Housing and Urban Development 2007c:1). In addition, the chronic homeless were found by Culhane to use over 50% of emergency shelter resources in a community (U.S. Department of Housing and Urban Development 2007c: 1). Hence, these individuals were not progressing through the linear model and rather remained in the first stage of treatment, continually staying in emergency shelters, without progression, resulting in high costs.

The treatment continuum model fails to take into account the perspective of the chronically homeless individual who may choose to not see themselves as defective and diseased and who, will not comply with a model that they believe is demeaning to their self value and worth. Only when the high costs ensued by this homeless population were recognized did the U.S. Department of Housing and Urban Development prioritize

funding for outcomes-driven planning efforts and permanent housing in communities, in order to address the needs of the chronic homeless (U.S. Department of Housing and Urban Development 2007c). In 2001 service agencies began gaining information and funding related to the new paradigm.

Prior to this funding shift, Sam Tsemberis pioneered the Housing First model in 1992. Having earned a Ph.D. from New York University in Psychology, he designed the model with great emphasis on understanding the psychological needs of those who are chronically homeless. At this time, the Pathways to Housing Program was founded in New York with Dr. Tsemberis as the executive director. The program was founded by Tsemberis (2004) to specifically address the needs of the homeless that are "hard-to-serve - that is people with psychiatric disabilities, co-occurring substance use disorders, a history of incarceration or violence, and other serious difficulties" (p. 278). In his early research, Tsemberis identifies numerous drawbacks within the treatment continuum model in addressing the specific needs of those who are chronically homeless, which, as discussed previously, is designed to enhance clients' 'readiness' for housing by providing clients with various steps to reach the desired stability level necessary for permanent housing.

The Pathways to Housing program in New York was designed for individuals who are either unable or unwilling to go through the steps of linear residential treatment programs within the treatment model (Tsemberis and Eisenberg 2000). The Pathways to Housing program was established upon two important principles: First, housing is a basic right for all people and is not connected to individual consent to clinical treatment

(Pathways to Housing 2009). This philosophy is highly egalitarian and presents a non-hierarchal, non-linear perspective. Second, the choice to change is ultimately the consumer's choice (Pathways to Housing 2009). These two ideologies are applied through the following fiats: 1) motivational, strength-based interviewing emphasizing consumer choice and self-direction, 2) immediate scatter-site permanent housing, 3) supportive services combined with community integration.

When founded in 1992, Pathways employed five staff members who served fifty tenants (Pathways to Housing 2009). In 2002, ten years later, the program employed 73 full time staff and supported 450 housed tenants in their own apartments (Pathways to Housing 2009). Within this ten year time period, Tsemberis has presented research findings in a variety of publications supporting his innovative approach to addressing chronic homelessness. As the executive director of the Pathways to Housing, Inc., Tsemberis was able to statistically research longitudinal outcomes of those clients enrolled in housing first as compared to the traditional treatment continuum model. In comparison to the treatment model, Tsemberis found that participants in the Housing First program were able to maintain stable, independent housing without prescribed treatment for mental illness or substance abuse (Tsemberis 2005; Tsemberis et al. 2004; Tsemberis and Eisenberg 2000; Tsemberis 1999). The housing stability of tenants in the Pathways program has remained consistently high with a retention rate of roughly 88% for up to five years, in comparison to only 47% who remained housed in the residential treatment system who had to first prove their 'housing readiness' (Tsemberis and Eisenberg 2000). The research findings challenge the treatment continuum model and the

widely accepted clinical assumption about the functional ability of homeless individuals with mental illness and substance abuse symptoms (Tsemberis & Eisenberg 2000). In recognition of these advancements, Pathways to Housing, Inc. was awarded the 2005 American Psychiatric Association Gold Achievement award in the category of community-based programs for establishing the Housing First model (Tsemberis 2005).

Evaluation Research on the Housing First Model

Being that Pathways to Housing in New York is the original and foundational basis for the Housing First model, much evaluative research has been conducted on its participants. In repeated sampling of the participants in Pathways to Housing, a circle of researchers have produced numerous articles comparing the Housing First outcome to 'the usual method', *i.e.* the treatment continuum model. Due to funding allocation, it is very difficult for those individuals linked to service programs to blatantly criticize the treatment continuum model, hence the abstract phrase of 'the usual method'. In addition, more current research has been conducted by independent evaluations of specific Housing First program sites while at the same time the medical field has shown interest in outcome comparisons. The outcomes research produced from these arenas includes comparisons of housing retention rates, tenant transitions, and economic benefits.

As stated earlier, research by Tsemberis and Eisenberg (2000) compared Housing First participants to 'the usual method' and found that its tenants had an 88% retention rate compared to only 47% in the 'usual method' group. This research sampled 242 Housing First participants to 1,600 controls over what was the longest duration research, a five year period (Tsemberis and Eisenberg 2000). This finding has also been replicated

in other control comparison studies, including those using Pathways to Housing participants and other site specifc evaluations in which Housing First produced housing retention rates of 80% to 95% (Tsemberis 1999; Tsemberis and Eisenberg 2000; Tsemberis et al. 2004; Stefancic and Tsemberis 2007; Massachusetts Housing and Shelter Alliance 2009).

The high retention rates in the aforemenationed findings have been linked by numerous researchers to concepts of choice and control, which are strongly embedded into the Housing First model. Longitudinal interview research by Padgett (2007) indicates that tenants have an increased "sense of security" from their choice and control over permanent housing. In addition, using longitudinal data for regression analysis of 225 participants in two housing service agencies in New York (126 assigned to Housing First and 99 assigned to the treatment continuum) colleagues Gulcur, Tsemberis, Stefancic and Greenwood (2007) found that tenants reported more social and community integration in the Housing First model which was linked to their experienced increase in choice and control (p. 216). They found that "choice and independent scatter-site housing were predictors of psychological and social integration respectively" (Gulcur et al. 2007: 211). Furthermore, Greenwood, Schaefer-McDaniel, Winkel, and Tsemberis (2005) used interview data collected from 197 of the original 225 participants in Pathways to Housing and found a "strong and inverse relationship between perceived choice and psychiatric symptoms" (p. 223). They present data that this relationship specifically relates to mastery or the notion of personal control over one's life (Greenwood et al. 2005).

Aside from perceived changes in choice and control, which relates to housing retention rates, tenants have been found to have other types of transitions related to case manager supports within various sites implementing the Housing First model. As part of the Colorado Coalition for the Homeless, Perlman and Parvensky (2006) authored the "Denver Housing First Collaborative: Cost Benefit Analysis and Program Outcomes Report" and concluded that case managers were found to have assisted 75% of program tenants to obtain employment or public benefits (for which they were eligible). In the same evaluation, 64% of tenants reported having improved their overall quality of life, while 43% reported an improvement in their mental health status (Perlman and Parvensky 2006). Similarly, an evaluation of Rhode Island's Housing First Program found that 80% of clients were accessing physical health care, with 54% acessing mental health care (Hirsch, Glassner and Addabbo 2007). The authors specifically indicated that tenants "are accessing a variety of services through their program case manager" (Hirsch, Glassner and Addabbo 2007: 17), illustrating the importance of supports in tenant transitions.

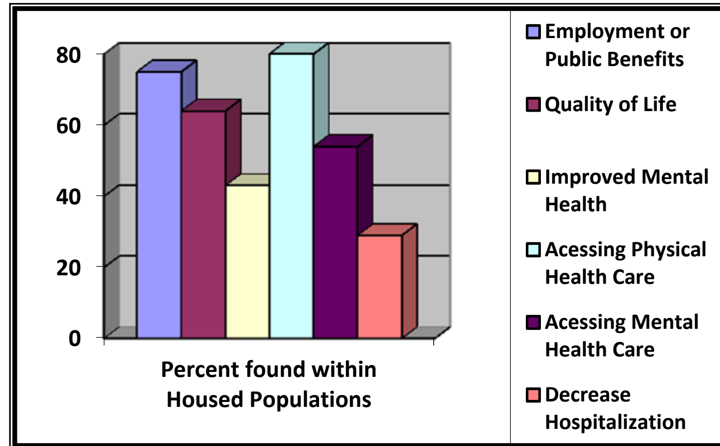
Furthermore, research by Culhane, Metreaux, and Hadley, in 2002, under the rubric of supportive housing, paved the way for understanding the cost-benefits of permanent supportive housing, such as Housing First programs. They found that permanent supportive housing reduced the use of emergency services such as hospitalization and incarceration (Culhane, Metreaux, and Hadley 2002). Following Culhane's findings, many evaluations, specifically of Housing First, found reductions in the use of emergency services such as hospitalization, psychiatric hospitalization and

incarceration (Gulcur et al. 2003, Perlman and Parvensky 2006; Hirsch, Glassner and Addabbo 2007; Larimar et al. 2009; Sadowski et al. 2009). In addition, the findings of a meta-analysis of 16 controlled outcome evaluations of housing and support interventions for people who have mental illness and who have been homeless supports Culhane's initial cost benefit findings (Nelson, Aubry, and Lafrance 2007).

Currently, two studies published in 2009 by the Journal of the American Medical Association indicate beneficial medical transitions for those participants in Housing First. In a study by Sadowski et al. (2009) research was collected in a non-profit hospital in Chicago, Illinois where 407 tenants were referred by social workers to Housing First. Researchers found that both permanent housing and supportive case management for chronically ill homeless adults decreased hospitalization by 29% in comparison to the treatment continuum group (Sadowski et al. 2009). In addition, these individuals also had decreased hospital visits by 29% and decreased emergency room stays by 24% (Sadowski et al. 2009). In a study by Larimar et al. (2009), 95 housed participants and 39 waitlisted control participants in Seattle, Washington were researched on their self-reported alcohol usage. Findings indicated that "individuals in the housed group experienced reductions in their alcohol use and likelihood of drinking to intoxication over time" within Housing First (Larimar et al. 2009: 1355). These findings are indicative of tenant transitions, as well as cost-benefits in terms of decreased medical care for those who are permanently housed. Figure 1 presents an overview of the evaluation findings dicussed in this section. Tenants experience increases in benefits, quality of life, mental health, and physical health during continued housing tenure in the Housing First program.

The following section elaborates more specificically on the financial savings that result from the Housing First model.

Figure 1. Summary of Beneficial Evaluation Outcomes for Housing First Tenants



Cost-Benefit of Housing First

A primary concern of many researcher evaluators and social policy advocates has been the cost-benefit of Housing First. Cost-benefit analyses typically compare service utilization costs during time spent homeless to the Housing First program and the cost of subsidies. Research indicates that supportive services, primarily case management, are delivered by Housing First Assertive Community Treatment (ACT) teams at an approximate cost of $10,000-15,468 per year (Tsemberis 1999; Hirsch, Glassner, and Addabbo 2007; Finn and Gaeta 2007). Although the range may appear large, these approximation costs range over a period of eight years and include various regions. As seen in comparing Figure 2 and Figure 3, homelessness crisis utilization costs are typically much higher than Housing First costs, ranging between $30,000 and $40,000 per person, per year (Perlman and Parvensky 2006; Hirsch et al. 2007; Massachusetts Housing and Shelter Alliance 2009). Crisis service utilization often includes the shelter

system, supportive housing, outpatient hospitalization, inpatient hospitalization, emergency room visits, incarceration, and detoxification centers as indicated in Figure 2.

Figure. 2 Homeless Crisis Services

Crisis Services Utilization is typically $30-40K per person/year

- Shelter Systems
- Supportive Housing
- Outpatient Hospital
- Inpatient Hospital
- Emergency Department
- Jail or Prison
- Detoxification

Figure 3. Housing First Savings

Annual Per-Person Savings in selected jurisdictions:

- Denver, CO $4,745
- Rhode Island $8,839
- Massachusetts $8,949

Current research indicates a range of cost savings per person, per year from approximately $2,500 to almost 9,000. Scholarly research provides a lower end cost-benefit of $2,449 (Larimar et al. 2009), while specific program evaluations indicate higher cost savings such as $4,745 (Perlman and Parvensky 2006), $8,839 (Hirsch, Glassner, and Addabbo 2007) and $8,949 per person, per year (Finn and Gaeta 2009) as seen in Figure 3 above. The Home and Healthy for Good program under the Massachusetts Housing and Shelter Alliance has provided a specific breakdown of the cost savings under the implementation of the Housing First Program as seen in Figure 5 and Figure 6. In the figures below, both Medicaid costs and shelter/incarceration costs are significantly decreased, by 67.5% and 97% respectively, highlighting the savings of Housing First.

Figure 4. Before Housing Costs

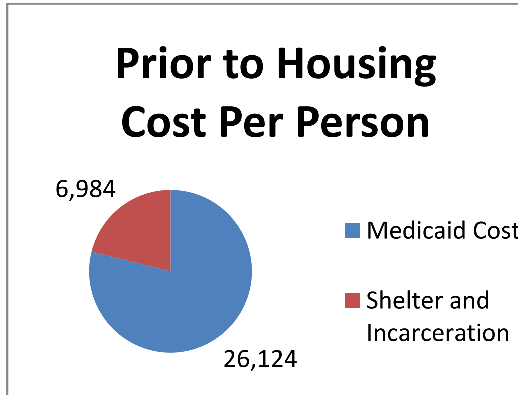
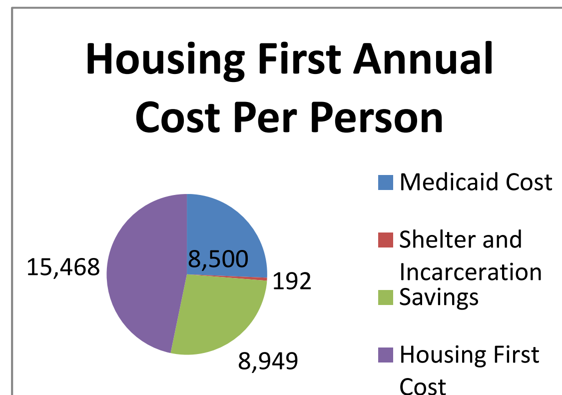


Figure 5. After Housing Costs



Although research has reported very favorable results in terms of cost saving for Housing First, it has not gone without criticism. Some researchers have appropriately indicated that the probable reduction in costs are likely to decrease if Housing First clients present less severe debilitations prior to entry into the program (Kertesz and Weiner 2009). Serious conditions produce higher amounts of costly hospitalizations and emergency treatments; therefore, stability within Housing First produces a higher subsequent cost offsetting effect when the population served has more serious, debilitating conditions.

The Missing Piece: Sociological Factors through Symbolic Interactionism

While outcome data is extremely important to promoting the viability of Housing First, it does not provide a comprehensive understanding of what is occurring within the program to create these successful outcome findings. In addition, evaluation researchers prioritize outcome data, both monetary and personal, because the current conceptual framework in understanding homelessness presides predominantly within a clinical/medical paradigm Researchers have found that this clinical, or medical,

perspective undervalues “the complex puzzle of social processes and social relations” involved in homelessness outcomes (Lyon-Callo 2000: 330). Hence, the current clinical paradigm governing the literature on Housing First disregards the importance of social processes in understanding the financial successes and beneficial transitional outcomes for tenants. A full understanding of the economic success and reported personal improvements of Housing First reveals a need for an exploration of the social processes experienced by the tenants. Furthermore, an exploration of social processes within the sociological framework of symbolic interactionism provides a missing theoretical foundation for the outcomes data of Housing First, which is also lacking in the literature. Consequently, an analysis of interactions and symbolic meaning development will produce a model of the mechanisms through which an individual transitions from being homeless to a housed tenant, and the implications this transition has for the re-entry of previously homeless individuals into society.

No current theories or exist to explain the success of Housing First, however, positive psychology does offer a suitable framework that could explain the benefits of Housing First within the field of psychology. Positive psychology is a development of Dr. Martin Seligman who founded the Positive Psychology Center at the University of Pennsylvania. Seligman and Csikszentmihalyi (2000) argue that within the field of psychology there was excessive focus on the pathologies or problems so that the field became dominated by “a model of the human being lacking the positive features that make life worth living” (p. 5). They continue to state how positive communities and positive institutions need to be taken into account to understand the group level in

addition to the individual realms of positive experience and positive personality traits (Seligman and Csikszentmihalyi 2000). These group dynamics, such as positive institutions, are also relevant within the field of Sociology as group dynamics are the basis of study. Seligman and Csikszentmihalyi (2000) argue that positive psychology is a template for how other fields should conduct research as they state:

> At this juncture, the social and behavioral sciences can play an enormously important role. They can articulate a vision of the good life that is empirically sound while being understandable and attractive. They can show what actions lead to well-being, to positive individuals, and to thriving communities (P. 5).

Positive psychology offers a possible vehicle for explaining the successes of Housing First in highlighting the usefulness of understanding positive institutions that are successful. Sociology, however, focuses on understanding social processes at the macro-level, meso-level and micro-level. Sociology, therefore, provides a preferred vehicle to understanding social processes within Housing First due to the sociologist's capability of connecting macro-level policy, meso-level organizational processes, and micro-level interactions. Specifically, a symbolic interactionist theoretical perspective allows for interplay between macro, meso, and micro forces in understanding how policy directs interactional behavior between service provider and recipient. Being a sociologist working as a research assistant on an evaluation of a Housing First program, symbolic interactionism emerged as a reasonable framework for understanding what was occurring between tenants and case managers in the Housing First program structure.

Symbolic Interactionism as a Useful Framework

The phrase 'symbolic interaction' was coined by Herbert Blumer in 1937. Blumer was a student of George Mead at the University of Chicago and, of the four

approaches of Symbolic Interactionism, 'The Iowa School' was built off of Blumer's focus on the emergent and processual nature of interactions (Katovich, Miller, and Stewart 2003: 127). Blumer (1969) highlights the importance of meaning within interactions when he devised the three premises of symbolic interactionism: 1) People act according to the meanings they give to things and events, 2) A person's individual meanings of things and events is produced from their interactions with others, and 3) Meanings for things and events are adapted through an 'interpretive process' as individuals experience various situations. Symbolic Interactionists following Blumer's (1969) perspective see within interactions

> meaning as arising in the process of interaction between two people. The meaning of a thing for a person grows out of the ways in which other persons act toward the person with regard to the thing. Their actions operate to define the thing for the person. Thus symbolic interactionism sees meanings as social products, as creations that are in and through the defining activities of people as they interact (P. 4-5).

For example, to illustrate Blumer's premise someone may say to another "my parents are divorced" and the other may respond by saying "sorry to hear that" indicating an acceptance of the traditional meaning that divorce is negative; however, they may also say "that's good that your parents decided to change and move forward" indicating non-acceptance of traditional beliefs - suggesting the divorce was positive. Each of these responses presents the receiving individual with very different interpretative meanings for the divorce of their parents, thus highlighting the processual, creative nature of meaning development within interactions that is highly fluid depending on what is created and received. Furthermore, this example also illustrates that the respondent within the interaction does not adhere directly to the actions/statements of the other, but rather that

they respond based on the meaning (or perception) they attach to the situation at hand (Blumer 1969). Hence, depending on the respondent's prior interactions concerning divorce, they may respond with a negative, positive, or neutral statement which then evokes within the receiving individual a negative, positive or neutral interpretative meaning for their parents' divorce.

The reaction of individuals and the need for control is highlighted in the research of Erving Goffman. Goffman (1963) focuses on stigmatizing information when discussing interaction techniques. His discussion of interactions includes shame, discrediting, deviation, and deviancy in opposition to what he calls "normals" (Goffman 1963). Much of what Goffman describes are the problematic situations within interactions. He highlights the negative reactionary elements and the need to control stigmatizing and discrediting information. Goffman (1961) also elaborates on the element of control within interactions in his analysis of *total institutions.* Control is argued to be the main objective within interactions between staff and patients within organizational settings for social deviants and that this control in enforced regardless of patient welfare and wellbeing.

Goffman is heavily focused on controlling elements within interactions and he does mention the creative potential within interactions through describing perspectives. He notes that "the normal and the stigmatized are not persons but rather perspectives" (Goffman 1963:138) illustrating that perspective is an important aspect in interactions. In his discussion of stigma and information control, Goffman rarely identifies that someone may react positively to a possible stigmatizing element and the subsequent effects that

this positive reaction might have on the individual's perception of the believed stigma. The example discussed previously of having experienced divorce could be seen by others as a stigmatizing element, however, individuals may not all act negatively toward this information as revealed in an interaction. What is even more striking is that if an individual reacts positively to the possible discrediting information they may then possibly change the perception of the divorce (from negative to positive) to the person who experienced divorce.

The Creative Potential for Positive Change within Interactions

When considering the construction and existence of society, these ongoing microsocial processes of interaction are the basic fundamental building blocks of established society. It is through everyday interactions and symbolic processes that society is both created and sustained. Blumer (1969) states "the history of empirical science shows that reality of the empirical world occurs in the 'here and now' and is continuously recast with achievement of new discoveries." (p. 23). Here Blumer warns us that reality is not objective or fixed, that it is very fluid and continuously changing based upon new experiences and interactions. Interaction is the beginning of all social development, once initial norms and standards are established, people then often modify their meanings to be accepted within interaction by others. In a society that is highly developed, such as contemporary society, Blumer (1969) argues that "since ready-made and commonly accepted definitions are at hand, little strain is placed on people in guiding and organizing their acts" (P. 86). Nevertheless, although traditional interpretations, norms, and meanings already exist, there is still a creative nature available within the

processes of interaction. Blumer (1969) argues that "structural features, such as 'culture,' social systems, social stratification, or social roles set conditions for their action but do not determine their action" (p. 87-88). From this he further adds that "perhaps the most outstanding consequence of viewing human society as organization is to overlook the part played by acting units in social change" (Blumer 1969: 88). For this reason, the interactions and symbolic processes between individuals construct real meanings which may either continue or challenge existing standards to create a new reality through new constructs of meaning.

Although Blumer did not focus much of his writings on conceptually developing his ideas of the creative nature of social interaction, a later symbolic interactionist, David Snow, elaborates more on this concept. Snow (2003) argues that Blumer focused "too tightly and narrowly to the issue of meaning" (p. 812) and presents an expanded view of Blumer's ideas by conceptually highlighting the mechanisms through which social actors foster social change. Snow (2003, 2001) argues that social movements can be understood using a symbolic interactionist framework that concentrates on explaining the proactive ability of interaction. Snow's focus on the positive, creative potential for social change within interaction is divergent from traditional analyses and he himself states that "Interactionism typically takes interactional dynamics and processes, particularly at the micro, interpersonal level of social life as problematic and thus as topics for observation and analysis" (Snow 2001: 370). In his writing, Snow (2003, 2001) argues that interactions are fundamental to social change and social progress. Interactions are not

laden with problems of meaning interpretation, yet are ripe fields for creating new fruits of meaning.

In his argument, Snow (2003) presents "four broader and even more basic orienting principles: *human agency, interactive determinism, symbolization, and emergence*" (p. 812). The first principle, *human agency*, emphasizes the willful and active nature of humans, in that people on an individual level have the ability to resist certain interactions, whether indirectly or directly, and also to create collective interactions as in social movements (Snow 2003, 2001). His second principle of *interactive determinism* stipulates that an individual, whether, in a group or not, exists only in relation to others and that interactions have a determinative element with special consideration to interactions that produce social movements (Snow 2003, 2001). In addition, Snow (2003) contends that his third principle of *symbolization* is "at the heart of Blumer's conceptualization" and highlights the processes through which events and conditions take on particular meanings (p. 818). With regards to symbolism and social changes he states that "there are moments or situations in social life in which the relevance of existing structures of meaning seem especially fragile, contestable, and open to challenge and transformation" (Snow 2003: 819). Lastly, his fourth principle of *emergence* "focuses attention on the processual and non-habituated side of social life and its dynamic character and thus the potential for change, not only in the organization and texture of social life but in associated meanings and feelings as well" (Snow 2003: 823). Within this last principle, Snow articulates the emotional connection to meanings and

impact for individuals when change in meaning occurs which an especially significant principle relating to individualized experience within interactions.

In his conceptualized four elements, Snow elaborates on the creative elements and potent ability for social change within interactions. Although he focuses more so on this potency within the collective behavior of social movements, interactions of all kinds, even in daily life, are not without these premises. Hence, the interactions, meaning processes, and symbolic mechanisms found within the dynamics of Housing First programs are subject to these principles and may be described using elements of Snow's symbolic interactionism derived on a smaller scale to determine the creative potential to produce change within one-on-one interactions between case managers and tenants as compared to social movements.

Moreover, previous research by Snow and his colleague Leon Anderson (1993) highlights the dynamic social processes of homeless street dwellers. Snow and Anderson conducted rich qualitative, ethnographic research on homeless street dwellers focusing on symbolic meaning development among the homeless themselves in their daily lives. The authors developed the book, "Down on Their Luck" through their research to produce both empathy and understanding and to counter stigmatizing and stereotypical conceptions of the homeless. Participant observation and in-depth interviewing is used to reveal the life experiences, triumphs, and struggles of those who are homeless (Snow and Anderson 1993). In forming their analyses Snow and Anderson (1993) argue that homelessness experiences are to be analyzed using three separate dimensions: "a residential dimension; a familial support dimension; and a role-based dignity and moral-

worth dimension" (p. 7). In drawing upon this research, I similarly present three main conceptual components to understanding homelessness transitions: the residence as home, social supports related to wellness and health, and social identity. Snow's conceptualization of familial support is divided into familial and general social support. In this proposal, familial support is conceptualized as an aspect of residential home creation and general support is conceptualized then as a separate dimension. From a symbolic interactionist perspective, social processes were then operationalized as identity formation, affective home creation, and socially supported wellness. Using these conceptual contexts, I focus upon those guidelines and policies of the Housing First model that relate to these three operationalized processes of social transition to be used to measure interactions experienced by the tenants. Considering a symbolic interactionist theoretical perspective, the following Housing First guidelines are relevant to transitions out of homelessness:

1) Empowering and strength-based interactions from case managers
   (*Social Identity Restructuring*)
2) The provision of permanent housing
   (*Residence as Home*)
3) The case manager provides supportive services and links to the community
   (*Social Supports*)

These three themes of social identity, home creation, and socially supported wellness collectively represent the intervening variable linking the Housing First policies with the outcome evidence of Housing First successes. Each dimension is argued to consist of interactions and symbolic processes that contribute the stable housing and subsequent successful life transitions found within the Housing First evaluation literature.

Furthermore, as interactions between case managers and housed tenants are constituted to be of a positive and proactive nature, therefore, elements of change in meaning and associated feelings become more salient to the transition of chronic homeless individuals in the processes of social identity, affective home creation, and socially supported wellness that are argued to reinforce continued successful housing tenure. Housing First policy for case management interactions with tenants is in a sense challenges Mead's (1953) assertion that:

> There is of course a great deal in one's conversation with others that does not arouse in one's self the same response it arouses in other. That is particularly true in the case of emotional attitudes…one is not an actor all the time. We do at times act and consider just what the effect of our attitude is going to be, and we may deliberately use a certain tone of voice to bring about a certain result.

Here, Mead argues that we cannot expect others to feel the same as we feel within an interaction. He emphasizes that persons in general do not consistently consider the affect of their interaction on the emotions and feelings of another by indicating only that "we do at times act and consider." Housing First case managers, however, are guided by policy to always consider the emotional impact of all their interactions with tenants. Case managers then become consistently positive and intend to create positive emotions as social actors when interacting with tenants as this is the design of Housing First policy. I argue that Housing First policy unknowingly articulates the creative potential within everyday interactions to produce transitions in tenants.

The most obvious variable in the equation of Housing First is the addition of permanent housing and, therefore, the social meanings and symbolic processes related to acquiring and maintaining permanent housing. This home creation process is argued to be of primary importance for homelessness housing transitions (Rivilin and Moore 2001).

Moreover, homelessness research reveals the importance of the concept of home, in relation to identity and health:

> The home should offer physical security and a source of stability. Having home helps to define an individual's identity and status while providing a comfortable environment, essential to mental and physical well-being. (Daly 1996:161-162)

The additional aspects of *social identity* and *well-being,* added to the existing *home* factor, are key themes in the discussion of transitions experienced by newly housed individuals. The process of being housed produces symbolic meaning development associated with home creation which then enhances status and comfort. Housing is an obvious central component to stabilization and is linked by previous homelessness research to positive changes in social identity and socially supported wellness. Maintained housing tenure is a central outcome factor to understanding the successful stabilization of chronic homeless individuals; however, how housing tenure is maintained is not fully understood. Therefore, I argue that the interactions between case manager and tenants concerning the social processes of social identity construction, affective home creation, and socially supported wellness are primary to producing continued housing tenure in Housing First. These three realms, I argue, provide the most direct translation of the prominent features of the Housing First program, and therefore, will also provide an in-depth understanding of the transitional social process experienced by tenants that relate to both the financial and personal successes of the model in existing Housing First evaluation literature. In addition, these processes are best understood in relation to maintained housing tenure, since this feature is the most prominent stabilizing element of Housing First. This research presents a theoretically driven model of how the chronic

homeless individual stabilizes and re-enters society and the preceding social processes that facilitate this transition.

Plan of the Dissertation

In the next chapter, chapter two, I provide a literature reviews for social identity, affective home creation, and social supports as related to wellness within the main framework of symbolic interactionism highlighting how these three processes are relevant to understanding the success of Housing First. Although symbolic interactionist is the main overriding framework, elements are borrowed from other frameworks such as the sociology of emotion, phenomenology, and structural functionalism when necessary to fill in gaps of existing interactionist literature for these three dimensions of transition. Chapter three is an overview of my triangulated methodologies so that both within-methods and between-methods techniques of triangulation are utilized to analyze a variety of data sources to understand the complex puzzle of social processes involved in the Housing First model. The results are divided into three chapters reflecting the operationalized dimensions of social identity (chapter four), affective home creation (chapter five) and socially supported wellness (chapter six). The results discussion begins with social identity due to onset of case manager interactions with the homeless individual prior to the experience of permanent housing. Chapter seven presents an overview of the situations that produce non-successful tenant housing tenure and provides a conclusion and discussion of result findings.

CHAPTER 2:
SOCIAL PROCESSES OF TRANSITION AS RELATED TO HOMELESSNESS

The social processes of transition for Housing First tenants are operationalized as social identity, affective home creation, and socially supported wellness. These three processes will then be used to measure interaction which is discussed in chapter three. Each dimension of transition is reviewed in this chapter and connected to the experience of being homeless. Within identity formation literature, symbolic interactionism has a strong presence; however, elements of agency and institutional structure are also present. Hence, a structural functional perspective is presented as well. Here, symbolic interactionism is used as an explaining mechanism to link institutional structure with elements of agency related to identity formation. Literature on affective home creation is primarily phenomenological and related to the sociology of emotion so that symbolic interactionism is underdeveloped. Writings in phenomenological investigations are similar to symbolic interactionism since both highlight emergent processes and underscore assumptions often inferred by other methods. Lastly, symbolic interactionist perspective is also underdeveloped in the current socially supported wellness literature. Hence, symbolic interactionist interpretations of socially supported wellness borrow heavily from networking theory and structural functionalist ideas of societal health.

Social Identity

Within the social sciences, identity is often discussed in terms of social identity theory and identity theory. Stets and Burke (2000) argue that the basis for identity theory is *roles*, whereas the basis for social identity theory is *categories or groups*. Social

identity rather than identity is relevant to the experience of those individuals that fall within the category of homeless. For example, in conducting in depth interviews with single adult shelter users to understand their narratives of identity, researchers reveal that "homeless individuals feel devalued" and "the homeless are viewed as being at the bottom of society" (Boydell, Goering, and Morrell-Bellai 2000: 35). These perceptions of the homeless themselves and others toward them strongly affect their social identity and perceived status in society.

Housing First Social Processes and Tenant Identity

The origins of identity theorizing within sociology are found within the framework of symbolic interactionism, where social interactions imbued with symbolic meaning exchanges are the foundation for understanding and explaining identity. From this framework, identity is a social product derived through the experiences and meanings exchanged within interactions (Mead 1934). Within the Housing First model, interactions between case managers and tenants are constituted to be of a specific quality. Case managers are obligated to empower tenants through the use of motivational interviewing, strength-based statements, while always retaining a client driven perspective. In this unique model, interactions are specifically designed to be beneficial to the tenant. The interactions that I argue are relevant to social identity construction for tenants within Housing First are 1) positive labeling and destigmatization for increased self confidence 2) elimination of chronic negative interactions from the shelter system that deter from self confidence and self autonomy, and 3) increased power and choice from tenant self-directed interactions that enhance self autonomy. Each of the three interactions outlined are not necessarily independent; however, they represent

typifications or themes. A discussion of these three themes is relevant to understanding how a stigmatized/deviant social identity, such as being homeless, can be restructured through proactive interactional mechanisms within the Housing First model.

Labeling and Stigma: Consequences of the Homeless Identity

Within symbolic interactionism, labeling and stigma are highly relevant to understanding the social processes involved in the social identity of 'deviant' individuals, such as those who have experienced homelessness. Becker (1967) initially developed the labeling theory in relation to understanding deviant behavior. Cohen (1972) later added to Becker's work through indicating that the act of defining an individual *deviant*, and subsequently stigmatizing that person in accord with social control, may have the consequence of actually encouraging the deviant behavior since the stigmatization constrains the individual to employ a deviant identity. When an individual is stigmatized for a deviant act, the individual processes the stigma as being part of their identity; therefore, negative meanings related to the stigma are then incorporated as personal attributes. Goffman, (1963) the founder of stigma theorizing, highlights that although stigma includes personal attributes or acts, there is a need to understand the interactions through which the labeling occurs. He states "the term stigma, then, will be used to refer to an attribute that is deeply discrediting, but it should be seen that a language of relationships, not attributes is really needed" (Goffman 1963: p. 3). In terms of identity, interactions are important because the stigma of being homeless is an attribute to hide and conceal from others while at the same time interactions can then produce the effect of being stigmatized.

Researchers who have specifically investigated identity work among the homeless present evidence that these individuals experience a high amount of negative labels and stigma (Snow and Anderson 1993). The negative labels are not necessarily just descriptive of their homelessness and may include terms such as *bum, dirty,* or *low-life*. Labels that fall at lower levels of a societal judgment hierarchy are also experienced such as *poor, mentally ill, addict, from a dysfunctional family, abused, unintelligent*, *underclass* and so forth. These negative labels, stigmatized meanings, and perceptions attached to being homeless serve to increase social distancing by their fellow citizens (Phelan et al. 1997). Social distancing is illustrated in that "respondents react more negatively to a hypothetical poor man when he is described as homeless than when he is described as domiciled" (Phelan et al. 1997:332). Daily interactions latent with stigma and negative labeling are likely to have significant consequences on the social identity of homeless individuals and heavily limit their ability to foster self confidence.

Institutions, Labeling, and Stigma: Is Identity Change Possible?

The Housing First philosophy attempts to address the labeling discrepancy experienced by the homeless so as to prescribe that all interactions with the tenant are focused on providing the tenant with positive labels. This is in contrast to the traditional treatment continuum model[2] which includes various aspects similar to Goffman's (1961) conception of *total institutions*, which he argues have profound effects on identity construction of its consumers. The social constructionist view of identity, including

[2] This is a generalization of the interactions in the treatment continuum based on evaluation literature. It is possible that certain case managers and staff in the treatment continuum interact with clients in a similar way to case managers in the Housing First although larger structures are different.

labeling theory and stigma, have been criticized by researchers for failing to address, or underestimating, both the concept of power and the influence of institutionalized social structure (Calhoun 1995). Critiques claim that the creation of a label or stigma must involve a power discrepancy that is often taken for granted due to existing social structure (Link and Phelan 2001). Researchers argue that a structural response to stigma must include "fundamental changes in attitudes and beliefs or change the power relations that underlie the ability of dominant groups to act on their attitudes and beliefs" (Link and Phelan 2001:381). As reviewed, the interactions related to identity construction for the homeless are heavily burdened with labeling and stigma, which become even more salient when discussing the institutionalized interactions involved within the traditional treatment paradigm for the chronic homeless. As to address the fundamental criticisms of labeling theory and stigma theory within symbolic interactionism, I argue that the process of identity change occurs through a transition of institutionalized interactions for tenants. Accordingly, tenants leave the existing treatment continuum model and enter the Housing First model, which then fosters transitions in individual social identity through case manager necessitated proactive interactions.

Erving Goffman (1961) specifically highlighted interactions within institutionalized settings in *Asylums*. In his book, Goffman (1961) states that certain institutions "are encompassing to a degree discontinuously greater than the ones next in line…their encompassing or total character is symbolized by the barrier to social intercourse with the outside" (p. 4). *Total institutions* limit the proactive ability within interactions of its consumers because interactions are primarily betweens staff and clients

with staff controlling all aspects of the interaction. For instance, Goffman (1961) highlights that "one of the main accomplishments of total institutions is staging a difference between two constructed categories of persons - a difference in social quality and moral character, a difference in perceptions of self and other." (p. 111). When considering the person content of shelters, those homeless staying in a shelter are also limited in choice to only institutionalized staff interactions similar to how "in *total institutions* there is a basic split between a large managed group, conveniently called inmates, and a small supervisory staff" (Goffman 1961:7).

This consequential limitation of interaction severely hinders the homeless person's ability to choose their own identity construction. With shelter staff overseeing all basic human services to homeless sheltered individuals, consumer to staff interaction is highly unbalanced in favor of staff meanings and perceptions. Institutionalized shelter practices affect the identity formation for its consumers within interactions through limiting their interactions to mostly staff with established heirarchial power and other homeless clients detracting from their self confidence.

As the chronic homeless individual transitions from shelter life to Housing First they experience a shift in institutionalized practices that restore the proactive element of interactions. Berger and Luckman (1967) argue that institutional transitions combined with legitimization create a new reality, a new set of norms, and symbolic exchanges for interactions and daily practices. In addition, for an institutional order to be legitimized new knowledge of both right and wrong must be present within the structure (Berger and Luckman 1967). As a result, when transitions occur within institutional settings, new

normative templates are created that govern behavior and interactions, which in turn then affect the social processes related to an individual's creation of their social identity. The specific interaction philosophy of Housing First represents an institutional transition within the social service system from the traditional treatment continuum model in how the chronic homeless are conceptualized and addressed.

Elimination of Medicalized Shelter System Interactions

Shelter system interactions within the treatment continuum are specifically identified as producing negative consequences for homeless individuals. Medical Anthropologist, Vincent Lyon-Callo (2000), conducted three years of ethnographic research in an emergency shelter to explore the consequences of routine shelter practices for homeless individuals. He found that the established practice of interacting with homeless people is to assume personal deviancy within a medical treatment philosophy (Lyon-Callo 2000). Lyon-Callo (2000) furthers his point in stating:

> The hegemony of medical discourse of deviancy operating within the homeless sheltering industry produces everyday practices of self-disclosure and self-government as routine habits that are accepted as common sense (P. 340-341).
>
> Under these discursive conditions, the staff and guests function as institutional agents whose job it is to 'govern the homeless' through a regime of surveillance, discipline, and personal enhancement (P. 341).

The interactions within shelters force homeless individuals to accept certain medical labeling and subsequent stigma that accompanies those labels. Lyon-Callo (2000) argues that interactions within this paradigm are highly problematic.

> It is my contention that routine, everyday practices undertaken by shelter staff and guests to resolve "diseases" actually reproduce and reinforce dominant imaginings about homelessness and homeless people and, thus, contribute to producing particular subjectives, experiences, self-images, and behaviors among homeless people (P. 332).

These practices of interactions are not independently chosen by service staff. They are, however, produced through the implementation of guidelines for receiving funding within the treatment continuum model. For instance, in Lyon-Callo's (2000) research he found that state agency funding was conditional on "how many guests staff had referred to treatment programs, job training programs, and similar reformative efforts"(p. 338), therefore "sending a clear message about priorities and what practices the shelter staff must engage in if they wish to continue to receive funding" (p. 339). In this paradigm, homelessness is viewed as a defect of the individual to be treated, causing the interactions institutionally prescribed within the traditional treatment continuum to create a negative impact for the homeless. The homeless are inundated with staff interactions that are severely negative and limiting to their social identity construction, detracting from their ability to foster self confidence and self autonomy.

These findings are not just evident in Lyon-Callo's study, recent research by Hoffman and Coffey (2008) draw from more than 500 transcribed interviews of homeless experiences and interactions with service providers to find that "the description of interactions with staff and providers were predominantly expressed in sharply negative terms, with experiences of objectification and infantilizing being commonplace" (p. 207). In addition, "negative comments about interactions with staff, for instance, were overwhelmingly about issues of disrespect, rude treatment, lack of compassion, incompetence, and unethical behavior by staff" (Hoffman and Coffey 2008: 213). Furthermore, Hoffman and Coffey (2008) also found that the homeless felt as though they were not fully recognized as an adult or respected as an equal, but treated more

dismissively as either a child or simply a number. These findings reveal a paradigm that regards individuals as mere numbers, with no consideration beyond financial gains for the shelter.

These negative reflections of the homeless based on their interactions with shelters and other service providers reveal why certain people remain chronically homeless. Due to the restricted interactions experienced within shelters, many chronic homeless individuals repeatedly fail within the parameters of the traditional treatment continuum model. Hoffman and Coffey (2008) comment that "many simply opted out of the social service system in order to maintain a sense of dignity and self-respect" (p. 207) and to "resist institutionalized processes of subject-making" (p. 211). Additional research by Rivilin and Moore (2001) explain that "a view expressed by many homeless people in hostels or sleeping on the streets is that qualities of respect, independence, and freedom are important" (p. 333). Hence, the chronic homeless are less inclined to accept the negative labels and social identities found within shelter service interactions, and therefore, reject those institutionalized practices in favor of remaining chronically homeless.

The institutionalized interactions between staff and consumers in both the treatment continuum and Housing First philosophies create very different social interactions for the consumer. Reflections of the homeless on their interactions with staff within the traditional treatment continuum model illustrate how devastating the paradigm is for identity construction. Additional elements to be considered in identity construction within each paradigm of addressing homelessness are power and choice.

Power and *choice* are not a separate element, but are found, to be inherently important within a discussion of social processes involved in interactions in institutionalized settings, as well as underlying earlier themes of labeling and stigma.

Choice and Power within Housing First Social Processes: Identity Destigmatization

Institutions influence identity construction with the elements of *power* and *choice* as both may be severely impacted through institutionalized social structure. With consideration for what was previously discussed, the Housing First model then represents a change in the practice of interactions, and therefore, an institutional change. For example, within a structural symbolic interactionist framework, Serpe (1987) elaborates on the interplay between institutional structure and choice when constructing identity when he states:

> individuals may exercise 'choice' to the extent that it is possible in the social structure context. In doing so they increase the probability of invoking a given identity across situations. By definition, this process raises the salience of the identity in the hierarchy (P. 53)

Therefore, restriction on availability of identities within the existing social structure increases the salience of those identities that have been chosen by the individual. Consequently, the institutional fiat of empowering, consumer-driven interactions in Housing First creates newly experienced social processes of more choice for the tenant. Hence, identities that are made available through these structural transitions, which highlight choice, will likely become prominent to the tenant.

More specifically, Housing First employs a technique called 'motivational interviewing' that encompasses many of the provisions for case manager interactions with tenants. Motivational interviewing is an approach based upon principles of social

psychology in which motivation is conceptualized not as a personality trait but as an interpersonal or social process (Miller 1983). Also, this method interaction deemphasizes labeling so as to avoid the 'short circuits' of low self-esteem and low self-efficacy, while focusing on empathic processes within interactions for behavior changes (Miller 1983). This is vastly different to previous treatment continuum model programs that focus on the "housing readiness" of individuals (Meschede 2004: 24). In Housing First, there is an absence of negative labeling combined with increased availability of choice within newly institutionalized interactions for identity construction. This new level of choice heightens the potential proactive ability within interactions, opening interactions to changes in meaning development related to identity. In addition, researchers have found that those individuals successful at destigmatization adopt an attitude of creating positive outcomes or an 'empowerment model' as compared to a 'coping model' focused on dealing with the negativities associated with their stigma (Oyserman and Swim 2001; Shih 2004). This theme of empowerment is found within the required staff interactions of Housing First. Tenants are encouraged through staff interactions to be active agents in creating their future. Therefore, increased themes of choice and power for consumers within institutionalized interactions in Housing First are likely to be incorporated in social processes related to identity construction.

Overall, in consideration of the successes of Housing First, I hypothesize that this success is the result of the social processes of 1) positive labeling and destigmatization to produce increased self confidence 2) elimination of chronic negative interactions from the shelter system that detract from self confidence and self autonomy, and 3) increased

power and choice from self-directed interactions to enhance self autonomy. Therefore, interactions that re-enforce and empower self confidence and self autonomy among the chronic homeless increase the probability of becoming housed and maintaining housing within Housing First. Within a symbolic interactionist framework, the specific social interactions producing changes in self confidence and self autonomy within social identity creation for tenants are argued to act as an intervening variable between the Housing First policy provisions and the successful life outcomes of housed tenants.

Affective Home Creation

Sociological researchers have produced various conceptualizations, even contradictory at times, for the term home (Mallet 2004). Home has been referred to as a multidimensional concept that is context specific (Saunders and Williams 1988; Dupuis and Thorns 1998; Moore 2000; Mallet 2004). In addition, home may be described as a space, place, feeling, or practice (Mallet 2004). In addition, she further elaborates on how phenomenological investigations of home are focused on two specific processes: (1) interactions between the individual and the object/space they inhabit and (2) interactions and transactions between social actors that transform a space (Mallet 2004). Within these two social processes, individuals engage in home creation, so "the home thus becomes a source of identity and status, and allows for a sense of connection to both people and places" (Wardhaugh 1999: 96). This connection to place or space and to other individuals provides a framework of home analysis focused on both individual and familial interactions. In addition, for those who experience homelessness, the meaning of

home is especially significant. Rivilin and Moore (2001) present evidence that "becoming homeless, being homeless, and moving on from homelessness is a process that has meaning for those concerned" (p. 329) highlighting the symbolic interactionist element of home creation.

Home as a Social Process for Previously Homeless Tenants

Within the Housing First guidelines, previously homeless tenants are provided with permanent housing without conditional provisions, such as sobriety or treatment enrollment. The only criterion for permanent housing within Housing First is that participants generally pay a sliding scale portion of their incomes toward rent. In addition, tenants are able to actively choose their own apartments, rather than being told where they will live. Providing this type of permanent housing for previously homeless tenants is a derivative of the general belief in a 'right to housing' for all individuals (Bratt, Stone, and Hartman 2006). This belief centers on the ideas that housing must be viewed as central to both individual and family stability (Hartman 1975, Bratt et al. 2006).

Considering the recurrent themes individual and familial interactional constructions producing meanings of home, I focus here on the individual and familial processes in home creation for Housing First tenants. I argue that home creation is an effect of the interactions and subsequent beneficial symbolic meaning development embedded within the guidelines of the Housing First model of addressing homelessness. The relevant proactive individual and familial social processes are 1) housing establishes symbolic meanings of ontological security, safety and control of a space for the

individual, and 2) that housing affords a suitable environment for proactive interactions that enable tenants to re-connect with family members. Thus, I hypothesize that the social processes that provide housing without conditions and foster 'home' creating elements increase the probability of maintaining housing in Housing First. The interactions which foster home creation are argued to act as an intervening variable within a symbolic interactionist framework to maintain stable housing and, therefore, connect the housing policies of Housing First to the housed successes found in evaluation literature.

Individual Processes in Home Creation: Safety and Control

In the process of home creation, certain words are used often to represent the feelings that correlate with a home environment. Home, whether a localized space or otherwise, for the individual represents: security, stability, consistency and control (Dupuis and Thorns 1998; Mallet 2004). Feelings of safety and control in living conditions are extremely important to the experience of previously homeless individuals and are highlighted in the connection between home and 'ontological security.' Security and stability in a living space create feelings of safety while elements of ownership and consistency in home create increased perceptions of comfort and control within a space. These concepts of safety and control overlap greatly with each other in context and are primarily discussed through a review of 'ontological security.'

In terms of safety, Dovey (2005) states that "the experience of home is largely unselfconscious; indeed it is in part defined by a profound sense of familiarity that we take for granted until it is threatened" (p. 362). This underlying 'familiarity' is a product

of what Giddens refers to as ontological security. For Giddens (1990) ontological security "refers to the confidence that most human beings have in the continuity of their self identity and in the constancy of surrounding social and material environments of action" (p. 92). More generally, ontological security is a trust and confidence in the sameness of oneself, others, and environmental surroundings that is closely connected to routine and habit (Giddens 1990). Consequently, if the home is not a safe environment it will hinder the basis of stability and functioning for the individual and it will affect their perception in daily activities. Furthermore, this type of security is especially important for persons who suffer from chronic illness (such as mental illness) in that the home then acts as a "second skin," reflecting the familiarity of symbols and object consistency onto the infirm person (Rubinstein and de Mederos 2003:55). Ontological security is then a salient concept in home creation for individuals who are housed after having been chronically homeless.

Recent research by Padgett elaborates on the relationship between ontological security and the meaning of home for the homeless, mentally ill adults who were housed within a Housing First program. Padgett (2007) first highlights the unique situation of tenants in that "this phenomenological experience of getting a 'home' after losing it is rarely reported on in the literature" (p. 1926). Then from in-depth interviews, Padgett (2007) identifies that "markers of ontological security were clearly in evidence for those living in their own apartments– a sense of control, reassuring daily routines, privacy and the capacity to embark upon identity construction and repair" (p. 1933). Feelings of home were achieved by these recently housed individuals through a primary increase in

perceived and objective safety and control of a space. Padgett (2007) also states that "woman were especially vocal about the protective benefits of having their own apartment" (p. 1931) indicating that safety was an especially strong factor specifically for previously homeless woman.

In addition, research by Foster, LeFauve, Kresky-Wolff, and Rickards (2009) highlights the process of housing for tenants with co-occuring disorders and long-term homelessness and found that:

> Clients who had been homeless for long periods of time often needed extensive support and instruction on the most basic aspects of living in a home, from changing light bulbs to flushing toilets, to preventing cockroach infestations. Teams found that helping their clients adjust to housing was labor intensive, but vital, as it created the sense of stability and safety necessary for more recovery-oriented interventions (P. 243).

Researchers here describe the importance of case manager assisted home creation for tenants when disabilities are significant and homelessness has been extensive. Case managers in Housing first may facilitate home creation for tenants through assisting to create feelings of safety and stability through mentoring appropriate home care techniques.

Specifically, in terms of control, Dupius and Thorns (1998) found that "ontological security can be obtained through the home, and in particular through home ownership" (p. 43). Home ownership suggests a very particular ability to control and manage the home environment. Douglass (1991) argues that "home starts by bringing some space under control" (p. 289) and cannot be simply equated with other terms such as shelter, house, or household. Control allows the individual to do as they please without examination or inspection, and moreover, the freedom to do what one wants when one wants (Dupuis and Thorns 1998). This type of freedom within the

environment is an important element of the perceived control within that space that also leads to feelings of comfort. The home is also commonly considered a retreat, or private sphere, where the individual feels they can relax (Moore 1984; Wardhaugh 1999; Mallet 2004) highlighting how control of a space produces feelings of peace and comfort. These elements of home creation, safety and control through 'ontological security,' leads Padgett (2007) to conclude that having a 'home' provides a stable platform for the possibility of "re-creating a less stigmatized more normalized life in the present" (p. 1934) so that home creation is also connected to identity restructuring for individuals. Safety and control are major elements in individual home creation; however, familial relationships also play an important role.

Familial Processes in Home Creation: Problematic and Supportive Families

Aside from being a fixed concept or place, the term *home* is argued to be constructed through the social processes of interaction (Horwitz and Tognoli 1982; Giddens 1984; Saunders and Williams 1988; Dupuis and Thorns 1998; Mallet 2004). Rather than a space, such as a house, home is conceptualized through specific interactions that are commonly associated with the family (Dupuis and Thorns 1998; Mallet 2004). The meaning of home is not necessarily bound to only include interactions among family members, may also include interactions with non-married partners as cohabitation increases prevalence in society.

The type of processes primary to the term home include ideas about the individual's relationship with others, and more specifically, interactions that are considered private (Wardhaugh 1999). The common phrase 'home is where the heart is'

represents the traditional assumption that interactions are expected to be warm and generally positive and not disregarding or neglectful. For individuals who experience homelessness, familial interactions related to home may have very different meanings than the traditional positive assumption so that "for the majority of the homeless, however, family relationships appear to be non-existent, weak, or at best, highly ambivalent" (Snow and Anderson 1993: 265).

Take for example the findings of Snow and Anderson (1993), who found that among the reasons given for homelessness, 66.6% of the respondents cited family problems. Of all those who cited family problems as producing their homelessness, 33.3% reported an unstable, troubled family life in early years, 26.9 % indicated marital discord, separation and divorce, 23.8% said they grew up in an orphanage or foster care, and 7.9% stated that death of a spouse or parents caused their homelessness (Snow and Anderson 1993: 256). This is why for a majority of the homeless, family relationships are considered problematic to the point that their homelessness is caused by the absence of familial resources and support (Snow and Anderson 1993, Leibow 1993). Additionally, Snow and Anderson found that 33.3% of their homeless respondents did not indicate that family problems lead to their homelessness. In this regard, it is also important to consider that a minority (possibly one third) of those experiencing homelessness may have traditionally supportive families. Two basic interaction scenarios can be discussed for the homeless individual transitioning into Housing First, 1) having a problematic family that led to their homelessness and 2) having a traditionally supportive family.

For the majority of homeless who experience problematic homes, Mallet (2004) states how research within a phenomenological framework highlights the processes by which knowledge of home comes into being and how this framework is more likely to reveal "people's experiences of injustice and inequality in the home sphere" when interpreting meanings of home (p. 80). For instance, in using a phenomenological, or processual framework to understand the conceptualization of home, Wardhaugh (1999) identifies that interactions can both create and destroy the meaning of home subjectively for individuals. Wardaugh (1999) rejects the traditional typification of home as warm and nurturing and argues that a traditional conceptualization of feminine, white, middle class notions of home actually produce homelessness. She notes that those who are abused and violated through interactions in the home are likely to feel "homeless at home" (Wardhaugh 1999:97). She continues to state that many of those who experience violent and unsafe familial interactions subsequently become homeless, objectively, to escape their so-called home.

It is these interactions that create the social processes which in turn subjectively determine the meanings of home for an individual. These subjective meanings exist regardless of objective and material conditions, such as a house or shelter. Traditional assumptions of familial interactions do not reflect the experiences of most previously chronically homeless individuals; therefore, there is a need to establish familial interactions that are experienced in a positive and warm fashion for newly housed tenants. Families of homeless individuals, however, may not be suitable for reconnection at times. DeVault (1999) identifies how oppression increases the work of maintaining a

family and imposes distinctive emotional demands" (p. 58). Families of homeless individuals are usually of limited resources and family members themselves may be in the midst of emotional problems, mental illness and even substance abuse. When family members are unable to provide positive forms of connection, homeless individuals may instead turn to partnerships. Partnerships for homeless were found to be non-traditional as well as Snow and Anderson (1993) indicated that over 90% of participants sampled were unattached, meaning they were divorced or single. This does not necessarily indicate that these individuals had no partners since one may indicate a label of single and have an ongoing partnership, such as a boyfriend or girlfriend while homeless.

A minority of homeless individuals are likely to have family members that are able to provide positive connectedness. Traditional familial interactions have been researched to show that generally "having a family enhances subjective well-being and spending more time with one's family helps even more" (Helliwell and Putnam 2004:1441). For previously homeless tenants in Housing First who are engaged in positively restructuring their identity, traditional family connections may assist them in their destigmatization and identity restructuring. Turner and Stets (2006) argue that the basis of all symbolic interactionist theories is that "when the self is verified by others responding to the self in a manner that is consistent with the self's own view, the person experiences positive emotions, such a pride and satisfaction. When the self is not confirmed, however, the incongruity between the self-directed behavior and the responses of others generates negative emotions such as distress, anxiety, anger, shame, and guilt. (Turner and Stets 2006: pg. 29). The counter side to family reconnections is that these

connections may be problematic for positive identity restructuring if tenants had an unstable and troubled family life as family members may continue to produce these elements within interactions. The content of possible reconnections with family members is a very important element to consider because symbolic interactionist theories are guided by a generalization that "the more that individuals have been able to verify self and identities in a situation, the more likely that identities, behavioral outputs, perceptual inputs, normative expectations, and sentiments about the self, other, roles and the situation will converge and reveal congruity" (Turner and Stets 2006: 32). These sentiments or emotional feelings within interactions are important aspects of interactions with family in relation to home construction.

Emotional Salience and Affective Home Creation for Tenants

The families of homeless individuals are less likely to be in a position to offer various forms of resources. Snow and Anderson (1993) state how "unlike most Americans, then, many of the homeless come from families that have little economic or emotional support to offer in times of need, whether that need is occasioned by structural forces, personal disabilities, or just plain back luck" (p.265). Therefore, most families of homeless individuals are likely to be of working class status or lower which has significant implications for the emotional context of home creation for this population. Hochschild (1979) argues that working class families prepare their children for emotional management less than middle class families. This combined with the likelihood of having previous problematic family situations heightens the possible emotional salience of home creation for tenants within Housing First. For this reason home creation for this

population is specifically referenced as "affective home creation" reinforcing the emotional and feeling oriented response that these elements might trigger in tenants.

Overall, for adults living alone "home has been shown to be deeply related to people's sense of personal growth and changes - as a living process or a construction" (Horwitz and Tognoli 1982:339). This is why newly housed tenants are provided with housing in which they can engage in the social processes of home creation, as well as learn to alter and ameliorate familial relationships. These social processes within home construction are especially relevant since a majority of homeless individuals often lack a controlled environment and positive familial relationships. In addition, this may be especially salient for women who are homeless. Overall, the literature identifies that the social processes of 1) individual symbolic meaning development for ontological security, specifically safety and control and 2) positive partnerships and positive family interactions are important determinants in home creation for the individual. These themes become even more salient for the previously homeless individual and families due to the obvious lacking of a home and experiences that led to homelessness. I hypothesize that these social processes foster affective home creation within a symbolic interactionist framework and increase the probability of maintaining housing for tenants. These home creating processes are a linking or intervening variable explaining how housing policy provisions lead to the successful outcomes of continued housing tenure. In addition, these processes of affective home creation may or may not reinforce social identity restructuring by affecting tenant self perception within interactions.

Socially Supported Wellness

Very wise scholars have rightfully argued that "the ultimate 'dependent variable' in social science should be human well-being" (Helliwell and Putnam 2004: 1435). Consequently, more and more social researchers are exploring how social processes within interactions relate to health and wellness. Recent research has found that interactions and relationships among individuals in a society are significant both to the well-being of the individuals, and the overall 'success' of that society (Hall and Lamont 2009). Among the many aspects of interactions between individuals, social support highlights the psycho-social or emotional processes within daily network interactions that ultimately impacts health and wellness for individuals (Berkman and Glass 2000). Although much research on social support has been conducted with well-functioning groups, recent researchers found that "the construct of social support, commonly applied to broad community and student sample, can also be applied to at-risk groups such as the homeless." (Toro, Tulloch, and Ouellete 2008:483).

Social Processes for Tenant Wellness: Interactionism and Networking Theory

Once again, continuing within a symbolic interactionist framework, social supports are constructed as primarily interactional, social processes which relate to the subjective health and wellness of individuals. The symbolic interactionist perspective is underdeveloped in the current socially supported wellness literature. In this regard I borrow heavily from networking theory and Durkeim's structural functionalist ideas of societal health. Within interactionist theory, Goffman (1963) argues that stigma disqualifies an individual from full social inclusion and acceptance within interactions.

As homelessness is a stigmatized social identity status, elements of inclusion/exclusion relating to destigmatization are presented at the end of this section for a discussion of status and network affiliation for those transitioning into housing in Housing First.

Within Housing First policies, case managers are instructed to provide supportive services and facilitate links to the community for tenants. I argue here that social support for those previously homeless, newly housed tenants is a social process implemented through two proactive interactions: 1) social support received from the case manager and 2) social support received from *new* network members through case manager facilitated community links. I hypothesize that the social processes that place those transitioning to 'housed' status into supportive service and community networks increase the probability of maintaining housing in Housing First. These supportive networking interactions, within a symbolic interactionist framework, act as an intervening variable to explain the connection between the policy guidelines of Housing First and the increased positive life outcomes of housing tenure.

Social Interactions within Networks Connect to Health and Wellness

Among the founding theorists in sociology, Durkheim was the first to study the relationship between well-being and social factors. Suicide, for Durkheim, was a social product that could be described through the attributes of attachment and regulation (Durkheim 1951). For Durkheim (1951) attachment and regulation are mechanisms for social connectedness, or the degree to which one is invested in and affected by the interactions of those around them. More recent research expands well-being into

additional specified conditions, such as how Putnam (2001) argues the importance of social interaction that produces connectedness in that the following statement:

> social connectedness is one of the most powerful determinants of well-being. The more integrated we are with our community, the less likely we are to experience colds, heart attacks, strokes, cancer, depression, and premature death of all sorts. (P. 326)

Hence, well-being and wellness are generalized terms that can refer to many kinds of healthful physiological and psychological states of non-disease. Mirowsky and Ross (2003) present a polarized definition of well-being in stating that "well-being and distress are opposite poles on a single continuum: more well-being means less distress and more distress means less well-being" (p. 26). In terms of psycho-social elements, the authors state that "well-being is a general sense of enjoying life and feeling happy, hopeful about the future, and as good as other people. Lack of these positive feelings is related to depression and anxiety" (Mirowsky and Ross 2003: 26). Hence, well-being represents the healthful psycho-social adjustment to current situations.

Social Epidemiology is the term used to describe the field of study within sociology that is primarily concerned with how social experiences produce patterns of health and well-being, both in individuals and populations. (Berkman and Kawachi 2000). Within this realm, many concepts are used to refer to the social experiences related to health and well-being. Social networks, social support, social cohesion, and social capital are all various forms and degrees of social relations that are proven to have an effect on health and well-being. Among these dimensions, social cohesion and social capital are considered to be "collective, or ecological dimensions of society" (Kawachi and Berkman 2000:175), indicating a macroanalytical framework. In contrast, social networks and social supports are personally measured, at the level of the individual

(Kawachi and Berkman 2000). Salvini argues for the need to combine symbolic interactionist and social network analysis to better grasp the interactional processes that unfold within networks and their subsequent effects on well-being (2010). Focusing on an individual tenant's everyday social experiences provides for a micro-level, interactional analysis of social support within social networks and explains how case management and tenant interactions are constructed as individual resources, rather than collective resources.

Social Support Processes within Social Network Structures of the Chronically Homeless

In the field of social epidemiology, researchers conclude that some of the most important questions have to do with "understanding the determinants of network structure and social support" (Berkman and Glass 2000:165). In focusing on these two elements, Cassel (1976) and Cobb (1976) were the first to pioneer research concerning the effects of networks and support on the health of individuals. In researching these processes, scholars have found consistently that personal health and well-being is related to the health and well-being of those around an individual (Putnam 2001; Smith and Cristakis 2008). Moreover, the mechanisms through which relations affect health and well-being are unclear so that scholars have specifically advocated:

> The idea that effect of structure exists, independent of social process, must be abandoned if we are to develop a compelling theory of social network effects. The specification of social processes in networks that affect individuals'….is of tremendous importance in advancing research (Friedkin 2004:422).

This need for explanation of social processes is a need to understand the processes involved in the dialectical interface between individuals that comes to create meaning and interaction for those involved. This need for understanding also places emphasis on how

the content of those meanings and creations within interactions come to affect the health and well-being of all actors participating. These interactions within networks are argued by Schnittker and McLeod (2005) to highlight social psychological theories, such as symbolic interactionism, and additionally state that understanding processes should be at the center of inquiry.

Considering individuals who were previously homeless, social networks are highlighted as being a specific concern for this population. Research indicates that social networks of homeless individuals tend to be smaller and more limited in resources (Sosin, Colson, and Grossman 1988; Pescosolido and Rubin 2000; Hawkins and Abrams 2007). Hawkins and Abrams, for example, conducted longitudinal research on the social networks of formerly homeless individuals with co-occurring disorders who were placed in a Housing First program. They found that what happened to networks is a "multi-level process" in which:

> the networks shrunk when members of social networks died, the participants pushed and pulled away, or network members become caught up in deep-rooted problems of their own related to poverty, mental illness, or substance abuse (Hawkins and Abrams 2007: 2040).

Hawkins and Abrams (2007) noted that while some network members were helpful, others had their own intense struggles and obstacles themselves, and simply were unable to provide resources (p. 2037). The authors concluded that for those individuals with a combination of homelessness, mental illness, and addiction, more network members themselves are likely to live in environments of poverty, poor health care, high stress, and risk of disease (Hawkins and Abrams 2007). These environmental findings correlate to the additional findings that close friends and family members of the tenants were likely to

have mental illness, physical illness, substance abuse addiction, served time in jail, and/or were currently incarcerated (Hawkins and Abrams 2007). Hawkins and Abrams (2007) note that:

> As networks diminished, some participants responded by attempting to rebuild their networks, even if the networks provided negative social capital, and others isolated themselves socially to escape the pressures and disappointments of interaction (p. 2031).

Furthermore, in studying homeless women with co-occurring disabilities, Savage and Russel (2005) found similar findings in that a portion of the women's networks facilitated their own drug use and were abusive in various ways. This evidence suggests that the social networks of formerly chronic homeless individuals are dire in regards to both quantity and quality. Clearly, the mere concept of rebuilding the existing networks does not address the fundamental issue of quality within network resources. The quality of networks can be further elaborated on by highlighting the specific processes of social support within social networks.

Dimensions of Social Support for the Chronically Homeless

Within the study of social networks and health, researchers have identified at least four primary "micropsychosocial and behavioral processes" (Berkman and Glass 2000:144) through which networks affect health: (1) social support, (2) social influence, (3) social involvement and (4) social resources (Berkman and Glass 2000; Smith and Cristakis 2008). Among these four processes, researchers state that the provision of social support is the main, and ultimately most critical, psychosocial process through which social networks impact health (Berkman and Glass 2000). Social support was initially conceptualized by Cobb (1976) as being "information leading the subject to believe that he is cared for and loved, esteemed, and a member of a network of mutual

obligation" (p. 300). Hence, social support represents the exchanges of meaning and symbols within an interaction that lead the actors to believe they are of value and are worth the efforts of consideration and do not deserve to be harmed, injured, hurt, disrespected, angered, or belittled as these are in opposition to support.

For those who experience homelessness, interactions may not lead the individual to have beliefs of being supported since research on homeless networks indicates "high stress, low social support, and poor outcomes in most areas" (Toro, Tulloch, and Ouellete 2008: 492). In studying the effect of social support for homeless individuals, Irwin et al. (2008) found as would be expected that "those with higher levels of perceived social support have lower levels of depressive symptoms" (p. 1939). This finding illustrates the positive mechanisms through which social support affect health, although, for those who experience homelessness support may be presented as having both positive and negative elements. Take for instance, a recent study conducted by Toro, Tulloch, and Ouellette (2008) which investigated the effects of social support measures of homeless adults and found both negative and positive outcomes related to measures of social support. Researchers found a direct relationship between support and well-being so that when individuals perceived more social support they had fewer negative "psychological, health, and alcoholic symptoms" (Toro, Tulloch, and Ouellete 2008:493). The unexpected negative findings of support were that those homeless individuals "with larger and/or more supportive networks were *more* likely to abuse substances" (Toro, Tulloch, and Ouellete 2008:493). Also, although family members are often believed to be primary providers of support, researchers found that for homeless individuals, frequent contact

with their family members may exacerbate negative health symptoms rather than providing positive health outcomes as traditionally expected (Toro, Tulloch, and Ouellete 2008). The researchers concluded that in terms of social support provision, social networks for homeless adults can operate very differently from what is traditionally expected in consideration of health. In addition, the researchers state that for homeless substance abusers specifically

> social support for 'abstinence' or 'responsible' substance use may be helpful in promoting positive outcomes, whereas support from persons who are themselves actively using/abusing substances may be quite counterproductive and may lead to the escalation of substance use/abuse by the person ostensibly being 'supported' (Toro, Tulloch, and Ouellete 2008: 493)

These findings of Toro, Tulloch, and Ouellete highlight the importance of social support that is both provided and facilitated by case managers and *new* network members from the community for previously homeless individuals within the Housing First program.

Case Manager Emotional Support of Tenants

Within the Housing First model, case managers are available 24 hours a day by phone for anything the tenant might need to discuss. The needs of newly housed tenants are placed in high regard by case managers, who provide consistent proactive social support. Many Housing First tenants transition to housing from institutionalized shelter life where their supportive interactions were hindered by limiting network members to other institution consumers, that is, other chronically homeless individuals. Goffman (1961) highlights how the characteristics of *total institutions* cause individuals to experience both alienation and mortification. As an interactionist, he connects institutionalized interactions to producing negative emotional processes for consumers.

Research by Mirowsky and Ross (2003) elaborates on the emotional processes of alienation in stating that:

> In all forms of alienation the individuals feel detached from themselves or society in some way. Powerlessness is a sense of detachment from effective influence over one's life, and self-estrangement is a sense of detachment from productive activities…social isolation is the sense of not having anyone who is someone to you and not being someone to anyone (P. 213).

Hence, this transition to Housing First is salient to newly housed tenants because they transition to the institutional policies that promote proactive interactions to build social support.

Furthermore, social support has been shown to cause physiological changes in immune parameters that relate to health and wellness (Berkman and Glass 2000; Putnam 2001). Supportive interactions affect the emotional state of individuals, and these emotional states then have subsequent observable physiological effects on the body as pertaining to an individual's health. Stress is very much related to poor immune functions and since social support tends to produce stress buffering effects, those individuals with strong social support systems in place are in turn less distressed, and as a result have a greater sense of overall well-being. With consideration to 'traditional' divisions of social support, House (1981) argues that social support may be divided into subtypes based on the type of support provided, such as: emotional, instrumental, informational, and appraisal. Emotional support, however, is the primary support mechanism that affects health.

In studying emotional social support, researchers have found that the health benefits of social support may coincide directly with how interactions affect emotional states and mood. When an individual is engaged in an interaction that involves processes

of love, caring, and consideration, this person gains the feeling of being supported. These feelings and thoughts are then transformed by the individual into a positive kind of feeling, energy, or emotion. Considering that case managers are available 24 hours, seven days a week, tenants are reassured that they have someone who is there for them in a positive way, whatever their needs may be. This type of interactional emotional support provides many possible health benefits for tenants. For instance, self perceived life expectancy is longer for individuals who report high levels of emotional support (Ross and Mirowsky 2002). Furthermore, people who feel they have a person they can really talk to when life presents its many difficulties tend to live longer (Ross and Mirowsky 2002). Feelings and emotions of optimism and happiness, just like those of pessimism or depression are believed to operate within mechanisms of social support throughout social network ties (Larson and Richards 1994; Berkman and Glass 2000). Hence, the thoughts, feelings, and emotions of others within perceived supportive interactions are 'contagious' in that either positive or negative emotional states can spread within networks. The result is that the health and wellness of network members is altered simply through experienced interactions. Hence, the positive interactions of case managers consist of being positive, supportive, and helpful. This proactive social processes derived from structural policy are likely to positively affect the emotional state of tenants. Emotional support decreases stress, subsequently increasing the physiological functioning of the immune system. This emotional support from case managers through proactive interactions benefits tenants physiologically, relating to the Housing First

benefits of increased health and wellness so that these benefits can be explained within a symbolic interactionist framework.

Case Manager Facilitation of Increased Network Support

Aside from providing positive social support, case managers also facilitate the process of integrating new network members from the community. Since networks of social support may appear in various social dimensions, case managers can provide tenants assistance in selecting new positive network members from various contexts. In the areas of health and well-being for homeless individuals, often referred to as 'recovery' in Housing First terminology, certain network contextual ties become even more salient due to the possible problematic or inadequate support from the 'traditional' networks of family and friends. Contexts of support networks that are specifically relevant to experiences of newly housed tenants include: (1) medical professionals and recovery programs, (2) neighborhood, and (3) 'meaningful activity' peer groups.

In Housing First, case managers provide tenants (if desired) with referrals to various health programs, medical professionals, mental health professionals and various substance abuse recovery programs. These referrals are open to the specific needs and wants of the tenant and the case manager, who may assist in this connective process in various ways. Through these links, tenants are then able create settings of their choice to experience supportive interactions in one-on-one or group counseling environments. Within these beneficial health settings, tenants are also in settings that are more likely to provide them with traditional positive supportive interactions. For example, research by Hawkins and Abrams (2007) indicates that formerly homeless individuals with co-

occurring disorders were found to develop emotionally supportive relationships within their addiction recovery programs. Once a tenant is housed, case manager assistance to find medical professionals, counselors, addiction recovery programs, and even sponsors can then create new network members who are then likely to positively affect the health and well-being of the tenant through supportive interactions as well. A key element in this linking process is that the tenants are not forced into any situation they are not comfortable with; instead, tenants choose which individuals and programs they would like to experience.

In addition, case managers provide links to new neighborhoods by assisting in the housing search with tenants. Case managers provide various options for place of residence to new tenants, and then assist tenants in choosing neighborhoods that suite their specific needs; whether it is a need for peaceful environment, a drug free area, or a location within walking distance of health professionals and other resources. After the first year of a tenant's lease, a tenant who has found the living circumstances to be unsatisfactory is provided with the option to move to another location. These neighborhood preferences provide the tenant with a variety of interactions depending on location. Hence, tenants are likely to find and desire living locations that will provide beneficial interaction, which can then foster the health and wellness of the tenant. For example, in a study examining the fulfillment of housing preferences and quality of life among homeless persons with substance abuse disorders and/or mental illness, researchers found that the extent to which an individual's housing preferences were

‘realized’ was shown to correspond with a more positive perceptions of that person’s life (O’Connell et al. 2006).

New neighborhoods provide tenants with possibilities for meeting new peers and making new friendships in their networks. Apart from meeting new peers, neighborhoods also represent a new opportunity for ‘meaningful activity’. In exploring community integration of formerly homeless persons diagnosed with mental illness, Yanos et al. (2007) found that one’s ‘locus of meaningful activity’ emerged as an important concept in qualitative analysis and states how:

> Having one’s locus of meaningful activity in one’s building, neighborhood or job meant having a higher sense of community, and a better sense of “fitting in” with neighborhood and building than having a locus of activity in one’s apartment or not having one at all. (P. 715)

Here, the researchers illustrate that “fitting in” with a neighborhood relates to having a higher sense of community integration, which is believed to impact the health and well-being of the tenant. Additionally, Yanos introduces the concept of ‘meaningful activity’ as relevant to community integration. When an individual’s ‘locus of meaningful activity’ is either within his or her own apartment or non-existent, the tenant is less likely to have a higher sense of community integration. Therefore, it appears consistent with the findings that having a ‘locus of meaningful activity’ is also related to the availability of peer connections within the meaningful activity in one’s building, neighborhood, and job. Hence, it may in fact be the case that having peers to engage in ‘meaningful activity,’ in general, is in direct correlation to increased community integration, increased feelings of support, and the subsequent health benefits.

In continuing with the concept of 'meaningful activity,' case managers provide newly housed tenants with an activity questionnaire to assist in the process of linking them with activities that are meaningful to them. Tenants are given the option to engage in such activities as volunteering, serving on Housing First committees, speaking publicly about Housing First, participating in the goings on of spiritual/church venues, and entering the workforce. In these settings of 'meaningful activity,' tenants are more likely to connect with peers deemed 'meaningful activity peers' who can then provide avenues of social support that might have been lacking in the tenant's former social network. These social processes of meaningful activity also imply a level of community engagement which has been well-documented as being relevant to personal well-being. Research by Helliwell and Putnam (2001) found that the "more frequent interactions with other people in both the church and community settings tend to increase the extent to which those individuals think that others can be trusted and thereby to enhance their subjective well-being" (p. 1441). Using the links provided by the case manager, tenants are able to re-integrate into the community and expand their networks to include more interactional dimensions of support. All of these fostered links are more likely to then sustain traditional network assumptions of community integration and countless studies have found that "people who have close friends and confidants, friendly neighbors, and supportive co-workers are less likely to experience sadness, loneliness, low self-esteem and problems with eating and sleeping" (Putnam 2001:332).

Homelessness Networks of Both Stigma and Social Acceptability

Case manager supports and links to new network members in the community are geared towards a movement in social acceptability and status similar to traditional network support. Case managers initially facilitate needed emotional support that may be lacking in the tenants as networks may be severely limited in the ability to provide emotional support. The type of unconditional emotional support given to tenants is likely to replicate that of a family member of higher social status as case managers are usually college educated. In this sense case manager support can enhance destigmatization. Goffman (1963) elaborates on the acceptance of a stigmatized person by those non-stigmatized in his statement that:

> Given the fact that normals in many situation will extend a stigmatized person the courtesy of treating his defect as if it were of no concern, and that the stigmatized is likely to feel that underneath it all he is a normal human being like anyone else, the stigmatized can be expected to allow himself sometimes to be taken in and to believe that he is more accepted than he is. (P.119)

In this sense two possible situations may arise from case manager acceptance of tenant homelessness. The tenant may feel less stigmatized and more like a "normal" or "socially acceptable" person since the case manager treats their previous homelessness as something acceptable. These processes in the interactions between tenants and case manager actually create positive health effects as the network literature demonstrates how emotional support positively effects wellness. In addition, however, the previous positive scenario may occur with case managers only while other "normals" in contrast reinforce the stigma of homelessness. If other 'normals' reinforce the stigma of homelessness, tenants may then fall back onto their homelessness network in what Goffman (1963) refers to as their "real group, the one to which he *naturally* belongs" as they share the

same emotions that correlate with having experienced the stigma of homelessness (p.112-113). "Normals" might not understand or be able to empathize with the experiences of homelessness in the same way as can people who have been homeless. This becomes problematic for deriving the proper emotional support in that the only other people who have a true understanding and can empathize with what it is like to be homeless are other homeless people, who then have limited support themselves and may have little support to offer as networks members. As tenants move toward more social acceptability, networks may be problematic as new network members will likely have trouble emotionally supporting individuals who have had severely different life experiences (aside from case managers who are properly trained in this type of support) and previous homeless individuals themselves who do have the same experiences are more likely to be deprived of emotional support themselves, therefore, having very little to give to others in these terms.

Overall, the literature of social supports as it relates to health and wellness indicates that there is a greater need to explore the supportive social processes within the guidelines provided for tenants under Housing First. The specific proactive interactions fostered through the model are: 1) social support from the case manager and 2) social support from *new* network members in the community. This increase in supportive network members is highly salient because of the existing impact social support has on health and well-being already documented in sociological literature. I hypothesize that policy based social processes that place housed tenants in supportive case manager and new community networks increases the probability of maintaining housing tenure in

Housing First. These two types of supportive interactions represent the connecting link, or intervening variable, used to understand how the Housing First provision of case manager support produce positive life outcomes found from continued housing tenure. In addition, these new network links may be either beneficial or problematic depending on how accepting those in the community are to people who have experienced homelessness.

Theoretical Modeling for Social Processes within Housing First

Current homelessness research consists of two theoretical bases: individual theories which focus on the personal defects or lifestyle choices of the homeless, and societal or structural theories that focus on macrolevel structural institutions such as family and the economy (Sommer 2001). A need exists for a theoretical model that combines the macro, meso, and micro (structural, organizational, and individual) theoretical perspectives by focusing on social process that connects structure to individual interaction experience through investigating meso-level policy implications. Individuals experience the development of meanings through social processes that are structured by institutions. Hence, a micro, meso, and macro analysis of the Housing First model will showcase how case manager actions are governed by institutional policies and experienced by individual tenants through their interactions with case managers.

Also, within existing individual and structural models of homelessness, researchers have produced many theories of *causation* (why people become homeless) and theories of *prevention* (how to prevent people from becoming homeless) (Sommer

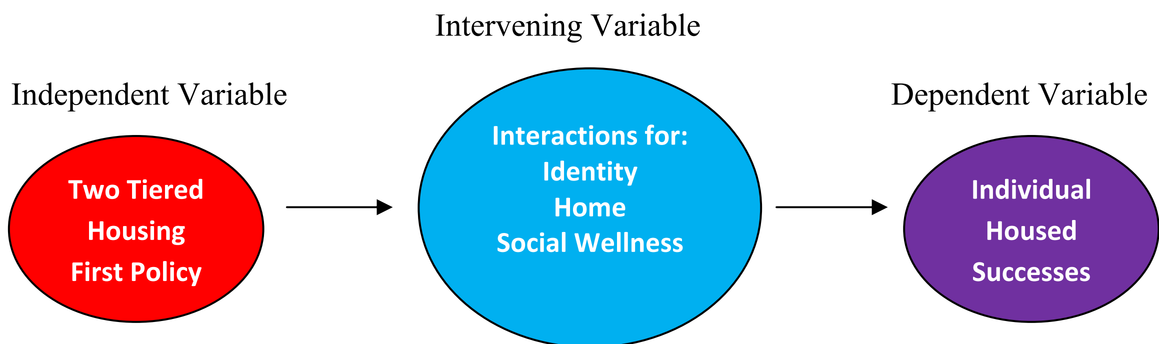
2001). But neither of these frameworks explains how to *address* those who are currently homeless. Neither *causation* nor *prevention* theories present guidelines that pertain to the processes needed for the reintegration and transition of homeless individuals into society. In using a symbolic interactionist framework, the social processes of social identity, home creation, and socially supported wellness produced from Housing First guidelines (which are then experienced by the tenant in their transition out of homelessness) provide understanding of the mechanisms underlying the success of Housing First while also creating a theoretically guided model of the mechanisms needed to *address* chronic homelessness. The use of the symbolic interactionist theoretical framework to understand the social processes embedded within Housing First greatly expands the existing theoretical and outcome focused literature, primarily by explaining how to interactionally foster re-integration and stabilization of maladapted chronically homeless individuals.

This model is founded within a symbolic interactionism framework and highlights the importance of interactions in creating meaning for individuals. Generally, within symbolic interactionism, individuals experience meaning development through interactions daily, and therefore, at any given point a person's perceptions and subjective reality is a product of their past interactional experiences up to the present. From this perspective, as homeless individuals are initiated into Housing First they begin to experience case manager interactions and symbolic meaning development that is hypothesized to be different from those interactions experienced previously. The perceptions (or meaning construction) of the chronically homeless are believed to

represent an accumulation of previous interactions that were non-proactive or negative. In other words, from this perspective the homeless are a reflection of meanings ascribed to them through interactions to the point at which they have had limited power to negotiate and re-negotiate those meanings within a given circumstance or structure. Housing First provides those who are chronically homeless with proactive interactions that foster new meaning development, perceptions and subjective realities.

This theoretical model is hypothetical in a sense since it was developed from the findings of previous research; therefore, I propose to empirically test this model. I have created a chart model delineating the effects of the Housing First policies on the interactions within social identity, affective home creation, and socially supported wellness of the homeless, which are argued to be the intervening variables that contribute to, and explain the overall successes of the program (see Figure 6.). The following research hypotheses result:

Figure 6. Interactionist Model of Successful Housing First Outcomes



A. Interactions that facilitate positive identity restructuring among the chronic homeless increase both the probability of becoming housed and maintaining housing in Housing First.

B. Interactions that provide housing without conditions and foster individual and familial affective home creation and increase the probability of maintaining housing in Housing First.

C. Interactions that place those transitioning to 'housed' into supportive case manager and community networks increase the probability of maintaining housing in Housing First.

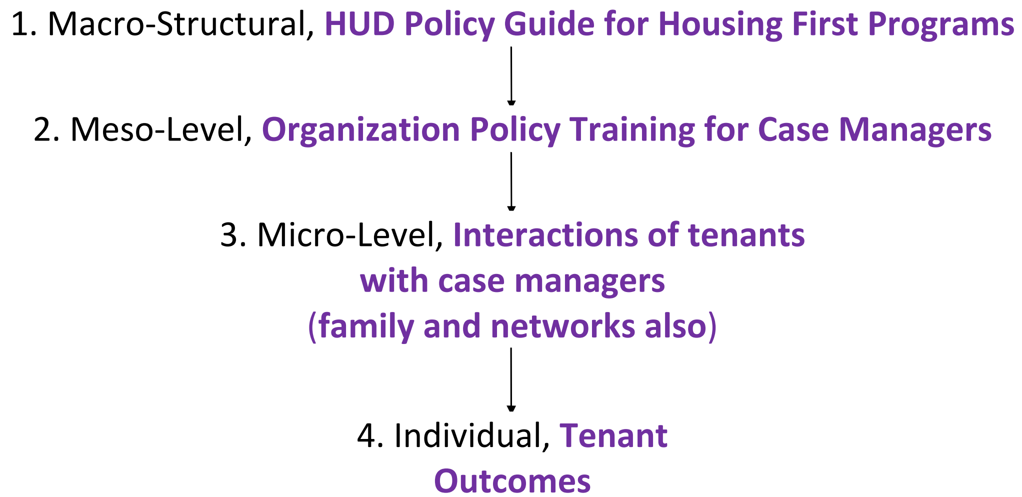
These interactions between case managers and tenants are the connecting variable in a social process of change that begins with structurally fostered organizational policy and ends with successful housing outcome. At times I refer to identity, home, and social wellness as social processes themselves because each dimension is a tiered social process that originates with HUD guidelines for Housing First and organizational policy training, is then implemented through interactions, and ends with successful housing outcomes. Within this process, the middle stage includes interactions that may be considered an interactional micro-social process between case managers and tenants as tenants are hypothesized to be processing thoughts, feelings, and reflections that are occurring to them during these intimate interactions which take place in the apartments of tenants. These processes of changing thoughts and feelings connects the tiered policy guidelines to outcomes for tenants in my model and is a reflection of the multi-layered social reality that occurs daily for tenants in Housing First. This dissertation provides a sociological model that challenges the medical model/clinical model and explains the process of transition that occurs when chronically homeless individuals are placed in Housing First. If supported, these hypotheses provide an empirically tested theoretical framework for the social mechanisms through which a tenant transitions out of homelessness and comes to experience the successful outcomes of housing tenure already established in literature.

CHAPTER 3:

A TRIANGULATED METHODOLOGY OF HOUSING FIRST SOCIAL PROCESSES

The question being answered by this research is "does symbolic interactionism provide a reasonable (reliable) framework for understanding the successful outcomes of housed tenants?" The interactions between Housing First case managers and tenants are the focus of this triangulated research design. These interactions are hypothesized to be an intervening variable connecting Housing First policy and successful housed tenant outcomes. This dissertation measures a process of transition and as it is difficult to measure a process, interactions here are operationalized into three dimensions: social identity, affective home creation, and socially supported wellness. These three dimensions serve as the measured indicators of symbolic interactionism and are argued to be an intervening variable in a social process of transition for tenants in Housing First (refer to Figure 6 in chapter 2). Figure 7 exemplifies the stages of data measurement for this research study on a social process of transition and the downward direction of structure to the individual. The first stage is macro-structural policy guidelines, the second stage is meso-level organizational policy, the third stage is interactions implemented under policy, and the final stage is the individual tenant outcomes. This process of transition is established by the structural and meso-level policy guidelines for interactions between case managers and tenants. Through these intentionally constructed interactions, tenants are argued to come to experience the successful housed transitions that are evident within the current literature.

Figure 7. Stages of Data Measurement



A Symbolic Interactionist Perspective of Data Collection

Scientists use the scientific method to carefully plan a study, to select participants as a suitable sample of the population, to use the proper techniques to collect data, and to incorporate the best timing and location for conducting the study (Cargan 2007). Application of the scientific method offers a way to standardize data collection so that findings are reliable with high validity in repeated sampling. Once data is collected through implementation of the scientific method the findings are analyzed using scientific techniques and conclusions from the study are made on the basis of these scientific findings (Cargan 2007).

Employing the scientific method is a more cumbersome task for the sociologist than for the physicist, chemist, or biologist since the social world is highly complex and fluid. Within a sociological framework, the scientific method represents a social object itself that may be analyzed, and therefore, presents a unique position within Sociology

compared to other sciences. Sociologist Norman Denzin (2009) favors a symbolic interactionist perspective by advocating the need to recognize methodologies as social objects within a continual changing reality in his book *The Research Act: A Theoretical Introduction to Sociological Methods*. Denzin (2009) argues that while the researcher commits to "a set of rules and values that set sociologists apart from others" (p. 300) at the same time he also employs "a particular stance toward his own activities" (p. 300) which will present his data with inevitable biases. This stance of the researcher is argued by Denzin (2009) to take two main forms: 1) theoretical and 2) methodological. He states that theory functions as organizing framework for understanding research activities while research methods represent different perspectives of interpreting the environment.

Denzin (2009) continues in advocacy of a symbolic interactionist framework through explaining how every research method reveals particular elements of symbolic reality similar to that of the various images possible in the changing angles of a kaleidoscope (p. 298). Empirical research, according to Denzin, must be understood as a social act. He states that:

> Sociology's empirical reality is a reality of competing definitions, attitudes, and personal values. As such, it is a social object in the symbolic environment of the scientist. Any attempt to approximate knowledge of this object must acknowledge this fact. The act of doing research is an act of symbolic interaction. (Denzin 2009: 300)

Hence, the act of research is understood as a social act that produces observations of a particular perspective. This limitation of always having observations of a particular perspective indicates that no singular method will ever fulfill the requirements of symbolic interactionist theory (Webb et al. 1966, Denzin 2009). To overcome this limitation, Denzin highlights the need for triangulated research or research with multiple

methods. He argues that "triangulation, or the use of multiple methods, is a plan of action that will raise the sociologists above the personalistic biases that stem from single methodologies" (2009: 300). Multiple methods to represent multiple perspectives produce a measured social reality that is highly multidimensional and non-linear since multiple angles of perception are available. One of the benefits Denzin notes of this method is that of theory development. He states holistically that "triangulation of method, investigator, theory, and data remains the soundest strategy of theory construction" (2009: 300). This type of full triangulation, however, is highly complicated to generate and offers little ability for repeated sampling and implementation of multiple techniques and strategies in comparable situations. Researchers concerned with symbolic interactionist ideals of methodology are then left to implement triangulation as best available within the confines of time limits, budgeting, and desire for multiple perspectives.

Triangulation is defined by Denzin (1978) as "the combination of methodologies in the study of the same phenomenon" (p. 291). Hence, combining multiple methodologies to study the same phenomenon offsets the limitations and weakness found in using only one type of methodology. No single measurement class is likely to yield all the relevant data for a theory, a combined or triangulated measurement perspective must be adopted (Webb 1966 et al., Denzin 2009). Earlier researchers defined two types of triangulation, "within-class" triangulation so that multiple scales or indices are employed to measure the same empirical event, or "between-class" triangulation, in which case

several different methods and measurement strategies are combined in the same empirical analysis (Campbell and Fiske 1959).

Denzin (1978) elaborates on triangulation techniques by stating that "within-method" triangulation "is most frequently employed when observational units are viewed as multidimensional." (p. 301). In Within-method triangulation the researcher employs one method, such as the survey, and utilizes multiple techniques to examine data, such as many different scales to measure the same phenomenon placed in one survey (Denzin 1978). In contrast, Denzin (1978) also explains that "between-methods" utilizes two or more different research strategies, such as interviewing, participant observation and surveys, within the study of the same empirical phenomenon. In Between-methods "the flaws of one method are often the strengths of another; and by combining methods, observers can achieve the best of each while overcoming their unique deficiencies" (Denzin 1978: 302). In comparing the two styles of triangulation, Denzin (2009) notes that Between-method triangulation is preferred to Within-method triangulation if only one style is employed, however, if possible, both styles of triangulation combined is ideal. Hence, multiple methodologies containing multiple strategies with each methodology would be used to measure the same phenomenon.

Furthermore, Jick (1979) specifically highlights the need for combining both qualitative and quantitative methods when employing triangulation and states how:

> Given the basic principles of geometry, multiple viewpoints allow for greater accuracy. Similarly, organizational researchers can improve the accuracy of their judgments by collecting different kinds of data bearing on the same phenomenon. (P. 602)

Furthermore, aside from researcher benefits, Jick argues that triangulation "can also capture a more complete, *holistic*, and contextual portrayal of the unit(s) under study" (p.

603) which is highly relevant to the goals of this investigation. Hence, the use of various types of both qualitative and quantitative methods provides a more comprehensive understanding of the social reality of the complex social processes experienced by newly housed Housing First tenants.

Overall, this study employs a triangulation method which is similarly conceived to that of Snow and Anderson (1993) in their investigation of homeless street persons. Both forms of triangulation are incorporated explicitly so that combinations of both multiple qualitative and multiple quantitative methods are used to investigate the experiences of individuals within a Housing First program. Qualitative research here includes multiple ethnographic inquires such as open-ended interviews with both Housing First tenants and staff as well as content analysis of archival data. Quantitative methods include multiple tenant interview scales and tenant demographic data that can be summarized numerically. Hence, the data used in this study is truly triangulated, being that two distinct methods with multiple forms of each method are incorporated. The use of this complex form of triangulation was possible due to context of data collection which is described in the following section.

Background Information on Data Collection

The National Alliance to End Homelessness (2010) is a "nonprofit, non-partisan, organization committed to preventing and ending homelessness in the United States" and includes an array of resources for organizations committed to ending homelessness. As the Housing First approach was gaining more and more popularity nationwide for the successful outcomes found in tenants, in 2000 the National Alliance to End

Homelessness (2010b) publicized a ten year plan instructing alliance members to specifically incorporate the Housing First approach in their agendas to end homelessness. This release of "A Plan, Not a Dream: How to End Homelessness in Ten Years" specifically states:

> People should be helped to exit homelessness as quickly as possible through a housing first approach. For the chronically homeless, this means permanent supportive housing (housing with services) – a solution that will save money as it reduces the use of other public systems. For families and less disabled single adults it means getting people very quickly into permanent housing and linking them with services. People should not spend years in homeless systems, either in shelter or in transitional housing. (P.3)

Some years later in the summer of 2006, the Mercer Alliance to End Homeless in New Jersey began implementing this message being a subdivision of the National Alliance to End Homelessness. The Mercer Alliance to End Homelessness created the "Housing First Collaborative" as a joint committee in New Jersey focused on implementing and overseeing a Housing First Program in Mercer County, NJ. Partners in the collaborative include:

City of Trenton
Corporation for Supportive Housing
County of Mercer
Mercer County Board of Social Services
Mercer Alliance to End Homelessness
NJ Department of Community Affairs
NJ Department of Human Services
NJ Housing and Mortgage Finance Agency
Partnerships to End Long=Term Homelessness
United Way of Greater Mercer County

The Housing First Collaborative partners combined with additional outside funders committed about $1 million annually to the project for duration of three years. Additional outside funders include Tyco, Bristol Myers Squibb, Ortho McNeill Janssen

Pharmaceutical Services and the Fund for New Jersey. The Mercer Alliance to End Homelessness chairs the Housing First Collaborative and issued a "request for proposal" (RFP) in 2007 to find a service provider. Greater Care[3] was chosen among the proposals received to implement housing and case management services for the chronically homeless in Mercer County. When funding commitments were completed and the initial set of housing vouchers became available, the program began taking applications in January of 2008.

At this time, application forms for the Housing First program were placed in various homeless shelters and service agencies throughout Mercer County. The Housing First Collaborative initially received 99 applications and conducted a screening with a certified nurse identifying only those applicants who: 1) are chronically homelessness (1 year or more) and 2) have a chronic disability. Hence, applicants were necessitated to meet the HUD definition of chronically homelessness to be accepted into the program. Through this screening process 20 of the 99 applicants were chosen and passed over to Greater Care in the beginning of February 2008 to begin homeless outreach and implementation of Housing First services. This screening process for choosing Housing First applicants was continued twice each year (once in winter and once in summer) throughout the duration of the program. In implementing the Housing First program, Greater Care initially consisted of four case managers, one lead case manager, and one director who were designated at Greater Care to provide housing and services specifically

[3] The service provider, Greater Trenton Behavioral Health Care, is abbreviated to "Greater Care" throughout the dissertation.

to Housing First tenants. In the agreement with the Mercer Alliance, Greater Care was contracted to provide these services for over 30 months commencing December 1, 2007, and culminating May 31, 2010. In this time period Greater Care was contracted to house 40 individuals and 10 families following the ideals of the Housing First model for addressing homelessness.

In March 2008, I became involved with the project. I was contracted under the principle investigator, Kevin Irwin (who at that time was a Research Associate at the Yale School of Public Health) to be the research assistant, interviewer, statistician, and collaborative correspondent for the research evaluation of the Housing First Initiative in Mercer County. The evaluation team consists of Kevin and me. I was able to enter the institutional setting of Housing First with an open sociological perspective and no theoretical framework guiding my insights and as such no research agenda was considered at this time other than the evaluation needs. Initially, to formalize myself with the Housing First program I attended seven case manager meetings beginning in April 2008 through July 2008. In a form of participant observation similar to the context of a focus group, I was introduced to the world of Housing First. In these first encounters emergent themes arose and directed the nature of research operationalization. Primarily, the importance of the relationship between case managers and tenants and how these relationships were continually directed and advised through institutionalized foundations at staff meetings became apparent. These emergent themes were used in operationally defining the main variable in this analysis, interactions (within a larger structural social process), which then lead to the operationalization of a suitable theoretical framework,

that being symbolic interactionist with elements borrowed from structural functionalism. In addition, through the use of symbolic interactionism and directives from previous research on the homeless, interactions were further conceptualized into the three social processes of social identity, affective home creation, and social wellness. Although unknown at the time, this type of emergent research forum follows under the discourse of triangulation in preceding formal theory development. Denzin (2009) labels this emergent phase as the "multiple-paths-to-theory approach" (p. 74) and states that:

> The use of this sensitizing approach does not lead the researcher into a situation where his concepts remain nonoperationalitized; the point of operationalization is only delayed. Once the distinctive nature of concepts are uncovered, analysts can rapidly move to the use of triangulated strategies. (P. 75)

Hence, this early initialization with Housing First was especially relevant for later theoretical direction and operational labeling of social processes. Furthermore, in this same time period I was able to present my inclinations for instrument development and methodology design in data collection. The evaluation team in combining perspectives agreed that the data methodologies used for data collection would be both qualitative and quantitative with each of these types of data being collected in the two distinct forms: archival data and interview data.

Overall, this is a triangulated study of social processes. Measuring a process is a very difficult task as a process itself is fluid, changing, and constantly in motion. Process, however, is the true nature of reality as everything is always in process. To measure this process of transition for tenants I conceptualized the three dimensions of social identity, affective home creation, and socially supported. Within each of these three conceptualized dimensions I measure the process of transition for tenants through

four stages: 1) HUD guidelines, 2) Greater Care policy data for case management training, 3) implementation of policy data through interactions between case managers and tenants and 4) outcome measures of tenant transitions. In measuring a process, structural and meso-level policy is connected to micro-level interactions and then to individual outcomes. Guideline and policy data is measured with archival data on guidelines for case management interaction. The interactions between case managers and tenants are measured using interview data. The outcomes for tenants are measured using quantitative scale data collected during interviews. Tenants also discuss their experienced and outcomes during their interviews so that outcome data is also found within interviews and are subsequently verified by outcome scale measures for all participants.

Guidelines and Policy Data: Measuring the Objectives of Housing First

Housing First staff training documents and policy documents were used for the purposes of identifying policy and guidelines of the Housing First paradigm of addressing homeless at Greater Care. The Housing First staff training documents and policy documents were obtained from both the director and lead case manager of Housing First at Greater Care. As discussed previously as relating to emergent operationalization, by attending the weekly case manager meetings when available during the first cohort of tenant housing (between April 2008 through July 2008) I was incorporated into the conversations and activities of staff. During this period I attended a total of seven meetings and this incorporation was beneficial in obtaining training and policy documents for case managers of the Housing First program at Greater Care. I continued

to attend meetings throughout the evaluation, however, at much greater intervals and with less regularity as compared to the initial housing of tenants. This was due to the desire of staff that I not attend on a regular basis since my presence changed the comfort of conversational dynamics concerning tenants.

Training and policy documents were analyzed qualitatively using basic content analysis of "whole text" (Weber 1990:23) to determine the policies for housing first and the guidelines for interactions between case managers and tenants. This type of archival data was necessary to verify the guidelines used for training and implementation of the Housing First model of addressing chronic homelessness at Greater Care. This type of data is a non-obtrusive form of data collection in which participants are not needed; however, the analysis is limited to whatever print documentation is available. Hence, subtle meanings and context of enforcement are not identifiable from mere print as they were during participant observation of staff meetings.

Documentation collected includes: Code of Federal Regulations for Shelter Plus Care programs, "Recovery Culture Policy" issued by the Substance Abuse and Mental Health Service Administration, Motivational Interviewing Guidelines, Greater Care Consumer Information Handbook, New Jersey Self-Help Group Clearinghouse: Groups That Help Bring You Wellness document, and the Tenant Activity Questionnaire. This data provides documentation as evidence for the three "Housing First Policies" presented in the theoretically modeling of the social processes involved in tenant transitions: A) Case manager and tenant interaction guidelines, B) Permanent housing without conditions policy, and C) Case manager guidelines to provide supportive services and

links to the community.[4] Although there was no documentation specifically referred to as "Housing First" at Greater Care, Housing First guidelines were implemented with the noted documents through staff discussions.

Implementation Data: Measuring Staff and Tenant Interactions through Interviews

Staff implemented the policy data through their interactions with tenants for the duration of their housing tenure in Housing First. Staff and tenants were both interviewed to gathering information about the interactions experienced from both ends of provider and consumer. In this section I present information on the tenant interview schedule, sampling, and data collection initially and then discuss the staff interviews similarly. Over 70 interviews were conducted with staff and tenants. Both tenant and staff interviews were conducted using Institutional Ethnography so I dedicated a subsection to the review of this interviewing methodology.

Tenant Interview Schedule, Sampling, and Data Collection

Interview data is the second main form of data collected in this study and it provides an excellent compliment to existing archival data. Interview data allows for

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[4] It was later discovered that HUD (2007) developed three similar guidelines to housing individuals within Housing First. 1. *"Assertive Outreach and a Low-demand Approach that Accommodates Tenant Alcohol and Substance Use,"* 2. "*Direct and Permanent Placement in Housing,"* and 3. "*Readily Available but Not Mandatory Supportive Services"* (P. 6). The fourth guideline of "Case management services and housing holds for clients, even if they leave the program for a short time" is not discussed in depth as only one tenant thus far was temporarily discontinued from housing. These guidelines corroborate my analysis of the Housing First policy and are referenced specifically in each of the three results chapters.

direct interaction with participants to gain insight into their thoughts, experiences and perceptions of Housing First. Four different types of interviews were conducted: 1. Open-ended (qualitative) interviews with tenants, 2. Open-ended (qualitative) interviews with Greater Care staff, 3. Scale (quantitative) interviews with tenants, and 4. Scale (quantitative) interview assessment of tenants by case managers. Both tenants and case management staff completed both quantitative and qualitative forms of interviews. Scale (quantitative) interviews with tenants and scale (quantitative) interview assessment of tenants by case managers are discussed in the next section on outcomes data.

The main elements of interview structuring include sample selection rationale, interview schedule, duration, and response rate. Once individuals were housed with Housing First, interviewing was attempted as soon as possible. All individuals housed were sent a letter of intent to interview. Within the first interview participants were accessed as possible sample members by both their desire to continue interviewing and the coherence of their interview statements. If no response came of the initial letter, a second letter was attempted a few months later. This pattern of attempt was repeated four times for those never interviewed.

An overall sample of tenants were followed as repeated interviews progressed, however, due to time limitations those interviewed early on who were able to be progressively interviewed were most likely chosen as sample case studies later. This type of case study sampling does indicate a self-selection bias toward certain characteristics. Sample demographics for tenants indicate less severe mental illness in the case study sample compared to the full sample of tenants, 55% compared to 76.7%. In addition,

family tenants proved to be more difficult to interview than single tenants. Only two families of 11 total are included in the case study sampling due to interview participation. The two families that are included in the sample are older in comparison (ages 46 and 51) to the average age of tenant mothers, usually in their 20's. This younger population of mothers was extremely disinclined to interview and it is not fully understood why. See table 1 and table 2 below for full demographic information.

In both the case study sample and tenant population, only a very slight majority of tenants are men so that men and women are almost equally represented in Housing First. Most of the tenants in the population and sample are likely to be middle aged (between 30 and 64) and are likely to be African-American (68.3% and 75% respectively)[5]. The second most common race was white at 20% for both the sample and population. In the sample and population tenants are likely to have been living in a shelter for the past 6.3 to 7 years on average respectively, although those living in places not meant for cohabitation are overrepresented in the sample compared to the population (35% to 18.3% respectively). Among the sample, tenants are likely to be high school educated, 45%, in comparison to the population with the majority, 46.7%, as less than high school educated and 36.7% as high school educated. The majority of tenants in both the sample and population are non-veterans. Families are underrepresented in the sample at 10% when 18.3% of the population were families (female heads of household with children).

[5] "By race, the homeless population was estimated to be on average, 49% African-American, 35% white, 13% Hispanic, 2% Native American, and 1% Asian" (McCarty 2005, p.3) so that in this particular Housing First population African-Americans are overrepresented compared to average demographics of homelessness populations. It may be that African-Americans are overrepresented in chronic homeless populations.

Table 1. Total Tenant Population Demographics

Demographics	Individual	Family	Total N	Total %
	49	11	60	(100)
Sex				
Male	32		32	(53.3)
Female	17	11	28	(46.7)
Age				
18-29	2	5	7	(11.7)
30-49	28	4	32	(53.3)
50-64	17	2	19	(31.7)
65 and older	2		2	(3.3)
Race				
African-American	37	4	41	(68.3)
White	8	4	12	(20.0)
Hispanic	3	2	5	(8.3)
Native-American	1	1	2	(3.3)
Highest Grade Completed				
Less than High School	26	2	28	(46.7)
High School or Equivalent	14	8	22	(36.7)
Some College	8	1	9	(15.0)
Four Year College Degree	1		1	(1.7)
Veteran Status				
Yes	5	0	5	(8.5)
No	44	11	55	(91.5)
Disabling Condition(s)				
Serious Mental Illness	38	8	46	(76.7)
Chronic Physical Disability	16	1	17	(28.3)
Diagnosable Substance Abuse	13	2	15	(25.0)
Developmental Disability	2		2	(3.3)
Living Situation Prior to Housing				
Emergency Shelter	37	9	46	(76.7)
Place not meant for habitation	11		11	(18.3)
Hotel		1	1	(1.7)
Friend	1		1	(1.7)
FPC Homefront		1	1	(1.7)
Length of Time Homeless				
Less than 1 year		3	3	(5.0)
1 - 2 years	12	5	17	(28.3)
3 - 5 years	15	1	16	(26.7)
6 - 9 years	8	1	9	(15.0)
10 or more years	14	1	15	(25.0)
Average Homeless Length	7 yrs	2.9 yrs	6.3 yrs	

Table 2. Tenant Case Study Demographics

Tenant Case Study Demographics	Individual	Family	Total N	Total %
	18	**2**	**20**	**(100)**
Sex				
Male	11		11	(55)
Female	7	2	9	(45)
Age				
30-49	11	1	12	(60)
50-64	7	1	8	(40)
Race				
African-American	15		15	(75)
White	3	1	4	(20)
Native-American		1	1	(5)
Highest Grade Completed				
Less than High School	7		7	(35)
High School or Equivalent	7	2	9	(45)
Some College	4		4	(20)
Veteran Status				
Yes			0	(0)
No	18	2	20	(100)
Disabling Condition(s)				
Serious Mental Illness	10	1	11	(55)
Chronic Physical Disability	10		10	(50)
Diagnosable Substance Abuse	8	1	9	(45)
Developmental Disability			0	(0)
Living Situation Prior to Housing				
Emergency Shelter	11	2	13	(65)
Place not meant for habitation	7		7	(35)
Length of Time Homeless				
1 - 2 years	4	2	6	(30)
3 - 5 years	5		5	(25)
6 - 9 years	4		4	(20)
10 or more years	5		5	(25)
Average Homeless Length	7.6yrs	1.4yrs	7yrs	

In addition, regarding the interview schedule, once a month during the evaluation Greater Care would provide an updated list of all housed tenants and their contact information, including phone (when available) and addresses. During the intake process, case managers gained consent from tenants to be interviewed within the evaluation. Tenants were then contacted as soon as possible by letter to initiate interviewing. Within the letter tenants were given the option to be interviewed on various days, at various times, and in two possible locations. The method was used to increase convenience, and therefore, availability for the tenant. Once scheduled, interviews were conducted with tenants at one of two sites of Greater Care located in either Trenton or Ewing, New Jersey. Interviews lasted approximately between 40 minutes and an hour and a half and included administering four quantitative scales first and then an open ended qualitative portion. One single interview session provided one open-ended interview recorded on a digital recorder and four completed quantitative scales. Quantitative scales collected in these interviewing secessions conducted by myself included: The Housing Satisfaction Scale (Tsemberis, Rogers, Rodis, Dushuttle, and Skryha 2003), UCLA Loneliness Scale (Russell 1996), and Personal Network Matrix, Version 1, parts 1 and 3 (Dunst, Trivette, and Deal 1988). Participants were given a total of $20 for completion of the interview. In a few instances, participants were only willing to complete the survey sections of the interviewing and for this they were given $10. This occurred with three cases, one single male tenant and two family tenants. The single tenant returned later to complete a full interview, however, neither family tenants returned and it is unclear as to why they never returned.

Participating tenants were interviewed from baseline every six months for three interviews. Interviews were conducted by me (and twice with Kevin and me present), with all willing tenants in the Housing First program From Fall 2008 until Fall 2010 when follow-up longitudinal interviewing was completed for the evaluation. Interviewing tenants longitudinally allows for data of transitional experiences within Housing First. Throughout the interviewing phase more first time interviews were completed than any other follow-up interviewing[6]. Of the total 60 ever housed tenants, 52 were asked via mail to complete an interview; the last four individuals housed in May 2010 of the evaluation and were not asked to complete interviews since the evaluation was scheduled to end in that month. A total of 26 tenants completed at least some form of interviewing which calculates to a 50% response rate and 20 tenants became continuous case studies which calculates to a 39.2% overall (when controlling for mortality).

Staff Interview Schedule, Sample, and Data Collection

Furthermore, the last type of interview structure was an open ended, qualitative interview conducted with Greater Care case management staff on sight at Greater Care. One interview was conducted with each staff member working exclusively on the Housing First program. Therefore, a total of seven case manager interviews, one lead-case manager interview, and one interview with the Housing First director were

[6] Six tenants completed only one interview. Three tenants did not reschedule for their second interview including two heads of family (one Hispanic and one black woman) and a veteran (black man). One tenant died (black man) and two tenants were deemed as inappropriate interview candidates. One black woman was too incoherent in her interview due to severe paranoid schizophrenia and one Hispanic man was too shy and wouldn't speak.

interviewed for a total of nine staff interviews. Interviews with staff were conducted in the summer of 2010 into the fall of 2010 during the culmination of the evaluation so that at the time of being interviewed staff had been working on the project for as long as possible so that the greatest insights could be gained as compared to interviewing staff early in the implementation of Housing First. Newer staff members were hired during the implementation of Housing First so that two staff members had less time with tenants before the interviewed. Staff were contacted by telephone and asked to set up an interview that would be possible when their work schedule permitted them to be "in house." Staff interviews were conducted in a private office at Greater Care during work hours. Staff demographics are below:

Table 3. Staff Demographics

Sex	**n**	**%**
Male	2	(22.2)
Female	7	(77.7)
Age		
18-29	2	(22.2)
30-39	4	(44.4)
40-49	2	(22.2)
50 +	1	(11.1)
Race		
African-American	5	(55.5)
White	3	(33.3)
Hispanic	1	(11.1)

Case managers are likely to be black (55.5%), woman (77.7%), in their 30's (44.4%). The lead case manager is a black woman in her 40's and the Director of Housing First, who also acted as a case manager, is a white woman in her 40's.

Staff interviews utilized the method of Institutional Ethnography (IE) similar to that of tenants so that the processes important to staff for the tenants emerged within the

interview. Staff were asked a simple opening question of "what do you think of Housing First?" and the interview progressed based upon their initial statements. The next section discusses IE methodology for interviewing in greater depth.

Tenant and Staff Interviewing Format and Analysis: Institutional Ethnography

Both tenant and case manager interviews follow the format guidelines of Institutional Ethnography (IE) since this qualitative methodology focuses specifically on processes. "The purpose of IE investigation is not to generalize about the group of people interviewed, but to find and describe social processes that have generalizing effects" (DeVault and McCoy 2002:753). Within Institutional Ethnography the research follows a sequence of:

1) Identifying an experience,
2) Identifying some of the institutional processes that are shaping that experience,
3) Investigating those processes in order to describe analytically how they operate as grounds of the experience (DeVault and McCoy 2002: 756).

Furthermore, within this formatting, each interview is based in part on what the researcher has learned in previous interviews. The format is open to emerging themes of the respondents in describing their experiences within the institutional agency. Tenants and case managers were encouraged to talk about the processes that they find important in Housing First as well as responding to prompts for certain subjects when applicable[7]. These interviews will be used to illustrate the interactions experienced by tenants within Housing First guidelines as well as to provide data on Housing First success outcomes. Analysis included 20 case studies to represent variations in tenant demographics. Case studies are useful in analysis here because "the case study is a research strategy that

[7] See Appendix A

focuses on the behavior, history, social context, symptoms, and treatment of one organization at one definite point in time or on a small number of individual cases that have features in common" (Cargan 2007: 204). Furthermore, the specific longitudinal interviewing of case studies provides information on "the net changes in attitudes and behaviors for a group of respondents over time." (Cargan 2007:206). In addition, this technique "produces lots of detailed information" (Cargan 2007:204) which will enable a thorough analysis of changes related to tenant experiences. Hence, the benefits of longitudinal case study analysis, which includes three interviews with tenants every 6 months from baseline while in housing tenure are salient to my hypotheses that staff and tenant interactions are the connecting element between Housing First guidelines and successful housed outcomes.

Participant observation was conducted early on of staff interactions for emergent themes; however, no participant observation was conducted of case manager/tenant interaction because there was no permanent or systematic space utilized for interactions, such as those in a hospital. Hence, observation of interactions would be spatially erratic and my presence would be clearly obvious and intrusive. Denzin (2009), as discussed previously in the chapter introduction presents a view that interviewing in itself is a form of participant observation. He states that

> There is then a curious blending of methodological techniques in participant observation: People will be interviewed, documents from the past will be analyzed, census data will be collected, informants will be employed, and direct observation of ongoing events will be taken. (Denzin 2009: 185)

Hence, this view is a more inclusive definition of participant observation, which is highly actualized when applied to the data techniques used in this study. For operational

methodological purposes, however, I considered a more conservative definition with participant observation being only direct physical observation of participants.

Furthermore, since emerging themes are relevant to understanding social processes, the initial hypotheses of social identity, home creation, and socially supported wellness are modified in accordance to what was verified by tenant and case management interview analysis, therefore, producing different dimensions of salient experience for different tenants. Although interviews were analyzed for the three hypothesized dimensions of social processes, analyses were not blinded to only look for this information. This technique was administered through two forms of interview analysis 1) longitudinal interviews for each of the 20 tenant case studies were summarized as an edited topical life history with subsections for each of their three interviews and 2) all 60 interviews were coded separately for repeated salient themes.

Denzin argues that "like participant observation – the life history method closely approximates the fit between theory and method" (Denzin 2009:219). Hence, although no participant observation of tenants was conducted, the use of life history analysis through case study sampling provides. Allport originally labeled three forms of life histories: the complete, the topical, and the edited (1942). Denzin supports the use of life histories for triangulated research and further elaborates by stating that:

> All of the forms, however, contain three central features: the person's 'own story of his life,' the social and cultural situation to which he and others see him responding, and the sequence of past experiences and situations in his life. (2009:222)

Of the three forms, the edited life history is most adaptable as it may be either topical or complete (Denzin 2009). Denzin further describes the key feature of edited life histories as "the continual interspersing of comments, explanations, and questions by someone

other than the focal subject" (2009:223). Therefore, as Housing First social processes are the focal topic of this study, edited life histories specified on homelessness and housing experiences presents a useful analytical tool to systematically organize the format of case study interview data presentation. Within the results chapters, three to five edited topical life histories are presented as illustrations of the contextual holistic experience of being homeless and then housed.

Moreover, interviews were transcribed by me and a research assistant who was provided for me between Spring 2010 and Winter 2011. Prior to transcription, the principle investigator, Kevin, I, and a research assistant all reviewed the same three interviews and developed a coding system based on emergent themes found within these interviews that correlates with the ideals of emergence within triangulated research techniques. This coding system was based on salient themes found within interviews and was not limited to my hypothesis of identity formation, home creation, and wellness supports. Interviews were coded by myself during fall 2010 and winter 2011.

As I conducted the interviews myself, potential biases within the interview process may have occurred. My gender and race, being a white woman, may have impacted the comfort of tenants in discussing certain topics. The interview atmosphere I created was a very open and accepting environment and many tenants did discuss their experiences in great detail, however it is unknown whether tenants may have expressed themselves differently to an interviewer of a different race and/or gender. In addition, interviews were known to tenants to be conducted as part of an evaluation of Housing First so that there may have been concerns of tenants that any negative responses could

be used to take away their housing. Although tenants were guaranteed anonymity in their responses it is unclear as to how well tenants understood that their responses would not affect their housing.

This type of interview presentation and analysis does not produce generalizable findings, yet, provides a great depth of knowledge and insight into how this program may be working for a variety of demographically different case study examples. The use of topical life histories and coded qualitative themes provides both contextual information as well as summarizable findings that increase the knowledge of salient themes regarding homelessness and housing experiences of tenants that were interviewed. Variations of support for my hypothesized dimensions are noted in the result chapters. Also, continuing in the ideals of triangulated research other dimensions that were not initially hypothesized or hypothesized dimensions that were not supported by findings are also presented for discussion based upon interview results.

Outcomes Data: Measuring Successfully Housed Transitions and Housing Tenure

Data for measuring the outcomes of tenants includes interview scale data from tenant interviews and archival data used to measure housing tenure and housing retention data. These data are used to verify the successful outcomes of continued housing tenure for tenants. Interview scale data provides evidence for positive transitions over continued housing tenure while housing retention data allows for a comparison between tenants with continued housing tenure and those without continued housing tenure. Housing

tenure is critical to understanding successes within Housing First program and is a central assumption to the overall theoretical model.

Quantitative Interview Scale Data

The quantitative scales measurements of tenants longitudinally are another central form of data to analyzing the successful longitudinal outcomes of Housed Tenants. Overall, four scales are collected by me (first four listed) and two scales are collected by staff (last two listed) for a total of six scales[8]:

1. The Housing Satisfaction Scale
2. UCLA Loneliness Scale
3. Personal Network Matrix, Version 1, part 1(network size and intensity)
4. Personal Network Matrix, Version 1, part 3(helpfulness of network interactions)
5. Quality of Life Scale
6. Multnomah Community Ability Scale revised

Scale data, when available, was entered numerically into separate excel spreadsheets. Greater Care client identification numbers (6 digit number) were used as case identification. In addition, the tenant housing date was used to calculate the duration of housing when the scale was completed to create a variable of "months housed." When all scale data entry was completed the excel spreadsheets were uploaded into SPSS for analysis. Scales were analyzed individually in SPSS for longitudinal changes over time using 'months housed' as the independent variable. Outcome averages of tenants were grouped into time durations as follows: 0 months housed (only for scales administered by Greater Care), 1 to 5 months housed, 6 to 11 months housed, and 12 or more months housed. Since tenants were not always interviewed immediately upon housing, this

[8] See Appendix A

grouping method allows for more precision of knowledge of when in the processes of housing the scales were conducted. Simply presenting the scales as 1st, 2nd and 3rd would not provide specific information as to the length of time housed when the scale data was collected. Scale data is highly beneficial to use, especially when a within-methods approach is utilized, as is in this study. Scales measure the various outcomes of the policy guided interactions between case managers and tenants. Outcomes are also discussed by tenants in their interview data so that scales offer numeric verification and more generalization of these outcomes for tenants. Scale data is easily quantifiable and may be utilized for longitudinal comparisons of numeric fluctuations; however, responses are limited to only specific categories. Scale data only serves as a representation of the social process outcomes when successfully linked to interactional experiences found in case study interview analysis.

When necessary for specificity, certain questions within the scales were focused on to empirically link the qualitative social processes found in interviews with the specific outcome measured in a question. This occurred only in the analysis of questions in the Quality of Life Scale and Housing Satisfaction Scale. Since the questions in these scales include a variation of aspects, certain questions were analyzed separately as relating specifically to the three hypothesized dimensions of social identity, home creation, and socially supported wellness. For example, question 16 in the Quality of Life Scale was separately analyzed to link staff and tenant interactions of social identity with outcome measures. The last section of this chapter provides a more specific discussion of empirical linkages for all the methodologies used in this study.

In addition, in the agreement of the evaluation the case managers working with tenants in Housing First collected two additional scales at client admission and every six months during the evaluation. The four scales collected by me were collected for the 20 case studies during their qualitative interview session. The two scales collected by staff were collected for a total of 60 tenants. Collecting the scales at admission provides pre-housing data in addition to the longitudinal data collected every six months after the tenant was housed. The two scales administered by the case managers are the Quality of Life Scale (Flanagan and Burckhardt 1978, 1982) and Multnomah Community Ability Scale revised (Barker et al. 1994). These two scales, however, differ in their application. The Quality of Life Scale was given to the tenant either on site at Greater Care or in the tenant's apartment to be filled out by themselves whereas the Multnomah Ability scale is completed solely by the case manager and acts as an assessment of tenant community ability. Hence, the second scale is a measure of the case manager's observations of tenants within their interactions and there is no direct reporting from the tenants themselves.

Housing Retention Data and Non-Housed Applicants

Housing tenure is a basic assumption of the model and must, therefore, be evaluated as well. Another form of available data from Greater Care was a tracking spreadsheet of all Housing First enrolled client outcomes titled the "Forever Tracking List." This tracking spreadsheet was reviewed monthly for the duration of the evaluation for any changes in tenant status, such as discontinued housing. This information was utilized to produce longitudinal housing retention rates for the Housing First program. In

addition, this information was also used to create tables to illustrate all outcomes of any enrolled clients, whether housed or not for the duration of the Housing First program evaluation.

In addition, tenants that were found to have discontinued from housing are analyzed separately because of this distinct status. For those tenants who have discontinued from housing for reasons such as their own desire, termination by Greater Care, death, or incarceration will be analyzed separately using all available archival data to create a "housing discontinued profile" to provide evidence for the possible indices of program and housing discontinuation. When available, an interview with the tenant was completed before housing discontinuation and is used in addition to the profile creation. This occurred in one instance when the tenant died and to a degree through a brief phone interview with another tenant that discontinued. Also, in specific instances, when discontinued tenants were able to be located interviews were completed following procedures similar to those of housed tenants discussed in the later sections.

Tenant Intake Forms for Tenured and Non-Tenured Demographic Data

The Greater Care formal intake forms found within the case files of each tenant were reviewed to collect specific demographics on the Housing First tenured and non-tenured population. The data were used to describe the characteristics of the housing first tenured population being studied. The intake forms that specifically were reviewed are the: Pre-Intake form, the Intake form, and the Intensive Family Support Services form. During a visit at Greater Care any newly housed tenant case files were reviewed

and relevant information was transferred to a separate form created specifically to collect demographic data titled the Housing First Demographic Intake form (18 questions) and then input into Statistical Packages for the Social Sciences (SPSS). This demographic data was used to produce frequency tables and mean scores, when applicable, to describe characteristics of the tenant population.

Tenant Termination Forms for Pre-Housing Terminations and Discontinued Tenure

As previously discussed, pre-housing terminations and discontinued housing tenure represent an important form of archival data collection. These two types of contraindicative evidence highlight the non-successful aspects of Housing First. In line with Denzin's triangulation techniques, "rather than searching only for support of their propositions, investigators should deliberately seek negative evidence" (Denzin 2009:307). Seeking out negative evidence is way to overcome researcher biases and present a balanced analysis of study findings.

Those individuals determined as "pre-housing terminations" were those eligible for housing (meet criteria), however, were terminated from the program after their formal intake was completed. When formal intake is completed the individual is considered a client of Greater Care and, therefore, must have formal termination documentation in their case file if they are then discontinued from the program. Pre-intake is considered more of a screening process, whereas intake is the formal documentation of a new client. Pre-housing termination occurred for a total of eight clients, seven singles and one family. "Housing discontinuation" occurs when a client of Greater Care is housed and housed status is not continual for various reasons such as incarceration, death, or program

withdrawal. Housing discontinuation occurred for a total of six tenants, one being only temporary due to incarceration. Hence, a total of 14 cases of contraindicative evidence were found regarding the success of the Housing First program, 8 eligible never housed and 6 housing discontinued. Pre-housing termination documents were analyzed for the eight individuals for patterns to see if consistent elements were present that resulted in the termination. Also, when available, interviews with tenants that experienced housing discontinuation were analyzed for patterns.

Due to the nature of housing retention, these data are highly fluid and may change at any moment past the conclusion of the study evaluation. Therefore, these retention rates represent a cross-sectional analysis of a point in time that is vulnerable to modification and change as more time passes. Although these data are highly fluid, it offers a valuable perspective in addition to main objective of this study which is to explain the success of the Housing First model through the use of symbolic interactionist theoretical framework and conceptualization of social processes. The "success" of Housing First could be defined purely in economic terms, or housing tenure (e.g., duration of tenant retention), or combination of both, etc. In this research design I argue that the three parts – social identity, affective home creation, and socially supported wellness – are the transitional processes that contribute to overall successful life transitions found in the program.

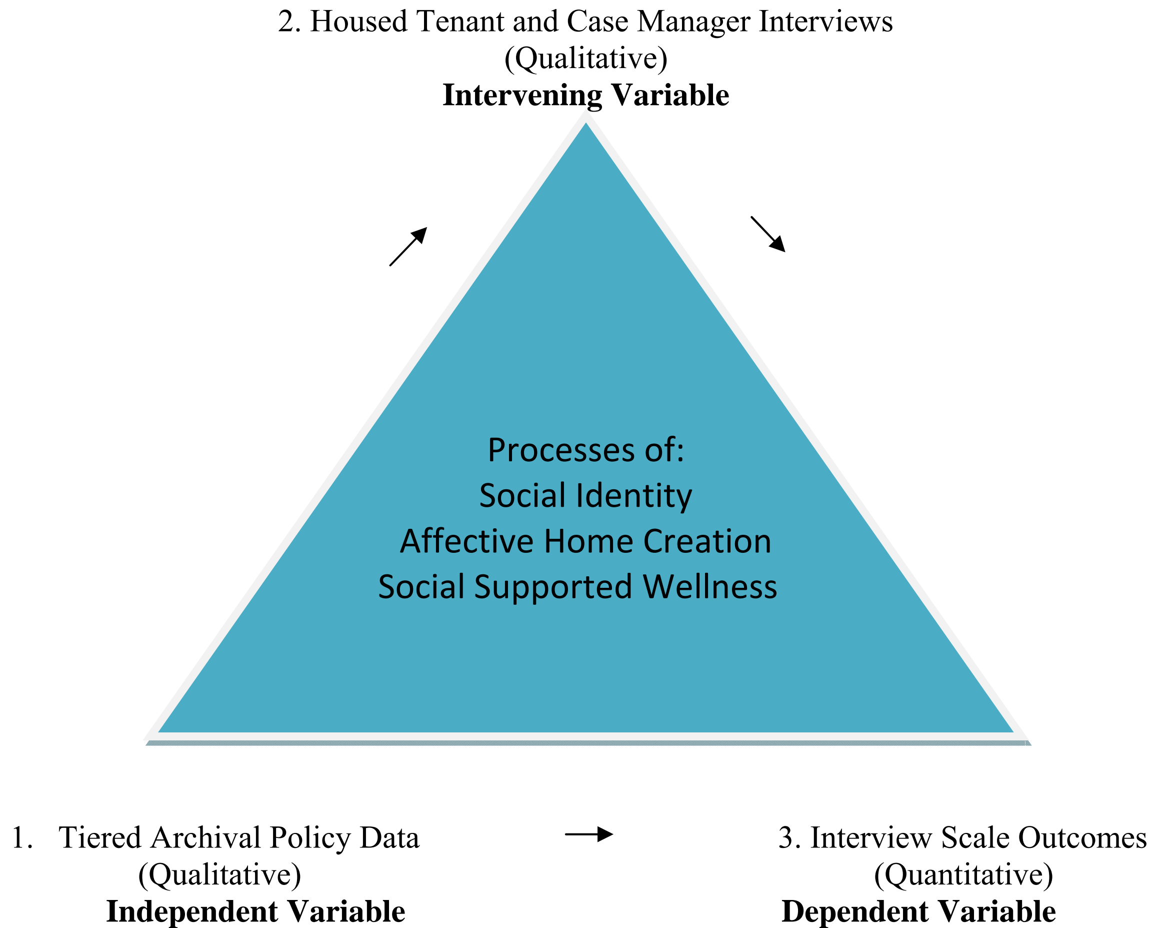
Empirical Linkages: Triangulated Modeling Methodology in Action

In reviewing this section there are a plethora of data that were collected in consideration, as stated in the introduction, of the benefits to using a triangulated

methodology. In writing about the benefits of using a mixed methodology, Jick (1979) highlights the important part of qualitative methods in producing beneficial triangulated models. He states that "qualitative data and analysis function as the glue that cements the interpretation of multimethod results" (p. 609). Hence, in constructing the triangulated mixed methodology in Figure 8, the qualitative interviews were the focal point of all the methodologies in my, literal, triangulation. In this sense, the qualitative interviews with housed tenants and case management staff function as the intervening variable in the analysis of social processes within Housing First. These interviews provide the data necessary to identify patterns in a process of social transition produced from archived policy that are relevant to the positive scale outcomes experienced for Housing First tenants. In Figure 8, interaction data from qualitative interviews act as the intervening variable, connecting the independent archival data and the dependent quantitative scale outcomes. To better understand all the data elements captured in the triangulated model, a full illustration of all methodologies is presented in Figure 9 on page 106.

In Figure 8, all but one methodology is incorporated in the triangulation modeling. The only data form that is not listed is the archival quantitative data of housing retention. Due to the dynamics of the hypothesized theoretical model, housing tenure is assumed because this is necessary to the experiences of social processes within Housing First. Without housing tenure, all experiences with Housing First cease and therefore, interviewing ceases as well. The absent housing tenure archival data is

Figure 8. Triangulated Measurement of Tenant Social Processes in Housing First



analyzed separately to compensate for the assumed housing tenure in the modeling. Discontinued Housing First tenants are also analyzed separate from the triangulated model to present a more balance analyses of both the positive and negative outcomes of Housing First since the modeling is biased toward successful outcomes, as evident in previous literature.

Overall, a triangulated methodology is highly useful in the development of a new theoretical model to understanding existing phenomenon. Jick (1979) argues that “above all, triangulation demands creativity from its user…and can stimulate us to better define

and analyze problems in organizational research" (p. 610). Hence, triangulation presents users with a level of creativity in expression that is a beneficial necessity in the construction of a new empirically tested theoretical model.

Figure 9. Social Processes Flow Chart

Archival data for policy illustration	Qualitative interviews with tenants and case mangers for all interactions	Quantitative scales for outcomes
Housing First Tiered Policies →	**Interactions** →	**Housed Successes**
SOCIAL IDENTITY **Case Manager Interaction Guidelines for Confidence and Autonomy** -HUD outreach guideline -Greater Care recovery culture policy from SAMSHA -Greater Care philosophy of service -motivational interviewing	Interviews with tenants and case managers coded for interactional processes including themes of 1) positive labeling for self confidence, 2) elimination of shelter interactions, and 3) increases in power and choice for self autonomy	***→Increased self awareness and understanding*** (Quality of Life scale, Question10) ***→Increased Independence from power and choice*** (Quality of Life scale, Question 16)
AFFECTIVE HOME CREATION **Permanent Housing without Conditions** -Shelter plus care guidelines of funding under HUD policies -Supportive Housing Programs Crosswalk -Intensive Family Supportive Services	Qualitative case study interviews with tenants and case mangers coded for interactional processes that provide housing without conditions and foster 'home' symbolic meaning through themes of home creation: 1) safety and control and 2) family re-connection	***→High rates of housing satisfaction*** (Housing Satisfaction Scale) ***→Increased contact with family members*** (Personal Network Matrix V1, Part 1)
SOCIALLY SUPPORTED WELLNESS **Case Manager Provides Supportive Services and Links to the Community** -Code of Federal Regulations Title 24 -Supportive Housing Programs Crosswalk -Case manager handouts -Greater Care activity form for tenants	Qualitative case study interviews with tenants and case managers coded for interactional processes that place those transitioning to 'housed' status into supportive case manager and community networks	***→Increased community ability*** (Multnomah Community Ability Scale) ***→Decreased loneliness scale measurements*** (UCLA Loneliness Scale) ***→Increased social support network*** (Personal Network Matrix V1, Part 1 & 3)

CHAPTER 4

A NEW SELF: TENANT IDENTITY CONSTRUCTION THROUGH GUIDED INTERACTION

In the results chapters I seek to explain the success of Housing First from the perspective of symbolic interactionism. Specifically, the interactions and symbolic exchanges experienced by tenants and case managers within Housing First are analyzed to find out which processes and exchanges contribute to the success of Housing First. Interactions here are processes of exchange through which thoughts and feelings are produced. Success here is the continued housing tenure that prevents further homelessness episodes, as well as the resulting cost-effective savings from the decreased utilization of emergency services. Tenants are engaging in a process of transition to a more socially acceptable status through their interactions with program staff in Housing First. This chapter reveals how policy provision for staff interactions assist and deter tenants to various degrees in accomplishing identity restructuring that resembles ideals of self confidence and self autonomy. These identity interactional processes are argued to be socially healing in that they assist tenants in assimilating to a more acceptable class status and respectability than they formerly occupied while being chronically homeless.

Unraveling the Processes of Tenant Identity Construction

In my analysis the complex interactional processes between tenants and case managers throughout housing tenure are disentangled to uncover how these processes promote and assist tenants in positive changes in their self perception. The interactional processes of self confidence and self autonomy are each relevant components of identity

construction for Housing First tenants. These processes have been empirically mapped out, beginning with bi-level policy provisions and ending with longitudinal scale outcome measures of tenant transitions. The sociological meat in the middle of this empirical sandwich are the interactions between tenants and case mangers within Housing First and how these interactions make tenants feel about themselves. For this analysis social identity is conceptualized and presented as a processual interaction variable that is not a stagnant measure, but rather a fluid process that tenants experience in different ways at different times in their housing tenure.

Self confidence and self autonomy processes both begin with a federal guideline for Housing First staff and tenant interactions. In examining the three HUD (2008) guidelines for procedures of housed tenants, the first guideline of “assertive outreach to recruit potential clients and a low-demand approach that accommodates client alcohol and substance use” (p. 6) most correlates with the relevant literature on tenant social identity construction. This guideline highlights that the traditional treatment continuum does not accommodate client alcohol and substance abuse. Here, staff are instructed to present a “low-demand” approach as to acknowledge that chronically homeless individuals may be in the midst of substance abuse and that this is acceptable to the program. Case managers using this “low-demand” approach toward substance abuse are actually contradicting the stigmatizing labels of substance use through their acceptance and “accommodations” of these behaviors. Substance use prevents permanent housing opportunities in the treatment continuum paradigm, therefore, perpetuating the cycle of homelessness.

The housing process is initiated through interactions between case management staff and chronically homeless individuals who are usually residing in shelters while awaiting housing. These early non-stigmatizing interactions, even before housing, are argued here to ignite and produce the processes of positive identity transition. Interactions between case management staff and pre-tenants are designed by federal, macro-level policy, to be of a very specific kind of interaction based on this existing Housing First guideline. Service providers then enact this federal guideline through their own internal, agency specific, policy regulations as well, creating a bi-level structure for policy implementation. In the following sections specific Housing First policy, implementation, and outcome measures through Greater Care for identity restructuring are distinguished separately between processes to produce self confidence and self autonomy.

Self Confidence Processes: Restructuring of the Homeless "Spoiled Identity"

Tenants within Greater Care's Housing First program were homeless on average about six years prior to being housed. This long duration of homelessness deeply impacted the social identity of tenants as the homeless identity is a master status (Snow and Anderson 1993). Snow and Anderson argue that "basic roles or master statuses are usually highly visible, are relevant to interaction in most situations, and are generally repositories of moral worth and dignity" (1993 p. 9). Hence, since homelessness is a devalued status, and even considered the lowest position available in society, people who

are homeless often experience severe feelings of stigmatization and worthlessness that affect their self confidence.

Tenant Self Confidence Begins with Greater Care Policy

In examining policy documents from Greater Care that are used to address HUD's outreach guideline, both "motivational interviewing" and "recovery culture" policy provide evidence for how case managers are to facilitate these processes relevant to self confidence restructuring. "Motivational interviewing" policy[9] dictates that case managers are to provide an interactional setting that is conducive to creating positive change in tenants. Specifically, in terms of labeling, within the orientation phase of "motivational interviewing" case managers are instructed that the "*environment is non-threatening with unconditional positive regard*." In addition, within the decision phase of interviewing, case managers are to "*meet the member where he is; listen to his views without judgment; be affirming and respectful even when possibilities he is making are not ones counselor agrees with.*" Hence, no matter what is said by the tenant, case managers accept statements without criticism or negative reaction, allowing tenants to be released from continual cycles of negative labeling and stigma based on past experiences.

In addition, Greater Care's "recovery culture" policy (Program Collaboration Committee 2008) instructs case managers to employ 10 fundamental components of recovery: self-direction, individualized services, empowerment, holistic, non-linear, strengths based, peer support, respect, responsibility, and hope. Of those 10, two elements most relate to the processes of self confidence, *strengths-based*, *respect,* and

[9] See Appendix B "Stages of Change" for source of quotes

hope. Each component is further defined by the Substance Abuse and Mental Health Service Administration (2006) for case managers regarding the specific intentions of interactions with tenants:

Strengths-Based: Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g. partner, caregiver, friend, student, employee.)

Respect: Community, systems, and social acceptance and appreciation of consumers including protecting their rights and eliminating discrimination and stigma – are crucial in achieving recovery. Self acceptance and regaining belief in one's self are particularly vital.

Hope: Recovery provides the essential and motivating message of a better future – that people can and do overcome the barriers and obstacles that confront them. Hope is internalized.

These policy provisions entail that case managers must interact with tenants in a very thoughtful and strategic way. Case managers are expected to create strength based, respectful, and hopeful interactions with tenants to foster changes in their self perception.

Implementation Evidence for Facilitated Changes in Self Confidence:
Strength Based, Respectful, and Hopeful Interactions

Tenant and Case management interviews reveal transitions in self confidence that occur at various times during housing tenure. The Housing First policy provisions provide the fluidity that is needed for these variations to occur. Tenants are not expected to meet any unified outcomes or standards in their housing tenure and are provided with the correct interactional framework to allow non-linear transitions and patterns of change that cater to individual needs. Tenants experience changes in their self perception at different times in different ways. Some tenants experience identity transitions early and some experience it later after one or even two years of housing. No singular pattern exists, though many subtleties of a transitional process resulting in identity restructuring that correlates with continued housing tenure.

A long duration of homelessness impacts the time it takes to recover from these daunting self perceptions that produce a “spoiled identity.” Kate, a 53 year old white woman homeless for 4 years, illustrate below a devalued self perception after being housed less than a year:

> I feel permanently damaged. I don’t know if I can get back. I don’t even know what place to even say I want to get back to. [Interview 2, 9 months housed]

In addition, Sydney, a 60 year old black man who was homeless a little over one year, illustrates in the quote below that he is aware of how people think he has low morals due to his previous homelessness status and imposed a devalued self onto identity:

> I have morals and like sometimes you know you be around people and they think that because you’re in a homeless situation that you are a nobody. [Interview 1, 4 months housed]

Some tenants, such as Sydney does above, also utilize social distancing by referring to their homelessness identity as a ‘situation’ and not how they really want to see themselves. Tenants indicate being very aware of their lower social status and devalued moral worth.

Furthermore, the chronic homeless identity is often layered with multiple stigmatizing labels, such a mental illness, drug use, and familial abuse. Housing First tenants must have a co-occurring disability to be housed in the program; therefore, a pre-existing disability label is always present in tenant housed population. The most prevalent disability is mental illness (more than 75% of all housed tenants in Greater Care) and it is often accompanied by the behavior of drug use as a form of self medication while enduring life on the streets. These multiple layers of stigma then produce feelings of shame in tenant self perception, as shame is argued to be a central

part of the self perception in stigmatized individuals (Goffman 1963). A tenant, Shontel, is a 38 year old black woman who was homeless for five years while addicted to crack cocaine and she indicates below how her childhood familial abuse connected to her experiences of homelessness and drug use:

> shame and guilt and resentment build up over the years of time, and you act out in other ways so you have to get to the root, the root is what started it anyway from the beginning, and I think. And the root of mine is like, the abandonment when I was a child had a lot to do with my reaction as an adult because umm, I wanted to self-medicate myself cause I didn't want to feel certain things. I didn't want to deal with it, I didn't want to talk to nobody about it, I didn't wanna be open about it cause I was ashamed. [Interview 1, 6 months housed]

Many Housing First tenants report experiencing abuse and trauma in their family experiences and interpersonal relationships that led to later substance abuse and homelessness. [10]

Positive labeling through interactions with case management staff provides social-psychological processes and symbolic meaning exchanges that are new to the social reality of tenants, who are likely to have experienced extreme negative labeling and stigma as a result of their previous 'spoiled social identity' (Goffman 1963). Since homelessness is often regarded as the lowest social position in society, positive labeling fosters a transition in social identity through increased feelings of self worth, dignity, and respect which combine together produce self confidence.

Greater Care's "recovery culture" policy provides three elements that are key to this transitional process in self confidence. Within their interviews both tenants and staff explain how strengths-based, respectful, and hopeful interactions affected their psycho-

[10] Familial experiences that led to homelessness are further elaborated on in the next chapter on affective home creation.

social processes of meaning. In addition, an unexpected theme emerged through interview analysis for tenant self confidence processes. Both interviews with staff and tenants also indicate that it is important to relate to one another within interactions through a shared identity concept. This item is relevant for producing self confidence as it provides a connecting label between the boundaries of service provider and recipient.

Strengths-based interactions provide tenants with the much needed positive labeling lacking in their previous homeless identity. Case managers, for the most part, understand what life on the streets was like and use language that is accepting to the current situation of tenants. For example, Case managers use a method of "harm reduction" as a form of strengths-based positive labeling for tenant drug use in order to gradually build self-esteem. Chylon, a 33 year old black woman who has been a case manager for 12 years discusses below how harm reduction can begin to build a tenants self esteem:

> We can talk about your drug use and that is harm reduction. I'm smoking crack 10 times a day and I've been working with you for a year and now your smoking crack two times a week. That is a huge success. That is harm reduction. It is reducing the harm. Abstinence based, it doesn't work. People use drugs because it works, it fills a need. You have to replace it with something else. You have to replace it with self-esteem. [Chylon, Case Manager]

In addition, case managers note that as housing tenure continues tenant self-talk would begin changing and tenants would use more positive words to describe themselves. The case manager Chylon states below how she began seeing positive changes in self identity early in the tenant housing tenure:

> one thing we started seeing, that their self image start getting better. Their self identity was really, really good…They weren't telling themselves that I'm just a drug addict. I mean the vocabulary changed. [Chylon, Case Manager]

One tenant in particular, Zion, was very expressive on how his interactions with his case manager contributed to his increased self esteem and positive self labeling. Zion is a 47 year black man who was homeless for two years prior to housing and he explains below how his past experiences were so overwhelming that he had to basically shut down his feelings and create an outer "shell" in order to survive his environment:

> He makes me feel more acceptable, he started to bring me back out of the shell I was in cause, you know, it's kind of hard when you're used to doing stuff on your own all the time. Especially me, I mean, you gotta be in the shell coming from the neighborhood where I'm coming from. Dealing with the stuff I was going through….I see myself as being an older man now. I'm not no longer thinking I'm ah, ah, a young, a young guy that has to be out there standing on the street corners. Ah, um, drinking and drugging and all that other stuff, you know what I mean. Doing unnecessary things I had to do to survive. I don't have to think that way anymore. I think good about myself now. I feel good about myself. I actually can walk down the street now and I hold my head up. I don't look down for nothing. If it's down there, it's down there. I'm just gonna keep on going on my path. That's what this program is doing for me and myself. Building up my self-esteem, that's the key thing, right there, my self-esteem. I didn't have any. And now I feel like, I feel like, today I feel like I'm a dad, going to be a better dad because I'm working on it each and every day. I'm a son, who's going to be a better son, I'm a brother, who's going to be a better brother, I'm a fiancé who is going to be a better fiancé and soon to be husband. These things like this, makes me feel as a good, a better person than I was a year or two ago [Interview 2, 7 months housed]

These new labels (older, father, son, brother, and fiancé) are relatively common, however, for the Zion these labels are replacing his former labels of "drinking and drugging" and allowing him to create a more positive self image. Zion states that program assistance has allowed him to change his behavior and the subsequent roles he identifies with, therefore, he is able to focus on those labels that enhance his self esteem.

Respectful interactions are another way that case managers assist tenants in self confidence building. Case managers invoke empathy to create a respectful interaction when talking with tenants and, in doing this, contemplate that they themselves could be in the situations that tenants have experienced. The lead case manager, Sasha, a 49 year old

black woman who has been a case manager for 7 years, states below how she is trained to use empathy in interactions:

> Basically, because my way of looking at it is that I treat people, *I try to* treat people the way I want to be treated…I grew up like that and I have been getting training that tells you, you have to treat people the way you want to be treated. [Sasha, Lead case manager]

Tenants also indicate being aware of this type of respectful consideration. Below, Diana, who was introduced earlier in the chapter, describes how she internalized the respectful interactions that made her feel human again after one year of housing tenure:

> They made me feel just like I was a human person, a human being, you know what I mean? The person here asks did something happen to her in life, but we're here to help, we're not here to beat her up, we're here to bring her up and I always feel like that. That's another reason why I'm more empowered in going to school. [Interview 2, 13 months housed]

Diana describes these interactions as making her feel like a "human being" and enabling her to move forward in her life.[11]

Lastly, hopeful statements about the future by case management staff within interactions instill self confidence in tenants. These statements can be as simple as "everything will work out" or "it will be ok" [from field notes] in response to concerns from tenants about their situations. Zion, who was introduced earlier in the chapter, indicates that this element of hopefulness is a salient aspect of the Housing First program, and almost as important as the apartment itself:

> The best part besides the apartment is the opportunity, the opportunity to redeem myself. Makes me feel part of society again, you know what I mean. It makes me feel like a normal person would. That means a lot. That means a lot. [Interview 3, 13 months housed]

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[11] This concept of 'moving forward' through empowerment is discussed more in-depth in the next section on Tenant Processes of Self Autonomy

This hopefulness can increase self confidence to the extent that Housing First tenants begin to see themselves as 'normal' or and socially acceptable. Zion illustrates that through hope for the future¸ in terms of new opportunities, he is able to restructure his self perception. This hopefulness expressed by Zion was in great contrast to his former homeless experience in which he often lived in abandoned buildings that were used for illegal activity by the bloods, local gang members, who once stabbed Zion for sleeping in their territory.

The Shared Identity and Self Confidence: Unexpected Implementation Findings for Staff and Tenant Connectedness within Interactions

The positive labeling of self confidence is created through psycho-social processes produced from case management and tenant interactions that are strengths-based, respectful and hopeful. In addition to these three policy driven interactions, case managers often shared personal information about themselves in order to connect with the tenant, which policy does not direct them to do. Tenants were then able to see themselves as the case manager and, at times, the case manager was able to see themselves as the tenant. What I mean by this is that the tenant and case manager were able to connect through a shared identity. This appears to happen in three different ways, either through a shared homelessness identity, a shared individual struggle, or a shared racial/ethnic identity.

Of the nine staff that were interviewed, three had been homeless themselves and one of the three was actually a former consumer of Greater Care services. Having a case manager that had a previous homeless identity was a factor that impacted tenants'

perception of themselves. Henry, who was introduced earlier in the chapter, describes his feeling toward his case manger Slate after Slate had shared discrediting or stigmatizing aspects of his own identity, such as having been homeless:

> He was a great help, I mean he was a great help. They've been, these people have been such a help to me, yeah, yeah. I really like [Slate], he's a good guy. Yeah, he told me all about how, he said, he used to be homeless and um, he's a, he's a football player… Yeah, he told me, he was, he had some kind of troubles when he was younger and he was telling me about it. He told me a lot about himself. He's a really nice guy, a really nice guy. [Interview 1, 3 months]

In addition, sharing of inner struggle was another way case managers tried to relate to tenants. For example, Wendy, introduced previously, is a highly religious young woman in her mid-twenties and was unmarried at the time of her interview. She compared drug use by tenants to her own sexual activity:

> I try to relate to them on another way like you're trying to kick drugs; I look like you're trying to kick drugs like me trying to be abstinent and not try to fornicate. That's what I struggle with it just like you struggle with something else. I just try to relate. [Wendy, Case manager]

Furthermore, the lead case manager, Sasha, also indicated that comparing struggle was a way to relate to tenant experiences. In the quote below, she compares her struggles to that of the previously homeless tenants and identifies the tenants as being much stronger individuals than her for enduring such traumatic experiences:

> clients have shown me things that I would, I don't think I would have ever truly thought about. I mean, I think about a lot of things, but I don't think I would have thought of them in the way that they talk about them because their experiences are so different than mine, you know, they've, they've, they've persevered through things that, in all seriousness, I'm not sure that I could do, you know, I consider myself to be a strong person but, I don't know about that, you know, if I look at the things that they've had to go through over the length of time that they've had to endure some of those things, when I think about how, you know, sometimes if a week goes by and something doesn't go well for me I'm like UGG, you know, ready to pull my hair out, so I don't know that I would be able to do that and that's the, maybe that's the thing that keeps me coming back is because I think they've given me a lot more than I've given them. [Sasha, Lead case manager]

Sasha has bachelors in fine arts and never thought she would end up being a case manager. Her experiences are so drastically different from the tenant experiences that she is forced to reconsider her own identity as a strong person in comparison to that of the tenants. This type of relating through struggle is helpful for tenant self confidence restructuring because it allows case management staff to then re-negotiate positive labels for the tenants' negative situations in comparison to their own situation. Instead of considering homeless individuals to be defective for having been homeless, Sasha instead considers them to be strong for living in dire conditions for such lengthy periods of time.

Lastly, a racial and/or ethnic identity was another way that tenants related to case managers within interactions. Below, Kate, who was introduced earlier in the chapter and who identifies as Irish states in her quote below that her case manager is Irish as well, which has then led her to build a psycho-social bridge to see similarities in other areas of their lives:

> Yeah [Colleen], she's Irish. Irish neighborhood if I recall. All these thoughts I have she has the same ones. Like a lot of the things I want to do she's already done, like she's two belts away from being a sensei…she used to do equine therapy…I love animals and I thought a one point I should go into wildlife rescue and go out to the wilderness and save the endangered white owl or something like that. [Interview 3, 15 months housed]

Colleen was not Kate's original case manager and she continues later in the same interview to explain how Colleen compared to Joan, her original case manager in the quote below:

> She shares personal information about herself like you do. My other case manager felt like I was on probation. I felt like I was living here on probation, it was very uncomfortable. [Interview 3, 15 months housed]

Hence, it is not that Joan is a "bad" case manager, as she has been discussed in previous quotes as being an excellent case manager, however, her personality did not match well

with Kate's over time necessitating a change, which Kate herself requested. Also, it was not uncommon for tenants to prefer case mangers of their own race or gender since these similarities may allow for tenants to relate to the identities of their case managers more strongly and possibly see them as a role model.

When instances arose such as changes in staffing or a lack of shared identity between staff and tenants then case managers would change tenants. Many times the lead case manager, Sasha, would begin working with tenants while they were still homeless because she possessed an uncanny ability to "sense" where tenants were when they were living on the streets as this was often the only way to find them as they did not have cell phones. After the initial application process and these tenants began their housing Sasha would then switch them off to another case manager because she was to begin working with the next new group of non-shelter dwelling hard-to-find homeless. Some tenants strongly connected with Sasha and were disappointed when they were switched off as Justin, a 50 year old black man who was homeless for five years, identifies as he states:

> Well I thought I was getting promptly with progress and this guy is not as good as [Interview 3, 20 months housed]

In the above quote Justin is referring to Marco, a 52 year old Hispanic case manager who was previously a consumer at Greater Care. Justin's case manager actually changed prior to each of his three interviews; he went from Sasha originally, to Joan and then to Marco, with Sasha being the only black case manager he had. There were two cases in which this happened and it is not fully understood why the case manger changed so often.

Of the 20 tenant case studies seven indicated in their interviews that their case manager had changed at least once while they were housed. The Director of Housing

First at Greater Care, Karen, a white woman in her early 40's who has been working with Greater Care for 12 years, indicates in the quote below how she is aware that staff relationships with tenants are important and that adjustments are made when necessary:

> I think it's really such a huge asset that staff keeps a clients forever. So you're not always in that relationship building stage, like you actually can move beyond that, so you could actually have different kinds of conversations, develop real relationships with people and so case supervision, team meetings, like that kind of support, going out with staff…sometimes not every relationship works and staff will come in and say, you know I just can't, I'm just not connecting with her or not getting anywhere or if the staff is like frustrated in a way that seems really personal like and not able to kind of separate, you know, this is your client it's not about you, but sometimes you encounter people in your life that you just don't click with. [Karen, Director of Housing First]

Although these changes in staff do occur when provoked by the tenant and/or staff member, Karen reiterates in the quote above that the goal is to keep staff with tenants for the duration of the program so that they can develop a stronger relationship and connection.

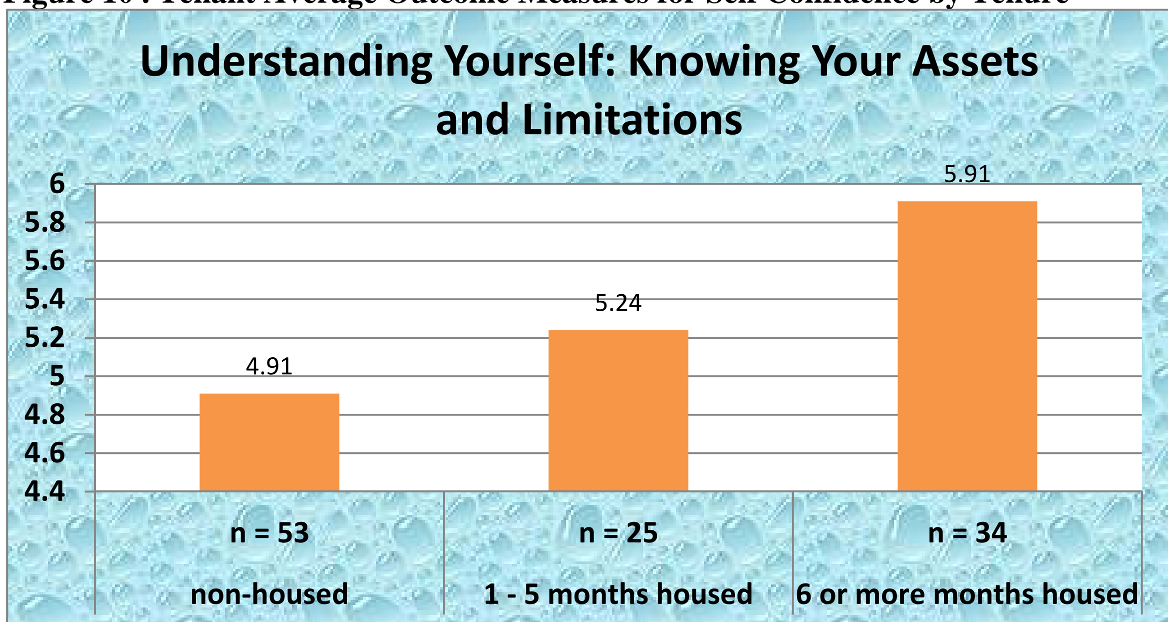
Overall, interviews with tenants and case managers expose the psycho-social processes and meaning exchanges relevant to tenant self confidence restructuring. Tenants and case mangers describe how strengths-based, respectful, and hopeful interactions encourage positive labeling and self confidence in tenants, as expected by policy provisions. In addition, a shared identity between the case manager and tenant was also found to be important for tenant positive labeling, although, there is no policy guideline at Greater Care enforcing these actions by staff. When this shared identity is not present or a "connection" is lacking, tenants and case manager request changes to better accommodate their personalities.

Longitudinal Scale Outcomes for Tenant Self Confidence Measures

Scale data collected biannually by Greater Care staff confirms that positive labeling for self confidence processes are being experienced, on average, by a majority of Housing First participants. Although no scale included a specific measure of self confidence, longitudinal average increases in positive self perception and positive behaviors are indicated by on items found in the "Quality of Life Scale" and one section of the "Multnomah Ability Scale" respectively.

The Quality of Life Scale is a 16 question scale that measures various areas of life including social activities, recreational activities, and family relationships. Scores for the scale range from a score of 1 to 7 with the corresponding phrases of "terrible," unhappy," "mostly dissatisfied," "mixed," "mostly satisfied," "pleased," and "delighted," so that 7 is the highest level of satisfaction. Tenants' self reported measure of "Understanding Yourself: Knowing Your Assets and Limitations."

Figure 10 . Tenant Average Outcome Measures for Self Confidence by Tenure



In Figure 10, assets and limitations for tenants increased from non-housed status to housed status and continued to increase with continued housing tenure as seen in the chart above. This increase is striking because a score of 4 indicates “mixed” feelings, and score of 5 indicates “mostly satisfied,” and a score of 6 indicates “pleased.” Hence, ‘understanding yourself’ shows an increase toward a “pleased” understanding of one’s abilities and relates the strongest to perceptions in self confidence.

As illustrated by the empirically mapped process of self confidence restructuring in Figure 11, tenants with continued housing tenure are changing in the way they view themselves and their attributes through Greater Care service interactions within the Housing First program. These changes allow tenants to leave behind negative labeling and stigmatized spoiled identities that have haunted them for many years. In interviews, tenants often praise their case managers for assisting them in this process of self esteem building and new role association. Policy guided case management interactions focused on tenant strength, respect, and hope enable tenants to receive the positive labels needed to re-build self confidence. In addition, tenants and case managers both indicate that relating to one another is an important element to fostering a shared or collective identity. A shared or collective identity is an identity that both staff and tenants apply to themselves and this was found to occur for a stigmatized identity (such as homelessness), racial and or ethnic identity, and the inner struggle identity.

Figure 11. Process of Tenant Self Confidence

Self Autonomy Processes: Engaging Tenant Motivations and Goals

Self confidence and Self autonomy are clearly inter-related concepts and may even be considered subcomponents of one another at times. For the purposes of this dissertation, self autonomy is defined as the freedom to choose one's own self-direction and goals, which is an additional important component of tenant social identity restructuring. Choice is often severely constricted by institutional forces for those who are chronically homeless, resulting in many identity constraints and forced goals that are undesired. Shelter systems are similar to Goffman's (1961) concept of *total institutions* because shelters, and the treatment continuum as a whole, are severely limiting to the choices of those living within the system. When choice and self determination are limited by imposing structural institutional hierarchy, individuals must take on identity

expectations imposed on them by staff rather than creating identities of their own choice. Chronically homeless individuals living in the shelter system must comply with the treatment continuum regulations in order to obtain any kind of forward movement in the system. Hence, shelter goals are forced as individualized goals and those who resist remain trapped in a chronically homeless state. Choice within daily interactions is crucial to the development of a positive identity with self determination so that one can maintain goal consistency and focus on those goals that are internally driven and comprised of one's true desires and passions.

Greater Care Policy Data for Self Autonomy within Service Interactions

In continuing with HUD's first outreach guideline as a base for social identity policy analysis[12], Greater Care's "philosophy of service," "motivational interviewing" and "recovery culture" policy provide additional evidence of the importance of choice in interactions for tenant identity restructuring. In analyzing the whole text of Greater Care's "philosophy of service" document, the service philosophy most correlated to HUDs guideline states "our services emphasize the importance of self-responsibility, self-direction, and personal choice in helping people recover from mental health and substance abuse problems"[13]. Through the service philosophy case managers are instructed to allow tenants to choose for themselves the self recovery procedures, if any, which are most beneficial for their ideas of future growth. Since the future growth is

[12] "assertive outreach to recruit potential clients and a low-demand approach that accommodates client alcohol and substance use"

[13] This service philosophy was located in a framed picture on the wall on site at Greater Care – see Appendix B

open to be directed by the tenants themselves tenants are able to direct their identity restructuring in terms of the goals and future they desire.

"Motivational interviewing" policy[14] documentation provides additional evidence for how choice and direction are to be addressed within interactions between case managers and tenants. In the orientation phase case managers are instructed that "the idea of making choices for self will be introduced as well as the concept of personal responsibility." Later in the decision phase of interviewing, tenants are to "develop decision making abilities." Tenants are to make their own choices and determine how they progress within Housing First. Tenants even may choose what they will discuss and what they won't discuss with their case managers.

Components of Greater Care's "recovery culture" policy (originating from SAMSHA) reflect enhancing tenant self choice and self determination. In creating a recovery culture, Greater Care case managers employ fundamental components of recovery through an extended statement of recovery culture (Substance Abuse and Mental Health Service Administration 2006) including the following items which correlate with self choice and determination:

Empowerment: Consumers have the authority to choose from a range of options and to participate in all decisions – including allocation of resources – that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

Self-Direction: Consumers lead, control, exercise, choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-

[14] See Appendix B – "Stages of Change"

determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path toward those goals.

Responsibility: Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

Case management staff are instructed to provide tenants open leverage in determining the structure and consistency of their future experiences in the housing process. This provision allows tenants the capacity to exude power and choice in determining their life goals and desired outcomes. These processes of empowerment, self-direction, and responsibility are highly relevant to construct a positive self identity with increased self autonomy.

Implementation Evidence for Facilitated Changes in Self Autonomy:
Tenant Empowerment, Self-Direction and Responsibility within Service Interactions

Early in the Housing First program tenants are given choices to direct their tenure within housing first. Not only are tenants able to choose where they will reside they also choose who they want to become eventually throughout this process. Interview data confirms that these choices in self determination are new to tenants as most choices were taken away within the shelter system. Carson, a 57 year old black man who was homeless for an extreme duration of 22 years, explains in the following quote how staying in the shelter is equivalent to being in jail:

> You know, if I had to tell you what it feel like, it feel, I'm not gonna lie to you, it feel like jail…It feel like jail cause you know, once you go in there you can't come back out until the next day and if you come back out before then you can't get back in, uh, and the peoples that works in those places, they talk to you like you're worth, like you're a dog or something, you know…It was real, it was real, it was like, you know, ah, so, you want out but there's nowhere you can go to get out, you understand what I'm saying. So in other words you want out but who's there for you? [Interview 3, 21 months housed]

The shelter as part of the treatment continuum of care is identified as being hierarchically restricting so that staff treat the homeless like "a dog" and there is no option to escape the continual cycle of mistreatment. These limitations experienced in shelter life then affect the aspirations of those living within the cycle. Hunter, a black man age 51 who was homeless for a year and a half living in the Salvation Army shelter recounts how the environment depletes a person's ambition:

> You know what I mean, like things that slip away from you in that state…I've interacted with a lot of people and I've watched an individual when he loses all ambition and integrity…you know what I'm saying, so as time goes on and if you lose your ambitions, here's a sheet, if you want a sheet tonight, if you do get some money, if you're an addict or whatever and you do get your money then it's all freed up. You don't have no responsibilities and nothing, whatever. I'll eat, I'll sleep, I'll get what I need to wash my ass free, if I need some clothes I'll go down here and get it and before you know it, if you hang out in that for so long you don't want anything no more. You know what I mean? [Interview 1, 5 months housed]

Hunter also illustrates that his own ambition was replaced with the goals of the shelter. In the quote above he explains that something like acquiring a sheet for the night to sleep with becomes a short term goal so that an individual's true ambition is never really recognized or fostered. Moreover, some tenants indicate that when their choices are limited they eventually act out in unhealthy ways, further exacerbating the problem. Kate, introduced earlier in the chapter, begins to contemplate through continued housing tenure how she negatively reacts to control placed upon her in the quote below:

> the more somebody tries to control me the more I act out but it's like punishing myself. I'm not hurting them, I hurt me. I do drugs or drink or you know, do something stupid…[Interview 2, 9 months].

Supervisory case management staff indicate realizing how choice limitations have affected the goals of individuals who were previously homeless. The lead case manager

Sasha explains that she came to realize that the homeless crack addict identity is never really a desired goal:

> You know, because I did understand that things don't happen overnight, like people didn't get up one day and decide they wanted to, you know, be a crack addict. You know, that isn't what they dreamed of when they were little kids, that you know, I'm gonna grow up and I'm gonna smoke crack. You know, I mean, they had dreams like all of the rest of us…[Sasha, Lead case manager]

Sasha's comment illustrates that these individuals clearly have limited choice options so that their true desires and dreams were somehow dramatically darkened and never able to be fully realized or actualized.

Case management staff foster positive changes in tenant self autonomy through creating interactions of empowerment, self direction, and responsibility for tenants. All three elements contain an undercurrent of increased choice, which is initialized in tenants through the highly empowering interaction of choosing their new apartment. Erin, introduced earlier, explains how being able to choose her own apartment is very different from other previous programs where she was forced to live in undesirable situations with her son that were not of her choice:

> They make you feel like a real person, they make you feel like you're someone because you get to go [to pick out the apartment]. They don't put you somewhere, you get to pick where you're going to go. It's not like, we're going to put you here whether you like it or not, that's where you're going. It's not like that with them. [Interview 1, 7 months housed]

Many of the tenants in early phases of housing placement and tenure were often overwhelmed at the amount of choice given to them in the housing process and throughout housing tenure. Case managers would assist tenants through using "motivational interviewing" to determine which location and apartment would be best for them. After this initial shock, tenants began to identify feeling more empowered and

began doing more things for themselves at various times in their housing tenure. Shelly, a 53 year old black woman who was homeless for 7 years, states how she was very dependent on her case manager at first but then began taking more a leadership role within interactions after one year of housing tenure:

> she's a lot of fun to be around and I enjoy her because she, when she had, when we have to do something, like, um, I told her, like, if we have to do somethin' and I need to let you know that, because there's a lot of things I do on my own now, whereas there's a lot of things I depending on them to do, when I first started in my recovery, now I do a lot of things *myself*. I don't *wait* for nobody to do it for me, you know I used to sit back, you know, and wait, and if they didn't do it I pouted, you know…now I don't wait for nobody to do nothin' for me no more so, um, I let her know the days that she might need to do something, just let me know because there's other things that I can do, and where she can get hers done and I can get mine done. [Interview 3, 13 months housed]

Tenants then feel more empowered from case managers permitting various levels of interaction structure at different times during housing tenure. Also in terms of structure, as tenants progress in housing they are more likely to decide for themselves how often they need to interact with staff and also are less likely to wait for staff to reach out to them to schedule meetings.

Self-direction in the interactions between tenants and case mangers contributes to increased self autonomy and is another component of increased tenant choice. Tenants and case managers indicate that the future goals of tenants must be of their own choice and volition. After tenants settle into housing they begin working with case managers on discussing their goals. In the quote below, Chylon, a case manager introduced previously, illustrates that the goal itself can be anything the tenant wants even if it seems unrealistic:

> So, after the housing piece is taken care of then the weekly appointments, we talk about setting goals and going back to school. Different things, we didn't care what the goal was. It could be, I want to be an astronaut, you know what I mean, and it didn't matter. The fact that you wanted to set a goal, you had time to set a goal now was an amazing

> thing. So we started seeing progress almost immediately. It worked immediately. [Chylon, Case manager]

The goal itself was not the focus. Staff would encourage tenants to set their own goals and refine them as they felt most comfortable. This aspect of having individualized goals was extremely important to tenants. Also, tenants were not compared to one another by staff in terms of progress as this could create negative feelings and labels. Tenants are assumed to be different so that a 'one size fits all' approach is never used structurally. Below, Wendy, a case manager explains how just setting a goal is sometimes difficult for tenants as they were accustomed to struggling for survival day-by-day.

> Just that, I feel like I am somebody's cheerleader basically. Like I am your personal cheerleader. I just help you establish your goals. Sometimes, I think with the homeless population they've been living in such despair. It has been very day to day. So, coming to them asking, what is your goal is sometimes very difficult. I feel like a lot of times I have to help people even realize their goal. Do reflective responding techniques. Let them just talk and then point out that you keep coming back to that. Do you think that might be something you want to do? [Wendy, Case Manager]

She identifies that using repeated listening and reflection with questions is a good way to help self-direct tenants. One tenant may set a goal to obtain their drivers license while another may set a goal to open their own business, each is considered valid and equally important by case management staff. On occasion, a new case manager coming from the treatment continuum paradigm will push a tenant towards a goal because the case manager thinks would be good for them. Marco, a tenured case manager describes an instance below where a newer case manager imposed their goals onto a tenant:

> Yeah, to get to that point I guess you just gotta listen to the client and get some open questions…You know, I was having a meeting the other day with this case manager, took this client to rehab, and when he got there the client said *I don't need this,* you know, it was the case manager's idea, and he took the client along with him, but in the end, the client didn't want the help, you know, so it's, you gotta work with the client you know, and see I guess, wait for the right moment when they say *you know what, I need help with this.* [Marco, Case manager]

In this instance, it was not the tenant's goal to attend rehab at that time and Marco reiterates that listening with open questions is the standard procedure to identity tenant goals. The kind of openness and individualized interaction that Marco presented above in his statement assists tenants in their own self direction at the time they feel it is right to move forward.

Case management active listening in interactions is also very empowering to tenants. Vinnie, a white man aged 45 who had been homeless for three years, indicate how he is pleased with having "the final say" in items discussed with his case manager:

> It worked very well for me, you know. She takes your opinion, they listen to what you have to say, and I mean they put their input, whether they agree with you or don't agree with you, but basically your say is the final say. So I was very pleased with that. [Interview 1, 6 months housed]

These empowering interactions through case management passive listening and reflexive questioning give tenants leverage in their interactions so that some tenants choose to begin to change their behaviors as well. Diana connects how interacting with her case manager has helped her to focus more on the kinds of behaviors and activities she wants in her future:

> So with this program it helped really keep the focus on myself now…I'm thinking a lot about myself, the things I want to do for me…once I started getting with [Joan] and talking with [Joan] I stopped using and I knew once I got my apartment I didn't want to keep bringing that same behavior over to my apartment, you know what I mean. [Interview 1, 6 months housed]

Her case manager never instructed her to stop using drugs, but instead, Diana arrived at this decision on her own through interactions with her case manager that began before housing. It is also important to note that many tenants referred to God as their guide or director in the housing process and the next section examines this concept in depth.

Once tenants are more empowered and self-directed, a majority of tenants begin to take the actions required to meet their goals. Tenants begin to take responsibility in creating their desires and future opportunities. Again, this can be very overwhelming for tenants. Erin, a family head of household who was also a former heroin addicted prostitute describes how she processed her new found responsibility in Housing First:

> And I hadn't taken care of myself in ten years you know, well until I got pregnant of course. So now I'm being more responsible and taking care of what I need to do. I'm creating a life for my son and myself and responsibility is a huge part of that. When I was out on the street there was no responsibility, none and coming back to having all this responsibility, sometimes it's scary, it's scary. I'm 47 years old and I shouldn't be scared to do some of the things I do but I am because of the way I've lived and the way that people have passed judgment on me so quickly just because of my living status or whatever was happening at the time, you know, well you're this this this and I've come so far from that. And I'm getting treated like a person now and that's a good thing. It makes me, it builds me up and it makes me want to go after more for my life, you know? Like go to school. [Interview 1, 7 months housed]

Although she states that the process is "scary" she also explains that it is very positive for her identity and pushes her to return to school. Furthermore, Shontel illustrates below that through continued housing tenure and staff interactions of more than one year she was able to create a goal of stopping negative patterns in her family and to be a positive example of a parent for her 16 year old son:

> They're changing people's lives, people that thought nobody would give them a chance, nobody would ever think of them again, I thought that I was gonna die in the streets being homeless, that's what I thought…Nothing else matters to me except being an example to my family, I have to be an example, I have to break the vicious cycle. Cause I suffer from abandonment issues from my father, so now why would I want to have my son, my son suffering from abandonment issues right now, and it's a vicious cycle, and I must be the one to break the cycle, I gotta break the cycles. [Interview 2, 14 months housed]

Through interactions with case managers, tenants begin to realize for themselves how they would like to be responsible in their recovery. In addition, having children present in the household (which is the case for the two quotes presented above) appears to

connect strongly to increased self perceptions of responsibility in tenants. In some instances tenants are torn between responsibilities to their case managers and others. Marco, a case manager, describes how a tenant he is working with is evading him for a meeting:

> Yeah, it can be challenging because [Martha] sometimes doesn't answer her phone and, you know, I need to do some paperwork with her, like the service plan and she needs a, what do you call that, a psychiatric evaluation done every year, I guess, and she needs to take time from work to do this, and I've been on her for the past month and she still hasn't done it. [Marco, Case manager]

Martha does not want to meet with her case manager because she is aware of what he will want her to do and she does not want to take the time off work for reasons that are unclear. Martha is also a family head of household and may not want to take the time off of work because of repercussions such as losing pay for that day. In other instances, tenants evade their case manager for meetings because they may feel that their case manager does not understand their personal goals. Colleen, a 30 year old case manager who had only been working on Housing First for three months explains below that she has a lot of difficulty with her tenants keeping their appointments:

> This population, they're not geared towards treatment. They blow you off. When I came into this program, I evaluated how the case managers went out and dealt with their caseload. Some people just go out and randomly seek people down for the day. I have everyone on a schedule so I believe that people really need to be on a schedule and have consistency whether it be people with a brain injury or mental health. And I have a mental health background; I did group therapy, stuff like that. Before I was a brain injury therapist, I did mental health as well. I have everyone on a schedule on my caseload here and I find that people just completely blow me off. I show up, I come consistently, I come right on time, I knock on the door – 50% of my clientele do not show up for their appointment…I don't think they're really ready. I think that their lives are really off track and that their really looking at me as a negative influence when I'm a positive influence. Sometimes I think that this program enables people as well. I have clients who just call me when there's fires to put out – I don't have food today. Well, if you saw me on Monday, when you're supposed to see me and you see me every Monday, then you would always have food in your pantry. But they always call me when there's a fire to put out and we enable them by just running out there and helping them put out that fire

> instead of really helping them with them life skills and putting that foot down and saying, you need to see me Monday, you need to see me consistently and then these life skills will develop. [Colleen, Case manager]

At the time of this interview Colleen explained that she had five tenants scheduled for the day to meet and only one of them met with her so she was extremely frustrated. Tenants in this case are evading their responsibility to meet with Colleen, however, in defense of the tenants Colleen is trying to impose her previous model of "treatment" that she used with her brain injured clients in Housing First which is to have "everyone on a schedule" which emphasizes her need for control. In this sense the tenants may begin to act irresponsibly toward meeting their case manager because the case manager is imposing their ideals of scheduling and structure onto the tenant rather than being accepting and open with tenants in working out a plan of action. Also it may be the case that since Colleen is the newest case manager she was assigned the tenants that are the most difficult to work with as other case managers have more seniority.

Unexpected Implementation Findings: Interactions with God and Tenant Self Autonomy

As mentioned in the previous section, tenants often referred to God as an important symbol of faith throughout their housing process. Almost all the tenants who were interviewed mention God at some point in their interview, with almost half the tenants (12) indicating that God is a strong guiding force in their lives that either originally led them to housing in the first place or currently guides them in their future experiences. A quarter of the tenants (5) either do not mention God at all or only mention God in a passing exclamation such as "oh my God." The remaining three tenants refer to God as a continual provider of support during their housing process.

For those tenants (7) that believed they were guided to Housing by God they used statements such as "God sent" and/or "thank God" or "by the grace of God" in reference to how they received their housing. For example, Kate refers to her housing as "God sent":

> I think Housing First is God sent. I mean it really is and I'm so blessed that I got in this Mary. [Interview 1, 3 months housed]

For about a third of the tenants interviewed, housing was considered an intervention of God in their lives. God was not known to be present in the lives of these tenants prior to housing, however, the grandeur of being housed was exclusively attributed to God as they could not explain otherwise in their narratives why such a thing would happen to them. Three tenants went as far as to connect God and their case manager together as a united force. Diana refers to how God worked through her case manager Joan in reference to her housing problem as she states:

> I didn't have that problem anymore and that was because of God, I believe in God and in my mind that was nothing but God that worked through [Joan]. Everything flowed and like pop, pop, pop. [Interview 1, 6 months housed]

Diana believes that everything in her life began to flow, such as being housed, because of God and that God was working through her case manager Joan within their interactions in the Housing First program. This provides evidence for the symbolic sincerity of interactions within Housing First and how the interactions by case managers were so deeply focused to positively guide tenants.

Another way that tenants mentioned God was through discussing their future goals after housing. A quarter (5) of tenants mentioned God as assisting in their future

direction. Zion explains after only one month of being housed how he is empowered and directed by the force of God because he believes God is helping him change his identity:

> God is always going to be there. That's why I said, I'm not never alone. I was never alone. Always thought I was alone, never was. Something about the word that makes me feel good. It's just like an addiction. I gotta keep coming back cause I want to hear something better, something more, something more, something like a snowball going downhill. It gets stronger and stronger and stronger and it's taking me away from my old self. [Interview 1, 1 month housed]

Zion directly connects God to helping him change his identity by "taking me away from my old self." He even explains his current feelings towards God as an "addiction" so that he is replacing old negative addictions to drugs and alcohol with a new addiction to God. Other tenants refer to God as a similar guiding force for them while in their housing tenure. Shontel identifies that she asks for guidance from God everyday:

> I ask God to guide me every day, you know, to make the next right step [Interview 1, 6 months housed]

Shontel does not refer to God as replacing her "addiction," yet, she prays daily for guidance on how to develop her future and what the "right step" is for her. Another tenant, Carson, believes that God is in complete control of his life and he states similarly to Shontel that he prays daily:

> I'm just praying to God to show me this is the way to go…God is in control. I feel real strongly about it that is why I am here talking to you about it. [Interview 1, 6 months housed]

Interactions with God through prayer or meditation represent another form of self-direction and empowerment in identity restructuring that tenants experience aside from their interactions with case management staff.

Lastly, a handful of tenants primarily refer to God as a supportive force in their lives that helps them in their lives. Mike identifies how he found God while in the Housing First program as he states:

> Going into this program, so what I did, I got myself cleaned up and I guess that's how I found God, came in to my life and I turned to him. Put faith in him a little bit and things seem to be happening a little bit better for me so I'm gonna say it like that. [Interview 1, 6 months housed]

Mike identifies that there was a time he did not believe in God and now through his experience in the program he has rekindled his faith and states how he "turned to him" for support in getting clean and sober while in housing. Another tenant, Damon, recalls how God is helpful for him to feel supported when he is feeling alone as he states:

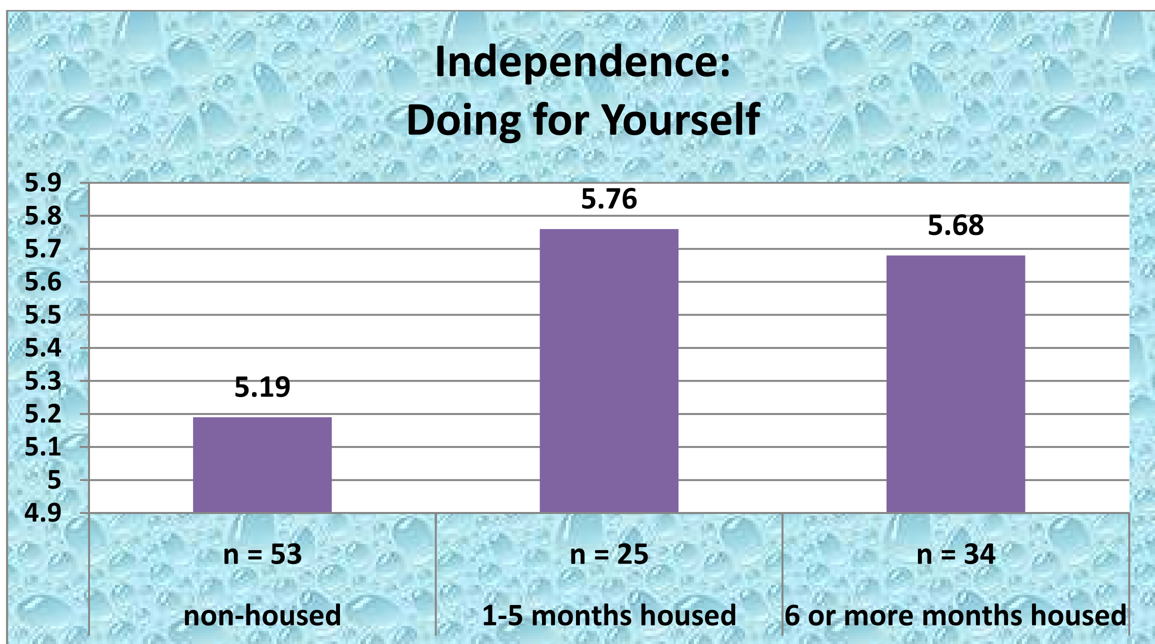
> if there's times when you know, you feel like you're alone or whatnot, whatnot, but you're never alone. You always got God on your side. You can do it, a little pray. You say a prayer everyday and whatnot and thank God everyday you get up and whatnot, you know like with me, I say a prayer everyday for myself thanking the Lord for getting me up this morning. You know, where would I be without him? [Interview 1, 13 months housed]

Damon uses prayer to feel supported and thankful for each day. God is used by tenants in various ways, such as a catalyst to providing their housing, a guiding force for their goals, and a supportive element in their experience of addiction and loneliness. Overall, tenants illustrate that a belief in something greater than your current experience, such as God, is to some degree an important component for being housed initially and may continue to impact autonomy and beliefs for future goals as this was observed in almost half of the tenants interviewed. There are no policy guidelines for incorporating spiritual beliefs into the process of identity restructuring so that tenants are not facilitated by case managers in creating these beliefs, however, these beliefs are important for a number of tenants and are connected to interactions with staff occasionally.

Longitudinal Scale Outcomes for Tenant Self Autonomy Measures

Outcome scale data confirms that increased self autonomy correlates with continued housing tenure. Self autonomy was measured from a question within the "Quality of Life Scale" discussed in the previous outcomes section for self confidence. The scale instructed tenants to "please read each item and circle the number that best describes how satisfied you are at this time" in reference to the written statement "Independence, doing for yourself." In Figure 12 tenants indicated a "mostly satisfied" score of 5.19 while they were homeless indicating that the homeless do experience a

Figure 12. Tenant Average Outcome Measures of Self Autonomy by Tenure



certain level of independence from being homeless which may correlate with reasons for becoming homeless in the first place. This score began increasing towards a "pleased" score after being housed as seen in the chart above. This independence measure represents how tenants are beginning to move forward with their goals and choices once

they are housed. The slight decrease from early housing to later housing tenure may indicate that tenants may be refining or rethinking their original goals and plans as housing tenure continues. Also, as housing tenure continues tenants may feel that they are acquiring more responsibility which can be thought of as lessened independence. Hence, a majority of tenants are experiencing interactions that produce increased self choice awareness in the form of independence. Ideally, specific measures of increased responsibility, empowerment, and self-direction would be compared longitudinally; however, this type of scale data is not available. The director of Housing First, Karen, indicates below that it is difficult to measure individualized self autonomy outcomes:

> the people do make changes, it just takes time and their goal really is a goal that they wanted for themselves it just took time. That's what's exciting, like little stuff. [Karen, Director of Housing First]

She states, however, that from her observations that tenants are definitely achieving their own goals in the long run and it might be minute activities that only case management staff are inclined to notice.

As illustrated by the empirically mapped process of self autonomy restructuring in Figure 13, tenants with continued housing tenure are changing in their aspirations for the future and how they see themselves as contributors to the design of their future experiences through Greater Care service interactions within the Housing First program. These changes allow tenants to take on more assertive roles in advancing their lives. After experiencing many years of homelessness and hopelessness, tenants begin to develop goals and ideals that are more in line with their dreams and aspiration before they became homeless. Increased self autonomy in early housing is in contrast to their previous experiences in shelters within the treatment continuum in which medicalized

institutional processes left little room for personalized goals and desires since everyone was forced to follow a linear pattern of recovery. Policy guided case management interactions focused on tenant empowerment, self direction, and responsibility enable tenants to regain their independence, drive, and ambition that was previously lost to the system. In addition, aside from policy driven interactions, tenants indicate that their symbolic belief and faith in God is another relevant driving force that empowers and directs them along a more righteous path of existence.

Figure 13. Process of Tenant Self Autonomy

Macro Structure: U.S. Department of Housing and Urban Development
"Assertive outreach to recruit potential clients and a low demand approach"

Meso-Level Policy through Greater Care Housing First Program:
Motivational Interviewing
Recovery Culture
Service Philosophy

Micro-Level Interactions: Tenants and Case Managers
Empowerment
Self Direction
Responsibility

Individual Tenant Outcomes
Increased measures in *Independence*
during housing tenure compared to
non-housed status

Conclusion: A New Self Identity for Tenants

As this chapter has illustrated, tenants experience policy driven interactions within the Housing First program that promote and enhance their self confidence and self autonomy. Strengths-based, respectful, and hopeful symbolic exchanges and interactions

between tenants and case manager's enhance tenant's self confidence as found in both interview and outcome data. Case manager changes during housing tenure may enhance or deter from tenant self confidence depending on the nature of why the change occurred. When the changes occur because the case manager only performs one role, such as Sasha initiating with most tenants while they are still homeless, the changes are more likely to negatively affect tenant's perceptions of self confidence if they began a positive rapport with Sasha and then have to start over when re-assigned to another case manager. If the changes in assigned case managers are directed by tenants' themselves, for example when a shared identity is not experienced, then this positively affects the tenant's perception of self confidence.

Generally, self-directed, empowering, and responsibility focused interactions with tenants increased tenants self autonomy as evident in both interview and outcome data. If case managers, however, impose their goals onto tenants this becomes problematic for their experience of self direction and tenants were illustrated to resist this kind of goal forging. Also, tenants may resist their responsibilities in Housing First once they become employed and have additional responsibilities as a paid employee or if case managers are overly controlling with structure.

Furthermore, tenants also reveal the importance of additional interactional elements that were not necessarily policy driven, such as the need for a shared identity with their case manager in developing self confidence and also how the presence of God as a symbol in one's life can be a strong motivating force for forward movement in terms of self autonomy. These findings add further depth to our understanding of the nuances

that may exist beyond policy provisions which facilitate tenants in continued housing tenure to produce successful outcome measures.

The interactions facilitated by Housing First staff for self confidence and self autonomy are transitional processes that provide tenants with the means toward a more socially acceptable identity of respectability away from the homeless underclass identity and tenants do not appear resistant to this process. I refer to these as socially healing processes as these interactional experiences free the tenants from many social disadvantages they had to endure in their previous homeless existence. By social disadvantages, I am referring to the stigmatized and devalued social status and hierarchical choice limiting interactions with shelter staff that the homeless usually endure. Although this chapter focused specifically on the most personal dimension of social healing, positive identity restructuring, this term as discussed earlier encompass an array of restructured social dimensions including: economic, familial, residential, and social networks. Hence, social healing is a type of individualized recovery facilitated through intentional high quality interactions that affect the emotional perceptions of social experiences and situations. Generally, case managers change tenant identity by providing tenants with more positive self labeling which was also revealed to be a very emotional process for tenants. The positive labeling through interactions changed the feelings tenants had for themselves and the emotions that they connected with their self perception. In simple terms these interactions create more self love for tenants in the form of increased self confidence and increased self autonomy. In this sense tenants are experiencing a higher quality relationship with themselves through case management

interactions. These processes, however, are facilitated by paid staff so that if the goal of Housing First is to create a permanent change of tenant identity other social actors will need to reinforce these changes as well who are not paid professionals. Socially healing processes, a phrase in replacement of social processes, of the tenant identity begins through policy guided interactions with their case manager, however, at some in point time it is assumed that the tenant is to eventually become independent and their newly constructed identity will need to be reinforced by other social groups, such as their family members and/or social networks.

CHAPTER 5

CONSTRUCTING THE AFFECTIVE DIMENSIONS OF HOME: TENANT SOCIAL PROCESSES OF HOUSING

Case management interactions begin early in the processes of housing for tenants so that housing actually becomes the second social process experienced by tenants in Housing First. In this chapter, the symbolic interactionist framework of meaning exchanges is combined with Hochschild's theoretical perspective of emotion work within families (1979) to better understand and analyze the dynamic experiences of tenants while continuing their successful housing tenure. In this sense, meaning exchanges in interactions between case managers and tenants as well as exchanges between tenants and their family members affect tenants' feelings about their home construction. Affective home creation is described as a social process that begins with federal policy guidelines for permanent housing and ends with measured outcome variables that relate back to initial policy guidelines for tenants with continued housing tenure. Housing is the second part of a process that begins with initial transformations for positive identity restructuring. Affective home creation and identity restructuring overlap and are fluid processes that should not be considered to occur separately.

Housing is not just a structure or building in which one dwells, it is a far more emotional concept intertwined with affective meanings ascribed to the word home. Housing may be perceived as home and it may not, so that the perception of home itself can have different affective meanings for different individuals. Kent (1995) states that "home represents a refuge of personal space" and adds that "the concept of home also varies according to an individual's past experiences, particularly those concerned with the

family" (p.163). Home creation then includes both an individual component and a familial component. Kent (1995) adds that "depending on one's experience, home can be a castle or a dungeon – a place to escape to or to escape from." (p.163). Family interactions may produce feelings of warmth, love and togetherness that are commonly associated with the traditional white affective meaning of home, however, family interactions may also produce feelings of fear, sadness, hate and victimization which may cause individuals to feel homeless at home. Tenants in housing first are likely to have not experienced home in positive ways either in their childhood or early adulthood which then led to their subsequent homelessness later in life. This policy guided process of housing formerly homeless tenants assists individuals in a process of transition to create affective meanings of home than were not present in their prior experiences while homeless.

Housing First policy provisions allow individuals to create a personalized space through interactions with their case managers concerning items for their housing that produce traditional feelings of home. Interactions with family members and/or partners then reinforce and deter from affective meanings of home for that space. Home construction connects to identity construction so that these relationships subsequently reinforce and deter from tenants newly constructed identities discussed in the previous chapter. Affective home construction then is another socially healing process that provides tenants the opportunity to various degrees to feel as though they are socially acceptable in their continued successful housing tenure.

Detangling Affective Home Construction

When tenants walk through the door of their apartments both case managers and tenants are often elated. In this process many factors are important to understanding the complexity of policy regulations for housing. A bi-level policy is applied, as was with social identity construction, so that federal HUD guidelines are implemented through specific Greater Care housing policy documents. Tenant home creation begins through HUD's (2008) guideline of "Direct and permanent placement in housing" (p. 6). for those applicants that meet the definition of chronic homelessness. The service provider, Greater Care, addresses this guideline goal by placing qualified applicants into apartments as soon as possible with rental assistance.

Placing previously chronically homeless individuals in permanent housing distinguishes Housing First from other housing programs designed within the treatment continuum. In the treatment continuum, individuals must prove that they are capable of housing through a variety of imposed tests. For example, individuals moving through the stages of the treatment continuum must show that they are stable and capable of housing while living in a shelter. If they prove worthy, then individuals will be moved to supported transitional housing or temporary housing so they can again demonstrate that they are worthy of housing. In transitional housing, if a person is caught doing drugs or drinking they are removed and placed back in the shelter. If a person successfully completes their stay in transitional housing, then they are advanced to the last stage which is permanent housing. The treatment model is focused on personal defects and individual blame so that the person must continually counteract their inadequacies to

advance to the final stage of permanent housing. In this model, individual struggles are medicalized so that the person must overcome their personal problems to receive housing. In contrast, Housing First is a social model of housing, with no assumptions about the personal deficiencies of individuals living without housing.

Karen, the director of Housing First, identifies that federal supportive housing policy is the primary policy utilized by Greater Care to address housing actions. This policy was the umbrella policy used to train case managers in the housing process and was applied to all housing participants even if their specific policy voucher was not a federal Shelter Plus Care voucher. Federal supportive housing policy was implemented by Greater Care through the internal policy documents titled "Supportive Housing Programs Crosswalk" and "Intensive Family Support Services" (IFSS). These two Greater Care policy documents present evidence for how case managers assist tenants in both individual and familial home creation during tenant housing tenure. Home creation is less likely to be facilitated upon first being housed in the traditional treatment continuum. When individuals are first housed in the traditional model, the housing is only transitional and not permanent. This first housing is designed to be temporary so that the feelings associated with home through an individualized space are lost for that space when the transitional housing ends. After the individual completes their duration of transitional housing they will be re-located again to permanent housing and will need to start over in their home creation if they even attempted such thing in their transitional space. Individualized symbolic processes of home creation and interactions with family

members relating to feelings of home creation are both discussed separately in the next two sections.

From Homeless to Home: Processes of Individualized Affective Home Creation

Individually, tenants engage in affective home creation through safety, ownership, and comfort as indicated by their interview statements during housing tenure. In revealing the process of tenant home construction, Housing First policy guidelines dictate 1) permanent housing without conditions and 2) items necessary for housing, such as furniture, bedding, and cookware. The housing itself and any items needed for housing are chosen by each tenant so that they are the preferences of the tenant. These policy guidelines present tenants with symbolic processes of affective home construction that are much different from their previous experience of homelessness.

Greater Care employs the "Supportive Housing Programs Crosswalk" policy document to review with tenants upon entering their housing process. Within this document the federal supportive housing regulations are enforced with specific instructions for case management actions regarding both the *housing search preferences* for tenants and the *apartment supply procedures*. Through using whole text analysis, housing specific items were located. In terms of specific housing actions the case manager is instructed to:

> Assist consumer resident in locating housing opportunities, landlord negotiations, saving for or obtaining security deposits, furnishing the home, accessing household supplies, moving in and on-going advocacy with landlord/property manager. Housing preference, experiences, and resources should be examined as well as household management strengths and weaknesses, financial responsibilities, and long-term housing goals. [Supportive Housing Programs Crosswalk 2006: p. 3]

Federal policy guidelines above are employed by Greater Care and state the specific need for *home* creation with the phrases "housing preferences," and "furnishing the home". Case managers assist tenants in their preference for housing by driving the tenants to different apartments for them to view as well as helping tenants to locate and choose an apartment with the provisions that meet their needs, such as a location close to transportation or shopping facilities. In the traditional treatment continuum, tenants are forced to live in apartments that are pre-determined spaces for previously homeless individuals. In Housing First, tenants are able to search for an apartment in the same way that a non-homeless person might search for an apartment.

Case managers also assist tenants in purchasing items needed for their new apartments such as furniture, cookware, and linens. Staff record an itemized list of furniture purchases[15] for tenants, in their specific preferences, for up to $2500 to ensure that tenants have the items needed to begin a successful housing tenure. These elements of housing preference and personal home décor are further examined through analysis of case management and tenant interviews.

Housing choices for tenants were dire while living homeless. Individuals could stay at the shelter or basically fend for themselves in the outside elements. In chapter four, tenants described their negative experiences with shelter staff. In addition, the shelter and previous family living conditions are described by many tenants as unsafe, abusive, and violent so that housing preferences were found to heavily involve perceptions of safety and peace. Furthermore, items linked to home furnishings and

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[15] See Appendix B

décor resulted in feelings of a comfort and ownership in a personalized space. Both housing preferences for safety and peace and feelings of comfort and ownership are aspects of affective home creation for tenants that are discussed in depth in the next two sections.

From Abusive and Violent Living Conditions to a Safe Home

Chronically homeless individuals lack safety and security in their previous living conditions. Consequently, tenant housing preferences are highly focused on aspects of safety and security. Previous to housing, tenants discuss unsafe living conditions they experienced in the shelter, on the streets, and in their negative family experiences in childhood and early adult domestic partnerships. Women more openly discuss previously abusive domestic and family conditions that affected their housing preferences for safety and sexual safety, while men focus violent living situations and the need for elements of safe housing. Both women and men reference these prior living conditions when explaining their preferences for housing while in their housing tenure.

Previous to their housing many tenants lived in the shelter and endured very unsettling conditions. Vinnie, a 45 year old white man who was homeless for three years, recalls in his first interview what it was like for him daily living in the shelter:

> I had probably three or four cell-phones stolen while I was in the mission, a pouch, a phone book. I mean, if it wasn't nailed down, they'll pick it up and walk with it. You know, clothing, shoes, anything. So you get used to hiding stuff, or having it strapped around your wrist so if somebody tries to take it, it wakes you up. [Interview 1, 6 months housed]

Vinnie was almost accustomed to having things stolen from him while sleeping in the shelter. For those who had severe medical conditions, living in the shelter was experienced as even more unsafe. Mike, a petite black man who has seizures explains

how difficult it was for him to have a medical condition and how being a smaller man meant he had to fight for space:

> A couple times I remember when I was at the mission I had a seizure and when I got back from the hospital and I come back my stuff was gone, my bag with medication and stuff, awe man! All my important papers, and it wasn't really nothing valuable at all and that's the thing about going to the mission, when you go to sleep you have to sleep with one eye closed and one eye open. You can't even go take a shower because you've got to bring everything with you, if you don't they're gonna take your stuff. I found the stuff scattered all outside, come on man. All it was, was a couple of hats, 2 brushes, razors, you know cosmetic stuff. The papers and stuff were more important to me than anything. I had a few pictures in there I will never get back of my kids. I'm glad I got away from that, I could definitely say that. Every time I turned around I was always about to get into a fight, most of the time I had a big fight there, protecting your area, it's crazy man. [Interview 1, 6 months housed]

Mike explains above how his seizures caused him to lose all of his belongs and the lack of concern for his personal safety by other shelter dwellers. Another tenant, Zion, a 47 year old black man, was living in an abandoned house for four years that was a territory of local gang members called the "Bloods." He explained in one interview how he was stabbed in the side while sleeping in the abandoned house by a gang member for being in their territory. Zion was thrilled to finally get housed and explains how Sasha, his case manager, assisted him in his housing preferences:

> It was just, I mean it was heartwarming, it was just so exciting. I mean when we walked in the apartment it wasn't completely finished cause I mean they were just redoing it. And [Sasha] walked in with me, it was her, myself, and the real estate guy, and she was asking more questions than I was cause she was just trying to make sure that everything was gonna be right. She wanted everything to be right. She said, Listen, if it's not gonna be right then we're not gonna take it. But for the most part, the decision was mine. So I looked around, and I mean, it was perfect. A bathroom, nice little kitchen, nice little living room, nice bedroom, that's all I need. I don't need nothing more than that, cause you know I'm used to living life in a four by eight. It was just heartwarming. [Interview 1, 1 month housed]

Zion explains that he found having an apartment of his own to be "heartwarming," signifying positive feelings and affective home construction through the apartment

preferences being of his own decision. He also highlights how Sasha was there with him assisting him in this affective home creation since she was "just trying to make sure that everything was gonna be right" while at the same time ultimately leaving the decision up to him as whether or not to take it. Men highlight how shelter and street life can be very violent, therefore, affective their housing preferences for safety.

Women who were homeless also feared for their safety while living on the streets, however, did not specifically mention fears while living in the shelter. Diana, a 47 year old black woman introduced in chapter four, identifies how fearful it was being homeless as a woman compared to her now housed status as she states:

> I don't have to worry about somebody putting me out or having to sleep in the car or you know, behind the building or anything like that, just being really scared, afraid for my life [Interview1, 6 months housed]

Diana states that she doesn't have to be "afraid for my life" in her housed status indicating she developed a less fearful state of mind as she could have been attacked by someone while sleeping outside. Kate, a 53 year old white woman, identifies that being a homeless woman creates a certain kind of sexual vulnerability and fear that was not discussed by homeless men:

> Because you're vulnerable as a female um…there's a lot of wanting to get with you because your white you know, sexually and there's a lot of um, I've been taken advantage of. My kindness, my kindness has been mistaken for weakness. [Interview 1, 3 months housed]

For Kate, sexual vulnerability is a major source of her fear and lack of safety while homeless. She also relates this back to her racial difference from the majority of homeless individuals she was around.

Another difference between the fears discussed by men and women was that women were more likely to refer to their past experiences with family as abusive or violent as relating to their current housing preferences and affective home construction. Shelly, a 53 year old black woman who was introduced in the previous chapter, explained to me that she ran away from her home at 14 because of severe abuse by her father and never returned to live with her family again. She described being angry at her mother for knowing of the abuse and not doing anything about it. Shelly explains in her quote that living with family was just not an option for her when she became homeless because of the abuse that she had experienced in her teens:

> And I didn't choose to go home and live with my mother, I refuse to go home and live with my sisters, I refuse to go home and live with my brother because I was living on my own for so long. I've been living on my own since I was fourteen. I don't know how to live with nobody but me. You know, so that's how that was. [Interview 1, 1 month housed]

Shelly's abusive family experiences in her childhood then relate to how she explains in her third interview that safety is the primary function of her new apartment:

> My apartment, my safe haven and my castle, it keeps me safe from everything [Interview 3, 13 months housed]

For Shelly, safety within her apartment is described more broadly and includes "everything" and relates back to how she did not feel safe from her family (everything around her) in her early childhood experiences. The director of Housing First, Karen, highlights in her interview how she understands that previous family situations of tenants can be so traumatic that they prefer to be homeless rather than return to their family environment:

> I think most people don't understand what it's truly like to be homeless. I don't understand it and I've been working with this population for seven years but I don't know

> what it's like to be homeless. If we work that closely with people and we don't get it, people that far removed from it can't possibly get it…it's like people you talk to and you try to explain people's situations and their response is, well why don't they just…Why don't they just live with their mother? …people just don't understand the lives the people are living and the limited choices that people have and the extent of trauma that people have had. People don't understand that and they don't understand the effect that trauma has on people. [Karen, Director of Housing First]

Kate, who stated previously that she felt sexually vulnerable while homeless explains how domestic violence experienced from her former boyfriend caused trauma in her life and factored into her apartment preferences for living on the second floor as it is harder for someone to break into the apartment through a window compared to living on the first floor:

> for safety reasons it's better that I'm on the second floor. So I got everything I wanted really…I have a restraining order against somebody who has harassed my boyfriend and I for over a year. He's sent me to the hospital…he was obsessed with me…I mean the guys a nut. He's nuts. The mothers a crack whore, she accosted me, she assaulted me, stole money from me, uh, I mean the whole family is a nightmare…I'm just saying if that element was taken out of the picture I think I'd probably feel about 50% better than I do right now… something happens to your brain and your feelings when your homeless and I um, I'm still almost not fully, I'm very grateful but there's an awareness that's still hasn't quite set in yet. Like I know I'm here but I still, like, have a lot of paranoia um, you know, like I'm afraid to go out sometimes [Interview 1, 3 months housed]

Kate also exemplifies how early in housing tenure, some women were so traumatized from their homelessness relationships that it took some time for them to feel completely safe in their apartments. Kate mentions how she is "afraid to go out sometimes" which is something other women stated in their interviews as well. For example, Erin a 46 year old white family head of household, describes herself as a homebody now due to the peace and security her apartment offers as she states:

> So I'm home like all the time. If I'm not at school and I'm not at my program, I'm home. I'm not out flitting around no more, I'm home, I'm a homebody. That's what I do, I stay home. And it's quiet there, it's mine, and it feels really good just to know it's mine. I can come here and I don't have to open my door, I don't have to answer my phone, I

> don't have to do anything that I don't want and that's really nice to know that I have that security. [Interview 1, 7 months housed]

Erin states how she is home most of the time and she prefers it this way. In her interview Erin explained that when she was homeless her boyfriend was also her pimp and he would order her to go out and prostitute in cars to get money for them for heroin while he watched from a nearby hiding spot as he himself was not working and had no money. Since her former relationship was very controlling and abusive, Erin explains above how she feels secure in her "home" because she doesn't "have to do anything I don't want" as she was forced into doing things she didn't want to do in her previous relationship. Other women in Housing First have similarly horrific stories to Erin, one tenant, for example, was prostituted out by her actual mother for drug money starting when she was only eight years old and another woman described watching her mother point a gun at and shot her stepfather in the head, killing him, when she was only 9 years old.

Overall, men and women identify feelings of safety in their affective home construction while in Housing First. Men and women relate their feelings of safety to protection from other people that was not experienced in the shelter or on the streets, while women also relate their feelings of safety to protection specifically from former abusive familial and domestic relationships. Some women who experienced server trauma in their past found it difficult to experience a feeling of safety similar to that of men. Although women interviewed were open about their previous abusive situations this does not imply that men did not have previous abusive family situations as well, they just might not have felt comfortable being vocal about these situations with me.

From Powerlessness to Ownership and Comfort in Home Creation

Tenants were also likely to experience powerless in their homelessness situations. Powerless here is distinguished from forms of violence and abuse perpetrated by other people that may affect feelings of safety even after housing as they were discussed in the previous section. Powerlessness for tenants is a general feeling of insecurity and lack of stability in living conditions they experienced while homeless. When housed, case managers assist tenants in developing affective meanings of ownership and comfort through helping tenants to purchase items of their preferences and decor for their apartments.

A lack of personal stability in knowing where one will sleep day-to-day was illustrated by tenants specifically during the winter months when the shelter became overcrowded daily. Carson, a 57 year old black man, explains how this insecurity affected him below:

> when the shelter fills up, you understand what I'm saying, there's no homeless hotline you can call. You're just left out there. Not saying that you're gonna make it through another day because the weather might be bad to where, you know, you'd be like freezing or whatever, you know what I'm saying. They find peoples, excuse my expression, they find people dead in abandoned houses, you know what I'm saying, because people are trying to get out of the cold, you know. It's not comfortable, I'm serious, it's not comfortable. It makes you, it makes you cry… [Interview 3, 20 months housed]

Carson continues in his quote to explain how this type of powerlessness over where you will be from one day to the next is "not comfortable" and that dealing with constant insecurity over your living conditions "makes you cry." This way of living is extremely stressful since there is no ability or power to verify where one will end up each day. Karen, the Director of Housing First expands Carson statement by adding that friends and family members may treat individuals similarly to the shelter housing system:

> that's how they've been treated not just by the housing system but by their family and by their friends. Well you can stay with me, like they have power over them, but as soon as you screw up or you don't give me what I want or you don't, you know, do whatever you're out. Then people still expect that at some level…Even if it's not system, like the formal system of service providers, it's still the system they're used to. I think it takes people a long time to realize that the same thing isn't going to happen. [Karen, Director of Housing First]

Karen illustrates that tenants overall are accustomed to experiencing this type of powerlessness and that it is a feeling that is not easily extinguished once a tenant is housed. Tenants are often in disbelief that they will not have to leave their housing at any given point in time and take a while to get used to this new concept of permanent housing. After two months of housing, Henry, a 50 year old white man, explains that his changes in thinking have a great deal to with his new found ability to rest:

> Your rest, rest plays an important part in everything, all your health, you know I mean. You got to have the proper rest in order to feel right. In order to function, in order to think straight so yeah, it helps me a lot. Where I'm not having to walk around all day long, all day long, gotta walk around and the weather, cold, freezing or rain, snowing. It's given me, it's given me some hope and you know, at least right now it's given me kind of like a brighter future. [Interview 1, 2 months housed]

For Henry his powerlessness in dealing with daily weather conditions began to change once he was housed. He explains how he now has the ability to rest (sleep!) so that he is beginning to become more stable in his thinking which has then prompted him to "feel right." In this sense, affective home construction begins with a feeling of stability from permanent housing,

This feeling of stability is illustrated more specifically through affective meanings of ownership and comfort that housing produces for tenants with assistance from case managers. Ownership items of housing, such as furniture and keys, produce feelings of comfort and stability in tenant home construction. These material items of housing are both symbolic of ownership and allow the tenant to feel comfortable at the same time.

After housing preferences are met and the move-in process begins, tenants are taken furniture shopping using policy vouchers. Slate, a case manager states how he began to realize the importance of these material items for housing while working with tenants:

> I thought it was just gonna be something to help people get housing. Basically I didn't realize about the other aspects. I didn't think that deep into it when I was coming into housing, like they needed the furniture…You need stuff like a microwave; just housing necessities that I didn't think into that people need to make them comfortable. [Slate, Case manager].

These furniture and housing items are very symbolic in affective home construction for the tenants in that many tenants have never had new versions of these items before or even owned any of these items themselves in the past. In addition to furniture items, tenants are of course given keys to their new apartments. Five tenants of the twenty tenants interviewed mentioned keys as an important aspect of their affective home construction. Ginger, who is a 47 year old black woman, explains how hearing her keys symbolizes to her that it's her "home" and that she can call it "mine" which provides her a sense of ownership that she has not had in 17 years she was homeless:

> Yeah, I get real nervous if I check my pockets and I don't hear this [shakes keys] cause see, if I'm out here in Trenton at my niece's house or my mom's house and I'm getting tired I can always tell my mom "Well I'm going to go catch the bus, I'm going *home*." And it feels good to put my key in the hole and turn it, and open the door, and that's mine, that's mine, all that's mine. And now even still today I can't actually believe that all this is mine, cause it's been so long. It's been over seventeen years since I had my own place. I would always live with this person, live with that person, living in shelters, staying in abandoned buildings, slept in abandoned cars, I even slept under the train tracks, you know [Interview 1, 10 months housed]

Ginger also highlights the previous insecurity in her living circumstance prior to housing so that she could not create feelings associated with home. Ginger brings to light another phenomenon by stating "I can't actually believe that all this is mine", that over time tenants begin to realize that these are actually their items in the apartments instead of

items that belong to Housing first. Chylon, a case manager, explains how she began to see this new sense of ownership appear for the housing items over time:

> I start hearing different words like: I am housed. This is my house. The sense of ownership changed their identity. Where, I am housed. It validated them. That is something that just doesn't happened after 10, 15, whatever years you spent on the street and whatever you did to survive. Now you have the structure of the four walls. But it means more than the four walls. It's this is mine and that can be the initial shock of the furniture, when all that stuff starts wearing off they started realizing that this Housing First couch - this is my couch, this is my refrigerator, this is my lamp, I never had a bed before. There are different things that you would hear and when they start taking ownership. I know this is material things, but to go from abandoned building and stealing electricity to I paid my PSC&G bill. I have this one client, [Maria], who, the first thing she always says to me every time I call her. How are things going? I paid my rent. I paid my PSC&G bill; I bought groceries and the pride that came from that. I am able to do this on my own. The interactions start getting lesser [Chylon, Case manager]

Chylon connects the sense of ownership to a changing tenant identity so that the interactions with staff start to get lesser. Housing ownership elements then are supporting the new tenant positive identity restructuring initiated through case management strength based interaction discussed in the previous chapter.

With the experience of ownership also comes an increased experience of comfort. Tenants choose the items in their apartment based on their personal taste. Henry, a 50 year old white man, explains below how ownership and comfort correlate in his home creation:

> I have plants in there and stuff, you know. It just makes it more comfortable. You know and I know these things are mine and it just makes it nice. It makes it real nice. [Interview 3, 14 months]

Henry states how the knowledge that "these things are mine" makes his apartment more comfortable as in knowing that the items are his and were chosen by him adds a level of personal security in addition to the actual permanent housing. Case managers indicate in their interviews that they are aware of the importance of comfort in home construction.

Katrina, a 32 year old case manager who is a black woman, compares this idea of comfort between her old occupation and working within Housing First:

> When I worked in group homes and I was just, well not just, I was a residential counselor. So, whatever they say that's what's done. Even if it may be uncomfortable for the client or for yourself, that's just what you have to do…Here, stuff is not set in stone if they're not comfortable with it we can think of something else. We can maneuver things and we can make things more comfortable for them to be in their living situation. [Katrina, Case manager]

When comfort is not achieved for a tenant in their apartment, for various reasons, the tenant then would request to move when their lease ended. Of all the 60 tenants housed for the three years of data collection, six tenants requested to move to a different apartment after their first year of housing. One tenant in particular, Diana, actually moved twice while in her housing tenure to ensure that she could begin affective home construction through comfort. Diana explains in the quote below that in her second move she wanted to be closer to "downtown" Trenton because she now was attending college full-time:

> Well [since] last time I talked to you, I have moved, I made my second move. I was out on the island and the reason I moved from there is because I was too far out. I mean I loved the apartment and I loved the area but it was just too far out for me. It was like an inconvenience not having a car so you know I got an apartment downtown so everything is down here and then I also enrolled in college now full-time. [Interview 2, 13 months housed]

Diana also indicates in her quote how her identity had changed so that her personal space needed to be modified in accordance with her new identity as a full-time college student. Case managers in Housing First were very accommodating to any tenant that desired to move, therefore, assisting tenants in their affective home construction and also identity construction as elements of ownership and comfort are shown to be connected to positive changes in self identity.

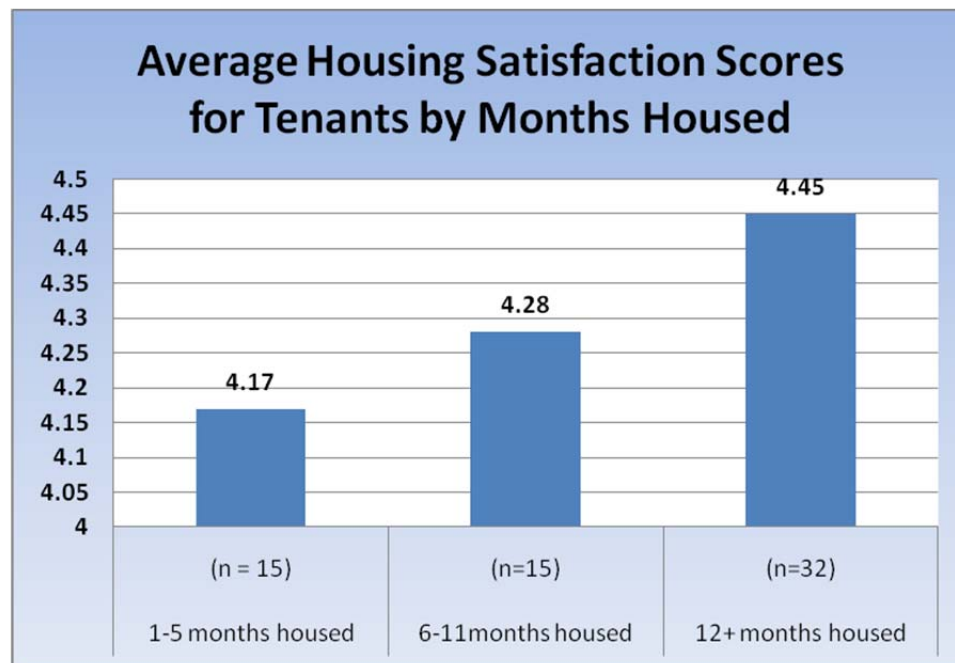
Outcomes for Case Management Assisted Individualized Affective Home Construction

Interviews with tenants reveal that many tenants eventually refer to their apartments as home. There is no clear pattern as to why and when a tenant will call their space their home, however, all 20 tenant case studies interviewed did refer to their apartment as home at some point spontaneously in their interviews. Of the case studies, 15 referred to their apartments as home in their first interview and five in their second interview. Not all tenants had their first or second interview at the same time in housing tenure. The range of months housed for home creation within the first interview is between one month and 13 months and for the second interview home creation ranged from eight months to 12 months in housing tenure. Overall if all the housing tenure months for first and second home interview are combined the average is a little over seven months housed for a tenant to refer to their apartment as home.

As the qualitative interviews indicate, all the tenant case studies eventually referred to their housing as their home. Longitudinal scale outcome measures also confirm that a majority of tenants are increasingly satisfied with their housing over continued housing tenure. Housing satisfaction scores were measured from average scores of the Housing Satisfaction Scale which includes 20 questions on various aspects of housing such as housing preferences/choice, control, privacy, closeness to family/friends, closeness to recreational activities, safety and security, and opportunities to socialize. Questions were rated by tenants in their three interviews on a scale from one to five: 1 "very dissatisfied," 2 "dissatisfied," 3 "neutral," 4 "satisfied" and 5 "very satisfied." Tenants indicated an initial "satisfied" average score of 4.17 in the early

months of housing tenure as seen in Figure 14. As tenants continued in their housing tenure, the average housing satisfaction score increased. The average score for tenants housed between six and 11 months is 4.28 and increases again to 4.45 for tenants with a year or more of continued housing tenure. Hence, tenants are initially "Satisfied" with their and this satisfaction increases towards "Very Satisfied" the longer they remain in continued housing tenure. Of the 60 tenants that were housed during the data collection period, only five tenants withdrew from the program and two of those five discontinued housing tenure because of death, leaving on three possible tenants to have withdrawn from housing because they were not satisfied with their housing.

Figure 14. Tenant Housing Satisfaction Average Scores by Length of Tenure



This increase in tenant housing satisfaction in housing tenure correlates with interview findings on the individual affective processes of home creation assisted by case

managers that tenants experience while in the Housing First program. Tenant increasing housing satisfaction over continued housing tenure correlates with interview findings of increased safety from other people in home creation, although for some women who experienced severe violence and abuse in their families or relationships this may take more time and more assistance from other providers, such as therapists. Increasing housing satisfaction also correlates with findings of the affective meanings of ownership and comfort tenants report that support new identity construction for tenants. Both safety and ownership elements link to housing satisfaction as tenants' preferences and comfort are being recognized and adjusted when necessary by staff. Turner and Stets state that "the more an identity is verified by the response of others, the more likely a person is to experience positive emotions such as pride, happiness, and satisfaction" (2006, p.32). Hence, the consistent efforts of staff to accommodate the housing desires of tenants assist tenants in producing feelings of home creation that also reinforce their positive identity restructuring.

Overall, individualized affective home construction assisted by case management staff through housing preferences for safety and personalized items symbolic of ownership and comfort reinforces positive identity restructuring for tenants. For example, at one point in time, the funders of this Housing First program argued that buying new furniture for tenants was too expensive and only second hand furniture should be purchased. Case managers were outraged at this idea and fought against the funders to ensure that tenants only received new furniture. Case managers in fact were unknowingly arguing that second hand furniture might create less comfort and more of a

second hand identity for tenants deterring from the initial identity restructuring that begins through interactions between staff and tenants.

My Peoples: Tenant Family Processes of Affective Home Creation

Family experiences are highly relevant to an individual's concept of home. Family relationships are likely to be turbulent for chronically homeless individuals and in many cases precipitate homelessness itself through various forms of family dysfunction and abuse. Revitalizing positive family interactions when available present the tenants with familial processes of affective home creation. Symbolic meaning exchanges with partners, parents, siblings, and other relatives are relevant factors to familial processes in affective home creation for many tenants as indicated in their interview statements. Greater Care implements family support structures through two policy documents: "Intensive Family Support Services" and "Support Housing Programs Crosswalk." Intensive Family Support Services of IFSS is a division of Greater Care designated for assisting family support for people with mental illness. The IFSS pamphlet explains the provisions and is defined as:

> Created in 1997, Intensive Family Support Services (IFSS) is designed to provide a flexible range of services specific to families and caregivers who support a loved one over the age of 18 living with a mental illness. The goal of IFSS is to help provide stable, healthy, environments for families and their loved ones. We know that families are not the cause of mental illness, but that supportive families contribute to their stabilization and wellness of a family member living with a mental illness.[16]

Staff are instructed to ask tenants upon program entry to complete a one question survey for if they would like to participate in Intensive Family Support Services (IFSS) with the

[16] See Appendix B

question being: "Can you identify a family member(s) or significant other(s) who you would consider a candidate for IFSS services?" If tenants do provide a family member, then the next step would include the infusion of IFSS services such as family consultations, psychoeducation presentations, and family support groups. These supports are provided by another section of Greater Care and not the case managers themselves.

Also, in regards to familial support, case managers again follow guidelines for housing set up from the "Supportive Housing Programs Crosswalk." Within housing initiation, such as moving in and decorating, case managers are also instructed to locate "natural supports" as described below:

> Assist the consumer resident in setting up utility accounts and identifying **natural supports** to develop and carry out a move-in plan. Assist the consumer resident and **natural supports** to set up and decorate their new home…[2006 P.3]

Per my discussion with case managers, natural supports refer to existing family networks. Case managers then assist tenants in locating these natural supports regardless of the tenant's compliance with IFSS services. Daphne illustrates how being the apartment with tenants allows case managers to observe interactions with family and partners:

> just like being in their house I end up meeting family, friends, relationships cause a lot of time people will tell you one thing and they you see a totally different thing. Oh, my boyfriends great and I love him but then you notice; why are you always scared to speak when he is around and then that is something that you can bring up. Well how are you really? Do you really feel ok and you can talk about this cause I can help you. That's when we feel like telling them about domestic violence or anything but you wouldn't know that if you weren't in their house to see it. [Daphne, Case Manager]

In this way, Daphne illustrates how case mangers assist tenants in locating "natural support" that will assist tenants in affective home construction. Prior and current affective meanings associated with partnerships and family of are important components to understanding the process of tenant home construction within Housing First.

Interviews with tenants elaborate on how these familial interactions impact tenant home creation and longitudinal scale outcome measures are analyzed to present quantifiable changes in tenant family connections over housing tenure.

From Family Disregard and Divorce to Respect in Partnerships

Familial situations, mental illness, and substance abuse are the leading factors cited by tenants for their homelessness. Many tenants did not have the traditional sense of home as the section on individual affective home creation of this chapter describes how family relationships and partnerships for some were abusive and violent. Tenants describe these experiences in way that they seemed to be already homeless while living in a house or with family. Homelessness, in a subjective sense, began a long time before they were objectively homeless. Intensive Family Supportive Services data indicate that over 80% of tenants in Housing First decline these services upon entry into Housing First as seen in Table 4. Among case studies, five accepted Intensive Family Support Services and four of the five are women. Also, family is the second listed reason for homelessness in Table 5, many tenants initially feel that it is unnecessary to reconnect with family members that were neglectful in their previous family experiences.

Table 4. Tenant Intensive Family Support Services Response at Intake

Status at Entry	Individual 49	Family 11	Total N 60	Total % (100)
Declined	39	10	49	(81.7)
Yes	10	1	11	(18.3)

Table 5. Indicated Reasons for Homelessness by Tenants at Intake

Reasons Listed for Homelessness	Individual 49	Family 11	Total N 60	Total % (100)
Mental Health	20	7	27	(45.0)
Family Reasons (divorce, death, abuse, children)	22	4	26	(43.3)
Substance Abuse	22	2	24	(40.0)
Housing Reasons (eviction, fire, lack of heat)	10	3	13	(21.7)
Financial Difficulties (job loss, unemployment)	8		8	(13.3)
Incarceration	7		7	(11.7)
Rejection by Friend	6		6	(10.0)

Family experiences, aside from extreme violence and abuse, are generally non-traditional often involving neglect, disregard, divorce, death and other forms of instability. Case managers assist tenants in connecting with partners and family for affective home construction, however, simply urging tenants to contact prior family members will not suffice for these non-traditional family situations. Reconnections with family for tenants in Housing First are more complex, for example, Ginger, a 40 year old black woman describes her experience with parental neglect at eight years old:

> dad used to babysit us, my mom didn't know that my dad was on drugs, he used to make us come outside and sit out on the porch for like two hours, it could be cold outside, he didn't care, he used to make us sit outside on the porch till he got finished doing his drugs and stuff like that. [Interview 3, 22 months housed]

For tenants in Housing First previous home experiences may include such factors as parental neglect and lack of concern. Since parental relationships with tenants were adverse, when tenants were newly housed some tenants illustrated a lacking in proper parental socialization which became apparent to their case managers. Sasha, the lead case

manager identifies below how she began to realize that tenants lacked important family learned social skills early in their housing tenure due to neglect:

> people that actually never consistently paid their bills…thinking you're an adult and at some point, yes, you probably did have housing and you lost it for this reason or whatever, or, maybe you lived with your family for however long, and then somebody, as people get older, quite obviously died, and you had to move and, but thinking that clearly you had some experience with paying something. Either you paid it for awhile because you could, and then you stopped paying because, well, you didn't have the money - not really realizing that there are people who actually have never done that. [Sasha, Case manager]

Sasha explains that she came to realize that some tenants have never consistently maintained housing in the traditional manner of speaking. Parents of tenants offered mixed amounts of support for their adult children in Housing First. In terms of parental contact, five of the tenants indicated that both parents were deceased and four tenants indicated absolutely no contact with their parents while housed so that almost half of the case studies were lacking parental interaction in their affective home construction. Only two of the case studies indicated daily contact with their parents during housing tenure, Zion and Diana, while the remaining nine indicated some degree of contact during housing tenure.

Overall, early family relationships for tenants are likely to be problematic and unlike the happy images most associate with home. Intensive Family Supportive Services Data indicates that tenants are hesitant to reconnect with their families and this relates to their interview statements of previous familial experiences such as abuse and neglect. This is not true for all those who were interviewed; however, it is true for at least half of the case studies. Most tenants are lacking a strong traditional family

foundation associated with the middle class which provides the feelings and affective meanings associated with home.

In addition to childhood family experiences causing homelessness later in life, a good portion of the tenants interviewed expressed that a marriage ending in divorce lead to their homelessness experiences and not one tenant was married at the time of entry into Housing First. Of the case studies, six men (Henry, Sydney, Carson, Damon, Mike and

Table 6. Tenant Marital Status at Intake

Marital Status	Individual 49	Family 11	Total N 60	Total % (100)
Widowed	2	1	3	(5.0)
Divorced	12		12	(20.0)
Separated	7	2	9	(15.0)
Never Married	28	8	36	(60.0)

Justin) and one woman (Maria) noted that divorce resulted in their homelessness. Based on Table 6 it appears that divorcees were over sampled as case studies; however, it may be that those who never married did not marry because of extreme mental illness and were not likely interview candidates. Divorce was often a painful experience and a few tenants could not discuss the topic with me because they became very emotional, in which I would quickly move onto another topic. Damon, a 47 year old black man who was homeless for 6 years explains below how substance abuse by him and his wife lead to divorce and his subsequent homelessness:

> Well, I got, I got a divorce from, with a woman that I was living with like six years and I got married with her and we stayed married for like two years and she's, she would, I went to work and got off of welfare and she quit her job and she started messing around with cocaine and heroin and which I was on cocaine but not heroin, I was an alcoholic and she was too but uh, things just fell apart and after I left her I realized I can do bad by

> myself… I was staying at the rescue mission at the time and that's where I fell apart really; around the wrong people, places and things. [Interview 1, 13 months housed]

This situation may have occurred for more tenants, perhaps those that were uncomfortable talking about divorce. Three of the men (Mike, Justin, and Sydney) who experienced divorce state that they were the primary caregivers of children in the relationship and lacked a monetary income for a large duration of the marriage that eventually ended in divorce. For example, Sydney admitted how his inability to provide financially affected their married relationship in the quote below:

> I became disabled so it took like 3, 3-6 months for my disability check to come in and you know, and so, so she's working at Princeton University so at that particular time she felt as though that she was the man and I'm the woman… she used it to her advantage. So she said, I don't need no man, "I'm making more than he is so therefore I might as well be my own woman". [Interview 2, 10 months]

Sydney explains that his wife earned more money than him so that she eventually left him since he was not financially contributing to the relationship and he felt as though he was the "woman" in the relationship. For those men for whom divorce was a catalyst to their homelessness being housed was especially significant to their affective meanings of home related to respect. Carson, a 57 year old black man who was homeless for 22 years, explains what housing meant for him after experiencing a very painful separation from his wife that left him homeless:

> just for the record, I haven't felt comfortable with myself, all this, since me and my wife separated. And I'm talking about many moons ago...I'm talking about at least 22 years ago. That's a big step. Twenty two years ago I felt the way I'm feeling now. I'm feeling like I felt when me and my wife had kids, were together and stuff, whole as a family, you know what I'm saying. I felt, you know respect as a man. [Interview 1, 6 months housed]

Carson explains the emotional feeling of home that was lost when he divorced from his wife 22 years earlier and he continues to explain that he finally feels "respect as a man."

Carson has a new partner in his life who I met because she came with him to every interview and sat outside waiting while he discussed his experiences.

A good amount of the tenants developed partnerships or continued their partnerships they had created either prior to homelessness or during homeless while in housing tenure. Many tenants expressed that they began to consider the role that marriage and partnerships now played in their life and what it meant to them to have a spouse or partner. Of the 20 case studies, 11 tenants identified having a partner during their housing tenure, although partnerships were not as clear cut as the traditional middle class nuclear family ideal and were found to relate to affective home creation for only a limited amount of tenants.

For those that continued previous relationships, Housing First was identified as being both a positive and negative influence on the relationship. Diana, Monica, Zion, and Kate had relationships while they were homeless that they continued while in housing tenure with different outcomes. Diana, a 47 year old black woman, explains below that she has a long term relationship (29 years) with a significant other that began before she was homeless:

> …that's another thing we hear in a relationship and you want to be with that person you're willing more to work at that. You don't want to lose that person. That's like if you were married you'd be the same way but people aren't like that. Like me and him, we've been through a lot of ups and downs, don't get me wrong but we have been through a lot of things but we have worked at it and came together on different things you know. [Interview 2, 13 months housed]

Diana admits in her interview that her partner was the one who got her into drugs originally which lead to her to lose her job and eventually become homeless. She also stated that after she entered Housing First and became sober her partner then followed her

footsteps in becoming sober as well after they had a period of separation during her initial housing. Monica expressed a similar story to Diana, in that she and her partner were also substance abusers together and then went through a period of separation while she and him became sober. Although Diana has an agreement with her partner to never marry, Monica identifies that their agreement not to marry is for religious reasons but presents a quote uncannily similar to Diana:

> for religious reasons, we're not married, for reasons of I like the fact that, you know when he comes he helps, there's sometimes we go through up and downs. At least I know we go through these ups and downs, you go your way and I'm home. When it's all ironed out we can come back, you know what I mean. I've had problems. [Interview 3, 19 months housed]

For Diana and Monica, affective home creation did not include their new respectful partnerships; however, for some tenants partnerships were an important factor in their affective home construction.

Since tenants were not permitted to have significant others live with them while in Housing First their affective home creation was limited to not include live-in-partners. Zion explains his discomfort with not being allowed to have his fiancé live with him in his apartment:

> The only thing, the only thing, like I say, you know it's hard for me to be separated from this woman, my fiancé, I've been with her for 4 years, living in abandoned houses here and there and here and there, that for me it has to be, I made a mistake where I'm at and for her not to be able to be there, you know what I mean. She comes there and she cooks, she cleans, she does it all. She makes sure I take my medicine and everything like that but do you know how hard it is for me to have to tell her, well it's time for you to go? [Interview 2, 8 months housed]

It appears that Zion's desires for his fiancé to live with him relate to his affective meanings of home creation as he indicates how she takes care of him as in the traditional gendered ideal of woman's role in the home. On the contrary, Kate explains that her

boyfriend displays extreme jealously of her apartment in Housing First which was found to be common from the perspective of her case manager as she states:

> He just says, fuck you and your fucking apartment and [Joan] even said that she seen a lot of people get an apartment and they've had like a significant other and that arouses a lot of jealousy and stuff you know, but I mean, I, I, he seems like he's, you know when he's sober he's like, [Kate], I'm so happy for you… [Interview 2, 9 months housed]

In her third interview Kate states that she and her boyfriend were currently separated because he was in jail for assaulting her while drinking and she was now focusing on surrounding herself with "more positive female energy."

For those tenants that did not have a partnership when they were homeless, partnerships still were something discussed as important to their housing. Justin, a 50 year old black man wonders in his third interview if marriage would make a difference for the rules of living with people in Housing First:

> I'd say, you can't have people staying with you in these places but if you get married would that make a difference? [Interview 3, 20 months housed]

Justin poses a good question and there is no data available to answer this question since no tenants were married while in their housing tenure. He does identity that he desires for his partner to live with him in his apartment similar to Zion. Also, even individuals with no partner began to contemplate the need for a partner while in housing tenure. Alex, a 42 year old black man who was homeless for 23 years states:

> I would like to have a wife because I'd like to find someone that can be my equal, my partner, me and her become one. [Interview 3, 25 months housed]

Here, Alex presents a very egalitarian, respectful, ideal of a peer marriage. Alex had never been married previously and felt that it was the right time for him to find a wife

now that he was stable in his housing tenure, linking affective home creation to his ideals of marriage.

Generally, relationships with partners as natural supports are not significant to tenant home creation; however, it appears that in some cases tenants would like to have partners living with them. If the guidelines for living with a partner were changed, respectful partnerships may play a more significant role in affective home creation for at least some of the tenants. For other tenants, such as Kate, partnerships may actually deter from affective home creation.

From Shame and Isolation to Connectedness with Family Members

Housing First guidelines instruct case managers to assist tenants in locating natural supports to help in the creation of their new home space which also includes other family relatives besides parents and partners, although occasionally parents are able to support tenants consistently such as in the cases of Zion and Diana. Siblings, adult children, and grandchildren were the natural supports that tenants primarily discussed in relation to their affective home creation. Early in housing tenure tenants also expressed fear and reservation in reconnecting with these family members due to feelings of shame which was especially true for tenants that formerly abused crack and would steal from relatives in order to support their drug habit. Ginger, a 40 year old black woman who was a former crack addict states below how her family had to "watch" her when she was abusing crack during visits with them prior to Housing First:

> And you know, when I was on drugs when I had, you know if I went to my family's house, if I had to go upstairs and use the bathroom they had to send somebody upstairs to watch me. They wouldn't trust me around the kids, and stuff like that, but now, my

> nieces, my nephews, my sisters, they drop their kids and their grandkids off at my house, cause they know their kids are safe. [Interview 1, 10 months housed]

Ginger explains that she is now she trusted to watch her relative's children at her apartment after less than a year of housing tenure. Since these connections to her grandchildren take place in her own apartment they likely impact her affective home creation. On the other hand, connections with family may also occur outside tenants apartments in dwellings of their family members. Maria, a 48 year old black woman who was a crack abuser was also hesitant about reconnecting with her family, like Ginger, after 15 years of separation but was warmly received:

> Yeah I've reconnected with my family, cause I haven't seen them in fifteen years. Yeah I stopped making trips down…It's nice, it's real nice, it's outstanding. Seeing my children and my grandchildren and my son that I haven't seen in fifteen years. They told me that they still love me and they, cause I was scared at first, that they were gonna say, "why you up here, why you gotta do this, why you gotta do that?" And I was waiting for one of them to say it, but everything that they would say, was good. It went smoothly. [Interview 1, 7 months housed]

Maria indicated not really having any family members visit her apartment so that her affective home creation may not be impacted as much as a tenant who is having family over. Also, Ginger does not have any children; whereas, Maria does have children and was excited to reconnect with them even if it did not occur in her apartment.

Men as well as women, indicate hesitance in reconnecting with family members due to previous substance abuse. Below, Zion explains how he distanced himself from his family and especially his children during his homelessness:

> I have children, but they've been out of my life, well not actually out of my life. I felt too shameful to see them the way I was looking and seeing myself…I have seven grandchildren that I haven't even seen, but I'm seeing them now. And I plan on being a part of their lives, before you know, I didn't even really care, I mean I cared, but I tried to wipe that feeling out of me because I didn't want to get to attached to them, them seeing me and being shameful, oh that's your grandfather, and stuff like that. That's

> embarrassing and I didn't ever want to be an embarrassment to my family, but now I'm getting closer to my mother, my sisters. [Interview 1, 1 month housed]

Zion articulates here the emotional processes that go along with having children and grandchildren while one is homeless. He explains how shameful and embarrassed he felt so that he purposely disconnected from his family. Later in Zion's housing tenure he explains that he is reconnecting more with his family and being even more involved in his daughter's life:

> and I'm starting to get a better relationship with my family, my mother, my sister, and my children…She calls me up and say, Dad, come on. I need you to come to school and talk to the teachers. That really touches me, you know. I never was like a part of my daughter's life and even my baby daughter, she calls me up. She got her own little cell phone and she calls me up to check on me every day. I mean, that is very important and I didn't have these type of relationships with them until I got into this Housing First program and I'm real grateful for that. [Interview 2, 8 months housed]

Zion specifically recounts how his daughter calls him "Dad" on the phone identifying the significance of the statement to his feelings related to family and explains that he did not have these kinds of relationships with his family until the Housing First program.

Some tenants began to incorporate their family and children into weekly routines that did not exist prior to their experience with Housing First. Diana, a 46 year old black woman, explains how on Sundays she invites her family over to her apartment to cook for them:

> Sunday's is my days I spend with my family and that's what, to the other question that you asked me before, what they have done to me, the program have done for me is they helped me get back with my family. I'm more cooking dinner for my son and my granddaughter and his girlfriend and my mom. They'll come over and they'll eat dinner and the trust level with them is coming to build back up again, you know what I mean because they had lost trust in me cause I have been out using. Which is understandable, so that's starting to come back up and I'm building a more bond with my granddaughter. My son is letting me have my granddaughter now on Wednesdays and Thursdays. I have my granddaughter on Wednesdays and Thursdays so tomorrow we'll be picking her up from school. [Interview1, 6 months housed]

Cooking with family was common for many tenants who were reconnecting with their family. Cooking is especially significant for affective home creation since most traditional wives cook dinner for their family. For tenants, however, both men and women recounted cooking meals with family to various degrees, which is somewhat non-traditional since cooking is usually considered a symbol of home creation for women. Interestingly, Zion and Diana were very deeply reconnected with their family members and were the only two tenants who stated in the previous section that they talked with their parents daily which may have increased their reintegration into family activity.

A handful of tenants did not experience such a smooth transition back into their family relationships. Some tenants were excited and eager to reconnect with their siblings; however, these reconnections were fraught with unexpected problems. One tenant, Mike, explains that his family had become a large source of pain in his life in his third interview:

> Just recently we had another 3 deaths in the family…My oldest brother, it was in the paper and the news, he shot this correction officer, tried to kill this lady and shot himself [Interview 3, 18 months housed]

Mike became very emotional in this interview and felt overwhelmed with having to deal with the problems of his family members. He continues to explain later that his brother actually called him on the phone and told him that he was going to kill himself before he did and Mike felt terrible in that he was unable to stop the situation from happening. Some tenants choose to not connect with certain family members because those family members themselves are having problems, such as drug addiction. After two years of housing tenure Damon explains with some hesitation that he just recently got in contact

with his sisters after 20 years of separation, yet, he chooses not to contact his brothers because of their substance abuse as he states:

> I told myself that because I realized the last two years I've been doing a lot for myself and I ain't been doing it with the help from my family or my sisters. I just got in touch with my two sisters from Louieville, Savannah or Louieville someway down there and one from Savanna, Georgia. And that's the first time I heard from them. Thanksgiving, that's the first time I've seen them in twenty years since my mom and dad died…And my two brothers, one is in Washington, all the way out in the West somewhere and the other one, he just moved on Greenwood Avenue but I don't want to be with them because they be drinking and drugging and I told them, if you come to my house you can sit on the porch but you ain't coming in with that stuff. [Interview 3, 24 months housed]

Damon is very strategic in considering which family members he wants in his apartment and he also explains how the death of his parents 20 years prior caused a separation between him and his siblings. Another tenant, Ginger, had similar reservations in connecting with her siblings. Earlier in the chapter Ginger was proud to reveal that her nieces and nephews are staying with her more, however, her relationship with her siblings is more complex due to her former crack addiction so that by her second interview Ginger explains that she is cordial with her siblings, but that she feels they are still being emotionally abusive and treating her as an addict so she decided to strategically limit the interactions for her own emotional well being:

> I talk to them every now and then, see I don't deal with them too much, cause they talk to me like I'm a person out on the street. They talk to me like I'm a bum. [Interview 2, 17 months housed]

In her third interview, Ginger was very excited to discuss that she had found a new connection in her life to supplement that of her siblings:

> A dog and his name is Puffins…he's a Scottish terrier and something else mixed. He got this high bark, but the dog can't, like on my front door, the top part of the door, if I'm sitting on the porch and the dog makes noise he jumps up and down, up and down and he likes to run too. [Interview 3, 22 months housed]

Interestingly, Ginger was the only tenant interviewed that owned an animal during her housing tenure. Also, ironically, Ginger named her dog Puffins which may be a symbol of her new addiction to her dog instead of "puffing" crack. Although Ginger did not specifically reference that Puffins was part of her home creation, it may be that her lack of connectedness to her siblings in her family triggered her to seek out a different kind of connection.

Outcomes for Tenant Family Connectedness

Scale data for family contacts confirms increases in family contacts during continued housing tenure for tenants. The Personal Network Matrix recorded family contacts for spouses and partners, parents, siblings and other relatives at each longitudinal interview for tenants. Table 7 indicates that during housing tenure, 60% of tenants'

Table 7. Tenant Family Connections by Length of Housing Tenure

	1-11 months		12 + months	
Family Connections	**(n=30)**	**%**	**(n=31)**	**%**
spouse or partner	18	(60.0)	18	(60.0)
Children	20	(66.7)	25	(83.3)
Siblings	21	(70.0)	22	(73.3)
other relatives	20	(66.7)	22	(73.3)

identified having a spouse or partner, whereas, upon program entry not one tenant identified being married. Partnerships may have existed prior to housing, however, over 80% of tenants upon program entry indicated that they did not want intensive family services and not did not list a spouse or partner to contact for these services. Contacts with children, siblings, and other relatives all demonstrated an increase during housing tenure for tenants. Siblings and other relatives both showed a slight increase between early months of housing to after one year of housing tenure. The most dramatic increase

was seen in contacts with children over housing tenure. In early housing tenure 66.7% of the tenants were in contact with their children and this increased to 83.3% of tenants after one year of housing tenure. Tenants mention in their interviews how emotional it was for them to reunite with their children and how previous feelings of shame and guilt often prevented them from initiating contact with their children.

Conclusion: Affective Home Construction and Tenant Identity

Individual and family staff assisted affective home creation for tenants were a result of the initial provision by HUD for direct placement of tenants into permanent housing. Greater Care implement this initial provision through internal policy documents that were designed to assist tenants in creating a personalized space through housing preferences and personalized items and by assisting tenants in locating "natural" supports such as partners and family members. Both these policy based assisted processes created affective meanings associated with home so that at some point during housing tenure all the tenants referred to their apartments as home.

The affective meanings associated with home creation were illustrated as occurring through a personalized space and familial relationships to various degrees. Case managers assisted affective home construction through a personalized spaced by suiting tenants needs for safety for both men and women as both genders experienced some aspects of violence from others while homeless and/or in their experiences prior to homelessness. After being housed some women appear a bit more traumatized from their homelessness experiences in their housing tenure while men are more likely to

describe themselves as more relaxed and functioning in a mentally healthier way. This is reflective of a common gender pattern in emotional wellness among the never been homeless as well and may indicate that homelessness safety experiences are gendered in Housing First, however, though both genders refer to safety as an element of their affective meanings of home. Both men and women also indicated that ownership related to their feelings of comfort and were significant in affective home creation. Ownership of items related to housing, such as furniture and keys, were important symbols of affective meaning creation and case managers observed that these items correlated with positive changes in tenant self identity. If tenants expressed to case managers that they were not experiencing these feelings of comfort associated with home creation they were assisted in moving to a new apartment.

Since case managers were guided to assist tenants in their housing preferences for safety and comfort, their affective home creation then reinforced the positive elements of identity restructuring (self confidence and self autonomy) as tenants themselves dictated their own housing preferences and were able to change direction and move if necessary. As tenants continue in their housing tenure they report increased satisfaction with their housing options which also correlates to a positive identity construction. In addition, both increased housing satisfaction and affective home construction occur over continued housing tenure so that these items correlate with successful housing tenure.

Prior family experiences of tenants, current experiences with spouses and partners and current experiences with family relatives are also important components to understanding tenant affective home construction within Housing First. IFSS policy data

reveals that tenants are not eager to reconnect with family members early in their housing process. Familial interactions and relationships were often turbulent and neglectful for tenants prior to and during their homelessness. Some tenants lack proper social skills needed for their apartment upkeep early in housing tenure due to prior family experiences. Through policy guided case manager assisted connections to "natural supports" during housing tenure many tenants indicate reflections on partnerships and reconnections with family relatives that were related to their home creation. Partnerships were not found to be significant to home creation although policy provisions prohibit tenants from living with partners so that tenants were limited in this regard and some expressed frustration from this limitation.

Reconnections with other family relatives were found to be significant to the affective home meanings of tenants. In some cases tenants report positive reconnections that helped them to relieve feelings of shame, however, in other cases tenants were hesitant because family members themselves were emotionally abusive, drug addicted, or involved in criminal behavior. In some instances tenants linked to their personalized space to connections with family, such as cooking for family members, therefore strengthening their affective meanings of home in traditional ways. These connections are important in assisting tenants with the feelings associated with home creation and for those tenants that indicate family connections were not successful alternative solutions were observed such as acquiring a pet. Longitudinal scale outcome measures signify that tenants are increasingly connecting with family members during their housing tenure and these connections also correlate with continued successful housing tenure, however, the

nature of the connections is especially important to consider for successful housing tenure and permanent changes in tenant identity restructuring.

As tenants are obviously excited to move in an apartment and buy all new furniture items, tenants are easily engaged in creating housing preferences of their choice (safety) and purchasing personalized items for ownership and comfort so that individualized affective home construction occurs readily. These policy guided interactions in early housing tenure allow tenants to continue in a positive direction by reinforcing changes in their identity restructuring. This safety and comfort in a space allow tenants to relax more and feel less stress than when they were homeless. These findings correlate with research by Sternberg (2009) that emotional elements of a space are important in a healing process so that individualized affective home creation is an additional socially healing process.

When family relationships enter the picture, interactions become less guided by policy as partners and family members are not employed by Greater Care. Case managers assist tenants in their connections with partners and family, yet, only to the degree that the tenant chooses to include them in these reconnections and to inform staff of what is occurring in their interactions with family. Hence, partner and family interactions may be helpful for tenants in continuing their identity restructuring, however, they also may deter from their identity restructuring if interactions become focused on past events of substance abuse or on problematic events occurring within the family. The partners and families themselves may have not changed and could “pull the tenant down” or “bring them up” depending on the perceptions family members choose to have of the

tenant's situation in Housing First. In some instances tenants may be better off resisting family interactions to salvage their new identity and may, therefore, become dependent on their case managers for interactions that reinforce their new identity. If family interactions are not supportive of new identities this will leave networks, both professional and personal, to be the only source of positive identity construction outside of interactions with case management staff, which are discussed in the next chapter.

CHAPTER 6

SOCIALLY SUPPORTED WELLENSS IN TENANT NETWORK

The conclusion of chapter five presents evidence that tenants successfully construct their affective home individually since all tenants interviewed as case studies refer to their apartment as home, however, family interactions present various degrees of successful affective home creation that is symbolic of conventional family relations. The remaining social realm is the networks of tenants which also impact the tenant's experience of wellness. Socially supported wellness both reinforces and deters from tenants identity restructuring, however, networks of tenants are highly in flux during the first two years of housing, so the effect of these networks on socially supported wellness for tenants is less than those of identity restructuring and affective home creation. Networks somewhat remain in the process of being restructured for increased support through case manager links as tenants begin to experience some degree of independent activity.

Homeless Network Attributes and Policy Provisions

Network support is a salient item for tenants in Housing First because research indicates that social networks of homeless individuals tend to be smaller and more limited in resources compared to the non-homeless (Sosin, Colson, and Grossman 1988; Pescosolido and Rubin 2000; Hawkins and Abrams 2007). Savage and Russel (2005) found that homelessness networks can facilitate drug use and be abusive in various ways as networks members themselves were identified by Hawkins and Abrams (2007) as being likely to have mental illness, physical illness, substance abuse addiction, and

served time in jail. This evidence suggests that the social networks of formerly chronic homeless individuals are dire in regards to both quantity and quality which is significant to the wellness of homeless individuals since scholars consistently have found that personal health and well-being is related to the health and well-being of those around an individual (Putnam 2001; Smith and Cristakis 2008).

The process of tenant social wellness construction begins initially Housing First policy. Case managers are to be both supportive and assist the tenant in connecting with groups and services that will ultimately produce independence for tenants. It is unclear, however, as to what exactly the form of the independence expected. Supportive services are to produce increased support from network members for wellness and also opportunities for 'meaningful activity' in groups to further increase community integration, which also results in increased inclusion and destigmatization When implemented in Housing First supportive interactions occur to various degrees with case managers, health and wellness service providers, friends, neighbors and 'meaningful activity' groups. Tenant interview analysis reveals that networks are still very much in flux after two years of continued housing tenure and produce various patterns of support for tenant case studies that do not necessarily result in complete independence, especially independence from the Housing First program itself.

The policy goal of HUD (2008) linked to social support is for Housing First programs to provide "readily available, but not mandatory, supportive services" (p. 6). Policy provisions of Greater Care are discussed in this section and not separately as in the previous two chapters since network assistance is greatly fluid and overlaps into the

various sections of implementation for the policy. Greater Care addresses goal through the Code of Federal Regulations Title 24 Housing and Urban Development for Shelter Plus Care. 'Supportive services' are specifically defined in federal regulations for Shelter plus Care supportive housing. Sec 582.25 "Definitions" states initially that "Supportive services means assistance that addresses the special needs of eligible persons" (2005 p. 3); and secondly:

> Provides appropriate services or assists such persons in obtaining appropriate services, including health care, mental health treatment, alcohol and other substance abuse services, child care services, case management services, counseling, supervision, education, job training, and other services essential for achieving and maintaining independent living. (2005 P. 3)

Above, supportive services are specifically defined by listing different types of services related to "maintaining independent living." Supportive services are then to assist tenants in the direction of ultimate independence from the Housing First program itself. The policy guide case management staff utilizes for federal policy is the "Supportive Housing Programs Crosswalk" which has a section on supportive services titled "Services to be provided by the supportive housing program" so that Greater Care policy used to implement federal guidelines states that services are:

> Providers are responsible for ensuring access to a flexible and responsive system of supportive services that can assist individuals to maintain independence and a lifestyle of their choosing. Supportive housing offers individuals opportunities for community integration and involvement in community life and citizenship. [2006 P.2]

Again, the overall goal of services is independent living and here 'supportive services' are defined more vaguely as anything that can "assist individuals to maintain independence and a lifestyle of their choosing," however, later in the text the services offered during housing are explicitly listed as:

Landlord/neighbor relationship
Supportive services planning
Skill development training
Physical healthcare linkage
Mental Health Medication management and illness self-management
Employment, volunteer, and educational opportunities
Finances, budget and Banking
MICA and substance abuse services linkages
Transportation services
Access to natural supports (family, neighbors, friends, church members)
Social, recreational, leisure and community involvement
Benefits/Entitlements

Supportive service policy includes an array of everything someone may need to move towards an independent lifestyle. Services here are very broad; therefore, in utilizing whole text analysis based upon sociological literature on those salient social support dimensions for chronically homeless individuals, refined more specifically from the literature review based on policy data, supports are grouped into three categories for measurement: 1) support from case managers and service network (social services, doctors, therapists) 2) support from community members (friends, neighbors, church), and 3) group membership for recovery and wellness activities (treatment programs, health/wellness groups, activity groups). These categories are not limiting, but they overlap and connect in a fluid manner to enhance overall community inclusion and destigmatization for the tenant as they progress toward independent living in ways similar to conventional living.

Case Management Emotional Support and Service Links for Health and Wellness

Case management services are the initial service given to tenants through which all other services are then provided. Case managers assist in linking tenants to services

and even physically transport tenant to services when necessary. Case management interactions with tenants were discussed in chapter four as being significant for tenant identity restructuring as well as tenant individual affective home creation discussed in chapter five. Here, case management services are primarily discussed in terms of network restructuring towards emotional and physical wellness and, therefore, overall independence. Tenants report network support for health and wellness primarily from their case managers and health service provider connections.

Previous Emotional Support in the Treatment Continuum for Tenants

The traditional medical model focuses on personal defect and physical health and often excludes an incorporation of these social support network dimensions that are necessary for a successful and well adjusted societal experience. The treatment continuum medically stigmatizes the chronic homeless through labels of personal defect that need to be addressed and overcome by the individuals before they are worthy of housing which place daunting limits on their opportunities to wellness while homeless. Case managers within Housing First enhance the lives of tenants through continual emotional support and service links for wellness. The Director, Karen, identifies that some agencies may be working within a medicalized treatment continuum model of philosophy and, therefore, may have more difficulty adapting to Housing First service policy as she states:

> I don't think it's as much of a shift for us as it probably was for some other agencies. I mean, especially agencies that did a lot of housing. Agencies that did a lot of housing in the past traditionally were very strict I guess is the best word as far as their eligibility criteria. So because we didn't really do that much housing before we didn't really exclude many people from services anyway so Housing First really just continues that tradition of not discriminating against people because of their behaviors. We have had a

> philosophy and a policy for years of not excluding people from mental health treatment because of a substance abuse disorder. I think we came to see that the two were integrated… [Director of Housing First at Greater Care]

Karen identifies that the medical treatment model excludes people from services due to strict regulations for not fixing their personal defects (bad behaviors) which clearly creates a problematic cycle of an inability to receive needed services while in the treatment continuum. Karen explains that Housing First is "not discriminating against people because of their behaviors" illustrating how services in Housing First are not limited and can amend the problematic service cycle found in the treatment continuum.

Staff interact with tenants in non-clinical settings, such as in the tenant's apartment or while driving the tenant on an errand which is extremely important to the tenant's emotionally supportive experience of the interaction. Interactions from case managers in these non-clinical settings create emotionally supportive feelings for tenants as these interactions are more similar to guidance from a friend or colleague since equalizing elements of interaction control for both parties exist as discussed in chapter four. In the traditional treatment continuum, similar to the medical model, the service provider always has all the control since they diagnose and treat so that they are the subject and patient is the object.

In socially supportive services for Housing First the tenants are not placed within a hierarchically structured clinical setting replicating the traditional medical model where the therapist or provider completely guides and directs the interaction based on their accredited knowledge. Instead, the interactions are designed to enhance emotional wellness by remaining open and accepting without imposing outcomes or clinical labels

since they are even guided topically by the tenants themselves. Tenants participate in these continued frequent interactions that occur in a social environment where they are most comfortable. Wendy, a 26 year old black woman who has been a case manager for one year explains how interacting with tenants in their home is a different and unique experience in Housing First:

> It's been like really interesting and nothing like I would have thought because before my last experience was in a partial care setting. It was very structured. You come in at 8:30, get ready at 9:00, start groups, groups, groups. I didn't really know much about peoples' lives as I do now coming into their home. It's very different… Before it was like there was more of a barrier… they wouldn't really open up unless it was necessary. I controlled everything. It was more like; this is what we're doing; tell me your experiences and things like that...It's really good cause there is just a stronger connection with the Housing First and you could see what you are doing. You feel more like it matters. [Wendy, Case Manager]

Wendy identifies in her statement that "Before it was like there was more of a barrier…they wouldn't really open up unless it was necessary. I controlled everything" to indicate that emotionally her clients did not feel comfortable with her controlling the entire interaction and would only presented limited information when needed. She then continues to explain that within Housing First there is a "stronger connection" which implies a stronger emotional connection that is able to occur through non-hierarchical, balanced interactions. Wendy then states "you feel more like matters" highlighting again that the feeling within the interaction is very different from traditional therapy and also significant for her experience as a case manager.

Tenants (at least three) express that their interactions with case managers within Housing First are dramatically different from their interactions in previous treatment continuum programs. In the quote below Diana, a 47 year old black woman who had

been homeless for two years prior to Housing First, compares the counseling skills her case manager within Housing First to other programs:

> Yeah, yeah, different programs, I mean I'm not gonna say the program but the individual that's doing the counseling or anything you know that they really don't know how to counsel because they think they do but they don't because I'm coming in here to talk to you and I'm coming out feeling worse than when I went in, there's a problem there. I never felt that way with [Joan]. She always makes me feel really good… She listens to me, she listens to me and so not too much that she gives me her opinion, she can, but she listens to me talk and most times when I talk I come to my own conclusion and I think that is a good counselor. [Interview 1, 6 months housed]

Diana signifies how she previously was "coming out feeling worse than when [she] went in" and how in Housing First interactions with her case managers always made her "feel really good" signifying the emotionally supportive feelings that existed in her psycho-social processes during the interaction. It feels good to be emotionally supported by others. Tenants are able to discuss problems and feelings without being made to feel stigmatized.[17] Stigma labeling for the homeless is exacerbated by the medicalized treatment continuum through controlled hierarchical interactions from shelter staff producing little if any emotionally supportive feelings.

Case Management Emotional Support for Wellness

Case management services are available to tenants 24 hours while continuing housing tenure in the Housing First program. Usually, one case manager is 'on call' nightly for emergencies, however, many case managers give their cell phone numbers to their tenants to be able to reach them at anytime, whether they are 'on call' that night or

[17] Negative labels are always necessary in clinical therapy or counseling due to insurance regulations. A person must have a mental health diagnosis to seek monetary reimbursement for counseling, which then makes it almost impossible to seek counseling without first accepting a negative and stigmatizing label. The medical model does not permit for someone to label themselves mentally healthy and seek counseling.

not. This kind of continuous support is very new to tenants considering how often times family relatives were not continuously supportive during periods of homelessness. Zion recalls in his first interview how impressive he was with his case manager Slate for his continuous support:

> Instead of just saying, oh man it's too late, click. You know I'm used to having that, even with my own family, just hanging up on me. That's very important, I mean, especially, you know, like I could be sick, and he knows I have health issues, and I could go to the hospital at any given time. And it's important for him to know where I'm at, you know what I mean, cause he can help me and assist me with a lot of other things that I didn't even have a clue, that I never knew about. And, um, it doesn't hurt to have somebody there you know, just have somebody there, somebody on my side. That's important to me. [Interview 1, 1 month housed]

In this way case managers are often acting in a supportive manner the way that a stable family member would act so that tenants begin to feel supported in their health and wellness. Zion states how "it doesn't hurt to have somebody there…somebody on my side" so that case managers are seen as a supportive ally and someone that can be relied upon in a health emergency. Monica, a 40 year old black woman, also references in her interview how important the support from her case manager is to her experience in Housing First:

> case managers are very important because they're also there as a support network, um I know my new one, I know I talk her ear off enough and she says it's always a pleasure talking to me. [Interview 2, 14 months housed]

Here, Monica also identifies how she has prolonged interactions with her case manager in saying that she "talk[s] her ear off" so that the interaction is expressed as enjoyable. This element of pleasure in the interaction that is a component of support can also cause the tenant become heavily dependent on their case manager for support as this kind of support might be extremely lacking from other network members in their life, such as

from family. For example, Shelly, a 53 year old black woman, who ran away from her abusive home at age 14 discussed in the last chapter states:

> it helped me find myself. I mean, because, I'm gonna tell you something. I never thought that there were people that cared, like, um, like they did. I didn't think people had time, I knew they had the time, one time, but I didn't, but they never gave up on me. [Interview 3, 13 months housed]

Clearly, for Shelly this kind of emotional support of feeling cared for from her case manager was an important element in her experience of Housing First, most likely due to lacking this kind of support in her childhood and teenage years. She even relates this type of caring back to her identity as she did not receive that proper care from her family members especially during her teenage years when identity development is very prominent. One tenant, Damon, states the degree of support he perceives from interacting with his case manager in his first interview:

> she's like one of my best friends because you know, she calls when you know, I need, if I don't need something she calls me, she checks up on me at least three to four times a week. [Interview 1, 13 months housed]

Here, Damon is blurring the boundary between his personal friendships and his case manager as a service provider. Tenants are definitely in need of unconditional support, however, if their networks are severely lacking they may confuse the support from their case manager that is a paid service as more of a personal relationship. Also, however, tenants do indicate that past service providers from previous experiences remain in their networks as friends. Alex, a 42 year old black man, states how his two closest friends are previous service providers:

> Mary: Who are your close friends?
>
> Alex: Well my close friends, they are okay. They, one of them is a program manager and the other one, they help youths in trouble.

> Mary: How did you meet them; he or she?
>
> Alex: They both women…I met one of them when I was at the Amani house. And I met the other one cause I went to prison, the other one was a social worker and I met her. But now she's moved up. [Interview 1, 6 months housed]

Alex states how his two primary network members are both service providers. He met one from when he was homeless staying at the Amani house and the other from when he was in prison. For this specific population, service providers may be a way of forming new network members so that it is not unrealistic for Damon to call his case manager his best friend, however, his case manager may not feel the same. In terms of support, five (Zion, Diana, Alex, Shelly, and Damon) of the 20 tenant case studies specifically reference the importance of case management support in their network during housing tenure. Generally, case manager's emotionally support tenants which assists in limiting tenant dysfunctional behaviors through lessened feelings of alienation and isolation (feelings that nobody cares about them).

Service Provider Network Support for Wellness

Aside from emotional support, case managers also provide tenants with supportive services that facilitate their health and wellness. Early in the housing process case managers begin working with tenants to find funding sources, usually Social Security Income or Social Security Disability Income. Many times tenants are unaware of the resources that are available to them because of their disabilities. Zion recalls with a sad expression in his first interview how he was unaware of what his disability entitled him to receive:

> I was homeless for four years, but you know this heart condition, I've had for over ten years. So I could have been collecting social security and disability for all this time. [Interview 1, 1 month housed]

Many tenants, especially those with severe mental illness, are unaware of the benefits that they are able to receive until case managers help them navigate the complexities of the social services system. During the first year of housing over 70% of tenants are connected with the social services department to obtain benefits as seen in Table 8 (actual support from providers is discussed at the end of this section).

Table 8. Tenant Reported Service Connections by Length of Tenure

	1-11 months		12 + months	
Service Connections	**(n=30)**	**%**	**(n=31)**	**%**
Private Therapist	10	(33.3)	18	(60.0)
Private Doctor	16	(53.3)	23	(76.7)
Social Services Department	19	(63.3)	22	(73.3)

Once funding is located tenants then can utilize the benefits to include health care providers in their network. This is usually very important to tenants as they most likely have spent many years without continual health care except for emergency room visits or periodic stays in a crisis center for mental health. Diana, a 47 year old black woman, states in her first interview how connecting with her doctor was the most important aspect of Housing First:

> Well the main part I think that helped me was really was to help me get back in touch with a doctor with my bipolar. You know, they have to come first because they just stabilize my mood you know where I won't be trying to self medicate. That was the main part of the program that I liked that helped me get back with a doctor and get my medication and get myself back on medication. [Interview 1, 6 months]

Diana's case manager helped her get "back in touch with a doctor" as she was suffering from bipolar disorder and was untreated during her homelessness episode. Many, if not all the tenants, stated that being placed on mood stabilizing medication was a major factor that assisted tenants in their wellness. Also, as tenure progresses many tenants that were crack addicts began to desire to have their teeth replaced as crack addiction had

caused a large amount of their teeth to have fallen out. During the years of interviewing Shontel was the only tenant that had all of her teeth replaced although many tenants that were missing teeth discussed the importance of this service to their wellness and social acceptance. Damon states in his second interview how excited he was for his teeth to be fixed:

> I kept telling myself that once I get my teeth in my mouth and whatnot I can, I can do a lot of things…you know, sometimes you want to smile in front of their face, you don't want to go and face people with open gums and whatnot and you know. [Interview 2, 19 months housed]

Having missing teeth is also a physically stigmatizing factor for tenants and receiving dental services to correct their smile is a highly destigmatizing factor that is often overlooked in importance to wellness and social acceptability. As expected, service links to the social services department, doctors, and therapists assisted tenants in increasing their health and wellness. Tenants, however, did not mention that these wellness services providers assisted them in moving toward independence.

In addition, during the duration of longitudinal interviewing an unexpected finding occurred for some of the tenant network perceptions. Due to the interview experiences I began to be incorporated into the networks of four of the tenants, Carson, Sydney, Mike and Alex. Carson and Sydney referred to me as something like a therapist during their interviews as Sydney illustrates in his third interview:

> So, and I thank the greater Trenton and I thank people like you that concerned. See, your, your job is like a concern. You come in here and interview me and everything, really you like a therapist. You know, you come in here, you sit down you listen to my problems, just tell me, I'm, you help me [interview 3, 13 months]

Mike and Alex, on the other hand, started to think of me as more of a personal friend so that Mike became emotional in his third interview when I said it would be the last

interview and Alex still calls me periodically to see if I will come and visit him or to give me his new phone number. This finding again illustrates that the quality of the interaction is an important form of support. In the interviewing process I choose to be a passive listener as much as possible and offered supportive feedback by nodding and smiling so that tenants were able to express a great deal of emotion and feeling without any judgment or labeling. I always asked tenants were they wanted to sit first and then where they thought I should sit in relation to them. Tenants were given ample freedom in interviews to talk about what they thought was important to their experiences so that interviews themselves replicated the type of supportive interaction.

Outcome Measures for Support from Case Managers and Service Providers

The tenant outcome scale "Personal Network Matrix, V1 part 3, was used to measure the actual level of support received from service providers including case managers. As the links to service providers were reported in the previous section, this scale measures how the interactions with the service provider made the tenants feel. Tenant responses included "NA" which is the provider was not present in the network and then a range from 1 to 5 of helpfulness: 1 is "not at all helpful," 2 is "Sometimes Helpful," 3 is "Generally Helpful," 4 is "Very Helpful" and 5 is "Extremely Helpful." Tenants indicate in Table 9 that all service provider assessments of helpfulness decreased from before one year of housing tenure to after one year of housing tenure and it is unclear why this occurred. The only measure to remain relatively consistent was the level of case manager helpfulness which remained consistent from 4.17 to 4.14, only showing a very slight decrease in indicating overall that case managers are very

supportive to tenants in housing. Private therapists indicate the most dramatic decrease from the highest rating of 4.3 to the lowest rating of 3.23 after one year of housing tenure,

Table 9. Tenant Reported Service Helpfulness Mean Scores by Tenure

	1-11 months		12 + months	
Service Connections	**score**	**n**	**score**	**n**
Private Therapist	4.3	(10)	3.23	(22)
Private Doctor	4.14	(14)	3.56	(27)
Social Services Dept.	2.88	(16)	3.71	(28)
Case Manager	4.17	(24)	4.14	(37)

while still indicating a fair degree of helpfulness. This may have resulted as tenants begin to compare their emotionally supportive interactions in non-clinical settings with the more hierarchically controlled interactions of therapists resulting in the dramatic decline for helpfulness of therapists. The same scenario may also have occurred for interactions with private doctors to a lesser degree. These declines may also indicate that both tenant emotional and physical health are improving so that they need lesser services. The interaction ratings of helpfulness for the Social Services Department likely increased due to direct facilitation from case managers in assisting tenants with their financial support. Case managers often filled out application materials with tenants and went with tenants when they needed to visit the Social Services Department to act as a facilitator to speak for the needs of the tenant. Overall, case managers are rated as the most helpful service provider during continued housing tenure.

Social Support Networks in the Community

In addition to connections with service providers, tenants begin to reconstruct their social networks with friends, neighbors, and church members in various ways to

differing degrees. Some tenants continued to interact with individuals who were still homeless by attending the same locations as when they were homeless since are familiar networks while other tenants while others go out of their way to avoid their former network members. Joan, a case manager, identifies how she found among homeless men to be likely to continue in their old homeless network:

> The homeless men....like, um, ok, like for example [pause] they might, they have their own place, right? But they might still hang out at the same locations that they would be, if they still, I mean the soup kitchen is open for anybody, but you know, they still go to the soup kitchen, they still go to the drop in center. Some of them still once or twice have actually stayed at the mission like initially, like they would kind of, you know because they're just not used to having their own place, you know, the, the, it's…even though they were on the street, they were with people and they're housed they're alone. [Joan, Case manager]

Joan illustrates that being housed may be a lonely process since most homeless living in the shelter are use to being around many other people daily. One tenant, Justin, identifies why he chooses to still hang out with other homeless men after one year of housing:

> The Salvation Army, I still hang around the homeless crowd, shoot pool with them you know it's where I've come from the last few years that's basically who I know. I mean people are people and you have to be a good judge of character until you cross me or step on my toes I give you benefit of the doubt. Certain people you like fall back from until you see what they're doing. I got a little companion now so it's a lot less stressful. Someone to talk to. [Interview 2, 13 months housed]

Justin mentions how he has a "little companion" now indicating he has a girlfriend who he does not definitively state is homeless, however, since he is only networking at the Salvation Army in his homeless circle of friends it is likely that she is still homeless. Some homeless men drifted back and forth between homeless circles, not sure of whom to network with during their housing tenure while some men adamantly stopped being around other homeless individuals. Zion, for example, states in his first month of

housing that he purposely would walk a longer distance to a place to avoid people he knew when he was homeless:

> when I go to places, instead of going the old way, I go *all* the way around, just to avoid some of the people [interview 1, 1 months housed]

In addition, it was rare for women to return to their old circle of homeless friends, however, Kate mentions below that she continued to date someone she met while homeless as she discussed in chapter five, while at the same time defining her network:

> I knew him um, I met him months before we start going out. I met him through like friends at the soup kitchen and the Salvation Army and it was like I call the Devils Triangle. You know you got the soup kitchen, the mission and the Salvation Army [Interview 1, 3 months housed]

Kate refers to her friends as coming from the "Devils Triangle" early in her housing tenure. This was not common with other women in Housing First. Women were usually happy to be isolated from other homeless individuals even if it meant that they were in solitude for a period of time. When tenants in Housing First continue to associate with homeless individuals they are in a sense re-stigmatizing themselves based on Goffman's (1963) observation that "The individual's real group, then, is the aggregate of persons who are likely to have to suffer the same deprivations as he suffers because of having the same stigma; his real 'group' in fact, is the category which can serve as his discrediting" (p.113).

Women were also more likely to mention interacting with their neighbors as part of their networks. One woman, Ginger, was elated at how warm her neighbors were to her and considering her negative interactions with family discussed in chapter five it would appear that she was open to having new network members:

> the neighbors, the people out there, they are so sweet, cause I had my door open like trying to fix up my house and people were coming in like "welcome to the

> neighborhood." They brought food, and all kinds of stuff. And I was like "Wow, these people is actually trying to help me," I actually really like it out there [interview 1, 10 months housed]

Ginger provides an example of a very positive neighborhood that is accepting of her as a new tenant; however, for other women in Housing First they did not receive as warm of a welcome. Shontel describes how her neighbors were aware that she was a Housing First tenant and disliked her being in the area:

> there was so much drama with the neighbors cause they didn't like that he was renting it out to people in Housing First [Interview 2, 14 months housed]

She continues in her interview to describe how the neighbors would scrutinize her every move and call the police if more than one or two people were over and they had the radio on. Shontel ended up having to relocate to another apartment because she felt unaccepted in her neighborhood that was predominantly middle class, whereas Ginger's neighborhood was predominantly working class.

Generally, during the first two years of housing network changes are very common. Tenants may continue to spend time with their homeless network, say for the first six months and then begin to withdraw as they increase their service provider network and/or experience identity restructuring transitions discussed in chapter four. At times, however, tenants may return to their former networks, such as during a birthday or holidays, if the tenant does not have a close relationship with his or her family members. After the first year of housing more than 90% of tenants indicate having friends and neighbors as seen in Table 10, however, the consistency and supportiveness of the interactions vary between tenants so that not all friends and neighbors are a positive

aspect of the tenant network (this table is presented as an outcome scale later). A good portion of tenants also mention church attendance as being an aspect of their network.

Table 10. Tenant Reported Community Connections by Tenure

	1-11 months		12 + months	
Community Connections	**(n=30)**	**%**	**(n=31)**	**%**
Friends	27	(90.0)	28	(93.3)
Neighbors	26	(86.7)	27	(90.0)
Church	22	(73.3)	22	(73.3)

After one year of housing, 73% of tenants indicate church attendance in the past month. Some tenants indicate attending once, while others attend more regularly such as once or twice a week in their interviews. Damon, for example attends church to read the bible and keep to himself:

> the Psalms… it tells me about how to react about people not take, take from people but give back to people that gives to you...It would be a stronger relationship upon you and that person. [Interview 2, 19 months housed]

For Damon, church is not really a networking environment but a place to focus inward on his spiritual self through reading the Psalms to learn more about how to act in social encounters. Tenants indicate that their amount of interaction also varies at church. Some tenants like to keep to themselves while others indicate interacting only with the minister/pastor.

Outcomes for Community Supported Emotional Wellness

Tenant outcome measures for community support from the "Personal Network Matrix, V1 part 3" are measured the same as those for service provide support. Again, similar to service provider support, all the community support measures in drop from before one year of tenure to after one year of housing tenure, with friends and church

remaining more than generally helpful while neighbors show the most dramatic plunge to being less than generally helpful in Table 11. After one year of tenure, church is ranked

Table 11. Tenant Reported Community Support or Helpfulness by Tenure

	1-11 months		12 + months	
Community Connections	**score**	**n**	**score**	**n**
Friends	3.78	(23)	3,23	(35)
Neighbors	3.26	(19)	2.78	(32)
Church	4.11	(19)	3.86	(22)

most supportive of community network members with a rating close to "helpful most of the time." As tenants continue housing tenure, they may begin to change networks and be at points of network instability as they themselves are also in a process of identity restructuring and family re-connectedness. There may be a great deal of network fluidity in that new relationships may be formed at certain points during the process and not maintained later in the process (perhaps a friendship with a neighbor early in tenure or attendance to one church). As identity restructuring continues during housing tenure the tenant might then reflect on this new relationship and decide that this relationship is not that fulfilling so that the relationship becomes stagnant or fades as possibly another new relationship forms (tenants may move to a new apartment or decide to attend a new church). Since tenants themselves might be changing their identity rapidly, networks will need to modify rapidly so that network members support the new identity.

Tenant community networks mostly involve friends, neighbors, and church all to various degrees. These networks are highly fluid, unstable, and often in transition as described in interviews during the first and even second year of housing tenure as tenants

begin to simultaneously restructure their identities and engage in affective home creation. A major dilemma for tenants is meeting new people to form new networks since most tenants have lived their entire lives in the same county where they are housed in Housing First. Some tenants were able to find new network members through increased group membership in the community as discussed in the next section. Friend and neighbors have positive ratings of helpfulness that both decrease after one year. Neighbors have lowest rating of helpfulness being only "helpful sometimes" as tenants progress in their housing tenure. Tenants are in the process of restructuring their identities during these first two years of housing tenure so that as the tenant identity is changing their perception of the helpfulness of both friends and family may change as well possibly creating the decreasing ratings.

Tenant Group Activities: Meaningful Socializing

Tenants also engage in other group activities besides church, although these activities were not systematically recorded in an outcome scale. Other group activities appeared in interview statements and similar to other networks, changed often and rapidly during early housing tenure for many of the tenants. Tenants engaged in a variety of groups while in housing tenure which included groups for substance abuse recovery (New Horizons, Brighter Day, Catholic Charities), groups for wellness (such as PTSD group, parent groups) and activity groups (Senior Starr and Art Classes). Tenants somewhat engage in conventional group activities to various degrees, such as working, attending school, or volunteering. In addition, after realization of Housing First staff that

tenant networks were generally unable to provide tenants with the resources they required for re-socialization and integration, they instituted group outings for tenants a year into the onset of the program. Case managers then began conducting various group activities for tenants to engage them with the community such as movie outings and grocery shopping group outings

Recovery and Wellness Group Experiences and Transitions

Some tenants had tried substance abuse treatment programs prior to their housing in Housing First and had different outcomes. For example Shontel and Mike successfully completed treatment programs while living in the shelter, however, Erin would return to prostitution immediately after completing treatment since she was still homeless:

> I went to rehabs, I went away to rehabs, I did it all. They'd take me right back here, they'd drop me off, be homeless and be out making money to get high the day I got out of rehab. [Interview 2, 13 months housed]

Erin then did not return to a group recovery program while in her housing tenure, though she did remain on Methadone that she received from the Methadone Clinic to treat her heroin addiction that continuously dosed down while in her tenure. Kate did begin a treatment program while in her housing tenure which she refers to as "one of the best programs" she has ever experienced:

> New Horizon Treatment Program is probably one of the best programs that I've ever been in, in my life. Those counselors are so on top of it and they're so sensitive to mental health issues, to addiction issues and you know, a lot of them don't have addiction issues, some of their addictions and they're very upfront with it, are workaholism. You know, they didn't have to take the drug, their drug is work so they got it in a different way but they got it and they just kept telling you, you're a person first the other stuff comes second and, and, and so many programs that come through are like, you're an addict first, you're an alcoholic first, you know you have mental health issues that you have to deal with first but they're like you're a person first. Let's, let's look at the person, let's get to the source of the pain and deal with the pain and you know, it's just their way of doing it [Interview 1, 3 months housed]

Kate does not specifically mention how this group activity affects her network, though she is likely to have group interaction in a treatment program. Kate highlights how the program is "person first" and this is very healing in her experience. She articulates how the focus is on getting to "the source of the pain" meaning the source of emotional pain that creates these addictions as a way to self soothe and suppress that emotional pain. Diana also attended a recovery program while in Housing First and states that she has grown out the program during her housing tenure and no longer attends meetings although she still has her sponsor in her network:

> I have a sponsor, she's my sponsor but she's like one of my best friends so when I feel, I talk to her, I talk to her on the phone but I was going to meetings but I don't like the meetings anymore. I don't like them… I can't plug in with them anymore. I don't know if I've outgrown them or I don't know what it is. It's just like some of the meetings that I go through is just a bunch of BS and I'm not into that. There are a lot of girls there that are younger, you know, they're not my age you know. I mean I'm not trying to make up any excuses it's just that I don't feel that, I don't feel that anymore you know so when I feel, I have people in my life that like my mother, she's been clean for almost 15 years, you know what I mean, so that's my best friend and my mom is so I mainly hang out with her. My other friend, she's been clean, I think she's been clean now for about 20 years. So she's got years you know so I hang out with her so I know different places to go you know where I got friends who don't use, never used anyway, so I'll be out with them or I'll be home. [Interview 1, 6 months housed]

Diana explains that she has trouble connecting at her recovery meetings and finds it easier to connect one on one to other sober people in her life such as her sponsor and her mother. She identifies that she experiences support from these sober people in her life such as her best friend and mother and since these individuals are sober the relationships are likely to be of high quality and beneficial. Other tenants, such as Erin and Carson, found it hard to connect in groups as well during their housing tenure. Erin, who stated earlier that she had tried rehab groups prior to Housing First began attending a Post Traumatic Stress Disorder group but then came to dislike the group:

> I stopped going to my PTSD group. Post Traumatic Stress Disorder group, I stopped going to it because it was getting too big, there was too many people in it and it was just turning into a bunch of bull…. When I first started going to it I definitely came to realize a lot of things about myself. The original group. But then when the new building came in and they started sending all these other people over there; it's a joke. It just had become too big, it wasn't helping me anymore. [Interview 3, 18 months housed]

Erin identifies that her PTSD group was initially helpful for her wellness, but then the group grew so large that "it wasn't helping [her] anymore." Erin, similar to Diana, indicates a desire for more intimate interaction with more opportunity to connect through fewer people. As groups increase in size, the intimacy of the group decreases. Carson, a 57 year old black man also expressed a similar desire for intimate interaction as he states:

> I'm for real, I love a one on one, I'll sit here and chit, chat or whatever the case may be…You ain't gonna talk to me in no group, man. I'm not gonna talk. I don't want to talk, for real. I don't want to talk. I might get up and walk out of the room. I'm crazy like that for real. [Interview 2, 13 months]

Since homelessness can be extremely traumatic, this population may not enjoy large group activities that require interacting openly, especially since living in the shelter around large groups of people could have also enhanced their feelings of anxiety and trauma. It also may be that those tenants who continued to be case studies enjoy more intimate interactions as the interviews themselves were very personal, one on one interactions.

Activity groups outside of Housing First, such as Senior Starr and Art Classes, were the groups most favored by tenants in that those who began attending did so continuously and had nothing negative to say about the group. I distinguish these activity groups as being outside of Housing First since case managers began to run activity groups for tenants within Housing First a year after the program began with mixed results. Three tenants, Sydney, Shelly, and Maria all attended Senior Starr outside of

Housing First, which is a weekly day group that runs from 10am to 4pm for people who are over the age of 65 or people who have disabilities. Shelly states why she enjoys attending Senior Starr daily:

> we go like we have our own picnics which is really nice, ah, we go bowling, we play Bingo, we um do arts and crafts um we get a chance to go to different stores at the mall, the grocery store, um we go to the casino it's like we do things you know and I like it because everyday there's somethin' to do it' s not like we come here and we just have to sit down and just talk…it's something we can do, we have choices there because sometime if you don't want to go certain places, you don't have to go, you can stay at the center you know um things, some things you don't like doing you don't have to do it, you can stay at the center. So, you know, it's multiple choices that you got there. [Interview 3, 13 months housed]

Shelly highlights in her quote above that she is not required to "sit down and just talk" the way she would in a treatment group or therapy group. Instead she is able to do activities that are more physically oriented such as bowling, arts and crafts, or walking around at the mall. She also emphasizes how in the center there are choices daily so that she can decide on the activity that works best for her that day. It is understandable why tenants had only positive things to say about Senior Starr since it is a group activity that most reflects the way case managers are trained to foster choice and self determination in tenant identity restructuring.

Case managers in Housing First began to run group programs for the tenants to integrate them into the community more during housing tenure[18]. Slate explains how these social activities were an attempt to do something fun with the tenants:

> So trying to introduce them to a different world and we got these little social programs we're doing on Saturdays to get them to get out of the house more. Taking them to different places, going to the racetrack, to Columbia Free Market, to get them to socialize more and see different things… Every Saturday, we rotate it, us as case managers. This week I'll be like, [Joan] is suppose to take the women out and get their nails and their

[18] See Appendix B for tenant activity survey

> toes done and make them feel good about themselves. I'm taking the guys to go play pool, you know, go to the movies, given them, you know they got a whole different life and you want them to start meeting new people, getting them out of the house and into a different environment. You know cause they keep going back to that lifestyle.

Case managers have the right idea; however, tenants are still networking with other previously homeless individuals that are also in the group so that they generally are not meeting any new people during these outings. Kate explains below how she attended one of these groups[19] and found other previous homeless individuals to be in the group from Housing First that she did not want to be around:

> She started a group, I don't know maybe six to seven weeks ago on Wednesdays and the first day I went there I almost fell out of my chair because…there was five of us and two of the people there I do not like. I know them from being homeless and I do not like them, I won't probably never like them, they make me very uncomfortable. I've had run ins with them on the street and I told her, I'm not really comfortable, I'm not comfortable with that…[Interview 2, 9 months housed]

Kate illustrates the problem of creating groups that only include Housing First tenants. Case manager oriented groups are limited in multiple ways, including the choice over the activity and the variation of individuals available to network.

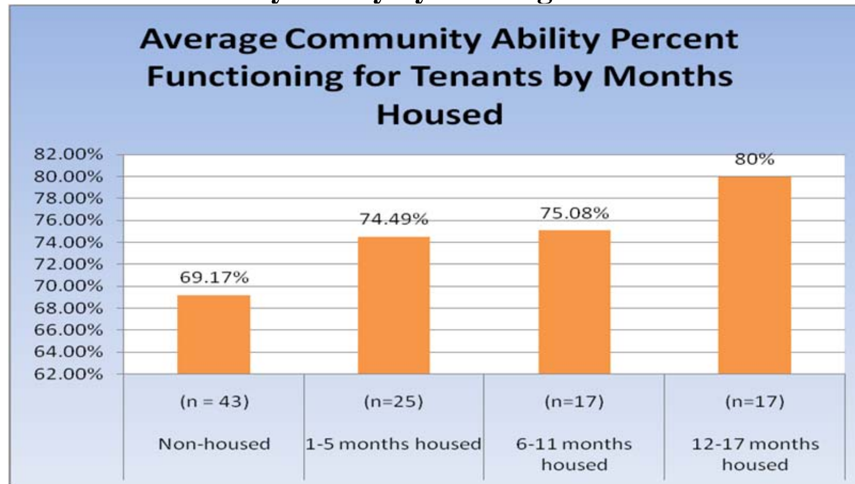
Overall Outcome Measures for Tenant Recovery and Wellness in the Community

Tenant outcome measures found in the "Multnomah Community Ability Scale" indicate levels of community integration and destigmatization through the concept of "community ability." This scale has four sections of measurement: Health, Adaptation, Social Skills, and Behavior, for a total of 17 questions. Each section is measured by three to five subcategory questions of tenant activity, with each question having a possible score of 1 to 5, 1 being the most negative and 5 being the most positive. The scale is scored by the case managers and not the tenants themselves. With 17 questions worth up

[19] See Appendix B for group example called "R.I.S.E"

to 5 points each, total outcomes for tenants are presented as a percentage of a possible score of 85 or 100% in Figure 15 as indicate below:

Figure 15. Tenant Community Ability by Housing Tenure



Tenants showed an increase in their "community ability" throughout housing tenure, with a dramatic 10% increase from prior to housing to after one year of housing tenure with an 80% level of functioning in the cumulative areas of Health, Adaption, Social Skills and Behavior. Overall, tenants did not appear to gain new network members from wellness groups, except for when the group required a sponsor. Sponsor relationships continued throughout housing tenure for at least three tenants. Also, the interview data for group experience indicates that groups for wellness, such as treatment groups or therapy groups seem to appear have a positive effect short term and when the group is small and intimate. For other tenants, wellness activities will need to be one on one and not based in groups at all and group therapy might have even been used intermediately until a personal therapist was gained for tenants. Generally, when working on issues or problems tenants desire more intimate interaction.

In addition, evidence suggests that it is best for tenants not to be around previous substance abusers or other previous homeless in group situations as these are the identities that they are leaving behind. Tenants appear to enjoy fun activities, such as Senior Starr, that include individuals who were not homeless or previous substance abusers. To take it even farther, the best environment would be to be around individuals that are already assumed to be well and healthy, such as being in a yoga class or art class, a class that is not geared toward a problem but toward a fun or positive activity. In these types of activities tenants can be around generally well, healthy individuals who can draw them upward in sorts by acting as a mirror to them for their identity restructuring. In the traditional treatment continuum it is common to have one healthy person, the therapist, guide a group of maladapted people in healing. What appears to work better is the exact opposite, which is placing one maladapted person in a group of healthy people for healing.

Conclusion: Service Support for Wellness and Independence

The question that then arises from reviewing the various services tenants are linked with is then whether or not tenants can become independent as the Housing First policy signifies is the predominant reasoning for linking tenants with service networks in which tenants begin to create their wellness networks and engage in meaningful activities. Case Managers are aware that independence is the ultimate desired outcome, however, case managers vary in the degrees of independence that is expected. Colleen, a case manger, states in her interview that she expects complete independence from Housing First altogether:

> …they give them a case manager in order to help out with the services and make sure that the individuals are able to keep the housing that's offered. They're able to have services that will allow them to continue to thrive. I guess that's the main point of it, so that eventually down the line they will be independent…I mean, really. Isn't that the point? Give them a home, get their life back on track, but isn't the main point to get them to the point where they're independent? We should eventually fade out, in general and in all therapy and in all social work we should eventually be able to fade out and that's an accomplishment. [Colleen, Case manager]

The type of independence Colleen is asserting is not necessarily achievable by all tenants due to limitations from mental illness and disabilities. Recall that over 75% of tenants overall in Housing First are diagnosed with severe mental illness so that complete independence from Housing First is highly unlikely for most of the population housed. In addition, service linkage is not mandatory as indicated by federal HUD guidelines implying that independence it itself through service linkage is not mandated so that tenants may achieve the level of independence they are capable of based on their own desire and ability.

As illustrated in the previous section, quality interactions embedded in relationships that facilitate emotional wellbeing (and self esteem) would ideally assist tenants in their re-integration into the community and confirm achievement of increased social acceptance. Traditional group networking activities for individuals include three major areas: work place, school, and volunteering. For tenants, work place and schooling were unlikely areas for most tenants to network, although volunteering was a likely area of possible networking. As seen in Table 12, 65% of tenants interviewed indicate that they are unable to work due to disability with about 25% actively looking for work. After one year of housing over 20% of tenants interviewed were attending school and

over 65% are contributing to society through volunteering from one to five times per month after one year. Tenants are gaining more independence through Housing First,

Table 12. Traditional Networking Activity for Tenants

Traditional Networking Activity	1 – 11 Months		12 + Months	
	(n =30)	%	(n=31)	%
Tenant Current Work Situation				
Full-time	1	(3.3)	1	(3.2)
Part-time	2	(6.7)	2	(6.4)
Not working but actively looking for work	8	(26.7)	8	(25.8)
Not applicable due to retirement, disability, or full time school attendance	19	(63.3)	20	(64.5)
Tenant Current School Situation				
Full-time	1	(3.3)	4	(12.9)
Part-time	1	(3.3)	3	(9.7)
Not attending school or training	23	(76.7)	16	(51.6)
Not Applicable, retired due to age	5	(16.7)	8	(25.8)
Tenant Current Volunteer Situation				
Never	20	(66.7)	11	(35.5)
1 to 4 times	7	(23.3)	18	(58.1)
5 or more times	3	(10)	2	(6.5)

however, they are not achieving a complete status of independence within the first two years of housing tenure. Since 65% of tenants are not working due to their disability, the type of achievable independence for tenants will differ from the traditionally assumed independence since typical financial independence is unlikely.

Tenants receive consistent quality interactions primarily from their case managers (and myself during their longitudinal interviews). Wellness service providers, such as primary care physicians and therapists, also provide tenants with supportive interactions less frequently. In this way, tenants become somewhat dependent on their consistent interactions with case mangers for their newly emerging identity restructuring. This

dependence occurs early in the housing process as tenants are drawn to the case manager's supportive and positive interactions that are eventually confirmed through the production of housing for them, creating an enormous amount of trust and reliance between case manager and tenant. In addition, case managers are rated highest for social support through helpfulness measures and also have the most consistent rating in providing tenants with social support compared to other network members (social services, therapists, doctors, friends, neighbors and church) which all were found to decrease in measures of support from less than one year of housing to after one year of housing tenure. Being that case managers were the highest rated and most consistently rated form of support, these support findings indicate that tenants are heavily dependent on their case managers for emotionally supportive interactions in comparison to all other network members.

Generally, network members do not provide the level of support that case managers provide to the tenants. Networks are also highly fluid and in transition during the first two years of housing tenure. Understanding both who network members are and the consistency of support received is important. Esther Sternberg (2001) identifies this important distinction in her book *The Balance Within: The Science Connecting Health and Emotions* by stating:

> Thus a person, sitting by herself in a room, may appear to other to be quite alone; but that person, if embedded, will have a world of relationships mapped inside her mind – a map that will lead to those who can be called on for nurture and support in time of need. But others, the Gatsbys among us, might be among a crowd of dozens and yet feel very much alone. (P.133)

Here, networks are more than just people the tenant is around, they are specifically people that are emotionally supportive and this emotional affect is what then affects health. Tenants enjoy wellness and recovery groups to various degrees and usually only when groups are small to allow for intimate interaction. Activity groups are the preferred group membership of tenants, which are mostly compromised of non-homeless and non-substance abusers. Tenants indicate positive transitions overall in community ability and decreased loneliness to indicate that they are experiencing destigmatization and inclusion in their community, however, emotional support is still lacking somewhat from community members in comparison to case management emotional support. Generally, tenants indicate that they are developing relationships and gaining access to resources that have improved the quality of their life both materially and emotionally so that socially supported wellness is

CHAPTER 7

CONCLUSION:
AN INTERACTIONIST MODEL FOR THE SUCCESS OF HOUSING FIRST

This dissertation addresses the question "Does symbolic interactionism provide a reliable (reasonable) theoretical framework for understanding the successes of Housing First?" The empirical evidence presented in the results chapters indicates that symbolic interactionism is a reasonable framework for understanding transitions in the dimensions of social identity, affective home creation, and socially supported wellness to various degrees. These three realms were found to provide the most direct translation of the prominent features of the Housing First program from the analysis of all data types. Additional information was found concerning subdimensions of these overriding dimensions that were not expected, however, these overriding dimensions were found to encompass most experiences discussed by tenants in their interviews. These three dimensions of social transition experienced by tenants, therefore, relate to both the financial and personal successes found in existing Housing First evaluation literature. This research presents an empirically tested theoretically driven process model of how the chronic homeless individual stabilizes and re-enters society.

As symbolic interactionism is found to be empirically supported as a reasonable framework, the continued stable housed tenure and corresponding meaning constructions to create stabilization for marginalized individuals, can be explained, at least in part to various degrees, through the positive interactions they experience from case managers in the Housing First program. This research then adds to the existing literature of symbolic

interactionism by extensively focusing on the creative aspects of interactions that can produce changes in social experience. To highlight this creative and powerful ability within interactions to foster transition I have developed the concept of social healing or socially healing processes to specify the type of social interactions that foster the positive social transitions experienced by tenants. Social healing specifically refers to how interactions in this dissertation were found to assist tenants in healing the social dimensions of identity, home, and networks. Healing here is defined in accordance with the American Heritage Dictionary (fourth edition) updated in 2009 as a restoration of friendly relations or harmony, so that social healing is a restoration of social functioning. Tenants are not 'healed' of all their past social experiences, yet a type of healing is occurring for their current social experiences through assistance from their case managers in the three dimensions of transition specified. Case managers fostered socially healing transitions for tenants through interactions that were intended by policy to produce observed positive changes in the scale outcome measures. Although healing is primarily thought of as physiological or psychological, I am arguing here that healing also occurs on a social dimension as within the Housing First program. Chronic homelessness is a social problem which can be addressed through a social program, Housing First, which is designed to assist individuals in transitioning into society through social healing.

In this chapter the three dimensions of socially healing processes are summarized and connected to the main overriding research framework of symbolic interaction as an explanation for successful housing tenure. Data limitations, discontinued tenants, and housing first applicants that were never housed are also discussed in the same regard. A

revised theoretical model based on empirical evidence is presented to specify the early hypothesized modeling. Lastly, in the discussion the concept of social healing is presented more in depth and how this concept came into fruition as well as future policy indications based on research findings are discussed.

Social Processes of Transition Summarized

This section presents a summary of the three social processes studied for Housing First tenants in this dissertation. The social process of social identity, affective home creation, and socially supported wellness were all found to be empirically supported at each of three levels of data collection, although to various degrees. Certain subcategories, such as family interactions and social networks within the community, for tenants were found to need further investigation and understanding for how these interactions may deter from successfully continued housing tenure.

Identity Restructuring and Successful Housing Tenure

Identity restructuring was found to be a highly significant process for tenants in Housing First embedded within their continued housing tenure and were able to be explained through the framework of symbolic interactionism. The original hypotheses for identity restructuring were empirically supported in the results of data analysis for the three stages of data collection. The success of Housing First can be explained as resulting from the social processes of 1) positive labeling and destigmatization to produce increased self confidence, 2) elimination of chronic negative interactions from the shelter system that detracts from self confidence and self autonomy, and 3) increased power and choice from self-directed interactions to enhance self autonomy. These elements of

identity restructuring are found in policy guidelines and are implemented by staff when interacting with tenants. Tenants noted their changing identity with great emotion in terms of self confidence and self autonomy in their interviews and showed increasing longitudinal scores from non-housed status to more than six months of housing tenure for "Understanding Yourself: Knowing Your Assets and Limitations" and "Independence: Doing for Yourself" measures.

In terms of self confidence, tenants were engaged by case management staff in a transition process through strengths-based, respectful, and hopeful interactions. When staff were unable to provide interactions that fostered these elements, they would be switched. Both staff and tenants encouraged transitions in these relationships when interactions were unable to meet the guideline standards for various reasons of incompatibility. When tenants were housed, interactions with shelter staff within the treatment continuum ended allowing tenants more freedom to construct both self confidence and self autonomy through destigmatizing interactions with Housing First case managers. Tenants constructed their self autonomy through interactions with staff focused on empowerment, self-direction, and responsibility. Tenants also cited their interactions with God as being important in determining their self autonomy although no guidelines for Housing First mention the significance or need for having a "greater power" in the housing process.

Symbolic Interactionism explains the dynamic identity perceptions experienced by tenants while interacting with their case managers in housing first. These interactions based on enhancement of self confidence and self autonomy are extremely important to

tenant's vulnerable and often highly stigmatized self perception during early housing experiences. Interactions are the intervening or linking variable that explains how policy provisions connect to the tenant successful outcomes for identity re-structuring specifically for self confidence and self autonomy. Housing First works well at restructuring identity in these ways because interactions with tenants by case managers are specifically designed to cater to the identity needs of previously homeless tenants.

Affective Home Creation and Successful Housing Tenure

Findings analyzed for affective home creation presents evidence that tenants successfully construct their affective home individually since all tenants interviewed as case studies refer to their apartment as home, however, family interactions present various degrees of successful affective home creation that is symbolic of social respectability. The social process of affective home creation was especially emotional for tenants as many tenants experienced traumatic and neglectful previous home situations whether as children or adults in domestic relationships. A majority of tenants and people who have been homeless lack a safe and controlled environment and positive relationships while they are homeless whether they are on the streets or staying in a shelter.

The process of affective home creation begins with policy provision that provides housing to tenants and instructions for interactions and actions regarding housing needs for case managers. Tenants produce feelings of home through the hypothesized dimensions of: 1) individual symbolic meaning development for ontological security, specifically safety and control within a space and 2) positive partnerships and positive

family interactions when available. All tenants successfully created feelings of home within their apartments which correlated with their continued housing tenure. Some tenants were able to connect with partners and/or family members to add an additional level of feeling associated with home when these individuals were able to visit the space. Other tenants were unable to engage in positive interactions regarding their affective home creation due to negative reactions from those they attempted to connect with for various reasons. In this case, tenants found it was better not to continue to attempt this connectedness and to move forward with other types of connection available, even if it meant purchasing an animal as a pet companion.

The framework of symbolic interactionism is useful to explain both the importance of interactions between case managers and tenants for creating home in a space (their apartment) and to explain how positive interactions with family and partnerships can support the feelings of home that are established for tenants. Interactions, again, are a linking or intervening variable explaining how housing policy provisions lead to the successful outcomes of continued housing tenure. The feelings of home are important to tenants as tenants highlight safety, ownership, and comfort as important in their space correlated to continued housing tenure. When tenants are not able to produce these feelings they move to a new space while in Housing First. When partners and family are positive and responsive, tenants were able to create respect in their partnerships and family connectedness that enhanced the feelings of home in their experience of Housing First. Housing First accomplishes these transitions in affective home creation for tenants because policy specifically guides case managers in how to

assist tenants in their personalized home creation and case managers are able to be present in tenants home to witness interactions between tenants and partners or family members. The presence of case managers in a tenant's home is very important to relationships that can contribute to home creation since tenants may say one thing about a partner and the case manager can actually witness something very different occurring while in the apartment. In addition, the participation of family or partners in the processes of affective home creation was found to be important for positive identity restructuring When family and partners were available for positive connections tenants were found to be moving toward creating increased connectedness and quality relationships with family, however, when family and partners were not available for quality relationships tenants were likely to not attempt family connectedness.

Socially Supported Wellness and Successful Housing Tenure

Socially supported wellness for tenants are the most complicated dimension of transition. Social network findings were more fluid than findings for tenant identity construction and affective home creation. The initial hypotheses of: 1) social support from the case manager and 2) social support from *new* network members in the community were found to be supported, however, these initial hypothesis were specified in the results chapter as to what was found in the data. Interactions within networks provided tenants with support for their wellness to various degrees. Tenants received this support from 1) case managers and service network (social services, doctors, therapists), 2) from community members (friends, neighbors, church), and 3) group membership for

recovery and wellness activities (treatment programs, health/wellness groups, activity groups).

Tenants were found to receive consistent support primarily through their interactions with their case manager and interactions with other service providers to a lesser degree, such as social services, doctors, and therapists. Supportive interactions from community members were found to be in great flux and were likely to change from interview to interview. Church was the most consistent form of community support and also correlates with tenant statement about interacting with God for their development of self autonomy for findings of identity construction. Tenants were found to desire recovery interactions that were intimate, consisting of a small group of people while some tenants only preferred a one-on-one setting to discuss their feelings indicating a desire for a very high quality interaction. Interactions for wellness activities were found to be task oriented so that tenants engaged in an activity, such as bowling or yoga, with less interaction and more physicality. These three ways of interacting for social support are correlated with continued housing tenure, although the most prominent form of support comes from the case manager and other networks members are secondary and in flux for many tenants as they are simultaneously reconstructing their identity and creating their homes. Socially supported wellness interactions when present were found to enhance community inclusion and destigmatization for the tenants. In addition, these new network links may be either problematic or beneficial in terms of support depending on how accepting those in the community are to people who have experienced homelessness. Generally there is a greater need to explore the networks of tenants over

longer periods of housing tenure as current data identifies that tenants become dependent on their case manager for consistent social support in the first two years of housing tenure. This is even more apparent for tenants who lack positive family connectedness as they receive no support from family members during their housing tenure.

Overall, interactions within Housing First present tenants with the ability to create more quality relationships in three social realms through assistance from their case managers: identity, home, and networks. Initially, tenants are able to increase the quality of relationship they have with themselves to restructure their social identity. Secondly, they are able to connect with a space to call it home and also re-engage family members when suitable. Lastly, they are able to create more emotional supportive networks and services through assistance and support from their case managers. In these three realms interactions are the key element producing changes in the tenants while in the Housing First program. Case manager facilitated interactions to produce change within the three dimensions discussed provide an explanation for the successful tenant outcomes found in existing literature that correlate with continued housing tenure.

Data Limitations, Discontinued Housing Tenure, and Never Housed Applicants

As with every study, this study has limitations due to how the data was collected. A potential problem that arises is that I was able to report in depth on 20 case studies and not the entire population of tenants housed through Greater Care as I was not able to study every single case. In my analysis this far I have only looked at the cases of successfully continued housing tenure and described (mostly) these cases. In the duration of the study, however, only 10% were found to discontinue housing producing an overall

90% success rate when all possible six discontinuations are taken into account from the total housed sample of 60 tenants. When mortality is taken into account, which occurred for two tenants, the percent discontinued decreases to 6.6%, increasing the continued housing tenure rate to 93.3%. Of the remaining four individuals found to discontinue their housing tenure, one was eventually re-housed after a period of incarceration which makes that particular case a success in the end. This leaves three tenants that permanently discontinued their housing tenure, dropping the discontinued rate to 5% and increasing the successful housing tenure to 95% for all the participants housed during data collection. Table 13 has the housing outcomes for tenants during the duration of data collection.

Moreover, not all tenants that began the housing process were eventually housed. During the time period of data assembly nine tenants met the criteria for housing (chronically homeless with a disability) and were terminated before they were ever housed. Eight of those nine were individuals and one was a family head of household. Those nine individuals that began the housing process and never were housed provide important information as the initial elements of tenant character while homeless necessary for eventual housing to occur. Table 13 presents the demographics of those nine tenants that were never housed and indicates that over 50% of those tenants listed substance abuse as their reason for homeless with domestic violence being the second largest factor at over 20%. Although substance abuse does not prohibit individuals from receiving housing in Housing First, it may cause a barrier to initiating the interactions if the individual is unable to keep basic contact with their case manager. Case managers

Table 13. Housing First Applicant Results

Housing Applicant Results	Individual	Family	Total
Quarterly Applicants to Program			
Quarter 1 2008 (Jan 1st - March 31st)	11	1	12
Quarter 2 2008 (Apr 1st - June 30th)	4	6	10
Quarter 3 2008 (July 1st - Sept 30th)	34	7	41
Quarter 4 2008 (Oct 1st - Dec 31st)	28	9	37
Quarter 1 2009 (Jan 1st - Mar 31st)	26	2	28
Quarter 2 2009 (Apr 1st - Jun 30th)	25	1	26
Quarter 3 2009 (July 1st - Sept 30th)	4	1	5
Quarter 4 2009 (Oct 1st - Dec 31st)	23	1	24
Quarter 1 2010 (Jan 1st - Mar 31st)	20		20
Quarter 2 2010 (April 1st - June 30th)	30		30
Quarter 3 2010 (July 1st - Sept 30th)	10	1	11
Total Applicants	**215**	**29**	**244**
Applicant Outcomes	**Individual**	**Family**	**Total**
Currently open	8		8
Did not have housing criteria	150	17	167
Had housing criteria and was terminated	8	1	9
Housed Tenants	**49**	**11**	**60**
Housed Terminations	3	2	5
Housing Interruptions	1*		1*
Permanently Housed Tenants	**46**	**9**	**55**
Average Days from Application to Housing	71	142	85
Reasons for Housing Discontinuation	**Individual**	**Family**	**Total**
Jailed	1*		1*
Deceased	2		2
Withdrew from the program		2	2
Already had housing	1		1

Table 14. Housing First Demographics of Terminated Applicants

Terminated Applicants	Individual 8	Family 1	Total N 9	Total % (100)
Sex				
Male	5		5	(55.6)
Female	3	1	4	(44.4)
Age				
18-29	2	1	3	(33.3)
30-49	5		5	(55.6)
50-64	1		1	(11.1)
Race				
African-American	8	1	9	(100)
Highest Grade Completed				
Less than High School	5		5	(55.6)
High School or Equivalent	3	1	4	(44.4)
Veteran Status				
No	8	1	9	(100)
Disabling Condition(s)				
Serious Mental Illness	4	1	5	(55.6)
Chronic Physical Disability	2		2	(22.2)
Diagnosable Substance Abuse	1		1	(11.1)
Developmental Disability	2		2	(22.2)
Reason for Homelessness				
Substance Abuse	5		5	(55.6)
Domestic Violence	1	1	2	(22.2)
Diabetic Coma	1		1	(11.1)
Denied Section 8 Housing	1		1	(11.1)
Length of Time Homeless				
1 - 2 years	1	1	2	(22.2)
3 - 5 years	3		3	(33.3)
6 - 10 years	4		4	(44.4)
Average Homeless Length	5.63 yrs	1 yr	5.11yrs	

noted in their meetings that it was easier to interact with and subsequently house tenants using substances that are depressants (such as alcohol) than substances that are stimulants (such as crack) [from fieldnotes] so that knowledge of which substances were being used by these individuals would be helpful. Apparently substances that are stimulants produce

manic episodes for individuals in which they were more difficult to locate and interact with [from fieldnotes]. Substance use might also interfere with the initial rapport between case managers and tenants so that tenants do not become engaged in the housing process because being on the substance itself hinders the igniting of identity restructuring that begins through case management interactions prior to housing. In addition, domestic violence is listed as the second most reported reasoning for homelessness among this group so that an initial reaction to these individuals not being housed is a possible reconciliation with the domestic abuser so that housing might have been re-established for these women and they disconnect from case management interactions in favor of interactions with their domestic partner.

Six tenants who were housed eventually discontinued their housing tenure. Two men died while in Housing First, one man was terminated and another man was jailed and then housed. The remaining two were both women, heads of family that withdrew from Housing First. For the two men that died, both men were in housing tenure less than a year when their deaths occurred. One tenant had been apparently stabbed to death by a woman who was seen leaving the apartment building by another tenant. The other tenant was found dead in his apartment and no case manager would tell me why he had died and responded to my question with "I don't know" which led to me believe that this tenant might have died of a drug overdose in his apartment although I have no verification of this event. The tenant that was murdered had completed one interview and identified having positive experiences in housing first similar to other tenants:

> It's more peaceful now and more comfort. I don't have as much stress on me as I had before…I'm comfortable with all of [the staff]. I call my [case manager] and they're

> gonna answer. When I get in touch with the answering service they call me back and like that. I am glad I have a phone that they can call me [interview 1]

James identifies having a positive relationship with Housing First staff and his case manger. Also in his interview he notes strengthening his relationship with God similar to other tenants while continuing housing tenure:

> God is at my side, I never thought I would see any of this where I'm living and it's coming to light and this situation has opened up for me and I thank him. [Interview 1, 4 months housed]

James was in a very positive mood during his interview and was very happy to be part of Housing First. When these two deaths occurred staff were upset and some took time off of work and sought out counseling services to deal with the tragedies.

The two women that withdrew from Housing first were not able to be interviewed. One woman was believed to have moved to Texas to live with family members and I was able to briefly speak to the other woman on the phone who told me that she was forced to withdraw from housing. Case management staff stated that she was not forced to withdraw but that she had missed numerous meetings with her case manager so that she was terminated. Case management staff determined a policy during the implementation of Housing First that if a tenant was missing for three weeks consecutively and was unable to be contacted that they were terminated from the program. Tenants were required to keep consistent contact with their case managers while in Housing First. Interestingly, both of the women that were terminated were heads of family and this should be further considered as to why women who are heads of family are more likely to withdraw from the program.

For the two other men that discontinued housing tenure one was terminated and the other temporarily jailed and re-housed. The tenant that was terminated was found to have had another apartment he was renting out to someone else and was living in the Housing First apartment. Clearly, this individual was abusing the system for his own personal gain, however, this was the only individual found to be insincere about his need for housing services. The other man that was jailed, Alex, was unaware that he was going to be jailed as he states:

> **Alex**: I moved from Warren Street to 143 State Street. The Broad Street Bank Building, apartments over there. Before I moved I went away for 90 days in November. While I was away my stuff was put in storage and when I got out I was able to continue living, being around Greater Trenton…
>
> **Mary**: Before that happened did you tell your case manager this was going to happen or was there any warning for that?
>
> **Alex**: No, for me being locked up? No.
>
> **Mary**: No? They just came?
>
> **Alex**: Yeah, I had bench warrants so they was looking for me. [Interview 3, 24 months]

His case manager, Sasha, actually found him while he was incarcerated since she had lost contact with him. She put all of his furniture in storage while he was in jail and was even the only person to visit him during his incarceration. Clearly Alex and Sasha had a strong tenant/case manager relationship so that Sasha ensured Alex could eventually be re-housed after his incarceration by placing all of his furniture in storage when she discovered he had been incarcerated.

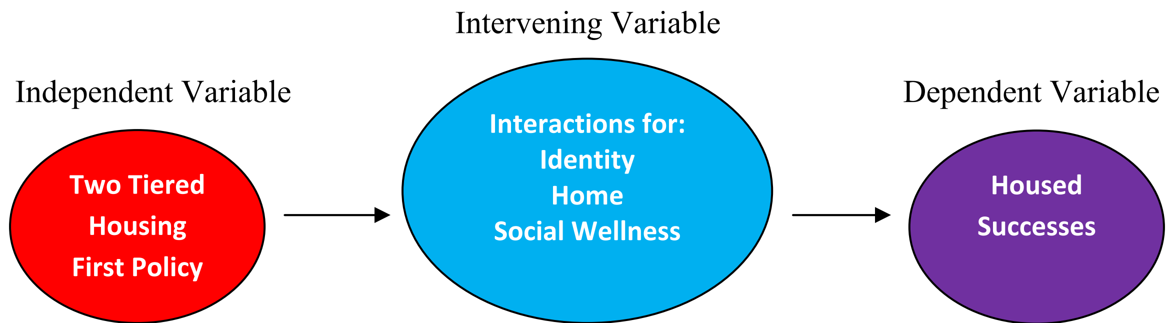
For both tenants that never made it to housing and tenants that discontinued housing and were re-housed, identity re-structuring rapport appears to be an important element. A major portion of those tenants that never were housed although they were

eligible appear to be in the midst of substance abuse which may have imposed boundaries on their ability to begin identity re-structuring depending on the degree to which they were using substances or the kind of substances they were using (stimulants vs. depressants). Also, the initial rapport that builds between case mangers and tenants around identity re-structuring is also important later in housing when an unexpected housing discontinuation occurs suddenly. Sasha was Alex's case manager from when he was first housed and she remained his case manager throughout his housing experience, which may have been a positive factor to his re-housing after being incarcerated. Since Sasha also visited Alex while he was incarcerated, she went beyond the bonds of Housing First to continue working on his identity re-structuring even though he was not currently housed, also signifying the importance of identity re-structuring even in the absence of actual housing.

New Theoretical Modeling of Social Processes

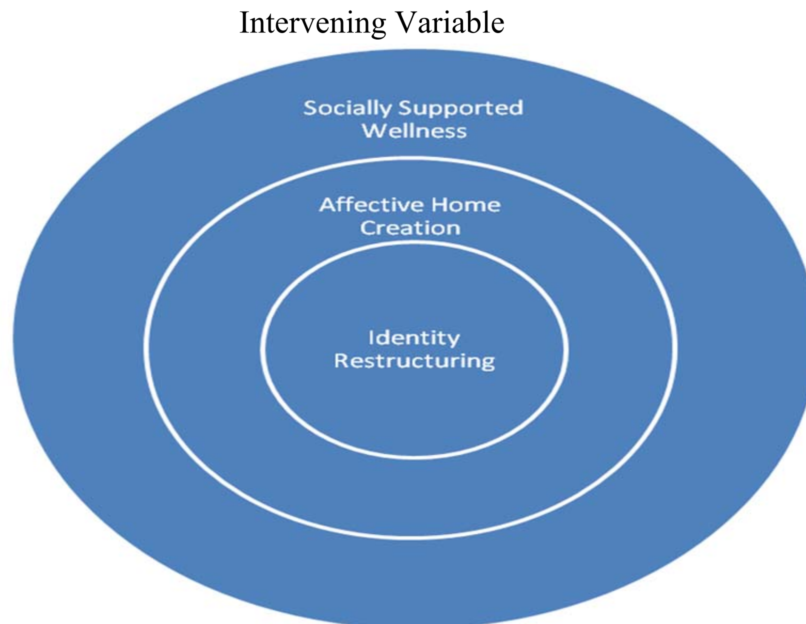
Case management interactions begin before housing, therefore, those who never make it to housing or who discontinue housing tenure present evidence for when identity changes do not begin to occur during the initial housing application process. The implications of this evidence in that interactions to restructure identity are needed very early suggest an importance level exists in the three social realms for the theoretical model of social healing. The basis of the model remains intact and was empirically supported as an explanation for the successful outcomes found in Housing First through continued housing tenure based on initial two tiered policy items.

Figure 16. Symbolic Interactionist Model of Successful Housing First Outcomes



The model, however, has been refined to represent the specificities of which processes are primary, secondary, and tertiary to the successful transitions of tenants within Housing First. The intervening variable has been revised to reflect the empirical evidence for the social dimensions of change for tenants below:

Figure 17. Intervening Variable Specified for Tenant Socially Healing Interactions in Model



Based on review of the evidence for successful housing tenure, identity restructuring is primary with affective home creation being secondary. Socially supported wellness is not central to the successful housing tenure of tenants as is identity and home creation since wellness networks exist outside of Housing First and were not proven to remain stable except for networks of health service providers. My original theoretical hypothesis of identity, home, and socially supported wellness being equally important is then refined to acknowledge these degrees of importance to successful housing tenure. The revised theoretical diagram presents these dimensions of interaction as concentric circles indicating centrality to continued housing tenure with each dimension of transition.

Identity restructuring is the most central element to continued successful housing tenure as illustrated by chapter four and in review of evidence of those applicants who never reached housing. When identity changes do not begin early in the process of application due to possible excessive substance use, the applicant is less likely to even be housed. When successful identity changes begin early in the application process the individual is then already moving toward their new identity restructuring so that successful housing correlates to their process of identity transition. After housing tenants continue their interactions with case mangers and begin affective individual and familial home creation while also continuing their identity transition so that home creation becomes secondary to identity restricting. Home creation also reinforces and deters from identity construction for various tenants depending on how family perceives these transitions occurring in the tenant. Individual affective home creation was found to

positively reinforce identity changes toward increased social respectability as all tenants eventually referred to their apartment as home. Socially supported wellness most likely occurs outside the provisions of Housing First in tertiary groups such as treatment centers, churches, community activity groups, and art classes. Social healing then for tenants occur in a threefold process that begins with identity restructuring followed by affective home creation and then finally is socially supported by wellness networks. Social wellness networks that did not include paid service providers were the most difficult for tenants to secure during the first two years of housing. When established successfully these networks are likely to provide the tenant with more independence from case management staff which many tenants become dependent on for reinforcing their newly constructed identity, especially if the secondary and tertiary groups of family and networks fail to do so and even reinforce the old identity of the tenant.

Discussion: Future Prospects

This section presents a more in depth discussion of the new concept social healing as a by-product of this research within a symbolic interactionist framework and the benefits of using the term social healing within both symbolic interactionism and the general field of Sociology overall. Also, research findings from this dissertation are considered in how to orient future policy indication for chronic homeless individuals and the Housing First program. Recent evidence for policy implications of Housing First is also presented and considered in the discussion.

Social Healing as a New Concept

Social healing is an application of symbolic interactionism derived from analysis of results in this research. Social healing is a conceptual device that emerged to be more specific and replace the phrase social processes after data analysis. Social healing is a social process, but not all social processes are social healing. The term encompasses interactions geared towards a type of positive social outcome that was found to occur in the social realms of identity, home creation, and networks in this research on Housing First; however, the term is not limited to only this subject matter. Other empirical fields include aspects of healing so that in biology and chemistry there is physical healing of the body and in psychology there is psychological healing of the mind. Social healing then is a similar component within the field of Sociology that articulates how healing may be fostered to occur in the social realms for individuals.

Social healing is illustrated in chapter four through case manager assisted positive identity restructuring and in chapter five through case manager assisted affective home construction in Housing First. Case managers act as social healers through assisting tenants in Housing First to positively transition their lives in the realms of social identity and home creation that increases social respectability. The remaining social realm is the networks of the tenants which also impact the tenants' experience of social healing by reinforcing or deterring from their new identity and home creation to various degrees. Although healing is not typically discussed in sociology, a type of healing for tenants is occurring on a social interactional level which primarily affects their emotions or feelings of self perception and home. Whereas medical doctors and therapists are physiological

and psychological healers, case managers here are social healers because they are providing a social service that actually takes place in various social dwellings such as the tenants' apartment, a supermarket, driving in the car, or even at a social service building such as helping a tenant obtain their licenses at the Department of Motor Vehicles. No other healing practitioner enters into various places of interactional social activity as does the case manager or social worker.

Since the case manager is unique in entering the social realms with tenants, there is more likelihood for possible dependence than with other service providers. Tenants may blur the boundaries between themselves and case managers because the boundaries are in fact very different from traditional service providers. Case managers interact with tenants in the tenant's social realms and often times on the tenant's terms. This mostly occurs in their apartments possibly in presence of family and significant others so that these interactions are highly intimate and relaxed. Tenants may not have other relationships that are of equivalent quality to the relationship they have with their case manager which can produce continued dependence while in housing tenure. More longitudinal data is needed to establish what may occur if continued dependence happens and how to counteract this type of dependence with other types of social support which may come from both the networks of the tenants and other service providers.

The framework of symbolic interactionism primarily focuses on micro-level human interactions and the consequences of such interactions. Social Healing is about social change at the level of the dyadic interaction that is accomplished through intended positive individual change. Social healing is positive interaction to change the psycho-

social perspective of the negative or discomforting situations in their life that then foster actual restorative changes in the social reality of their lives. Social identity restructuring occurs initially, then affective home creation, and lastly networks of support so that the initial perceptual changes for social identity ripple outward into the secondary and tertiary social realms. This is all accomplished mainly through a perception change that is fostered by the intentionally positive elements of interaction and labeling. Symbolic interactionism has been regarded as the sociological social psychology (as opposed to psychological social psychology) as this framework highlights these micro-level thoughts and reflections experienced within interactions. The concept of social healing is derived through an understanding of the intentionally positive interactions provided by case management staff for tenants, however, social healing is a type of interaction that everyone is capable of creating if they choose to have purposeful intent in their interactions and remain in a more creative rather than reactive state of mind.

There are structural societal problems, e.g., economic crises that may need to be resolved in other means. Homeless individuals face numerous structural layers of oppression that without the structure of existing Housing First policy these interactions would not be possible. Case managers exemplify social healing through their paid status and structural guidelines of interaction, however, this research had broken down the specific techniques within interactions that produce these changes which can be adapted by individuals, to various degrees in their daily life, if they choose. Instead of focusing on changing and modifying structural elements, which is often done through massive civil protest within social movements, this research identifies a more consistent and

subtle ability to create social change, one by one, every time you interact with another person you can be changing society for the better by intending social healing for the other person. Rather than a downward river of structural social change, this is a more subtly upward rain of socially healing interactions.

The benefits of social healing as a concept include enhancing current symbolic interactionist literature through a focus on the social benefits of positive interactions. In addition, social healing has numerous practical applications specifically for highly maladapted individuals in society. Social healing techniques may be used by prisons or for children in foster care to help them transition to more positive social outcomes. Furthermore, social healing would likely fit into the larger possible emerging field of 'positive sociology' coined by Robert Stebbins (2009) in his book *Personal Decisions in the Public Square: Beyond Problem Solving into Positive Sociology* or possibly the newly emerged field of altruism and social solidarity.

Policy Provisions for the Future

If symbolic interactionism explains the successful stabilization of Housing First tenants through an understanding of the socially healing interactions tenants experience with their case manager then future policy indications should highlight these findings. Interactions and elements concerning interactional experiences then should be the key to future policy determinations, specifically in the dimensions of identity creation, home creation, and networks for wellness. Policy for Housing First would do best to highlight those areas that tenants experience the least satisfactory interactions, which were within family experiences and within community and recovery networks. Specific policy to

assist case managers in navigating these realms would possible produce more positive interactional experiences for tenants. In addition, since these research provides evidence for the primary role of case managers in navigating these socially healing processes for tenants policy should also take into consideration the intense level of "emotion work" or "an intentional management and display of one's own feelings, usually undertaken in order to influence the feelings of others" (DeVault 1999 p. 53) needed by case management staff to perform this task over and over again on a daily basis.

Housing First is a socially healing program that represents the future direction of social policy for maladapted individuals in society. This program is developed and implemented with a psycho-social understanding of how chronically homeless individuals are more likely than the general population to have had severe experiences of neglect, abuse, and trauma in their previous familial and even domestic relationships which often led to their experiences of homelessness. Subjective homelessness began much earlier for these individuals then their objective homeless experiences.

Previous policy provisions for this population were developed under the basic framework of the treatment continuum which assumes that individuals are personally responsible for their homelessness and they must fix their defect to then receive housing. There is no consideration in the treatment continuum model that the families and domestic situations of these individuals may in fact be the cause of their 'personal defects' such as mental illness or diagnosable substance abuse due to the extreme dysfunction of the family living environment prior to homelessness. In the old system model there is a basic assumption of family wellness that is found within the original

social security act establishing benefits for individuals with disabilities such as mental illness:

> When President Franklin D. Roosevelt signed the Social Security Act into law on August 14, 1935, the original program was designed to pay benefits only to retired workers aged 65 and older. The amendments of 1939 added two new categories of benefits: payments to the spouse and minor children of a retired worker (known as *dependents benefits*) and survivors benefits paid to the family of a deceased worker. That change transformed Social Security from a retirement program for individuals into a family based economic security program.
>
> [pg. 1, http://www.ssa.gov/policy/docs/statcomps/di_asr/2008/background.pdf]

The system was originally designed as a "family based economic security program" so that individuals who are unable to provide for themselves due to disability are assumed to then live with their families. More than 75% of tenants in Housing First are diagnosed with severe mental illness and, therefore, in the old model are expected live with their families for economic security. Obviously for many tenants in Housing First living with their 'families' was very problematic. Early childhood abuse and trauma within the family may have led to the eventual development of mental illness in adulthood as these traumas were not addressed early on and children were left to self medicate and suppress their trauma as teenagers and adults unable to process many of their early experiences resulting in subsequent homelessness. Hence, the old system creates a dependency on family for economic security while the families of this population are usually extremely unwell and unable to provide the type of environment assumed in this model. Housing First is a new paradigm for a model that releases individuals with disabilities from dependence on their family for living conditions so that individuals may then create a home of their own and socially heal themselves through the assistance of case manager services.

The question that then arises is whether or not tenants can become independent as the Housing First policy signifies as the predominant reasoning for linking tenants with service networks in the last phase of social healing in which tenants begin to create their wellness networks and engage in meaningful activities. Should case managers eventually fade out and should tenants work towards independence away from Housing First support all together? Well, this question then relates back to original policy for individuals with a disability. If families are expected to care for individuals with disabilities for their entire lives should Housing First be expected to do the same? The answer is: it depends on the individual and the severity of their disabilities. The kind of independence that can be expected of this population depends on the individual and since the program is made to be fluid and accepting it allows for various levels of independence to be achieved by individuals. For certain tenants, such as Diana and Zion, complete independence from Housing First is likely to occur. Diana herself had begun attending a four year college to receive her Bachelor's degree in Sociology leading to her ultimate independence. Other tenants after two years in the program were still struggling to pass their GED class and receive their high school equivalency diploma. Therefore, as many other elements of the program are personalized, independence will likely need to be personalized as well based upon the independent skills that are able to be achieved.

Furthermore, independence for individuals with disabilities is not assumed in most social policy. Social security funding places the care of mentally ill individuals in the family since no one is able to live independently on the absurdly low amount paid per month on disability (which is usually around $600). It must be assumed that family

members will split the difference. In the case of Housing First tenants, it is clear that this kind of program is working to help individuals towards their most capable independence through socially healing mechanisms. The Department of Housing and Urban Development recognizes that the Housing First model is more successful than the original treatment continuum model for this population and has instituted funding changes nationwide in programs addressing chronic homelessness. In 2009, during data collection for this research, the federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was instituted by the Department of Housing and Urban Development. The Institute for Children and Poverty states that this act by HUD "signaled a new shift in homelessness policy and funding away from a [treatment] continuum of shelter and on-site supportive services to a crisis response system of homelessness prevention and rapid re-housing" (2011, pg. 1). Shelters and transitional housing, which are the first two phases in the treatment continuum, are now receiving less funding than programs designed to immediately house homeless individuals such as Housing First. For homeless families specifically, the Institute for Poverty and Children (2011) states that the impact of new federal policy will be the removal of transitional housing for families. This policy change indicates that families no longer have to "transition" to permanent housing and are instead immediately placed into permanent housing bypassing the treatment continuum altogether. These federal changes in policy funding further suggest that Housing First is a program model that represents a new paradigm of social healing for maladapted individuals. This new paradigm features a three tiered healing process of identity restructuring, affective home creation and socially

supported wellness with somewhat more attention needed on implementing tertiary wellness networks that enhance the independent capabilities of individuals in Housing First to their fullest potential.

Lastly, social healing is just a beginning of a response to Ryff and Singer's (1998) argument for a need to focus on 'positive human health' as they state:

> Serious consideration of a positive conception of human health implies transformations in health practice as well. With regard to the task of monitoring the nation's health, as it is currently conducted by the National Center for Health Statistics, there is remarkably little information being collected on the side of human flourishing. The preoccupation with illness stands prominently in the way of efforts to formulate and implement preventative health policies. That is, exclusive monitoring of rates of disease and dysfunction is almost inevitably accompanied by a 'treat-the-problem' orientation in health practice. Compiling national data about the positive well-being of Americans could play a role in fundamental shifts toward 'prevent-the-problem' practices and policies (P. 20)

The National Center for Health Statistics conducts one study on positive human health called "Healthy People" which began in 1990 and continues every decade since (National Center for Health Statistics 2011). Many large research projects funded by national organizations for health and Wellness are heavily focused on the health problems of society. If funding were to be more available for projects that focused on wellness, more scholars are likely to engage in those research practices and produce data with evidence for new policy items for enhancing societal health and wellness. Many scholars may wish to focus on the positive aspects of health and wellness and social experience and without the support and funding from larger health organizations this research may never be achieved.

BIBLIOGRAPHY

Allport, Gordon. 1942. *The Use of Personal Documents in Psychological Research*. New York: Social Science Research Council.

Arizona Department of Housing. 2008. "Self Sufficiency Matrix Entry." Retrieved March 25th, 2010 (http://symmetricsolutions.com/ruralazhmis/documents.html)

Barker Sela, Nancy Barron, Bentson McFarland, and Douglas Bigelow. 1994. "Multnomah Community Ability Scale." Network Behavioral Health and Multnomah County, Oregon.

Becker, Howard. 1963. *Outsiders: Studies in the Sociology of Deviance*, New York: Free Press.

Berger, Peter L. and Thomas Luckman. 1967. *The Social Construction of Reality*, London. Allen Lane.

Berkman, Lisa and Ichiro Kawachi eds. 2000. *Social Epidemiology.* New York: Oxford University Press.

Berkman, Lisa F. and Thomas Glass. 2000. "Social Integration, Social Networks, Social Support, and Health." Pp. 137-173 in *Social Epidemiology* edited by Lisa Berkman and Ichiro Kawachi. New York: Oxford University Press.

Blumer, Herbert. 1969. *Symbolic Interactionism.* Berkeley, CA: University of California Press.

Boydell, Katherine, Paula Goering, and Tammy Morrell-Bellai. 2000. "Narratives of Identity: Re-presentation of Self in People Who Are Homeless." *Qualitative Health Research* 10(1):26-38.

Bratt, Rachel, Michael Stone, and Chester Hartman eds. 2006. *A Right to Housing: Foundation for a New Social Agenda.* Philadelphia, Pa: Temple University Press.

Calhoun, Craig. 1995. *Critical Social Theory: Culture, History, and the Challenge of Difference.* Oxford, UK: Blackwell.

Campbell, Donald and Donald Fiske. 1959. "Convergent and Discriminant Validation by Multitrait-Multimethod Matrix." *Psychological Bulletin 56: 81-105.*

Cargan, Leonard. 2007. *Doing Social Research.* Plymouth, UK: Rowman and Littlefield Publishers, Inc.

Cassel, John. 1976. "The Contribution of the Social Environment to Host Resistance. *American Journal of Epidemiology,* 104:107-23.

Cobb, Sidney. 1976. "Social Support as a Moderator of Life Stress." *Psychosomatic Medicine,* 38 (5): 300-314.

Cohen, Stanley. 1972. *Folk Devils and Moral Panics: The Creation of Mods and Rockers,* London: MacGibben and Kee.

Culhane, Dennis P., Stephen Metraux, Jung Min Park, Maryanne Schretzman, and Jesse Valente. 2007. "Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning." *Housing Policy Debate*, 18(1): 1-28.

Culhane, Dennis P., Wayne D. Parker, Barbara Poppe, Kennan Gross, Ezra Sykes. 2007. "Accountability, Cost Effectiveness, and Program Performance: Progress since 1998" *Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research* Retrived May 31 2009. (http://aspe.hhs.gov/hsp/homelessness/symposium07/culhane/)

Culhane, Dennis P., Stephen Metreaux, and Trevor Hadley. 2002. "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness into Supportive Housing."*Housing Policy Debate* 13(1):107-63.

Daly, Gerald. 1996. *Homelessness: Policies, Strategies, and Lives on the Street*. New York: Routledge.

Denzin, Norman K. [1970] 2009. The Research Act, 1st ed. New Brunswick, NJ: Aldine Transaction: A Division of Transaction Publishers.

Denzin, Norman K. 1978. The Research Act, 2nd ed. New York: McGraw-Hill.

DeVault, Marjorie L. and Liza McCoy. 2002. "Institutional Ethnography: Using Interviews to Investigate Ruling Relations." Pp 751-775 in *Handbook of Interviewing Research: Context and Method* edited by Gubrium, Jaber and James Holstein. Lanham, Maryland: Rowman and Littlefield Publishers Inc.

DeVault, Marjorie. 1999. "Comfort and Struggle: Emotion Work in Family Life," *The Annals of the American Academy*, 561: 52-63.

Douglass, Mary. 1991. "The Idea of Home: A Kind of Space." *Social Research,* 58(1). 287-307.

Dovey, Kim. 2005. "Home as a Paradox." Pp. 361-369 in *Home and Identity in Late Life*, edited by Graham D. Rowles and Habib Chaudhury. New York, NY: Springer Publishing Company, Inc.

Dupuis, Ann and David C. Thorns. 1998. "Home, Home Ownership and the Search for Ontological Security." *The Sociological Review*, the Editorial Board: 24-47.

Dunst, Carl, Carol Trivette and Angela Deal. 1988. *Enabling and Empowering Families. Principles and Guidance for Practice.* Cambridge, MA: Brookline Books.

Durkheim, Emile. 1951[1897]. *Suicide*: *a study in sociology.* Glenco, IL: Free Press.

Finn, Joe and Jesse Gaeta. 2009. "Housing Chronically Homeless Persons Prove Medicaid Savings: New Analysis Shows Dramatic Savings from Statewide Housing First Program." Massachusetts Housing and Shelter Alliance, Boston, MA.

Flanagan, John and Wahl Burckhardt (1978, 1982). "Quality of Life Scale" Oregon Health Sciences University.

Foster, Susan, Charlene LeFauve, Marilyn Kresky-Wolff, and Lawrence Rickards. 2009. "Services and Supports for Individuals with Co-Occuring Disorders and Long-Term Homelessness. *Journal of Behavioral Health Services and Research*, 37 (2): 239-251.

Friedkin, Noah E. 2004. "Social Cohesion." *Annual Review of Sociology*, 30, 409-25.

Giddens, Anthony. 1984. *The Constitution of Society: Outline of the Theory of Structuration,* Cambridge: Polity Press.

Goffman, Erving. 1961. *Asylums*. New York: Anchor Books.

Goffman, Erving. 1963. *Stigma.* New York: Simon and Schuster Inc.

Greenwood, Ronnie M., Nicole J. Schaefer-McDaniel, Gary Winkel, and Sam J. Tsemberis. 2005. "Decreasing Psychiatric Symptoms by Increasing Choice in Services for Adults with Histories of Homelessness." *American Journal of Community Psychology* 36(3-4): 223-38.

Gulcur, Leyla, Ana Stefancic, MaryBeth Shinn, Sam Tsemberis, and Sean N. Fischer. 2003. "Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programmes." *Journal of Community & Applied Social Psychology*, 13(2):171-186.

Gulcur, Leyla, Sam Tsemberis, Ana Stefancic and Ronni M. Greenwood. 2007. "Community Integration of Adults with Psychiatric Disabilities and Histories of Homelessness." *Community Mental Health Journal*, 43(3):211-28

Hall, Peter and Michele Lamont eds. 2009. *Successful Societies: How Institutions and Culture Affect Health.* New York: Cambridge University Press.

Hartman, Chester. 1975 *Housing and Social Policy*. Englewood Cliffs, NJ: Prentice Hall.

Hartman, Chester. 2006. "The Case for a Right to Housing." Pp 177-192 in *A Right to Housing: Foundation for a New Social Agenda* edited by Rachel Bratt, Michael Stone, and Chester Hartman. Philadelphia, Pa: Temple University Press.

Hawkins, Robert and Courtney Abrams. 2007. "Disappearing Acts: The Social Networks of Formerly Homeless Individuals with Co-Occurring Disorders." *Social Science & Medicine* 65: 2031-2042.

Helliwell, John F. and Robert D. Putnam. 2004. "The Social Context of Well-Being." *Philosophical Transactions of the Royal Society B: Biological Sciences*, 359, 1435-1446.

Hochschild, Arlie Russel. 1979. "Emotion Work, Feeling Rules, and Social Structure." *American Journal of Sociology,* 85(3): 551-575.

Hoffman, Lisa and Brian Coffey. 2008. "Dignity and indignation: How people experiencing homelessness view services and providers." *The Social Science Journal*, 45, 207-222.

House, James. 1981. *Work Stress and Social Support*. Reading, MA: Addison-Wesley.

Horwitz, Jamie. and Jerome Tognoli. 1982. "Role of Home in Adult Development: Women and Men Living Alone Describe Their Residential Histories. *Family Relations,* 31, 335-341.

Hirsch, Eric, Irene Glassner and Kate D'Addabbo. 2007. "Rhode Island's Housing First Program: First Year Evaluation." Providence, RI: Providence College & Roger Williams University: 1-19.

Institute for Children, Poverty and Homelessness. 2011. "The Beginning of the End of Transitional Housing." A National Survey Policy Brief from ICPH, May.

Irwin, Jay, mark LaGory, Ferris Ritchey, and Kevin Fitzpaterick. 2008. "Social Assets and Mental Distress among the Homeless: Exploring the Roles of Social Support and Other Forms of Social Capital on Depression." *Social Science and Medicine*, 67:1935-1943.

Jenkins, Richard. 2008. *Social Identity.* 3rd Edition. New York, New York: Routledge.

Jick, Todd. 1979. "Mixing Qualitative and Quantitative Methods: Triangulation in Action." *Administration Science Quarterly*, 24(4): 602-611.

Katovich, Michael, Miller, Dan, and Robert Stewart. 2003. "The Iowa School," Ch. 5 in *Handbook of Symbolic Interactionism,* edited by Larry Reynolds and Nancy Herman-Kinney. Alta MiraPress. Walnut Creek, CA. Rowman and Littlefield Publishers, Inc. pp:119-139

Kawachi, Ichiro and Lisa Berkman. 2000. "Social Cohesion, Social Capital, and Health." Pp 174-190 in *Social Epidemiology Social Epidemiology* by Lisa Berkman and Ichiro Kawachi. New York: Oxford University Press.

Keating, Daniel. 2009. "Social Interactions in Human Development: Pathways to Health and Capabilties." Pp. 53-81 in *Successful Societies: How Institutions and Culture Affect Health,* edited by Peter H. Hall and Michèle Lamont. New York: Cambridge University Press.

Kent, Susan. 1995. "Ethno Archeology and the Concept of Home: A Cross-Cultural Analysis." Pp. 163-180 in *The Home: Words, Interpretations, Meanings and Environments*, edited by David N. Benjamin and David Stea. Avebury: Aldershot.

Kertesz, Stefan G. and Saul J. Weiner. 2009. "Housing the Chronically Homeless: High Hopes, Complex Realities" *Journal of the American Medical Association* 301(17): 1822-24.

Kuhn, Randall and Culhane, Dennis P. 1998. Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data. American Journal of Community Psychology (26):207-232.

Lamont, Michèle. 2009. "Response to Racism, Health, and Social Inclusion as a Dimension of Successful Societies." Pp. 151-168 in *Successful Societies: How Institutions and Culture Affect Health,* edited by Peter H. Hall and Michèle Lamont. New York: Cambridge University Press.

Larimer, Mary E., Daniel K. Malone, Michelle D. Garner, David C. Atkins, Bonnie Burlingham, Heather S. Lonczak, Kenneth Tanzer, Joshua Ginzler, Seema L. Clifasefi, William G. Hobson, and G. Alan Marlatt. 2009. "Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems." *Journal of the American Medical Association* 301(13):1349-57.

Larson, Reed and Maryse Richards. 1994. *Divergent Realities*: *The Emotional Lives of Mothers, Fathers, and Adolsecents.* New York: Basic Books.

Leibow, Elliot. 1993. *Tell Them Who I Am: The Lives of Homeless Women.* New York, New York: Penguin Group Inc.

Letiecq, Bethany L., Elaine A. Anderson, and Sally A. Koblinski. 1998. "Social Support of Homeless and Housed Mothers: A Comparison of Temporary and Permanent Housing Arrangements." *Family Relations* 47(4): 415-21.

Link, Bruce G. and Jo C. Phelan. 2001. "Conceptualizing Stigma." *Annual Review of Sociology,* 27:363-85.

Loyd, Bonnie. 1981. “Women, Home, and Status.” Pp. 181-195” in *Housing and Identity* edited by James Duncan. Croom Helm: London

Lyon-Callo, Vincent. 2000. “Medicalizing Homelessness: The Production of Self-Blame and Self-Governing within Homeless Shelters.” *Medical Anthropology Quarterly,* 14(3):328-345.

Mallet, Shelley. 2004. “Understanding Home: A Critical Review of the Literature.” *The Sociological Review,* The Editorial Board: 62-89

Massachusetts Housing and Shelter Alliance (MHSA). 2009. “Progress Report: June 2009.” Home and Healthy for Good Program: A Statewide Housing First Program, 1-3. Retrieved August 5, 2009 (http://www.mhsa.net/matriarch/documents/HHG%20June%202009%20Final.pd)

McCarty, Maggie. 2005. “Homelessness: Recent Statistics, Targeted Federal Programs, and Recent Legislation.” Congressional Research Service for Congress. Retrieved August 11, 2011 (http://www.fas.org/sgp/crs/misc/RL30442.pdf)

Mead, George H. 1934. *Mind, Self, and Society from the Standpoint of a Social Behaviorist*, ed. C.W. Morris, Chicago: University of Chicago Press.

Mead, George H. 1953. “The Background of the Genesis of the Self,” Chapter 6 in *Sociocultural Foundations of Personality* ed. Albert Ullman, Boston, MA: Houghton Mifflin Company,

Meschede, Tatjana. 2004. “Bridges and Barriers to Housing for Chronically Homeless Street Dwellers: The Effects of Medical and Substance Abuse Services on Housing Attainment.” Center for Social Policy, 1-40. Boston, MA: University of Massachusetts.

Miller, William R. 1983. “Motivational Interviewing with Problem Drinkers.” *Behavioral Psychotherapy*, 11:147-172. Cambridge University Press.

Mirowsky, John and Catherine E. Ross. 2003. *Social Causes of Psychological Distress,* 2nd ed. Hawthorne, New York. Aldine de Gruyter.

Moore, Barrington. 1984. *Privacy*: *Studies in Social and Cultural History*, New York: Sharpe.

Moore, Jeanne. 2000. “Placing Home in Context.” *Journal of Environmental Psychology* 20(3): 207-217.

National Alliance to End Homelessness. 2000. “A Plan, Not a Dream: How to End Homelessness in Ten Years” Retrieved May 7th 2010. (http://www.endhomelessness.org/content/article/detail/585)

National Alliance to End Homelessness. 2009. "Quarterly Research Newsletter: Expert Q and A with Dennis Culhane." Retrieved August 10th 2009.(http://www.endhomelessness.org/content/article/detail/2470.)

National Alliance to End Homelessness. 2010a. "About Us" Retrieved May 7th 2010. (http://www.endhomelessness.org/section/aboutus)

National Alliance to End Homelessness. 2010b. "Ten Year Plan" Retrieved May 7th 2010. (http://www.endhomelessness.org/section/solutions/ten_year_plan)

National Center for Health Statistics. 2011. "Healthy People." Center for Disease Control and Prevention. Retrieved June 25th 2011. (http://www.cdc.gov/nchs/healthy_people.htm)

Nelson, Geoffery, Tim Aubry, and Adele Lafrance. 2007. "A Review of the Literature on the Effectiveness of Housing and Support, Assertive Community Treatment, and Intensive Case Management Interventions for Persons With Mental Illness Who Have Been Homeless." *American Journal of Orthopsychiatry*, 77(3):350-61.

Nunez, Ralph and Cybelle Fox. 1999. "A Snapshot of Family Homelessness Across America." *Political Science Quarterly,* 114 (2): 289-307.

O'Connell, Maria J., Robert A. Rosenheck, Welsey Kasprow, and Linda Frisman. 2006. "An Examination of Fulfilled Housing Preferences and Quality of Life among Homeless Persons with Mental Illness and/or Substance Use Disorders." *The Journal of Behavioral Health Services and Research,* 33(3): 354-365.

Oyserman, Daphna and Janet Swim. 2001. Stigma: An Insider's View. *Journal of Social Issues,* 57(1): 1-14.

Padgett, Deborah K. 2007. "There's No Place Like (a) Home: Ontological Security among Persons with Serious Mental Illness in the United States." *Social Science and Medicine* 64(9): 1925-36.

Padgett, Deborah K., Robert Hawkins, Courtney Abrams, and Andrew Davis. 2006. "In Their Own Words: Trauma and Substance Abuse in the Lives of Formerly Homeless Women with Serious Mental Illness." *American Journal of Orthopsychiatry* 76(4): 461-467.

Pathways to Housing. 2009. "Housing First." Retrived July 19 2009. (www.pathwaystohousing.org)

Pathways to Housing. 2009. "Pathways to Housing: The Facts". Retrieved July 19 2009. (http://www.pathwaystohousing.org/TopMenu/AboutUs-2.html)

Perlman, Jennifer and John Parvensky. 2006. "Denver Housing First Collaborative: Cost BenefitAnalysis and Program Outcomes Report." Denver, CO: Colorado

Coalition for the Homeless: 1-14. Retrieved June 16 2009. (http://www.shnny.org/documents/FinalDHFCCostStudy.pdf)

Pescosolido, Bernice A. and Beth A. Rubin. 2000. "The Web of Group Affiliations Revisited: Social Life, Postmodernism, and Sociology." *American Sociological Review*, 65, February: 52-76.

Phelan, Jo C., Bruce G. Link, Robert E. Moore, and Ann Stueve. 1997. "The Stigma of Homelessness: The Impact of the Label "Homeless" on Attitudes toward Poor Persons." *Social Psychology Quarterly* 60(4): 323-337.

Program Collaboration Committee. 2008. "Recovery Culture: Creating an Environment for Recovery, Empowerment, and Wellness." Greater Trenton Behavioral Health Care

Putnam, Robert D. 2001. *Bowling Alone.* New York, NY: Touchstone.

Rivlin, Leanne G., and Jeanne Moore. 2001. "Home-Making: Supports and Barriers to the Process of Home." *Journal of Social Distress and the Homeless*, 10(4): 323-336.

Rosenthal, Rob and Maria Foscarinis. 2006. "Response to Homelessness: Past Policies, Future Directions, and a Right to Housing." Pp. 316-339 in *A Right to Housing*: *Foundations for a New Social Agenda* edited by Rachel Bratt, Michael Stone, and Chester Hartman. Philadelphia: Temple University Press, P. 316-339.

Ross, Catherine E., and John Mirowsky. 2002. "Family Relationships, Social Supports and Subjective Life Expectancy." *Journal of Health and Social Behavior*, 43, 469-489.

Rubinstein, Robert L., and Kate de Medeiros. 2005. "Home, Self, and Identity." Pp. 48-62 in *Home and Identity in Late Life*, edited by Graham D. Rowles and Habib Chaudhury. New York, NY: Springer Publishing Company, Inc.

Russell, Daniel. (1996). "The UCLA Loneliness Scale (Version 3): Reliability, Validity, and Factor Structure." *Journal of Personality Assessment,* 66: 20-40.

Ryff, Carol D. and Singer Burton. 1998. "The Contours of Positive Human Health" *Psychological Inquiry,* 9(1):1-28.

Sadowski, Laura S., Romina A. Kee, Tyler J. VanderWeele, and David Buchanan. 2009. "Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults" *Journal of the American Medical Association* 301(17): 1771-78.

Salvini, Andrea. 2010. "Symbolic Interactionism and Social Network Analysis: An Uncertain Encounter." *Symbolic Interactionism,* 33(3): 364 -388.

Saunders, Peter and Peter Williams. 1988. "The Constitutions of the Home: Towards a Research Agenda." *Housing Studies* 3(2): 81-93.

Savage, Andrea and Lisa A. Russell. 2005. "Social Support Networks of Dually Diagnosed Women who are Trauma Survivors." *Journal of Behavioral Health Sciences and Research*, 32(2): 199-214.

Scheff, Thomas. 2005. "Looking-Glass Self: Goffman as Symbolic Interactionist." *Symbolic Interaction* 28(2): 147-166.

Schnittker, Jason, and Jane D. McLeod. 2005**.** "The Social Psychology of Health Disparities." *Annual Review of Sociology* 31: 75-103.

Seligman, Martin and Mihaly Csikszentmihalyi. 2000. "Positive Psychology" *American Pyschological Association.* 55(1):5-14.

Serpe, Richard T. 1987. Stability and Change in Self: A Structural Symbolic Interactionist Explanation. *Social Psychology Quarterly*, 50, 44-55.

Shih, Margaret. 2004. "Positive Stigma: Examining Resilience and Empowerment in Overcoming Stigma." *The Annals of the American Academy* 591:175-185.

Shinn, Marybeth, Beth C. Weitzman, Daniel Stojanovic, James R. Knickman, Lucila Jimenez, Lisa Duchon, Susan James, and David H. Krantz. 1998. "Predictors of Homelessness among Families in New York City: From Shelter Request to Housing Stability." *American Journal of Public Health,* 88(1):1651-1657.

Shlay, Anne B. and Peter H. Rossi. 1992. "Social Science Research and Contemporary Studies of Homelessness." *Annual Review of Sociology*, 18:129-160.

Smith, Kirsten P., and Nicholas A. Christakis. 2008. "Social Networks and Health." *Annual Review of Sociology* 34:405-429.

Snow, David A. 2003. "Social Movements." Pp 811-833 in *Handbook of Symbolic Interactionism,* edited by Larry Reynolds and Nancy Herman-Kinney. Walnut Creek, CA: Alta MiraPress.

Snow, David A. 2001. "Extending and Broadening Blumer's Conceptualization of Symbolic Interactionism." *Symbolic Interaction* (24)3: 367-377

Snow, David A. and Leon Anderson. 1993. *Down on Their Luck: A Study of Homeless Street People.* Berkeley, CA: University of California Press

Sommer, Heidi. 2001. "Homelessness in Urban America: A Review of the Literature." Prepared for Urban Homelessness and Public Policy Solutions: A One-Day Conference. University of California, Berkeley. P. 1-74.

Sosin, Michael R., Paul Colson and Susan F. Grossman. 1988. *Homelessness in Chicago: Pathology and Poverty, Social Institutions, and Social Change.* Chicago: University of Chicago School of Social Administration.

Stebbins, Robert A. 2009. *Personal Decisions in the Public Square: Beyond Problem Solving into Positive Sociology.* New Brunswick, NJ: Transaction Publishers.

Stefancic, Ana and Sam Tsemberis. 2007. "Housing First for Long-term Shelter Dwellers with Psychiatric Disabilities in a Suburban County: A Four-year Study of Housing Access and Retention." *Journal of Primary Prevention* 28(3-4):265-79.

Sternberg, Esther M. 2010. *Healing Spaces: The Science of Place and Well-Being.* First Camdridge, MA: Harvard University Press

Sternberg, Esther M. 2001. *The Balance Within: The Science Connecting Health and Emotions.* New York: W.H. Freeman and Company.

Stets, Jan E. and Peter J. Burke. 2000. "Identity Theory and Social Identity Theory." *Social Psychology Quarterly* 63 (3):224-37.

Substance Abuse and Mental Health Services Administration. 2006. "SAMSHA Issues Consensus Statement on Mental Health Recovery." *SAMSHA News Release* an Agency of the U.S. Department of Health and Human Services.

Tomas, Annabel, and Helga Dittmar. 1995. "The Experience of Homeless women: An Exploration of Housing Histories and the Meaning of Home." *Housing Studies* 10(4): 493-515.

Toro, Paul A., Elizabeth Tulloch, and Nicole Ouellette. 2008. "Stress, Social Support, and Outcomes in Two Probability Samples of Homeless Adults." *Journal of Community Psychology* 36 (4): 483-498.

Tsemberis, Sam. 1999. "From Streets to Homes: An Innovative Approach to Supported Housing for Homeless Adults with Psychiatric Disabilities." *Journal of Community Psychology*, 27(2): 225-41.

Tsemberis, Sam. 2004. "Housing First Approach." Pp. 277-280 in *Encyclopedia of Homelessness,* vol 1., edited by David Levinson. California: Sage.

Tsemberis, Sam. 2005. "Providing Housing First and Recovery Services for Homeless Adults with Severe Mental Illness." *Psychiatric Services* 56(10): 1303-05.

Tsemberis, Sam and Ronda F. Eisenberg. 2000. "Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities." *Psychiatric Services*, 51(4): 487-93.

Tsemberis, Sam, E. Sally Rogers, Eleni Rodis, Patricia Dushuttle, and Vicki Skryha. 2003. "Housing Satisfaction for Persons with Psychiatric Disabilities." *Journal of Community Psychology*, 31(6): 581-590.

Tsemberis, Sam, Leyla Gulcur and Maria Nake. 2004. "Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis." *American Journal of Public Health* 94(4): 651-56.

Tsemberis Sam, E. Sally Rogers, Eleni Rodis, Patricia Dushuttle, and Vicki Skryha. 2003. "Housing Satisfaction for Persons with Psychiatric Disabilities." *Journal of Community Psychology*, 31(6):581-90.

Turner, Johnathan and Jan Stets. 2006. "Sociological Theories of Human Emotions," *Annual Review of Sociology*, 32: 25-52.

U.S Department of Housing and Urban Development (HUD) 2009. "2008 Annual Homelessness Assessment Report to Congress (AHAR)." *Office of Community Planning and Development.* Retrieved Jan 10 2010. (http://www.hudhre.info/documents/4thHomelessAssessmentReport.pdf)

U.S Department of Housing and Urban Development (HUD) 2009a. "Chronic Homelessness." Retrieved Jan 15 2010. (http://www.hud.gov/offices/cpd/homeless/chronic.cfm)

U.S. Department of Housing and Urban Development (HUD) 2008. "Housing First for the Chronically Homeless Mentally Ill." *Research Works*, December/January.

U.S. Department of Housing and Urban Development 2007a. "The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness". Retrieved July 28 2010 (http://www.huduser.org/Publications/pdf/hsgfirst.pdf)

U.S. Department of Housing and Urban Development (HUD) 2007b. "McKinney-Vento Act." Retrieved Aug 10 2010. (http://www.hud.gov/offices/cpd/homeless/lawsandregs/mckv.cfm)

U.S. Department of Housing and Urban Development (HUD). 2007c "HUD Secretary Jackson Announces Reduction in Chronic Homelessness" Retrieved August 23 2010. (http://www.hudhre.info/documents/ChronicHomelessArticle.pdf)

U.S. Department of Housing and Urban Development (HUD). 2005. "Title 24-Housing and Urban Development: Chapter V-Office of Assistant Secretary for Community Planning and Development." Code of Federal Regulations: Title 24(3).

U.S. Department of Housing and Urban Development (HUD). 2002. "Evaluation of Continuum of Cares for Homeless People: Final Report." Retrieved February14 2010. (http://www.huduser.org/publications/pdf/continuums_of_care.pdf)

Wardhaugh, Julia. 1999. "The Unaccommodated Woman: Home, Homelessness and Identity." *The Sociological Review* 47(1): 91-109.

Webb, Eugene. 1966. ""Unconventionality, Triangulation, and Inference." In the Proceedings of the 1966 Invitational Conference on Testing Problems, pp. 34-43. Princeton, NJ.: Educational Testing Service.

Weber, Robert P. 1990. *Basic Content Analysis*. 2nd Ed. Newbury Park, California: Sage Publications Inc.

Wilkinson, Richard G. 1996. *Unhealthy Societies: The Afflictions of Inequality.* New York, NY: Routledge.

Yanos, Phillip T., Barbara J. Felton, Sam Tsemberis, Vicoria A. Frye 2007. "Exploring the role of Housing Type, Neighborhood Characteristics, and Lifestyle Factors in the community Intergration of Formerly Homeless Persons Diagnosed with Mental Illness. *Journal of Mental Health*, 16 (6):703.

APPENDIX A

Mercer Housing First Demonstration Project Evaluation
Qualitative Interview Guide

Thank you for meeting with me and being willing to share some of your experiences. First I would like to get to know a little more about your background, especially as it relates to housing.

- Please tell me about your history of homelessness
  - Probes: what originally led to homelessness, how long, how often, most recent episode
- Please tell me about your previous attempts to obtain housing
  - Probes: barriers, successes, types of housing, satisfaction
- Please tell me about the circumstances that led to losing your housing
  - Last time, time before, etc
- How do you rate your health?
  - Both physical and mental health
- Tell me about your experiences in accessing health care

Now I would like to talk to you about this Housing First program more specifically

- How did you learn about this program?
- What were you told?
- What did you think about it at the time?
- What were your main concerns?
- What steps did you go through to obtain this housing?
- What did you find to be different than your previous experiences?
  - Easier? More difficult?
- How has your experience so far been different than what you expected?
- How has your experience so far been the same as what you expected?
- What has been the most challenging for you personally?
- Are there parts of this program that you don't understand? What are they?
- Are there parts of this program that you are not comfortable with? What are they?
- How do you feel about the idea of tenant-driven services?
- Are you partaking in any services now?
  - Which ones?
  - Probe experiences in each
- Are you planning on partaking of other services in the future?
  - Which ones?
  - Probe experiences in each
- Tell me about your level of satisfaction with this program so far
  - What would you change?
- What are your primary concerns right now
- What do you think people need to understand about this program?

Dec 2007

HOUSING SATISFACTION SCALE

Name:______________________________ Date:____________________

This questionnaire asks about your level of satisfaction with your housing. For each source of housing satisfaction listed below, please indicate your level of satisfaction: Very Dissatisfied, Dissatisfied, Neither Satisfied nor Dissatisfied, Satisfied, Very Satisfied. Please indicate any other type of satisfaction you feel is relevant that is not listed.

Level of satisfaction with each of the following	Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very Satisfied
1. The amount of choice you had over the place you live.	1	2	3	4	5
2. How close you live to family and friends.	1	2	3	4	5
3. How close you live to agencies where services are available, e.g., health, mental health, etc.	1	2	3	4	5
4. The choice you have about when to see your case manager.	1	2	3	4	5
5. The choice you have over whether or not you take medication.	1	2	3	4	5
6. How close you live to shopping, public transportation, post office, etc.	1	2	3	4	5
7. How much control you have over who can come into your place.	1	2	3	4	5
8. How long you will be able to live in your place.	1	2	3	4	5
9. The safety of your neighborhood.	1	2	3	4	5
10. The amount of privacy you have.	1	2	3	4	5
11. How affordable your place is.	1	2	3	4	5

Level of satisfaction with each of the following	Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very Satisfied
12. The amount of time it takes to get repairs done in your place.	1	2	3	4	5
13. The condition or state of repair of your place.	1	2	3	4	5
14. The safety and security of your building.	1	2	3	4	5
15. How close you live to recreational activities, movies, social clubs, place of worship, etc.	1	2	3	4	5
16. How much independence you have in your daily life.	1	2	3	4	5
17. The opportunities you have to socialize in the place where you live.	1	2	3	4	5
18. How easy it is to contact your case manager whenever you need to.	1	2	3	4	5
19. How much choice you have about whether or not to see your case manager.	1	2	3	4	5
20. The help you get from program staff to keep your living space.	1	2	3	4	5
21. ______________________________	1	2	3	4	5
22. ______________________________	1	2	3	4	5
23. ______________________________	1	2	3	4	5

UCLA Loneliness Scale

Indicate how often each of the statements below is descriptive of you. Circle one letter for each statement:

O indicates "I often feel this way"
S indicates "I sometimes feel this way"
R indicates "I rarely feel this way"
N indicates "I never feel this way"

1. How often do you feel unhappy doing so many things alone? O S R N
2. How often do you feel you have nobody to talk to? O S R N
3. How often do you feel you cannot tolerate being so alone? O S R N
4. How often do you feel as if nobody really understands you? O S R N
5. How often do you find yourself waiting for people to call or write? O S R N
6. How often do you feel completely alone? O S R N
7. How often do you feel you are unable to reach out and communicate with those around you? O S R N
8. How often do you feel starved for company? O S R N
9. How often do you feel it is difficult for you to make friends? O S R N
10. How often do you feel shut out and excluded by others? O S R N

Personal Network Matrix, V1, Part 1

Name:____ Date:________________________

This questionnaire asks about people and groups that you may interact with. Listed below are different individuals and groups that people often have contact with face to face, in a group, or by telephone. For each source listed, please indicate how often you have been in contact with each person or group during the *past month.* Please indicate any person or group with whom you have had contact and are not included on the list.

How frequently have you had contact with each of the following during the *past month*	Not Applicable	Not at All	Once or Twice	At Least 4 or 5 Times	At Least 10 Times	At least 20 Times	Almost Every Day
1. Spouse or Partner	N/A	0	1	2	3	4	5
2. My Children	N/A	0	1	2	3	4	5
3. My Parents	N/A	0	1	2	3	4	5
4. Spouse or Partner's Parents	N/A	0	1	2	3	4	5
5. My Sister/Brother	N/A	0	1	2	3	4	5
6. My Spouse or Partner's Sister/Brother	N/A	0	1	2	3	4	5
7. Other Relatives	N/A	0	1	2	3	4	5
8. Friends	N/A	0	1	2	3	4	5
9. Neighbors	N/A	0	1	2	3	4	5
10. Church Members/Minister	N/A	0	1	2	3	4	5
11. Co-workers	N/A	0	1	2	3	4	5
12. Private Therapist	N/A	0	1	2	3	4	5
13. Private Doctor	N/A	0	1	2	3	4	5
15. Health Department	N/A	0	1	2	3	4	5
16. Social Services Department	N/A	0	1	2	3	4	5
17. Case Manager	N/A	0	1	2	3	4	5
18. Other Services	N/A	0	1	2	3	4	5
19.____________________	N/A	0	1	2	3	4	5
20.____________________	N/A	0	1	2	3	4	5
21.____________________	N/A	0	1	2	3	4	5

Personal Network Matrix, V1 part 3

Name:______________________________ Date:____________________

Whenever a person needs help or assistance, he or she generally can depend upon certain persons or groups more than others. Listed below are different individuals, groups, and agencies that you might ask for help or assistance. For each source listed please indicate to what extent you could depend upon each person or group if you needed any type of help.

How helpful or unhelpful is each of the following person or group	Not Applicable	Not at all Helpful	Only Helpful Sometimes	Helpful ½ the time	Helpful most of the time	Helpful All of the Time
1. Spouse or Partner	N/A	1	2	3	4	5
2. My Children	N/A	1	2	3	4	5
3. My Parents	N/A	1	2	3	4	5
4. Spouse or Partner's Parents	N/A	1	2	3	4	5
5. My Sister/Brother	N/A	1	2	3	4	5
6. My Spouse or Partner's Sister/Brother	N/A	1	2	3	4	5
7. Other Relatives	N/A	1	2	3	4	5
8. Friends	N/A	1	2	3	4	5
9. Neighbors	N/A	1	2	3	4	5
10. Church Members/Minister	N/A	1	2	3	4	5
11. Co-workers	N/A	1	2	3	4	5
12. Private Therapist	N/A	1	2	3	4	5
13. Private Doctor	N/A	1	2	3	4	5
15. Health Department	N/A	1	2	3	4	5
16. Social Services Department	N/A	1	2	3	4	5
17. Case Manager	N/A	1	2	3	4	5
18. Other Services	N/A	1	2	3	4	5
19.____________________	N/A	1	2	3	4	5
20.____________________	N/A	1	2	3	4	5
21.____________________	N/A	1	2	3	4	5

NAME: **DATE:** **TOTAL SCORE:**

QUALITY OF LIFE SCALE (QOLS)

Please read each item and circle the number that best describes how satisfied you are at this time. Please answer each item even if you do not currently participate in an activity or have a relationship. You can be satisfied or dissatisfied with not doing the activity or having the relationship.

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
1. Material comforts home, food, conveniences, financial security	7	6	5	4	3	2	1
2. Health - being physically fit and vigorous	7	6	5	4	3	2	1
3. Relationships with parents, siblings & other relatives- communicating, visiting, helping	7	6	5	4	3	2	1
4. Having and rearing children	7	6	5	4	3	2	1
5. Close relationships with spouse or significant other	7	6	5	4	3	2	1
6. Close friends	7	6	5	4	3	2	1
7. Helping and encouraging others, volunteering, giving advice	7	6	5	4	3	2	1
8. Participating in organizations and public affairs	7	6	5	4	3	2	1
9. Learning- attending school, improving understanding, getting additional knowledge	7	6	5	4	3	2	1
10. Understanding yourself - knowing your assets and limitations - knowing what life is about	7	6	5	4	3	2	1
11. Work - job or in home	7	6	5	4	3	2	1
12. Expressing yourself creatively	7	6	5	4	3	2	1
13. Socializing - meeting other people, doing things, parties, etc	7	6	5	4	3	2	1
14. Reading, listening to music, or observing entertainment	7	6	5	4	3	2	1
15. Participating in active recreation	7	6	5	4	3	2	1
16. Independence, doing for yourself	7	6	5	4	3	2	1

Originally developed by John C. Flanagan (1978, 1982), and modified by Carol S. Burckhardt, PhD, RN, Oregon Health Sciences University.

MULTNOMAH COMMUNITY ABILITY SCALE (REVISED)

Name________________ ID#________________ Ethnicity________ Gender________ Age________

Program________________________________ Rater________________________________

Date
Total Score

INSTRUCTIONS: This scale measures the symptoms and functional abilities of people who have severe and persistent mental illness. To complete, the primary clinician should circle the appropriate number for each question that corresponds to the person's functioning during the past month. Please rate the person's actual functioning, given current medications, services and supports. Rate recent behavior, not potential behavior.

Section 1 HEALTH

This section pertains to those physical, mental, and emotional symptoms that may interfere with overall health and functioning. Over the past 30 days:

1–PHYSICAL HEALTH: Has the person experienced limitations due to physical health problems? NOTE: Limitations may be from chronic health problems and/or frequency and severity of acute illnesses.

1. Extreme health limitations
2. Marked health limitations
3. Moderate health limitations
4. Slight health limitations
5. No limitations

2–COGNITIVE FUNCTIONING: Did the person have cognitive impairments due to mental retardation, developmental disability, dementia, head injury, or other brain damage? NOTE: Impaired cognitive functioning may be due to a variety of factors and should be distinguished from limitations due to mental illness.

1. Extremely impaired cognitive functioning
2. Markedly impaired cognitive functioning
3. Moderately impaired cognitive functioning
4. Slightly impaired cognitive functioning
5. No impairments or does not apply

3–THOUGHT PROCESSES: Did the person have impaired thought processes as shown by symptoms such as hallucinations, delusions, tangentiality, loose associations, response latencies, ambivalence, or incoherence?

1. Extremely impaired thought processes
2. Markedly impaired thought processes
3. Moderately impaired thought processes
4. Slightly impaired thought processes
5. No impairments

4–MOOD: Did the person have impairments in the range, level, or appropriateness of mood as evidenced by symptoms such as pronounced mood swings, depression, rage, mania, or incongruence?

1. Extremely impaired mood
2. Markedly impaired mood
3. Moderately impaired mood
4. Slightly impaired mood
5. No impairments

5–RESPONSE TO STRESS: Was the person's response to stress impaired? NOTE: Consider pronounced responses to stress; or no response to events that should be of concern; or symptoms such as agitation, perseveration, extreme anxiety, inability to problem-solve, etc.

1. Extremely impaired response
2. Markedly impaired response
3. Moderately impaired response
4. Slightly impaired response
5. No impairments

SUMMED SCORE FOR SECTION ONE

Section 2 ADAPTATION

This section pertains to the person's functioning in daily life and how he/she has adapted to living with mental illness. Over the past 30 days:

6–ABILITY TO MANAGE MONEY: How often was the person successful in managing money and controlling expenditures? NOTE: rate from 1 to 3 if someone else managed the person's money.

1. Never or almost never managed money successfully
2. Seldom managed money successfully
3. Sometimes managed money successfully
4. Often managed money successfully
5. Almost always or always managed money successfully

7–INDEPENDENCE IN DAILY LIVING: How often did the person independently perform activities of daily living? Examples include maintaining personal hygiene, meeting daily nutrition needs, cleaning personal living space, and managing daily tasks. NOTE: Rate from 1 to 3 if the person's living situation provided meals and cleaning services.

1. Never or almost never performed independently
2. Seldom performed independently
3. Sometimes performed independently
4. Often performed independently
5. Almost always or always performed independently

8–ACCEPTANCE OF DISABILITY: How much of the time was the person able to accept (as opposed to deny) his/her psychiatric disability?

1. Never or almost never accepts accepted disability
2. Seldom accepts accepted disability
3. Sometimes accepts accepted disability
4. Often accepts accepted disability
5. Almost always or always accepts accepted disability

SUMMED SCORE FOR SECTION TWO

Section 3 SOCIAL SKILLS

This section pertains to the ability of the person to engage in interpersonal relationships and meaningful activity. Over the past 30 days:

9–SOCIAL ACCEPTABILITY: How did people in the general community react to the person?

1. Very negative reactions
2. Fairly negative reactions
3. Mixed reactions
4. Fairly positive reactions
5. Very positive reactions

10–SOCIAL INTEREST: How often did the person initiate social interaction or respond to others' initiation of social interaction? NOTE: Do not consider the quality of the interaction, only the frequency.

1. Never or almost never initiated or responded
2. Seldom initiated or responded
3. Sometimes initiated or responded
4. Often initiated or responded
5. Almost always or always initiated or responded

11–SOCIAL EFFECTIVENESS: How effectively did the person interact with others? NOTE: "Effectively" refers to how successfully and appropriately the person behaved in social settings, i.e., how well he/she minimized interpersonal friction, met personal needs, and achieved interpersonal goals in a socially acceptable manner.

1. Very ineffectively interacted
2. Ineffectively interacted
3. Mixed effectiveness of interaction
4. Effectively interacted
5. Very effectively interacted

12–SOCIAL NETWORK: How extensive was the person's social network? A social network may consist of interested family, friends, acquaintances, professionals, co-workers, etc. NOTE: Rate the size of the network, not the social acceptability.

1. Very limited network
2. Limited network
3. Moderately extensive network
4. Extensive network
5. Very extensive network

13–MEANINGFUL ACTIVITY: How often was the person involved in meaningful activities that were satisfying to him or her? NOTE: Meaningful activities may include hobbies, taking a class, going to movies as well as volunteer work or paid employment.

1. Never or almost never involved
2. Seldom involved
3. Sometimes involved
4. Often involved
5. Almost always or always involved

SUMMED SCORE FOR SECTION THREE

Section 4 BEHAVIOR

This section pertains to those behaviors that are identified with successful community integration and with treatment outcomes. Over the past 30 days:

14–MEDICATION ADHERENCE: How often did the person adhere to his/her prescribed medication regimen? NOTE: Rate from 1 to 3 if someone else managed the person's medications.

1. Never or almost never adhered
2. Seldom adhered
3. Sometimes adhered
4. Often adhered
5. Almost always or always adhered or medications not prescribed

15–ENGAGEMENT WITH TREATMENT: How often did the person participate in the treatment process? Examples include keeping appointments, following treatment plans, and completing negotiated tasks.

1. Never or almost never participated
2. Seldom participated
3. Sometimes participated
4. Often participated
5. Almost always or always participated

16–ALCOHOL/DRUG ABUSE: How often did the person abuse drugs and/or alcohol? NOTE: "Abuse" means use to an extent that interferes with functioning.

1. Always or almost always abused
2. Often abused
3. Sometimes abused
4. Seldom abused
5. Almost never abused or did not use

17–IMPULSE CONTROL: How often did the person have episodes of loss of control? NOTE: Examples include anger outbursts, aggressive actions, suicidal behavior, inappropriate sexual behavior, reckless or bizarre actions, etc.

1. Very frequently lost control or severe episode
2. Often lost control
3. Sometimes lost control
4. Seldom lost control
5. Almost never or never lost control

SUMMED SCORE FOR SECTION FOUR

TOTAL SCORE — Combined sum section scores.

For further information contact: Sela Barker, LCSW email: info@multnomahscale.com. 2000 NE 42nd Ave. PMB #291, Portland, OR 97213-1305. © Network Ventures, Inc. 2004 (11/16//04 version)

From Intake

CLIENT#:_______________

1) Sex: Male 1 Female 2

2) Age at Intake: ____

3) Date of Birth: ____.____.______ (mo/day/yr)

4) Do you consider yourself to be:

1. African-American (Non Hispanic)
2. Native American
3. White (non-Hispanic)
4. Hispanic or Latino
5. Asian
6. Other ________________

5) Marital Status

1. Married/living as married
2. Widowed
3. Divorced
4. Separated
5. Never Married
6. Unknown

6) Individual/Family Type (circle one)

7) Chronic Homelessness Length of Time________

8) Veteran Status: yes, no, don't know, unknown

9) IFSS Contact Listed? Yes/No (circle one)

Type:
1. Parent
2. Sibling
3. Adult child
4. Niece/nephew

10) What is the highest grade (level of education) you have completed? ____ (last year of completed schooling)

1. Less than High School
2. High School
3. Some College
4. Four Year College Degree
5. Post Graduate Degree

11) What is your current employment status?

1. Full Time
2. Part Time
3. Sheltered Employment
4. Unemployed
5. Not in Labor Force
6. Armed Services Post
7. Unknown

12) Prior living situation (check all that apply- HMIS) & Zip Code:______________

1. Emergency Shelter
2. Transitional Housing
3. Permanent Housing for homeless
4. Place not meant for habitation
5. Other: __________________
6. Hotel
7. Friend
8. FPC/homefront
9. Family Pres. House

13) Reason listed by tenant for homelessness:

1. Eviction
2. Fire
3. Lack of Heat
4. Mental Health
5. Disruptive Client
6. Rejection by Friend
7. Other________________
8. Domestic Violence
9. Transient Domestic Violence
10. Substance Abuse
11. Residence Condemned

14) Disabling Condition/DSMIV

1. Diagnosable Substance Abuse
2. Serious Mental Illness
3. Developmental Disability
4. Chronic Physical Illness/Disability

15) Referral Source: Self or Organization (circle one)

16) Place linked to referral:
1. PHC
2. Homefront/FPC
3. Salvation Army
4. TASK
5. MCBOSS
6. Catholic Charities
7. Womanspace
8. Other ______________
9. Rescue Mission

17) Tenant Supplementary Funding Source
1. Disability Insurance/Workers Comp
2. Pension
3. Public Assistance
4. Social Security
5. Unemployment Insurance
6. Wage/Salary
7. None

18) Reimbursement Source for Outside the Program
1. None, CMHC to absorb total cost
2. Self
3. Legally Responsible Relative
4. Medicaid
5. Medicare
6. Other Public Sources
7. Service Contract (e.g. HMO)
8. Other third party insurance
9. Unknown

APPENDIX B

STAGES OF CHANGE

Pre-Contemplation - do not want to change. Not yet considering the possibility of change.

Contemplation - stage begins with some fleeting moments of thinking that maybe some change may be a good idea and progresses to deciding that change is a good idea. Characterized by much ambivalence.

Determination (also called preparation) - "I need to change." Not yet making the change. Has decided to make the change, exploring possibilities, and preparing to change.

Action - Has begun the process of making the changes.

Each stage requires a different skill, strategy, approach than the others on the part of the counselor. The counselor must key his intervention to where the person is on the wheel. Each little step the person takes is movement and needs to be affirmed.

The change wheel reflects that this is a process that gets repeated. The person needing to change can go back and forth on the wheel or around it several times in the process of change, and the clinician must know where the client is and choose the strategy and approach that applies for that stage. The individual characteristics of the person must also be taken into account when determining the strategy.

If a client is not changing, continuing with the same approach will not work. It is necessary to both re-evaluate the stage the person is in and the approach being used.

Most traditional approaches and strategies for 12 step programs are suitable for the later part of the determination/preparation and action and maintenance phases. They are of little help for people in pre-contemplation, contemplation and early determination/preparation phases.

At STEP-IOP, the four phases , Orientation, Awareness, Decision, and Recovery generally correspond to the stages on the wheel. People who enter the program and are in orientation are usually in pre-contemplation or contemplation. They may be ambivalent about treatment, ambivalent about stopping substance use, or determined to stop substance use but ambivalent about making the changes necessary to support recovery. The awareness phase is also a time of contemplation. The decision phase is generally comparable to the determination/preparation phase on the wheel. Recovery phase is the action phase and aftercare maintenance

phase.

At STEP-IOP, the counselor's primary task in the first three phases is to <u>increase</u> the <u>likelihood</u> that the members will accept the idea of following a recommended course of action for change. (Ultimately for sobriety. Initially, however, the member may only be able to accept certain behavioral changes). Therefore, it is of primary importance to engage the member through affirmation and empowerment.

ORIENTATION PHASE

Purpose will be on the member getting to know us and us getting to know them. It will be informational with learning about the clubhouse and IOP, learning that Step is here to help a person improve quality of life. Emphasis will be on problem identification by staff in a non-threatening way through the use of open-ended questions and reflective listening. Developing relationships, (member to member, member to staff) is of primary importance. The idea of making choices for self will be introduced as well as the concept of personal responsibility. Environment is non-threatening with unconditional positive regard.

AWARENESS PHASE

-geared to people in contemplation stage (characterized by ambivalence; both considers and rejects change)
-time in this phase is highly variable according to the individual
-emphasis is on giving information and feedback in a non-directive, non-threatening way (going in the back door as opposed to head-on confronting; the "Columbo" approach)
-the more the confrontation, the greater the resistance at this phase. the more the support, affirmation and listening, the greater the likelihood to accept change.
-relationship continues to build.

DECISION PHASE

-geared to those in determination/preparation phase
-allow the member to explore possibilities
-meet the member where he is; listen to his views without judgment; be affirming and respectful even when possibilities he is making are not ones counselor agrees with.
-develop decision making abilities
-guide the member's exploration in determining the best course of action through affirmation.

PHILOSOPHY OF SERVICE

Our commitment to innovation and to continuously improving the quality of our service is our guiding principle.

Our services form a continuum with varying intensities of care that are clinically appropriate and accessible—helping people to achieve their optimal level of functioning.

Our services are flexible and adapt to accommodate our community and our clients' changing needs

Our services are culturally sensitive to the needs of our multilingual, ethnically diverse urban/suburban community, and our staff recognize the importance of diversity and multi-cultural awareness in providing effective services.

Our services emphasize the importance of self-responsibility, self-direction and personal choice in helping people recover from mental health and substance abuse problems, and in overcoming the different social problems and predicaments that individuals and families encounter.

Our services seek to strengthen both traditional and non-traditional family bonds, on which so many of us depend for support and comfort.

Our service system provides a wide range of effective alternatives to more costly forms of treatment.

Our staff participate in continuous quality improvement processes to support one another in our work and to challenge ourselves to provide the highest quality service possible.

Our staff operates at the highest level of professionalism, expertise, caring and responsiveness to client needs.

As part of our ongoing commitment to helping Housing First tenants improve their quality life beyond housing, we would like to know what you are interested in doing. Please check off all the items that interest you.

___ Serving on a Housing First tenant committee

___ Speaking to the public about your experiences, including Housing First

___ Volunteering

___ Working
    Are you worried that you can't work because you get Social Security?
    Would you like to speak to someone about this?

___ Social Activities
    What would you enjoy doing?
    ___ bowling
    ___ cooking
    ___ flea markets
    ___ crafts
    ___ exercise
    ___ gardening
    ___ other ____

___ Mentoring other Housing First Tenants

Please return this survey to your case manager. If you have any questions or comments please call me at 583-1901.

Thank you.

____
Your Name

Self Help Women's Group
"R.I.S.E."
Reflections Increasing Self Esteem

Objective:
To promote a healthier and more balanced way of life through self reflection by showing positve reinforcement.

Timeline:
One hour and a half (half an hour to eat and an hour for the group)

1. Group Directives:
1b. Group requirements for all participants will be required to do.
- *Jounals: they will be given a journal that they must bring weekly but must write in daily.*
- *Document: their progress in the group daily entries (, what, how, why, feelings, goals, reflections, etc..)*

2. Group Norms: Will be established by the group members.
- *Group participants can make/decide on the name (promoting ownership of the group)*
- *want to break the stigma of "groups"(goal is to make participants comfortable to guarantee attendance and consistency)*

3. Group Style:
- *Open HFP clients and Gender specific*
- *Journals supplies and first group snack will be provided by GTBHC*

4. Group Topics:
- *Will be chosen by the group members weekly*
- *Weekly discussions will be assigned by the leaders the prior week.*
- *Various topics given by participants but discussed in group format set by leaders*

5. Group Dynamic/Goals:
- *Show various mediation/relaxation techniques*
- *Develop and implement coping skills*
    - *music*
    - *creative arts*
    - *buddy/sponsor(enhance support and minimize crisis)*

6. Group Speakers:
- *Guest speakers-volunteers that will be a positive re-inforcement to groups*