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Allison Terbieten
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ABSTRACT

This research will explore the experiences of 33 service providers working with homeless youth. Specifically, the research will examine the boundaries constructed by the service providers in their treatment relationships with homeless youth. Homeless youth are a unique group of people. They face a combination of obstacles in front of them at a time of life that is challenging and often after years of abuse, neglect, or family chaos.

Service providers who work with these youth are asked to play many roles in the youths' lives such as teacher, counselor, parental surrogate, coach, disciplinarian, etc. The aim of this research is to explore the boundaries that are constructed around the unique relationships that are formed between service provider and youth. A survey was developed specifically for this research that includes demographic data, four questions and 43 items and four open-ended questions.

The major findings of this study were that boundary behaviors in this sample are very consistent, clear, and well established. There is some variance in boundary behavior based on job title and amount of time in the field.

BOUNDARY CONSTRUCTIONS IN TREATMENT RELATIONSHIPS BETWEEN
SERVICE PROVIDERS AND HOMELESS YOUTH

A project based upon an independent investigation
submitted in partial fulfillment of the requirements
for the degree of Masters of Social Work.

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CHAPTER I

INTRODUCTION

There are 1,682,900 youth in the United States that have either runaway or been thrown-away (Hammer, Finkelhor, & Sedlak, 2002). Many of these youth have experienced some form of abuse, neglect, or family conflict. The majority will experience some form of abuse or violation while living on the streets (Stewart, Steiman, Cauce, Cochran, Whitbeck & Hoyt, 2004). Non-profits specifically serving homeless youth have sprung up around the country to try and help these youth and meet their unique needs. Agencies often provide a combination of services targeting youths' basic needs and long term goals such as emergency shelter, food, showers, laundry, clothes, case management, therapy, chemical dependency counseling, and education.

Service providers working with homeless youth are faced with unique challenges in their treatment relationships with these youth. Boundaries help to provide containment and framing for the clinical relationship to develop. These become particularly important when working with vulnerable populations such as homeless youth. This paper will explore service providers' boundaries in the clinical relationship as it pertains to work with homeless youth ages 13-25. The current literature about services to homeless youth explores the efficiency of specific programs without examining the quality of the clinical relationship. The research also emphasizes the importance of clear, purposeful boundaries when working with vulnerable populations.

The purpose of this research is to explore ways that service providers construct the boundaries of the clinical relationship while working with homeless youth. The question being researched is: How are boundaries constructed by service providers working with homeless youth ages 14-25? The hypotheses of this research are I. How boundaries are construct varies greatly on an individual basis, II. Service providers' level of education affects boundary behaviors, III. Personal characteristics of the service providers will affect their construction of boundary behaviors, and IV. There will be a difference in service providers' boundary behaviors based on why they make their decisions (e.g. personal morals, professional ethics, and laws).

This research will be useful to clinical social workers in order to better inform their practices with homeless youth. It may also have implications for future areas of research and may assist in further developing a practice model for working with homeless youth. The results may also help to point out directions for further training for professionals working with homeless youth.

CHAPTER II

LITERATURE REVIEW

This chapter will address the current literature on youth homelessness and relational boundaries to provide a framework for this research. Much of the focus of the literature on homeless youth is about outcomes of specific programs that work with youth or attempts to gather demographic information about who the youth are and why they are homeless. One finding that has been clearly documented in the literature is the high rate of trauma history amongst homeless youth. Therefore, part of this chapter will also address trauma and trauma theory pertinent to homeless youth.

While studies on specific programs usually outline what types of services are offered, the studies do not cover the characteristics of the services. This can result in great discrepancies in the effectiveness of services for homeless youth. Furthermore, qualitative research on homeless youth as well as research on boundaries illustrates that an important aspect of how the services are delivered lies in the relationship between the youth and clinician. One aspect of this relationship is the boundaries that contain it.

General Youth Development

There are many models of child development. Most involve phases or stages that the child moves through as he grows older. Here, Erikson's stages of psychosocial

development, which he labeled The 8 Stages of Man (Erikson, 1950) will be explored as they relate to homeless youths' development. Specifically these stages will be explored to show the unique challenges homeless youth face in trying to navigate street life at a time when they are also still maturing and forming their sense of self.

In Erikson's model, every person passes through 8 stages, each of which is defined by a conflict the person must resolve. Erikson's model begins at birth and follows the person through death (Erikson, 1950). The person brings what she has learned to each new stage. Thus if the person learns to trust others in the first stage of life, she will bring an ability to trust to the following stages and conflicts in life. However, if the person learns to mistrust others this will be the thing she brings forward with her to new tasks. Erikson's stages are labeled by the conflict unique to that particular stage. The stages, in order from birth, are: Trust vs. Mistrust (infants), Autonomy vs. Shame and Doubt (toddler), Initiation vs. Guilt (kindergarten), Industry vs. Inferiority (age six to puberty), Identity vs. Role confusion (teenagers), Intimacy vs. Isolation (young adult), Generativity vs. Stagnation (mid-life), Ego Integrity vs. Despair (old age) (Erikson, 1950).

The homeless youth referenced in this study are ages 13-25. This group is split amongst two different stages of Erikson's psychosocial development. For the younger group (ages 13-19), the main psychosocial task is to find the individual's own identity and understand how she fits into the larger society (Erikson, 1950; Berzoff, Flanagan, & Hertz, 1996). The older group (ages 19-25) has the psychosocial task of working to develop a more complex and secure sense of self (Erikson, 1950; Berzoff et al., 1996). The conflict at this stage is around a need for intimacy and a pull towards isolation if

intimacy is unsuccessful (Erikson, 1950; Berzoff et al., 1996). Both of these stages illustrate the theoretical importance that relationships have for youth as they begin to experience a more intimate sense of themselves and more intimate relationships with others.

It is also important to keep in mind the impact previous stages may have on youth development. Many homeless youth have already experienced significant difficulties by the time they end up on the streets. Homeless youth are more likely than housed youth to have a history of abuse or neglect (Toro, Dworsky, & Fowler, 2007). Most cite family conflict as their reason for homelessness (Toro et al., 2007). This history is likely to negatively affect the way that they are able to master earlier stages in development.

Furthermore, at this developmental stage, there is a strong emphasis on interpersonal relationships (Berzoff et al., 1996). These youth are more influenced by peers than they are by their parents or families (Berzoff et al., 1996). With this developmental need for interpersonal relationships it makes sense that youth create very tight, familial relationships with peers on the streets (Smith, 2008).

Effects of Trauma and Working with Survivors

As has been stated earlier, a large majority of homeless youth are victims of physical abuse, sexual abuse or other victimization either in their homes or on the streets or both (Stewart et al., 2004; Wolfe, Toro, & McCaskill, 1999; Gwadz, Nish, Leonard, & Strauss, 2007). While on the streets, 82.7% of homeless youth interviewed reported they were victimized (Stewart et al., 2004). Life on the streets is dangerous and living in

constant danger affects anyone's functioning. Experiencing repeated abuse and living in a state of perpetual fear affects many aspects of youths' development. The focus here will be on the impact trauma has on a person's functioning and patterns of relating to others.

Defining trauma

Authors differ in their definition of trauma. The DSM-IV-TR (American Psychological Association, 2000) defines trauma in the context of Post-Traumatic Stress Disorder (PTSD) in two parts. The first part involves "actual or threatened death or serious injury or a threat of serious injury or a threat to the physical integrity of self" and the second part is that the "person's response involved intense fear, helplessness, or horror" (p. 467). While this definition includes, in part, the effects of the event on the victim, it is restrictive in the type of event that will qualify as traumatic.

Other authors use a broader definition that includes psychological trauma that may not cause an actual threat to someone's physical integrity or life. For example, Herman (1997) defines traumatic events as "events that overwhelm the ordinary systems of care that give people a sense of control, connection and meaning" (p. 33). In Herman's definition the focus is more on the trauma survivor's subjective experience with less of a focus on the type of event that results in a trauma response.

Many clinicians and authors have noted different types of trauma and the different effects they can have on people. Terr (1999) developed classifications of the different kinds of traumas. She categorized a single, horrific incident of catastrophic proportion a "Type I trauma" and recurrent, prolonged incidents of catastrophic proportion a "Type II trauma".

When the different types of traumatic events are classified it allows a pattern of different symptoms to present themselves. The DSM IV-TR describes one response to traumatic events as post-traumatic stress disorder (PTSD). The criteria for this disorder include re-experiencing the event, avoiding stimuli associated with the event, increased arousal, disturbance lasting more than one month and the disturbance causes significant distress in an important area of functions (American Psychological Association, 2000).

It has also been found that people who survive multiple, prolonged ongoing traumas, what Terr (1999) called type II traumas, show a different presentation of symptoms than are outlined in the DSM-IV-TR for PTSD. Herman (1997) proposed the term Complex Post-Traumatic Stress Disorder to address this need. She outlines seven diagnostic criteria within this proposed classification, which include:

a history of subjection to totalitarian control over a prolonged period, (examples include childhood physical or sexual abuse survivors) (2) alterations in affect regulation (3) alterations in consciousness (4) alterations in self-perception (5) alterations in perception of perpetrator (6) alterations in relations with others and (7) alteration in systems of meaning. (Herman, 1997, p.121)

The alterations in relating include isolation and withdrawal, disruption in intimate relationships, repeated search for a rescuer (may alternate with isolation and withdrawal), persistent distrust, and repeated failures of self-protection (Herman, 1997).

While there is no evidence that all homeless youth have PTSD or Complex PTSD, many have experienced the type of trauma that Herman (1997) describes in the first criteria above (a history of subjection to totalitarian control over a prolonged period) (Stewart et al., 2004, Gwadz et al., 2007). The effects of trauma in homeless youth's lives, such as persistent mistrust in relationships and a search for a rescuer, will have profound affects on the boundaries and relationships that they attempt to make with

service providers. The way service providers manage homeless youths' trauma histories and attempt to build strong clinical relationships will also have profound affects on the youth who have already experienced a high level of victimization.

As Herman (1997) illustrates, since the essential elements of psychological trauma involve disempowerment and isolation, treatment for trauma must involve empowerment and connection with others as "recovery can take place only within the context of relationships" (Herman, 1997, p. 133). Thus, the relationships that service providers are able to construct with youth are an essential part to the youth's recovery.

Boundaries are one aspect of the relationship between service providers and homeless youth. With all professional helpers the boundaries constructed around the helping relationship are important, but they are especially important when working with trauma survivors (Allen, 2001; Basham, 2008). As Allen (2001) notes, "because boundary violations are intrinsic to abusive relationships, traumatized clients are particularly likely to have difficulty adhering to therapeutic boundaries, and attention to boundaries is a highly prominent aspect of treating trauma" (p. 295). With the high percentage of traumatic events in the lives of homeless youth and the importance of boundaries to treating trauma survivors, it seems important to consider the boundaries being constructed by service providers working with homeless youth.

Boundaries

This section will focus on literature discussing boundaries in a clinical relationship, including definitions of boundaries in clinical relationships as well as the

issues and concerns of boundary development when working in non-traditional settings and with vulnerable populations.

Bridges (1999) illustrates how conflicted professional therapists are about how to construct boundaries. Bridges (1999) defines boundaries as “a psychological containment field” (p. 293) that “provides the built-in structure to contain and process communications” (p. 293). While containment is something that many professionals in the mental health related fields agree is important in the therapeutic process, how to construct that containment and boundaries is an ongoing debate.

Bridges (1999) used qualitative data from two case studies to illustrate boundary constructions through a relational, dynamic framework. She found that boundary dilemmas could be opportunities for further growth in the relationship. Furthermore, Bridges found that boundaries could be discussed and co-constructed with clients.

Much of the research on boundary construction is developed from the view of psychodynamic or psychoanalytic therapists (Symons & Wheelers, 2005; Okamoto, 2003; Harper & Steadman, 2003). This makes for a homogeneous sample that can have major biases and omissions. This gap in the literature will be addressed in this research by including all service providers working with homeless youth regardless of their professional training background.

Many of the studies on boundary construction are done in the context of a traditional psychotherapy setting as opposed to a more community-based practice model (Bridges, 1999; Symons & Wheelers, 2005; Harper & Steadman, 2003; Pope, Tabachnick, & Keith-Speigel, 1987; Borys & Pope, 1998; Bridges, 1999; Gutheil & Gabbard, 1993). The traditional psychotherapy model does not include community

outreach, case management or any work with the client outside of the office or outside of the 50-minute hour. This does not cover many of the services provided to more vulnerable populations whom may seek help in less traditional settings, such as homeless youth.

Okamoto (2003), however, examined the boundaries in therapeutic relationships between male practitioner and female youth clients in residential placements and other less traditional settings. He found that practitioners in less traditional settings alter their behavior in specific ways in order to make the boundaries more explicitly known to their clients and themselves.

Knapp and Slattery (2004) also reviewed boundaries in less traditional settings. Similar to Okamoto (2003), they found that boundaries need to be clearly set and maintained and that boundary crossings are more likely to occur in less traditional settings. Knapp and Slattery (2004) also discuss the importance of good supervision that can help less experienced psychologists handle situations that challenge boundaries.

These less traditional settings are where the majority of services that reach homeless youth are done. This shows how important an awareness of boundaries can be to the treatment relationship in non-traditional or community-based settings.

In Symons and Wheelers (2005) semi-structured interviews with psychodynamic and psychoanalytic therapists about why they construct boundaries, a view is presented that does not account for the perspective of clients in the clinical relationship. They emphasize the power and responsibility the therapist has in constructing boundaries. The researchers do not include the clients' perspective in this study nor do they admit to the clients' roles in constructing boundaries. While they do include information about the

professional training of the therapist they do not discuss who the clients are, which could influence how and why boundaries are constructed.

Harper and Steadman's (2003) descriptive, qualitative study on boundaries in work with childhood sexual-abuse survivors considers why therapists change a boundary. This study examines boundaries in therapy from the perspective that the therapist is responsible for and able to construct the boundaries. The findings show a more relational model that allows for interaction between the client and therapist.

It is difficult to describe boundaries using one universal model. There are many factors that contribute to how and why relational boundaries are what they are. In this review we see that the context of the services, the clients, and the therapist all affect the way boundaries are constructed.

Homeless Youth

The research on homeless youth can be divided into two main topics, which will be covered here. The first is research on the homeless youth themselves. In this section of the literature authors describe this population with demographic data, examining youths' levels of functioning and activities, and youths' historical data. The second topic to be discussed is programs targeting homeless youth and their efficiency.

Who are homeless youth?

The number of homeless youth in the country varies greatly depending on the definition of homeless, definition of youth, and the method used for counting. For example, Toro et al. (2007) detail the multiple ways officials define homelessness and the methods they use to count homeless youth. Estimates of homeless youth state that 7.6%

to 15% of youth will experience an episode of homelessness in their lives (Toro et al., 2007). More recently the Office of Juvenile Justice and Delinquency began tracking the number of homeless youth and found that 1,682,900 youth have either runaway or been thrown-away (Hammer et al., 2002). It is important to note how wide a range is possible depending on whose statistics you look at. The wide range of reported homeless youth is a result of the difficulties in accurately tracking this population and shows how easy it is for homeless youth to blend into the rest of the population, making it hard to know how widespread of an issue homelessness is for youth.

A common place to start in trying to solve youth homelessness is to understand why youth become homeless. Youth can become homeless due to a variety of reasons, thus the services they need can vary just as much (Rafferty & Shinn, 1991; Toro et al., 2007). Youth who are experiencing homelessness have been put into different categories, which include:

. . . *runaways*, who have left home without parental permission, *throwaways*, who have been forced to leave home by their parents, and *street youth*, who have spent at least some time living on the streets as well as *systems youth* - i.e., young people who become homeless after aging out of foster care or exiting the juvenile justice system. (Toro et al., 2007, p.3)

As exemplified by the categories presented by Toro et al. (2007), youth may end up on the streets for a variety of reasons. All of these categories imply the instable and difficult primary relationships homeless youth have experienced. For example, the term “*throwaways*” implies that their primary caregivers do not want them, as opposed to providing them with a nurturing and loving environment up until the youth's time on the streets. This can have profound affects on youth's psychological and relational strengths and weaknesses.

Stewart et al. (2004) found that 87.4% of homeless youth participants were exposed to either physical or sexual victimization while homeless. Gwadz et al. (2007) found similar results in their qualitative study with 85 youth. They found that 85.9% experienced some type of trauma and 63.5% experienced multiple traumas. This can cause significant impact on the psychological functioning and development of youth.

Other authors try to understand who homeless youth are through different theoretical lenses. Mounier and Andujo (2003) study the correlation between psychological defenses homeless youth employ and the youth's possible history of abuse. In this quantitative, relational study, the researchers found that the 25 youth interviewed used all the defenses more when there was a greater history of maltreatment (Mounier & Andujo, 2003). Thus while minor differences were shown in what particular defenses were used, the main findings indicate that service providers need to consider the youth's overall functioning more.

Some authors have attempted to use attachment theory to explain youth homelessness. Tavecchio, Thomeer, and Meeus (1999) considered the relationship between attachments, social networks and youth homelessness. This quantitative study compared homeless youth, institutional youth and housed youth. The authors explored the relationship between the genesis of homeless youth and attachment styles as well as examining social networks as protective factors. The authors found that there is a relationship between the development of youth homelessness and a lack of secure attachment with at least one caregiver. They also found that youth in institutions have more relationship possibilities - especially with their social workers - which act as a protective factor against homelessness. One important limitation to this article's findings

about the development of youth homelessness is its lack of inclusion of any other social dynamics such as socioeconomic factors that may also have influence on the families and on the development of youth homelessness. Nonetheless, it is still important to consider that many homeless youth are likely to be lacking the experience of a secure attachment with any caregiver. This can have profound implications for their relational style in other relationships including those with service providers.

In another relational study that seeks to further understand who homeless youth are through the lens of Attachment Theory, Stefanidis, Pennbrige, MacKenzie, and Pottharst (1992) compared the responsiveness to stabilization and the attachment history of the youth. As can be expected, the stabilization responsive group had more positive attachment histories than the stabilization non-responsive group. The authors discuss the implications of their findings including long-term services that allow the youth to build trust slowly, consideration of staff as "parent surrogates" and service providers as substitute attachment figures. This type of a relationship is different from other professional helper and client relationships, which is part of why the boundaries around the relationship with homeless youth may also be unique and important.

Finally, a discussion of who homeless youth are involves a look at youth who manage to exit street life. Karabanow's (2008) research out of Canada provides a look at youth's progression to exiting street life. The research was conducted through semi-structured interviews with 128 young people and 50 service providers. The researcher also employed two homeless youth as research assistants in an attempt to include more hard to reach youth that would otherwise not participate. Karabanow (2008) found exiting to be a multi-phase process he labeled as follows: "Precipitating Factors, Courage

to Change, Securing help, Transitioning from, Change in routine, Successful Exiting".

Throughout this process Karabanow (2008) found that the youth spoke of the relationship to social exclusion and highlighted the importance of service providers in their exiting progression.

Program efficiency

In order to address all these different concerns facing homeless youth, a variety of programs and practice models have been employed. Much of the literature examines different programs and constellations of services that are offered to determine how effective they are at helping homeless youth move into housing and begin to re-enter the large social networks.

For example, the Covenant House in New York provides an all-in-one model that includes transitional housing, crisis services, counseling, vocational and health services (Barber, Fonagy, Fultz, Simulinas, & Yates, 2005). It is an all-in-one model in that it provides multiple services in one place. Others modify this slightly, providing many services in one place but do not include housing. An example of this model is in the quantitative, longitudinal study conducted by Slesnick, Kang, Bonomi and Prestopnik (2008). The model included counseling, case management, recreation, food, showers, educational services.

Cauce and Morgan (1994) compare different types of case management services in a quantitative study done out of a multi-service program. Youth were assigned to either regular or intensive case management. They found small differences in aggression, externalizing behaviors and satisfaction with quality of life that favored intensive case management after three months. It is possible that these would grow exponentially after

a year but if not, the authors believe the cost of the intensive case management would be hard to justify.

Homeless youth are a very vulnerable and private population to try to study. The existing literature varies on how it addresses these concerns. Many researchers have chosen to include youth under the age of 18 (Cauce, Morgan, 1994; Mounier, & Andujo, 2003; Slesnick et al., 2008; Smith, 2008; Stefanidis et al., 1992; Tavecchis et al., 1999; Wolfe, Toro, & McCaskill 1999), while fewer include only those youth who are over 18 years old (Barber et al., 2005; Conley, 2005; Kurtz, Lindsey, Jarvis, & Nackerud, 2000).

Smith (2008) illustrates the secretive nature of youth street culture and how she gained the trust of the group. She used previous contacts from a job as an outreach worker and a slow process of getting to know the participants. Through this she was able to reach youth who are not involved in any services. This is a group of youth that are under-represented in the other research, as their research designs do not allow for these youth's participation.

Other researchers base their studies out of specific programs (Barber et al., 2005; Cauce & Morgan, 1994; Conley, 2005; Kurtz et al., 2000; Slesnick et al., 2008). This allows them to gain the trust of the youth by having the credibility of the agency behind them. The bias in this sampling choice is that youth not participating in programs or services (such as shelters or drop-in centers) are not represented in the study. Also in evaluating a program's effectiveness, these youth, who do not find it effective, drop out of the program and are no longer represented in the research. This makes the results biased because the design of the research does not include those who would negatively affect the results.

The empirical research on homeless youth involves both qualitative and quantitative data. The quantitative data is collected through self-reports and professional assessments using existing measures such as the Brief Symptom Inventory, the YASR, NEO Personality Inventory, Problem Behavior scale and others (Barber et al., 2005; Cauce & Morgan, 1994; Slesnick et al., 2008). Much of the quantitative data collected emphasized correlations between youths' behavior or current functioning and what services are offered. Overall the quantitative research shows that there is a positive correlation between the amount of time a youth is housed and a decrease in drug use, psychological distress and an increase in vocational and educational skills (Barber et al., 2005; Slesnick et al., 2008).

Other research included semi-structured or fixed methods models to collect qualitative data (Conley, 2005; Kurtz et al., 2000; Smith 2005). These studies focused on the qualities of the services provided and the effects those qualities had on the homeless youth. These all indicated that good relationships with service providers or friends were important protective and correctional factors for homeless youth. The qualities of what makes for a good relationship with a service provider were caring, trustworthiness, setting boundaries, holding youth accountable, concrete assistance, developing a good relationship, and not always sticking to strict helper-client boundaries (Kurtz et al., 2000). The homeless youth in this research are aware of the importance of the quality of the relationship and specifically highlight this need for these types of relationships and boundaries (Kurtz et al., 2000).

From reviewing the literature of homeless youth, relational boundaries and trauma theory, initial findings show that the qualities of the relationship between homeless youth

and service providers are important factors in providing assistance to the youth.

Furthermore, boundaries, as one quality of a relationship, pose specific challenges with homeless youth, as they are likely to have been victims of abuse or neglect from either their family of origin or on the streets and have not previously had safe or healthy boundaries modeled for them.

There is a gap in the literature in assessing the quality of the clinical relationship with homeless youth. This research will look at boundaries as one aspect of the clinical relationship with homeless youth to attempt to better understand how boundaries are constructed by service providers when working with homeless youth.

CHAPTER III

METHODOLOGY

Study Purpose and Questions

This study explores how service providers working with homeless youth ages 13-25 construct boundaries. Demographic data, a questionnaire, and open-ended questions were developed specifically for this study in order to conduct the research.

Research Method and Design

In order to study this phenomenon a fixed methods, descriptive study was used to collect quantitative and qualitative data via an online questionnaire. The fixed methods design was selected for a number of reasons. The phenomena studied is known to exist and the goal of the research was to further our understanding of the phenomena in more detail. Also the observational context remained fixed throughout the study.

The descriptive design was selected in order to collect data that describes what is happening within the specific phenomena of how social workers are constructing boundaries with homeless youth. Because of the subject matter, participants were asked to fill out the questionnaire online in order to provide them with anonymity. The goal in this was to receive more honest and forthright answers while also securing a safer, less intrusive research environment for the participants.

"Service providers" in this study refers to all people providing services that specifically target homeless youth ages 13-25. These people may be social workers, non-profit directors, educators, volunteers, and mental health professionals. These people may work under different professional ethical mandates about boundaries. The aim of the study was to see if there are any common experiences in how all of these social workers construct boundaries with homeless youth.

Homeless youth was defined broadly for this study as any youth without permanent, stable housing between the ages of 13 and 25 for any period of time.

The definition of boundaries used for this study is base on Bridges' (1999) definition illustrated in the literature review.

Type of Data

Demographic data collected includes: age, gender, professional licenses held, racial identity, length of time working with homeless youth, length of time working in social work or human services, level of education, job title and average hours of direct service. Each of these was collected to see if they are influencing themes in how boundaries are constructed.

The quantitative data collected was in four questions and 43 items. The questions address service provider's personal characteristics, practice experiences, and influencing factors. The data was used to assess how they construct boundaries and why.

The other data collected was qualitative data on how service providers construct boundaries. The questionnaire was constructed to collect data on the relationships with homeless youth and what might influence boundaries. The qualitative questions that were

asked are: What do you think is unique about the work you do? What in our life influenced you most to work with homeless youth? What has been your experience in forming relationships with homeless youth? What is the role of power in your relationships with homeless youth? These questions were designed to get at the nature of how service providers are constructing boundaries.

Sample

The participants in this study are service providers who work at agencies that specifically focus on working with homeless youth. This is a purposive sample designed to target service providers and contexts where the primary work is with homeless youth.

The inclusion criterion were that all people participating in the study must currently be working with homeless youth and have at least two months' experience working with homeless youth through non-profit agencies that specifically serve the homeless youth population. Participants must be working at least 20 hours a week at an agency that serves homeless youth. The work experience could be paid, stipend or volunteer. If a person did not meet these criteria then they could not participate.

Other people who work with homeless youth that are not included in this study include parole officers, religious or spiritual leaders, judges and police officers. These people have not been included in this study as their mandates in working with youth are often quite different from the current sample. This would be an area for further study.

Data Collection Methods

Participants in the study completed an online survey. The data were collected through written self-report. To facilitate the online survey, Survey Monkey was used. Survey Monkey is an online resource that provides a site to develop and distribute surveys. It is anonymous, confidential and encrypted. Participants were able to complete the survey at a time convenient to them because it was online. The data were collected via typed responses.

The main strength of this design was that it allowed the participants to remain anonymous. Anonymity was a large factor in deciding the data collection design because of the sensitive nature of the issue of boundaries. Through the use of this design, the participants were able to provide a fuller description of the phenomena being studied.

The use of an online questionnaire was also a less reactive design compared to a face-to-face interview. The participants did not have to be concerned about the interviewers' responses or guarded in their own responses.

Limitations of the research design included that all the participants needed to read and write in English. All participants also needed to have computer and internet access. Finally, there was no way to clarify participants' responses because it was anonymous.

The bias inherent in this method of data collection was in favor of participants who are more comfortable with anonymity and computers. Not all service providers working with homeless youth may enjoy writing into a computer. Similarly not everyone prefers answering sensitive questions anonymously. These are likely values held by younger generations. Older generations may prefer to meet an interviewer in person and

not have to use a computer. Online surveys may seem too removed or informal way of communicating to some participants.

Data Analysis

Descriptive statistics were used to analysis the demographic data from the sample. The frequency, percentages, mean, median and mode will be calculated for the all the demographic data where applicable. These statistics will be used to better describe the sample. This may show any bias or omissions in the sample.

Further analysis of quantitative data based on hypotheses of difference and hypotheses of association were also done. Inferential statistics such as the Kruskal-Wallis were used to analysis difference between demographic groups within the sample. This was used to assess difference between a demographic variable and another dependent variable such as a boundary activity.

The narrative data collected were analyzed using a coding system. Analyzing narrative data through coding provides for reducing into conceptual categories, displaying the data more easily and drawing conclusions (Anastas, 1999). The codes were developed out of themes in the narratives. The codes were defined and labeled based on the findings.

Coding narrative data can present issues of reliability or validity. To ensure reliability, some of the data was shared with the thesis advisor to code. The coding choices were then compared for reliability. This helped to ensure that the results could be replicated.

Personal Perspectives

This author brings to this research her background of working with homeless youth in Seattle. Some of the service providers participating in the study have known this researcher professionally. This may alter what participants are willing to disclose about boundaries because of fears that they may be perceived as incompetent or unethical. To address this, steps have been taking in the methodology to assure participants' identities are not known.

On the other hand, having previous professional relationships with potential participants will increase the feasibility of this study. This will increase the likelihood that service providers will participate with the study. It also provides this researcher with insight into the area of research and the sample, having been a service provider working with homeless youth in the past.

Efforts were made to engage service providers outside of this author's professional relationships in order to provide a more diverse sample group. Those agencies and service providers were provided with information about what the research is studying and this researcher's qualifications. The directors of those agencies were contacted to elicit support for this research. Also emphasized was the point of the research, to further our understanding of how people are working with homeless youth in an attempt to learn from one another.

CHAPTER IV

FINDINGS

The major research questions addressed in the study were: How do service providers working with homeless youth construct boundaries in their relationships with homeless youth? What influences their decisions about boundaries? Is there common experience of constructing boundaries amongst the service providers? The findings will be presented in five sections. This chapter will be presented in five sections: descriptive statistics, homeless youth workers' self-descriptions, boundary behavior, influences on decision-making and qualitative data.

Descriptive Statistics

The total sample was 33 service providers in the Seattle Metro area who work at a homeless youth serving agency for at least 20 hours a week. It was found that 36% (n=12) are 21-25 years old, 33% (n=11) are 26-30 yrs old and the remaining 31% (n=10) are 31-55 yrs old. The gender make-up of this sample was 70% (n=23) female and 30% (n=10) male. No other gender identities were endorsed. The participants' racial identities are 79% (n=26) White or Caucasian, 9% (n=3) Native American, 6% (n=2) Asian, and 6% (n=2) Latino. None of the participants identified as Black or African American or more than one race.

Every participant had at least some college experience. The majority, 70% (n=23), had a bachelors degree as their highest level of education, 15% (n=5) had some college and 15% (n=5) had a masters degree. Most participants, 85% (n=28) do not hold any professional license. Of the 12% (n=4) who do hold a professional licenses, two are registered counselors, one is a License Clinical Social Worker, and one is a Notary Public.

The amount of time working in the field of social work or human services ranged from less than one year to 30 years. The mean was 6.7 years in the field. Similarly, for the amount of time working with homeless youth the range was from less than one year to 25 years and the mean was 4.7 years.

It was found that of the participants, 33% (n=11) identified their job title as a Youth Worker, 46% (n=15) as Case Managers, 12% (n=4) as Directors and 9% (n=3) did not answer the question. Data was collect on the average hours a week spent working in direct service with homeless youth. The range was from 2 hours a week to 40 hours a week. The mean score was 22 hours a week in direct service.

How homeless youth workers describe themselves

Participants were asked to endorse the following questions: the youth I see at work remind me of myself when I was their age, I have been described as honest and genuine, I am knowledgeable about and well connected to the social services network, I am a compassionate person, I believe the youth I work with need more support then I could legally of ethically give them, and I am an empathetic person. The responses are reported in Table 1 in Appendix A.

For the statement "the youth I see at work remind me of myself when I was their age" 58% (n=19) disagreed, 15% (n=5) were unsure and 27% (n=9) agreed. For the statement "I believe the youth I work with need more support than I could legally or ethically give them" the findings show that 18% (n=6) disagree or strongly disagree with this statement, 6% (n=1) are unsure and 78% (n=25) agree or strongly agree.

All of the participants (n=33) endorse being described as honest and genuine. Similarly, all of the participants (n=33) also endorsed the statement I am a compassionate person. Almost all of the participants, 97% (n=32) also endorsed the statement I am an empathetic person, 3% (n=1) were unsure.

The statement "I believe homeless youth require different interventions than housed youth" was endorsed by a majority of the sample; 82%(n=27), 9% (n=3) were unsure and another 9% (n=3) disagreed.

Boundary Behavior

The participants were asked to endorse 21 behaviors relating to boundary issues on a scaled ranging from never to very often. A complete table of the responses can be seen in Table 2 in Appendix A. For this section, thirty participants provided responses while three did not answer any of these questions.

The statement "shaking hands with a client" was generally endorsed with 33% (n=10) doing this very often, 37% (n=11) fairly often, 20% (n=6) sometimes and 10% (n=3) reported they rarely did this.

The statements "having a client over to your home", "entering into a business relationship" and "lending or giving more than \$10 to a client" were not endorsed by the

survey participants. The findings for all three of these statements were the same with 97% (n=29) reporting never and 3% (n=1) reporting rarely.

Other boundary behaviors that were found to be done rarely or never include "accepting a gift from a client" 67% (n=20) never do this, 20% (n=6) rarely, 10% (n=3) sometimes and 3% (n=1) said this was not applicable. Similarly, "inviting a client to a social event" was done never by 70% (n=21) of the sample, 20% (n=6) rarely, 3% (n=1) sometimes and 7% (n=2) very often. The behavior of "signing off on volunteer hours a client has not done" is never done by 83% (n=25) of the sample, 10% (n=3) rarely, 3% (n=1) sometimes and 3% (n=1) not applicable. The sample also did not endorse "telling a client you are angry at them" 63% (n=19) never do this, 17% (n=5) rarely do and 20% (n=6) sometimes.

The behavior "crying in front of your client" was not endorsed by this sample. The findings show that 70% (n=21) never do this, and 30% (n=9) rarely do this. Also not endorsed was the behavior of "giving out your personal phone number to a client" with 80% (n=24) responding never, 10% (n=3) rarely, 6.7% (n=2) sometimes, and 3.3% (n=1) fairly often.

There was some range of responses with the behavior of "giving a client a place to stay." Eighty percent 80% (n=24) responded never, 7% (n=2) rarely and 7% (n=2) very often. This will be discussed further in the discussion chapter. Other statements that also got a range of responses included "meeting your client in the community," which 13% (n=4) responded that they never do this, 23.3% (n=7) rarely, 13% (n=4) sometimes, 30% (n=9) fairly often and 20% (n=6) very often.

Also, a range of responses was found for the behavior "marking or attending a client's' special events and holidays with some kind of celebration." Twenty seven percent 27% (n=8) endorsed never doing this, 13% (n=4) rarely, 30% (n=9) sometimes, 17% (n=5) fairly often, and 13% (n=4) very often. The results show that "inviting clients to an agency open house or fundraiser" is sometimes done, with 23% (n=7) never doing this, 13% (n=4) rarely, 37% (n=11) sometimes, 10% (n=3) fairly often and 13% (n=4) very often, and 3% not applicable (n=1).

For the boundary behavior "disclosing things about yourself," 10% (n=3) of this sample endorsed that they never did this, 23% (n=7) rarely, 47% (n=14), 17% (n=5) fairly often, and 3% (n=1) very often. Most people did not endorse hugging clients, as 13% (n=4) reported never engaging in this behavior, 43% (n=13) rarely do this, 30% (n=9) sometimes, and 13% (n=4) fairly often. The behavior of "working too stressed to be effective" was done fairly often by 10% (n=3) of the sample, 63% (n=19) sometimes, 23% (n=7) rarely and 3% (n=1) never.

The behavior "going with your client to other social service agencies" was reported by 13% (n=4) as never doing this, 10% (n=3) rarely, 30% (n=9) sometimes, 17% (n=5) fairly often, 27% (n=8) very often, and 3% as not applicable (n=1). In a similar vein, for the behavior "giving a client a ride in your car," 43% (n=13) reported never doing this, 7% (n=2) rarely, 20% (n=6) sometimes, 13% (n=4) fairly often, 13% (n=4) very often, and 3% as not applicable (n=1). For the behavior "visiting a client when they are in jail," 47 % (n=14) of the sample endorsed never doing this, 27% (n=8) rarely, 7% (n=2) sometimes, 13% (n=4) fairly often and 3% (n=1) very often.

There was a greater range of responses for the variables: number of years worked with homeless youth, years worked in social service, number of hours worked with homeless youth, job title, and the "youth I see at work remind me of myself at their age". For each of these variables, statistical tests were run to analyze for difference among groups or to analyses relationships.

A Spearman Rho test was conducted to determine if there was any relationship between the number of years in social work and the other variables. There was a significant, weak negative correlation between working when too stressed to be effective and years in social work ($\rho = -.388$, $p=.038$, two-tailed). There was also a significant, weak, positive correlation between visiting a client when in jail and years in social work ($\rho = .380$, $p=.042$, two-tailed). There was a significant positive, moderate correlation between "telling a client you are angry with them" and years in social work ($\rho = .447$, $p=.015$, two-tailed).

A Spearman Rho test was also run to determine if there was any relationship between the number of years worked with homeless youth and the other variables. There was a significant negative correlation in the moderate range between working when too stressed to be effective and years working with homeless youth ($\rho = -.489$, $p-.007$, two tailed).

A t-test was conducted to determine if there was any difference among the boundary practices based on job title. For this test only the job titles of case manager and youth worker were considered because the number of participants who identified as an director was so small ($n=3$). There was a significant difference in a number of the boundary activities by job title. Case managers' mean response for going with a client to

other social service agencies was “4,” whereas youth workers mean response was 1.9 ($t(22) = -4.425$, two-tailed, $p = .000$). For the variable visiting a client when they are in jail, case managers mean response was 2.64 and youth worker was 1.10 ($t(18.319) = -3.734$, two-tailed, $p = .001$). Case managers’ mean response was 1.86 compared to youth workers 1.2 for variable telling a client you are angry with them ($t(22) = -2.040$, two-tailed, $p = .054$). Finally, for the variable “giving a client a ride in your car,” case managers’ mean response was 3.0 compared to youth workers 1.0 ($t(15.658) = -4.161$, two-tailed, $p = .001$). For each of these, youth workers were less likely than case managers to do these boundary activities. There were no significant differences between the job titles and any other variables.

There was variation in the responses to the statement that “the youth I see at work remind me of myself when I was their age.” Spearman Rho tests were run to determine if there was any correlation between how participants answered this and the boundary ratings. There was a significant, positive, moderately strong correlation between disclosing this about myself and the youth I see at work remind me of myself when I was their age ($\rho = .452$, $p = .012$, two tailed). There were no other significant correlations.

Influences on boundaries

The participants used a four-point rating scale to define the extent to which different items related to laws, ethical guidelines, educational and personal experiences informed their decisions about boundaries. A complete table of the results can be seen in Appendix A, Table 3. In this question five people did not respond so $n = 28$ for this

question. The sample see themselves as professionals in this field, 82% (n=23) said professional ethics influenced their decisions a lot, and 18% (n=5) somewhat.

The influence of your own personal experiences was also highly endorsed with 71% (n=28) responding a lot, 21% (n=6) somewhat, and 7% (n=2) a very little. The other influencing factor that was endorsed was the agency in which you work with 69% (n=20) endorsing a lot, 28% (n=8) somewhat and 3% (n=1) a very little. The state and federal laws influence was not as strongly endorsed with 32% (n=9) endorsing a lot, 39% (n=11) somewhat, 21% (n=6) a very little, and 7% (n=2) not at all.

The sample was then asked to rate, on a four-point scale, how important items related to laws, ethical guidelines, educational and personal experiences and client needs were to how they construct their relationships with clients. The results can also be seen in Table 4 in Appendix A. In this question the n=30 as 3 participants did not respond to any of these items. Again "professional ethics" was strongly endorsed with 80% (n=24) reporting a lot, 20% (n=6) somewhat. The "needs of the client" were the second most endorsed item with 73% (n=22) a lot, and 27% (n=8) somewhat. Next was the level of impact of "agency regulations" on construction of relationships, with 67% (n=20) endorsing a lot, and 33% (n=10) endorsing somewhat. "Personal morals" was also a strong influence with 60% (n=18) endorsing a lot, 33% (n=10) somewhat, 3% (n=1) a very little and 3% (n=1) not at all. The variable of "personal experiences" were not as strongly endorsed but still 53% (n=16) endorsed a lot, 30% (n=9) somewhat and 17% (n=5) a very little.

Less influential again were "laws" with 47% (n=14) endorsing a lot, 33% (n=10) somewhat and 20% (n=6) a very little. Finally, 37% (n=11) endorsed "educational

background" as having a lot of influence, 20% (n=6) somewhat, 33% (n=10) a very little and 10% (n=3) not at all.

Qualitative Data

There were four open-ended questions asked: 1. What in your life influenced you most to work with homeless youth? 2. What do you think is unique about the work you do? 3. What has been your experience forming relationships with homeless youth? and 4. What is the role of power in your relationships with homeless youth? The qualitative data were analyzed and coded for themes that came out of the data.

For the first question, 28 participants answered while five did not respond. There were six themes that arose from this question. The first theme is "my own experiences as a youth were similar to what my clients are going through;" 39% (n=11) responded in this theme. These responses all included some element of the service provider having direct first hand experiences that are similar to what their clients are experiencing. For example, one participant wrote, "My childhood experiences. Growing up in an unstable often chaotic environment has helped shape the work I do." Another participant wrote "My personal past experience of displacement as age six, being a part of the DSHS system... after several foster homes and homelessness, I knew at a young age I would be part of the solution." The sample endorsed having had a similar experience as their main influence in why they chose this work. There was a range of similar experiences reported such as being homelessness during adolescents or more general concerns such as an "unstable, chaotic home."

The other themes that participants had of what influenced them to work with homeless youth include social justice, which 18% (n=5) of the sample reported. An example from one participant from this theme was "wanting to give back and help make the world a little better for people." Another theme was having their a first encounter with poverty or homelessness, 18% (n=5). Respondents in this theme said things such as, "I volunteered at ____ program when I was 13 with my friends church group. It was my first direct contact with homeless youth and inspired me to go into social work." A smaller group, 7% (n=2) focused on the age of adolescents as the main influence for doing this work. For example, "I enjoy working with teenagers. They respond very well to positive adult interactions and are fun and challenging." Next is a group of responses that focus on the rewards of seeing youth progress 7% (n=2). For example, one participants noted that "the benefits of seeing them progress and obtain their goals" influenced why they work with homeless youth. Finally, the other 11% (n=3) focus on other external motivating forces, such as "my faith" or "A natural compassion for others".

The next questions asked respondents what is unique about the work they do. Twenty-seven participants answered this question. There were four themes that arose from the responses. Forty one percent (n=11) of the participants endorsed the theme that that the agency where they work is unique. An example given by a participant from this theme is, "Believing the mission of the agency I am employed in and having a supporting team to encompass my unique abilities to do the work I do." The second most common theme reported by 37% (n=10), was that the relationship formed with clients is the most unique element of this work. An example from this theme is:

I work in ____ (program) . . ., but I am there to do more than just enforce guidelines or make sure the program runs smoothly. I often form relationships of a nurturing and supportive nature with the youth I work with and often times those relationships are very friendly as well.

The next theme highlights the development of relational boundaries and the multiple roles service providers play as the most unique aspect of the work, with 15% (n=4) endorsing this theme. This theme included responses such as:

This work is highly relational asking that service providers play a variety of roles (parent, mentor, teacher, coach, boss, etc.). However, within that, we must also maintain a distinct distance for professional purposes, legal reasons, healthy relationship modeling, self-preservation, etc."

Another participant said "...residential programs are unique because you work in someone's home. You are the Pseudo-parent, disciplinarian, rule enforcer, etc and you don't live in the same place. This can be confusing for both staff and the youth involved."

The final theme relating to what is unique about this work is social justice. Two participants (7%) endorsed this theme. One of the participants said, "...I get the satisfaction of being a change agent for a better world for those of all socio-economic backgrounds."

The next question was "what has been your experience forming relationships with homeless youth?" For this question n=27 provided answers. There were five themes that developed from these responses. The first is that in forming relationships with homeless youth, trust is important and slow to develop. Of the sample, 30% (n=8) endorsed this theme. An example is, "building trust is often the most difficult part but also the most important. You need this trust to really work effectively with youth who have often been mistreated by adults in their lives."

Second, with 22% (n=6) endorsing, is the idea that every relationship that is formed with homeless youth is unique or different from the next. One example from the responses is, "It depends on the individual. I really click with some and really don't with others...."

The next theme was that boundaries are important in relationships with homeless youth. The sample responded in this theme 19% (n=5) with responses such as:

I have had both good and bad experiences with the youth I have served. Sometimes I have invested so much in a person that the line between service provider and friend gets blurred while other times I feel that I have kept myself at a distance when what a youth needed was some open arms.

Another 19% (n=5) of the sample focused on positive features of forming relationships with homeless youth. Their responses included, "All have been very positive. They are all amazing people once you sit and just listen."

The last theme for this question is that youth empowerment is an important feature of any relationship with homeless youth. Eleven percent (n=3) of the sample responded in this theme with responses like "Extremely positive and affecting. I have been able to earn trust through endowing the youth with responsibility and helping them to realize that they DO have an impact on their own futures."

The final question asked was "What role does power play in your relationships with homeless youth?" For this question n=26 responded. Eleven percent (n=3) did not respond. There were four themes that developed out of the responses. Almost every participant, 80% (n=21) responded that there is a power imbalance in the relationships with clients and that service providers hold more power. Those who believe there is a

power imbalance can be further categorized into three groups. First, service providers who empathized working to mitigate the power imbalance, 35% (n=9) said things like:

I ultimately make the decision about whether or not someone stays in (my program) based on their observed behavior, or the word of a fellow staff member. I try to downplay this role as much as possible, particularly by citing rules, though with limited success.

Next is empathizing the importance of boundaries, which 15% (n=4) of the sample reported. An example from this category is:

There is a clear power differential as I am a service provider and the client is in need of services. I try to be helpful while being as low barrier as possible and not perpetuate unhealthy power dynamics. Adults can role model healthy boundaries while allowing the youth to be in control whenever possible. Youth shine with appropriate limits and opportunities to be independent.

Finally, empathizing that there is a power imbalance was a theme that 31% (n=8) reported. A response that fit in this category is "I am staff and they are youth; there is an automatic power differential within that relationship." A smaller group, 8% (n=2), thought that the power was equally shared. For example one respondent said "I think the roles are equal but in different ways. I feel that role modeling and mentoring are important skills to have."

CHAPTER V

DISCUSSION

The purpose of this research was to explore the boundary behaviors of service providers who work with homeless youth. The results of this study show that overall the boundary behaviors of this sample are very uniform and consistent. Some differences in behavior are shown by job title, years in the field and if youth remind the worker of themselves.

The discussion will be presented in four sections. The first section will focus on a discussion of the boundary behavior overall. The next section will be about what significant differences were found and the effects they had on boundary behavior. The third section will discuss the qualitative findings and the fourth section will address limitations and implications of the study.

Overall boundary constructions

The results of this study show that amongst the service providers working with homeless youth, there are common boundary constructions. These results do not support Hypothesis I that there would be a lot a variance in boundary behavior.

Despite these results, the qualitative responses emphasized the importance of individualized care and forming a relationship with the youth. This seems to indicate that

there is a need for individualized care that can happen within the context of strong professional boundaries. In fact some participants mentioned that in order to form a trusting relationship, clear strong boundaries were needed. This is also an idea supported by the literature review earlier in the study by Allen (2001) and Herman (1997), which emphasizes the importance of the treatment relationship and clear boundaries when working with trauma survivors.

Affecting factors on boundary behavior

Hypothesis II, III, and IV were about factors that would influence boundary behavior. The first of those, Hypothesis II is that level of education would affect boundary behavior. The results of the level of education among participants were so similar that a test of differences would not be meaningful.

Hypothesis III was that personal characteristics of the service provider would affect boundary behaviors. The results did not support this hypothesis. The results of the characteristics were again so close that statistical tests of differences would not be meaningful, with the exception of one particular characteristic, youth reminding the service provider of their self. This characteristic did affect the boundary behavior “disclosing things about myself”. These results indicate that the more service providers identify with homeless youth, the more likely they are to disclose things about themselves. These results are also interesting when considering the qualitative results that the most common reason for choosing to work with homeless youth was they have lived some similar experience as the youth they work with. There were no other significant correlations between personal characteristics and boundary behavior.

Hypothesis IV stated that there would be a difference in boundary behaviors based on why they make their decisions (i.e. because of personal morals, professional ethics, laws, etc.). This was not supported by the results. The results of why service providers make their decisions were again very similar to one another and tests of difference would not be significant.

Other factors that the results found to affect boundary behavior include job title and years in the field of social work and years working with homeless youth. The job titles the participant identified with made some boundary behavior more likely than others. Case managers are more likely to visit a client while in jail, give a client a ride in their car, tell a client they are angry with them, and go to other social service agencies with their clients. These behaviors then are more normative in case managers than youth workers.

The longer a participant has worked in the field of social work the less likely they are to work when too stressed to be effective. This is also true the longer the participant has worked with homeless youth. These results show that the longer one is in the field, the better they are at setting personal boundaries and taking care of themselves. This may also have implications for how to support newer members to the field.

The results also show that a service provider is more likely to tell a client they are angry with them the longer they have been in the field of social work. This is interesting because it also means that the newer members to the field are less likely to tell a client they are angry with them. This appears to be a boundary behavior that service providers grow more comfortable with as their experience increases.

Qualitative Data

Several themes developed from the open-ended questions. The main themes from each of the four questions will be discussed here.

One underlying assumption of this research was that the relationship is the most important aspect of treatment and one way to look at the relationship is by studying the boundaries of that relationship. Throughout all four questions, responses pointed back to the importance of the relationship the service provider develops with the youth. To contain this relationship, professional boundaries are used. These boundaries help to guide aspects of relationship construction such as the ways power is handled within the relationship. With many homeless youth having a history of abuse, clear boundaries are important since physical and sexual abuse assume that those boundaries have been violated.

Another interesting theme that developed from the open-ended questions was that agencies and the work environments are unique. Many of the comments also related this to allowing for more individualized care. This also implies that an individualized approach is seen as the preferred method of providing treatment to homeless youth.

A final theme that will be discussed is that the relationships are all unique and that trust is a crucial component to the relationship. This is interesting considering the high rates of traumatic events in the lives of homeless youth (Stewart et al., 2004; Gwadz et al., 2007). Service providers' responses support what is stated earlier in the literature review that treatment for survivors of trauma needs to happen within a relationship. The service providers' responses also are supporting that there are alterations in the survivors' way of relating to others. Specifically they see that trust is crucial to the relationship.

Implications and Limitations

One limitation of this study is with the sample. The sample was very homogenous in many demographic statistics. This may be an accurate reflection on the group being studied or it may be a limitation in the research design or recruitment process.

Another limitation is that the questions have to fit many different agency settings. One question in particular was worded in such a way as to cause confusion. The boundary behavior item of "giving clients a place to stay" was confusing for the staff who work in residential or emergency shelter programs. For these participants giving clients a place to stay is part of their job description. This researcher supposes that those who answered favorably to this question were likely working in one of those settings.

The final limitation, which could be addressed in future research, is that this research only heard from one side of the relationship. The youths' perspectives about boundaries and how boundaries are constructed in their relationships with service providers could also provide the field with valuable information. The combination of both perspectives would have provided an opportunity to compare and contrast responses on the same issues and items.

The implications of this research include training and support, guidelines for other service providers, validation for the current service providers and, perhaps, a call for more diversity. The implications of this research are useful for current service providers working with homeless youth, other social workers, and other researchers.

The first implication is that newer members to the field could benefit from increased support or training around some boundary behaviors such as taking care of themselves. Newer members to the field are more likely to work when too stressed to be

effective. Hopefully with this knowledge the senior members on the teams can assist the newer members as they develop this boundary. This support may help keep staff in the field for longer as well.

There are also implications for social workers or other service providers who do not regularly work with homeless youth. This research may help shed more light on what the treatment relationship looks like between homeless youth and service providers.

Additionally, for service providers who work with homeless youth, this research can help normalize and validate their experiences forming relationships with youth. Much of the literature review and the responses of the participants reaffirm the same idea that it is difficult work and that service providers are asked to play many roles in the youths lives. The boundaries of those roles can be challenging to identify. This sample of service providers show how they have chosen to construct boundaries and hopefully that is validating and normalizing both for the participants of this study and for other service providers.

Finally, as addressed in the limitations, the sample in this study was very homogeneous. This may be a limitation of the study or an accurate reflection on the group. There is not way to tell in an anonymous study such as this. If it is an accurate reflection then the implication would be a need for greater diversity within the overall population of service providers.

The results of this research point to areas for further research. The first area as mentioned above would be to hear from the youth what their perspective is on the boundary constructions between themselves and service providers. Second, now that this research has illustrated some of what the treatment relationship looks like, further

research should study the efficiency of the treatment. Homeless youths' perspective would be valuable in researching the efficacy of treatment as well.

Conclusion

This research explored boundary behavior in service providers working with homeless youth. The results showed that the boundary behavior in this sample was overall very consistent with some slight variation based on job title and amount of time in the field. The results also showed the importance of trust in the relationship that is developed between service provider and homeless youth.

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Appendix A

Table 1.

Service providers' self descriptions

Items	1	2	3	4	5
I am socially outgoing	3%	15%	6%	58%	18%
The youth I see at work remind me of myself, when I was their age	24%	33%	15%	24%	3%
I am a risk taker	3%	24%	18%	46%	9%
I have been described as honest and genuine	0%	0%	0%	55%	45%
I am knowledgeable and well connected to the social services network	0%	0%	18%	55%	27%
I am compassionate person	0%	0%	0%	39%	61%
I believe the youth I work with need more support then I could legally or ethically give	3%	15%	6%	33%	42%
I am an empathetic person	0%	0%	3%	39%	58%

Rating Codes: 1=strongly disagree, 2=disagree 3=unsure, 4=agree 5=strongly agree

Table 2.

Boundary behaviors by percent

Boundary Behavior	1	2	3	4	5	N/A
Shaking hands with a client	0	10.0	20.0	36.7	33.3	0
Meeting your client in the community (ex: at a coffee shop, on the street, in a library)	13.3	23.3	13.3	30.0	20.0	0
Having a client over to your home	96.7	3.3	0	0	0	0
Accepting a gift from a client	66.7	20.0	10.0	0	0	3.3
Inviting a client to a social event	70	20.0	3.3	0	6.7	0
Inviting clients to an agency open house or fundraiser	23.3	13.3	36.7	10.0	13.3	3.3
Lending or giving more than \$10 to a client	96.7	3.3	0	0	0	0
Going with client to other social service agencies (ex: DSHS, other homeless youth serving agencies)	13.3	10.0	30.0	16.7	26.7	3.3
Working when too stressed to be effective	3.3	23.3	63.3	10.0	0	0
Visiting a client when in jail	46.7	26.7	6.7	13.3	3.3	3.3
Marking or Attending client's special events and holidays with some kind of celebration (ex: birthdays, baby showers, Christmas, graduation)	26.7	13.3	30.0	16.7	13.3	0
Signing off on volunteer hours a client has not done	83.3	1.0	3.3	0	0	3.3

Giving a client a place to stay	80.0	6.7	0	0	6.7	6.7
Telling a client you are angry with them	63.3	16.7	20	0	0	0
Entering into a business relationship with a client	96.7	3.3	0	0	0	0
Giving a client a ride in your car	43.3	6.7	20.0	13.3	13.3	3.3
Disclosing things about yourself	10.0	23.3	46.7	16.7	3.3	0
Hugging a client	13.3	43.3	30.0	13.1	0	0
Crying in front of a client	70.0	30.0	0	0	0	0
Giving out your personal phone number to a client	80.0	10.0	6.7	3.3	0	0

Rating Codes: 1= never, 2= rarely, 3= sometimes, 4= often, 5= very often, n/a= not applicable

Table 3.

Inform decision making about boundaries

Items	not at all	a very little	somewhat	a lot	Missing
Your graduate program	52%	6%	9%	3%	30%
The agency in which you work	0%	3%	24%	61%	12%
Your internship	46%	3%	9%	9%	33%
State and Federal Laws	6%	18%	33%	27%	15%
Professional Ethics	0%	0%	15%	70%	15%
Continuing Education	24%	9%	27%	15%	24%
Your own Personal Experiences	0%	6%	18%	60%	15%

Table 4.

Importance on decisions about boundaries

Items	not at all	a very little	somewhat	a lot
Personal Morals	3%	3%	33%	60%
Professional Ethics	0%	0%	20%	80%
Laws	0%	20%	33%	47%
Agency regulations	0%	0%	33%	67%
Needs of the client	0%	0%	27%	73%
My own personal experiences	0%	17%	30%	53%
Educational Background	10%	33%	20%	37%
n=30				

Appendix B

Human Subjects Review Committee Approval Letter

February 18, 2009

Allison Terbieten

Dear Allison,

Your amended materials have been reviewed and we find that you have done a very careful job in their revision. All is now in order and we are happy to give final approval to your study. We understand that you have gained permission from the agencies you wish to contact and have sent them to Laurie Wyman for the permanent file.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with y our project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Barbara Lui, Research Advisor

Appendix C

Informed Consent Form

Dear Participant:

I am a graduate student at Smith College working towards a Masters in Social Work. I am conducting a study that will explore how service providers construct boundaries in their treatment relationships with youth who are homeless or in transition. Service providers working with homeless youth are faced with many unique challenges. The role that boundaries play in helping to provide containment and framing for the clinical relationship is a focus of this study. Boundaries become particularly important to clarify and understand when working with vulnerable populations. The data from this study will be used in a M.S.W. thesis, presentations and publications.

Nature of Participation

You are being asked to participate in filling out an on-line questionnaire. The questionnaire can be filled out any time, at your convenience, between the dates of January and April 2009. Some demographic information will be asked at the beginning of the questionnaire. It will also ask you to answer questions based on your work with homeless youth. Some of the questions you will answer on a rating scale and some questions will be open-ended. To participate you must be currently working with homeless youth in a homeless youth serving non-profit agency and have worked with homeless youth for at least two months. The work experience can be paid, stipend or volunteer but it must be for at least 20 hours a week to participate. This is a non-random

sample of service providers. The questionnaire will take you approximately 15-30 minutes to complete.

Potential Risks of Participation

There is a possibility that the subject matter of this research may be upsetting for you. You may be reminded of difficult decisions you were faced with during your time working with homeless youth. This may cause some feelings of sadness, disappointment or regret to resurface.

Benefits of Participation

There are also benefits to your participation in this research. You may find that in considering your work with youth you feel a greater sense of accomplishment or fulfillment. You may find that this questionnaire provides you with an opportunity to reflect on your work, which may then enhance your work. You may also enjoy being able to contribute to a still growing body of literature about providing services to homeless youth. No compensation will be provided for participating in this questionnaire.

Confidentiality

The questionnaire will be conducted on-line through Survey Monkey. Survey Monkey is an on-line resource that allows participants to answer questionnaires in an anonymous and confidential manner. Survey Monkey sends the results only to me and ensures that all aspects of the data are secure and encrypted.

Along with myself, the data will also be seen by Barbara Lui, my thesis advisor and Marjorie Postal, data analyst. The open-ended questions will be transcribed in full by me. In presentation or publication data will be presented in whole or if quotes or vignettes are used, identifying information will be disguised. Confidentiality will be protected by keeping all transcripts, notes, data and other information securely in a locked cabinet and all electronic data will be kept securely on a password protected computer and on a jump drive that will be located in a locked cabinet for a period of three years. After which they will be kept if they are needed or these materials will be destroyed in accordance with federal guidelines.

Though you will be asked some demographic information, your participation in this questionnaire will be anonymous. You will not be asked to give your name. This is to further protect your identity because the subject matter can be sensitive.

Voluntary Nature of Participation

Your participation in this research is voluntary. You can skip any question and withdraw from the survey at any time by leaving the site but you cannot withdraw after you have submitted your questionnaire as it would be impossible to identify it.

If you need to contact me you can do so via email at xxxxxx@xxxxxx or phone at xxx-xxx-xxxx. Please be aware that if you contact me you can still choose to remain anonymous. You can use a different name or not give a name. If you choose to email me, I would recommend creating an email account that protects your name. You can do this for free through Yahoo, Gmail, or Hotmail email service providers. I will do all I can to protect your anonymity during contacts. If you have any concerns about your rights or

any aspect of the research you are encouraged to contact me at the email or phone listed above or you can contact the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585- 7974.

By returning this questionnaire, you are indicating that you have read and understand the information above and that you have had an opportunity to ask questions about the study, your participation, and your rights and that you agree to participate in the study.

Appendix D

E-mail to Service Providers for Recruitment

Dear Service Providers:

I am a Masters' student at Smith College School for Social Work. I am conducting research to learn more about the experiences of service providers working with homeless youth. Specifically, the study hopes to learn more about how service providers construct boundaries in their treatment relationships with homeless youth. As a former service provider, I know the kind of challenging and complicated situations service providers can find themselves in. I hope that this research will add to the field and help to provide information for training or developing treatment protocols. The results of the study will be used for a M.S.W. thesis, presentation and publication.

In order to participate, you must have some direct service contact with homeless youth in a homeless youth serving non-profit agency and have been working with homeless youth for at least 2 months. This work can be paid, stipend, or volunteer but it must be for at least 20 hours a week. The study is an online questionnaire, which should take you about 15-30 minutes to complete. You will remain anonymous throughout the process. If you choose to participate, the link at the bottom of this email will allow you to access the online questionnaire.

If you have any questions you can email me at: xxxxx@xxxxx or call me at xxx-xxx-xxxx.

Thank you for your time and participation.

Allison Terbieten

Link to Questionnaire:

<http://www.xxxxxxx.com>

Appendix E

Service Providers' Experiences Questionnaire

Section One: Demographic Information

1. What is your age?

21-25	26-30	31-35	36-40
41-45	46-50	51-55	56-60
61-65	65 and up		

2. What gender do you identify with?

Female Male Other

3. What is your highest level of education?

Some high school
High school diploma or equivalent
Some college
Bachelors Degree
Masters Degree
Doctoral Degree or equivalent

4. Do you hold any professional licenses?

Yes No

If so, please specify the license

5. What is your racial identity?

African American / Black
Asian / Pacific Islander
Caucasian
Latino / Hispanic
Mixed race
Native American / Indian
Other (please specify)

6. How many years have you worked in the field of social work or human services?

7. How many years have you worked with homeless youth?

8. What job title best describes your current role in your work with homeless youth?

Youth Worker
Case Manager / Therapist / Counselor
Executive Director

9. On average, how many hours a weeks do you spend in Direct Service (or face to face contact) with homeless youth?

Section Two: Personal Characteristics and Practice Experiences

10. How strongly do you agree or disagree with the following?

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
I am socially outgoing					
The youth I see at work remind me of myself, when I was their age					
I am a risk taker					
I have been described as honest and genuine					
I am knowledgeable about and well connected to the social services network					
I am a compassionate person					
I believe the youth I work with need more support then I could legally or ethically give them					
I am an empathetic person					
I believe homeless youth require different interventions then housed youth.					

The next two questions were adapted with permission from research done by Pope, Tabachnick and Keith-Spiegle presented in their article titled: "Ethics of Practice: The beliefs and behaviors of psychologists as therapists" published in American Psychologist in 1987.

11. How often do the following occur in your work with homeless youth? (in this question "client" will be used to refer to any homeless youth you work with)

	never	rarely	sometimes	fairly often	very often	n/a
Shaking hands with a client						
Meeting your client in the community (ex: at a coffee shop, on the street, in a library)						
Having a client over to your home						
Accepting a gift from a client						
Inviting a client to a social event						
Inviting clients to an agency open house or fundraiser						
Lending or giving more than \$10 to a client						
Going with client to other social service agencies (ex: DSHS, other homeless youth serving agencies)						
Working when too stressed to be effective						
Visiting a client when in jail						
Marking or Attending client's special events and holidays with some kind of celebration (ex: birthdays, baby showers, Christmas, graduation)						
Signing off on volunteer hours a client has not done						
Giving a client a place to stay						
Telling a client you are angry with them						
Entering into a business relationship with a client						
Giving a client a ride in your car						

Disclosing things about yourself						
Hugging a client						
Crying in front of a client						
Giving out your personal phone number to a client						

12. To what extent does each of the following inform your decisions about boundaries?
not at all a very little somewhat a lot

	Not at all	a very little	somewhat	a lot
Your graduate program				
The agency in which you work				
Your internship				
State and Federal Laws				
Professional ethics				
Continuing education				
Your own personal Experiences				

13. How important are the following in making your decisions about how to construct boundaries in your relationships with clients?

	Not at all	a very little	somewhat	a lot
Personal morals				
Professional ethics				
Laws				
Agency regulations				
Needs of the client				
My own personal experiences				
Educational background				

Section Three: Open-Ended Questions

14. What do you think is unique about the work you do?

15. What in your life influenced you most to work with homeless youth?

16. What has been your experience forming relationships with homeless youth?

17. What is the role of power in your relationships with homeless youth?