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Comparison of Social Interest Perceptions of Homeless Youth, and Non-homeless At-risk Youth

Michele Cindy Johnson
Walden University

Walden University

College of Social and Behavioral Sciences

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Michele Cindy Johnson

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Review Committee
Dr. William Benet, Committee Chairperson,
Public Policy and Administration Faculty

Dr. Meena Clowes, Committee Member,
Public Policy and Administration Faculty

Dr. Paul Rutledge, University Reviewer,
Public Policy and Administration Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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2020

Abstract

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by

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Dissertation Submitted in

the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Homeless youth face serious obstacles related to obtaining education, healthcare and

stable accommodations. Adler's social interest theory states that an individual's

perceptions impact their motivations and willingness to contribute to society. No research

was found that compared the perceptions of homeless youth with nonhomeless at-risk

youth using Adler's theory. The purpose of this mixed method study was to compare

perceptions of homeless youth with nonhomeless at-risk youth regarding the impact of

public policies in creating obstacles to education, healthcare, and stable accommodations.

A quantitative social interest instrument followed by face-to-face interviews was

administered to 55 homeless youth and 64 nonhomeless youth ages 19 to 25. The

homeless youth included 37 females and 18 males, while the nonhomeless at-risk youth

included 52 females and 12 males. Consistent with expectations the homeless youth

exhibit lower social interest scores, and more perceived barriers to obtaining education,

healthcare and stable accommodations. However; contrary to expectations, the

nonhomeless at-risk youth exhibit a greater sense of hopelessness. Overall, 98% of

participants feel discouraged and perceive that public policies create obstacles to

education, healthcare and stable accommodations. Among the primary obstacles

identified were minimum wages, stagnant wages, the need for families to hold multiple

jobs to afford rent and health insurance, and the disruptions to education due to multiple

relocations. The results of my study suggest that raises in the minimum wage by state

government might positively impact the ability of homeless youth and non-homeless at-

risk youth to obtain adequate education, healthcare and stable accommodations.

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Dedication

This dissertation is dedicated to my precious husband, "Lonnie Johnson Senior." This journey would have been impossible without his love and his 110% support towards me. Thank you, Lonnie, for believing in me and encouraging me. Thank you for the years of understanding my pursuit. You made this process easier for me by participating in, and managing duties around the house. Thank you for being my greatest fan and partner. Thanks for reading and re-reading, reviewing, editing, and for contributing to my academic goal. I love you and I thank God for you every day.

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To my family, the Johnsons, the Straker's, the Jacksons, and the Russell's. To Shaffick Mohammed (MBA), my neighbors, my church family, and all other friends,

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

Homeless youth roam the streets of U.S. cities, and some of them remain in that

environment as they move into adulthood. The homeless youth situation has been

prevalent in U.S. cities for decades, as indicated by numerous researchers. The overall

number of homeless individuals is growing, and the homeless youth portion of that

population is increasing rapidly (Fertig & Reingold, 2008). It is difficult for such youth to

acquire healthcare, educational needs, living accommodations (Ringwalt, Greene,

Robertson, & McPheeters, 1998), and employment (Gaetz, 2004) due to daily obstacles.

Public policies created obstacles for the poor (Hayashi, 2014; Sheeley, 2013).

Many of the obstacles affected homeless youth, causing them to remain on the streets for

a longer duration. Some obstacles included the restricting and revising of welfare

programs, the strict rules and program eligibility (Public law 104-193, 1996), and the

bureaucratic political environment. Obstacles have caused homeless youth to remain

homeless for a more extended period. Additionally, obstacles have obstructed the process

for youth to gain an education (Tierney, Gupton, & Hallet, 2008; Tierney & Hallet,

2010), needed healthcare (Hudson et al., 2010), and stable accommodations (Karabanow,

2009; Ringwalt et al., 1988; Satterwhite Mayberry, Shinn, Gobbon-Benton, & Wise,

2014). I determined the obstacles youth encountered due to public policies, and how the

obstacles affected youth's social interest score, according to their perception. I tested and

examined the social interest perceptions of nonhomeless at-risk youth with the social

interest perceptions of homeless youth. Youth addressed their perceptions when they

were between the ages of 15 and 17 years and living in Atlanta, GA. Due to the obstacles

youth encountered, homeless youth had a lower social interest score and encountered more obstacles than nonhomeless at-risk youth. The resulting research may influence public policy developers to change policies that created obstacles, which caused a lower social interest for homeless youth. Social change may occur if public policies address issues such as educational needs, healthcare, and stable accommodations for homeless youth.

In Chapter 1, I explained research problem and the obstacles homeless youth have faced due to public policies. Homeless youth's experiences have influenced their feelings about society. The chapter includes an examination of youth's life on the streets and the struggles homeless youth encountered. I investigated and analyzed various studies about obstacles that homeless youth have encountered in their societies. The literature showed that researchers did not address homeless youth's perceptions about the difficulties that they faced due to public policy obstacles. I build upon previous studies about homeless youth and the obstacles they encountered in society. The studies of social interest and the environmental issues that homeless youth have faced identified opportunities for them to reenter society.

I examined Adler's social interest theory. Adler's theory of social interest concentrated on necessities in society, and the feelings and concerns of people in society (Crandall, 1980). Ansbacher (1992) described social interest as emotions and the reactions of an individual towards his or her community. Sulliman (2015) indicated that social interest includes people's concern about their environment, their personal and interpersonal growth, and their goal achieving processes. Taylor (2009) explained that

Adler was aware of many of the social issues of his day, and he developed some theories that identified many solutions for social problems.

The Sulliman scale of social interest (SSSI) is an instrument developed to measure how people feel about social interest issues that exist within each person. The SSSI addresses all topics relevant to social interest. The scale passed testing for validity and reliability, and it contains 50 closed-ended questions. The SSSI gave the participants the option of selecting *true* or *false* for each question (Sulliman, 1973; 2015). The basis for the survey questions was the SSSI focused on the youth's social interest experiences. The interview questions included three main questions and three sub questions. The questions asked participants if they experienced any obstacles due to public policies and how the obstacles affected their social interest. The independent variables were the living conditions of the participant (homeless and nonhomeless at-risk). The dependent variables were social interest scores, as well as the proportion of youth who perceived obstacles when obtaining an education, healthcare, and stable accommodations.

I conducted a statistical test to verify the difference in the social interest scores between the two groups. I determined that homeless youth had lower overall social interest score than nonhomeless at-risk youth. I also determined that homeless participants encountered a greater proportion of obstacles from public policies when obtaining an education, healthcare, and stable accommodations, according to youth's perceptions. Finally, the interviews determined the themes for public policy obstacles that youth encountered, and how the obstacles caused youth to feel about their society.

In the quantitative portion of the study, I used the SSSI survey instrument to collect data concerning youth's feelings about society (social interest). Youth based their feelings on when they were younger (between the ages of 15-17 years old). All participants in the study were between the ages of 19 and 25 years. Sulliman developed the SSSI; the questions followed ideas about Adler's social interest theories. Survey questions were easy to understand. The questions required a true or false answer from the participants. I calculated and analyzed the survey scores of the two groups (Sulliman's office determined the survey scores). I used an independent group's t-test and the Mann-Whitney U test for hypothesis one and used the Pearson chi-square test for Hypotheses 2, 3, and 4. I captured descriptive data through graphs and tables to summarize the responding results of the questions by each group.

The qualitative portion of the study included three open-ended questions and three subquestions. Each question determined how public policies affected the participant's ability to gain access to education, healthcare, and stable accommodations. I collected qualitative information via face-to-face interviews. I recorded some interviews, using an audio recording device, and took notes of the other interviews from those persons who did not want their interviews recorded. I manually transcribed and analyzed the information to look for patterns, themes, and categories. I divided the qualitative data into themes and codes before the final documentation.

Background of the Problem

Some obstacles caused by public policies prevent homeless youth's ability to achieve an education, healthcare, and stable accommodations. Public policies that created

obstacles for homeless youth include the restructuring and revising of welfare programs (Sheely, 2013) and eligibility restrictions of welfare programs (Public Law 104-193, 1996). Additional public policy obstacles included states controlling minimum wages that were below the national minimum standard salary (National Conference of State Legislatures, 2017). Finally, public policy obstacles included a shortage of federal housing programs (Hayashi, 2014), and states that declined to expand Medicaid under the Affordable Care Act expansion (Rose & Baumgartner, 2013).

The restructuring and revising of programs prevented many low-income families from receiving an income needed for their basic survival. Eligibility restrictions and bureaucratic rules and regulations of welfare programs denied the underprivileged families services due to strict policies. Minimum wages that are below the national standards created difficulties for low-income families to survive due to a lack of finances. A shortage of federal housing programs created a decline in affordable housing for the poor and created homeless conditions. The lack of Medicaid made it difficult for the poor to afford healthcare. The constant changes and instability of federal programs increased homelessness and increased negative experiences on the streets for homeless youth. According to Kilmer, Cook, Crusto, Strater, and Haber (2012), families living in a stable housing situation acquired their basic needs more than families who lived in unstable housing. Kilmer et al. explained that families living in insecure housing conditions continued to experience challenges in obtaining an education and healthcare.

While living on the streets, homeless youth experienced numerous unfavorable conditions, which affected how they felt about their society. Homeless youth's

challenging events cause their lives to be a constant struggle for survival each day on the streets (David, Gelberg, & Suchman, 2012; Ringwalt et al., 1998; Rosario, Schrimshaw, & Hunter, 2012). Homeless youth who live in dangerous situations affected their health (Moore & McArthur, 2011) more than nonhomeless children (Coker et al., 2009). Homeless youth acquire diseases or death at higher rates (Fisher, 1991; Keller, 2008; Riley et al., 2007) than those of the nonhomeless at-risk youth. Sexual diseases were prevalent among homeless youth and at an elevated rate (Ringwalt et al., 1998).

Coker et al. (2009) indicated that homeless youth encounter more emotional behavior and witnessed more violence than youth who were never homeless. Drug and alcohol use was higher for homeless youth than the nonhomeless at-risk youth (Keller, 2008). Ringwalt et al. (1998) studied homeless youth and indicated that it were difficult for them to acquire inexpensive living accommodations while living on the street. Boys encounter more incidents that were significant on the street than girls (Ringwalt et al., 1998).

Public policy obstacles cause homeless situations to linger for many homeless youth, due to a lack of funds needed for stable housing and basic survival. Homelessness cause homeless youth to experience unpleasant situations daily. The unpleasant experiences homeless youth encounter caused them to maintain a negative perception of their society. Youth refuse to make positive contributions toward their society due to feeling negatively toward their society. A large number of unproductive youth in society are harmful to that society for the following reasons. First, the government will have to provide funds for basic survival for homeless youth. Second, this could cause an

economic drain on society, or taxpayers will have to pay more taxes to help the homeless youth.

Adler (1927) indicated that a person's feelings about their society (social interest) could shape the person's goal achievement processes in their society. A person's social interest could influence his or her interpersonal growth and his or her contributions to society. Negative experiences endured by youth might create a set of insecurities that could deter youth from achieving goals in their society. The youth could develop insecurities about achieving personal growth, and insecurities about their feeling a sense of belonging in society.

The number of homeless youth living on the streets in the United States is significant for an affluent society. More than 1 million homeless youth are living on the streets of the United States (Nunez, 2000; Ringwalt et al., 1998). Many homeless youth are on the streets with one or both parents; however, a significant number of homeless youth are on the streets with their mother (Fertig & Reingold, 2008) or by themselves.

The Human Rights of Adequate Housing (2013) indicated that homelessness occurs when a person does not have a place to reside that is his or her possession. Homeless persons reside in homeless shelters or any outdoor areas where they can lay their heads. They occupy vacant brick and motor buildings, unoccupied vehicles, or settle in parks (The Human Right to Adequate Housing, 2013; McKinney-Vento Homeless Assistance Act, 2009). Homeless people usually travel around the city in search of food, a resting place, or a location to sleep. They may have all their possessions in grocery carts, old suitcases, or plastic bags (McKinney-Vento Homeless Assistance Act, 2009).

Ringwalt et al. (1998) explained that homelessness is a person who spends 24 hours or more residing on the streets or in a homeless shelter during the last 12 months. Coker et al. (2009) defined homelessness as when a person had spent 1 day to 3 years on the street. My study's homelessness definition includes anyone who stayed at a homeless shelter, with friends, family, and in the streets for more than a night.

Researchers interviewing homeless participants identified reasons that caused homelessness among families. Many of the factors that caused homelessness were the results of unpleasant circumstances such as physical, sexual, and drug abuse in families (Fertig & Reingold, 2008; Gaetz, 2004; Moore & McArthur, 2011). Mental issues and the lack of family and societal support contributed to family homelessness (Fertig & Reingold, 2008). Youth became homeless through violence at home with family members (Slesnick, Bartle-Haring, Dashora, Kang, & Aukward, 2008). The lack of financial resources, academic realization, and economic housing environments caused families to become homeless (Fertig & Reingold, 2008; Moore & McArthur, 2011). Although there were numerous factors causing homelessness, my study showed that public policy obstacles increased stress for homeless families by denying them the opportunities of receiving the services they needed for basic survival.

I used the nonhomeless at-risk group as a comparative group with the homeless youth. The economic environment and unstable home life defined the nonhomeless at-risk youth, which established the at-risk environment for them since they lived at or below the poverty level. The nonhomeless at-risk sample in the study have never

experienced homelessness; however, their restricted economic circumstances were similar to that of the homeless youth.

Poverty can lead youth to experience situations that could result in a lack of education, healthcare, and stable accommodations. According to the National Center for Children in Poverty (2013), 14.7 million children live at or below the federal poverty level in the United States. According to Williams and Chapman (2012), youth in poverty have limited access to healthcare and limited medical insurance. Youth who lived at or below the federal poverty level can be psychologically affected (Yoshikawa, Aber, & Beardslee, 2012). They can also have negative health issues (Butler, 2014; Schreier &Chen, 2013), and they can experience adverse physical conditions (Adler &Newman, 2002). Miller, Chen, and Parker (2011) indicated that poor health could continue with the youth into maturity. The nonhomeless at-risk youth live in poverty, which could affect their physical and psychological health. Poverty can cause the nonhomeless at-risk youth to endure similar experiences as homeless youth.

Homeless youth face significant obstacles during their time on the streets; many of the obstacles influence the youth's feelings about their society. I located research about the experiences that homeless youth encountered on the streets and factors that caused homelessness. I located researchers who demonstrated ways in which public policies created obstacles for the poor in the area of education, healthcare, and stable accommodations. I found other studies that focused on homeless youth's perceptions about their society, and actions in society that affected their perceptions about society.

I did not identify research that focused on social interest perceptions for homeless youth due to public policy obstacles. I did not locate any studies that pertained to homeless youth's experiences and the effects of social interest according to homeless experiences. I did not discover studies that analyzed how obstacles affected homeless youth's social interest according to their perception. I did not identify studies that showed how public policy obstacles were relevant to Adler's social interest theory. I did not locate studies that described the negative effect of the lack of social interest for homeless youth. Finally, I did not find any studies that described the effects of an adequate amount of social interest for homeless youth. I investigated these gaps and addressed the perceptions of homeless youth.

Problem Statement

I investigated and explored how public policies created obstacles for homeless youth and sought to understand how these obstacles affected their social interest. Public policies create obstacles for homeless youth, which prevented them from obtaining an education, healthcare, and stable accommodations. Many obstacles caused homeless youth to have an extended street life, which increased their chances of experiencing incidences that mold homeless youth's feelings about society. According to Adler (1927), a person's life experience contributes to his or her positive or negative feelings about their society. Alder (1927, 1930, 1959) also stated that a person with an adequate social interest would try to achieve goals, work well with others in their communities, and cares about his or her society. Adler (1927, 1930) continued that a person with a low social interest score tends to lead a life of crime, and he/she does not care about anyone in

society but himself or herself. Public policy developers need to be aware of the importance of a person's social interest and the effect social interest has on homeless youth's ambitions.

An adequate amount of social interest may lead homeless youth to achieve goals and build confidence in their societies. An appropriate amount of social interest may encourage homeless youth to work on improving their situations and reducing homelessness in Atlanta, GA. The reduction of homeless youth in Atlanta, GA, may reduce government expenditures on welfare services. Youth may feel better if they were self-sufficient and did not have to depend on government policies to survive.

Purpose of the Study

The purpose of this mixed methods study was to compare, test, and evaluate the social interest perceptions of youth who were homeless when they were 15 through 17 years old, with the social interest perceptions of nonhomeless at-risk youth who were not homeless during that age range. I explored the experiences and generated themes based on the youth's perceptions of their social interest due to obstacles caused by public policies. I used the results to determine whether public policies and laws created barriers for youth. I investigated if public policy obstacles affected homeless youth more than nonhomeless at-risk youth according to the youth's perceptions.

I am aware that homeless and nonhomeless at-risk youth encounter different problems; however, I wanted to determine if obstacles youth encountered affected their social interest. Alternatively, I wanted to discover how the obstacles youth experience contributed to how they viewed their society according to their perceptions. The

independent variable for the survey was the living conditions of the participants (homeless and nonhomeless), which contained two independent groups. The dependent variable was social interest scores. The survey analysis tested and determined whether the dependent variable (social interest score) was different between homeless and nonhomeless at-risk youth. The interview questions contributed to exploring and understanding the experiences that public policy obstacles caused homeless and nonhomeless at-risk youth. From the study, I comprehended how obstacles influence youth's social interest.

Organizations in the city of Atlanta may benefit from the information gained from the research. The organizations may include private and public schools, homeless drop-in centers, and homeless shelters. The results may enable policymakers in the city of Atlanta to provide programs that might assist youth in dealing with homeless obstacles and might help them cope with their homeless situations. Future scholars may use the information to continue with research that is compatible with the public policy field. The results may create programs that might encourage homeless youth to attain their highest potential. The results may assist in developing special educational programs, which could concentrate on self-improvement and youth development.

<div align="center">**Research Questions and Hypotheses**</div>

Quantitative Questions

1. Do homeless youth have a lower social interest score than nonhomeless at-risk youth?

2. Compared to nonhomeless at-risk youth, do a greater proportion of homeless youth perceive they encountered obstacles from public policies when obtaining an education, healthcare, and stable accommodations?

Hypotheses

I used a mixed methodology concerning social interest perceptions of homeless youth and nonhomeless at-risk youth, between the ages of 15 and 17 years in Atlanta, GA. My research hypotheses basis is from Adler's social interest theory.

$H1_a$: Compared to nonhomeless at-risk youth, homeless youth will have lower overall scores on social interest.

$H1_0$: Compared to nonhomeless at-risk youth, homeless youth will not have lower overall scores on social interest.

$H2_a$: Compared to nonhomeless at-risk youth, a greater proportion of homeless youth will perceive experiencing obstacles from public policies when seeking education.

$H2_0$: Compared to nonhomeless at-risk youth, the proportion of homeless youth who will perceive experiencing obstacles from public policies when seeking education will be the same or less.

$H3_a$: Compared to nonhomeless at-risk youth, a greater proportion of homeless youth will perceive experiencing obstacles from public policies when seeking healthcare.

$H3_0$: Compared to nonhomeless at-risk youth, the proportion of homeless youth who will perceive experiencing obstacles from public policies when seeking healthcare will be the same or less.

$H4_a$: Compared to nonhomeless at-risk youth, a greater proportion of homeless youth will perceive experiencing obstacles from public policies when seeking stable living accommodations.

$H4_0$: Compared to nonhomeless at-risk youth, the proportion of homeless youth who will perceive experiencing obstacles from public policies when seeking stable living accommodations will be the same or less.

Qualitative Questions

1. How do homeless and nonhomeless at-risk youth perceive the effect of public policies on their ability to gain access to education, healthcare, and a stable place to live in Atlanta, GA?

2. How do the experiences of homeless and nonhomeless at-risk youth affect their perceptions toward their society?

The qualitative, opened-ended questions were for measuring the participant's perception of how public policies create obstacles in receiving education, healthcare, and stable accommodations. The questions were a means of collecting separate perception ratings regarding access to healthcare, education, and stable accommodations. I created three opened-ended questions and subquestions that collected information about the impact of public policies on participant's efforts to access education, healthcare, and stable accommodations.

<div align="center">

Theoretical Framework

</div>

Many homeless and nonhomeless at-risk youth encountered negative experiences through daily struggles in Atlanta, GA. Public policies excluded homeless youth from

acquiring needed services in their society, which added to their unpleasant experiences daily. A person's life experiences can be a factor that will determine whether he or she will support and contribute to his or her society (Adler, 1927). The societal support and contributions equate to how much social interest a person has and whether he or she has a positive or negative outlook towards his or her society (Adler, 1927, 1930, 1959; Ansbacher & Ansbacher, 1979; Lundin, 1989). Social interest refers to people's feelings and their interest in social issues in his or her community (Ansbacher, 1992). The person's feelings include their concerns about their environment, their personal and interpersonal growth, and their goal achievement processes (Sulliman, personal communication, April, 2015). The person's social interest also involves the types of behaviors they demonstrate toward people in their society (Ansbacher, 1992). Social refers to a group, while interest is the motivator for the behavior of the person in a social setting.

Social interest theory indicates that people are motivated to improve themselves in life even if faced with challenging situations (Weiten, 2008). Lack of social interest can cause a person not to contribute to his/her society, and some people can even choose a life of crime (Adler, 1927, 1930). Ansbacher (1991, 1992) indicated that Adler referred to social interest as issues in a society, which creates interest and causes actions by people who can develop a solution for social interest problems. I addressed the degree that Adler's social interest theory has on homeless and nonhomeless at-risk youth in Atlanta, GA. Adler developed social interest theories to resolve social issues during his era (Taylor, 2009). I examined how public policy obstacles influenced the group's social

interest scores and collected thymes on the experiences of the obstacles according to youth perceptions.

Nature of the Study

Rationale for Design Selection

I performed a mixed methods research study of the homeless youth and nonhomeless at-risk youth of Atlanta, GA. The mixed methods study is a convenient research design because the Mixed methods gave me more merit about the participant's feelings regarding social interest from two different perspectives. I used the SSSI, a survey format to collect quantitative data. The survey contained 50 closed-ended questions concerning the social interest feelings of the youth (Sulliman, 1973). The SSSI survey had simple questions that were easy to understand, easy to follow, and the participants chose either true or false for each question. The SSSI tested Adler's social interest theories. I used face-to-face interviews to determine if obstacles caused by public policies affected homeless youth more than nonhomeless at-risk youth. The interviews helped to establish how public policy obstacles affected the youth and how/why they felt about the obstacles in their society.

I collected all data from two drop-in centers because the venues provided services to a large number of homeless and at-risk families. The mixed methods study process at the drop-in centers allowed me to collect the data using both methods instead of retrieving all of the information only through lengthy surveys and interviews. I initiated personal contacts with all potential participants at the drop-in centers. The basis of the

nonhomeless at-risk youth depends on the poverty level factors that put the youth at risk of lacking their basic needs.

The independent variables for the quantitative portion of the study were the living conditions of the participants (homeless and nonhomeless at-risk). The dependent variables were social interest scores as well as the proportion of youth who perceived obstacles when obtaining an education, healthcare, and stable accommodations.

Methodology

The sample selection included four criteria that qualified participants for the study. The first criterion for adults to partake in the study was that they were homeless for a month or more when they were between the ages of 15 through 17 years. Alternatively, participants were never homeless when they were between the ages of 15 through 17 years. A second criterion was that all participants were currently visiting homeless shelters and drop-in centers for assistance. Many homeless shelters and drop-in centers in Atlanta, GA, provide services to homeless and nonhomeless at-risk families. Many homeless and nonhomeless at-risk participants visit homeless shelters and drop-in-centers for food, clothing, and healthcare assistance. A third criterion is that all participants were adults between the ages of 19 and 25 years. The adult sample in the study reflected on their homeless and nonhomeless experiences when they were between the ages of 15 and 17 years. The fourth criterion was that all participants came from low-income families. Participant's parents or guardians earned minimum wages if they worked. Additionally, the parents or guardians received government assistance, other assistance, or they were unemployed when participants were 15 to 17 years old. The

sample represented the population of homeless and nonhomeless at-risk youth in Atlanta, GA.

The quantitative sampling consisted of 119 adults between the ages of 19 and 25 years, who took the survey. The larger sample size gave me increased power in the research. The increased power provided the ability to determine if there was a difference between the two groups and how significant was the difference. The quantitative sample consisted of homeless males, homeless females, nonhomeless at-risk males, and nonhomeless at-risk females.

The qualitative sample for the face-to-face interview consisted of 119 adults who were the same sample from the quantitative participants. The face-to-face interviews included homeless males and females and nonhomeless at-risk males and females. The study occurred at two drop-in centers. Participants did the survey and answered questions concerning their perceptions about public policy obstacles when they were between 15 and 17 years old. I did an audio recording as well as notes taking of the interviews for later analysis. The interviews contained three open-ended questions, followed by three sub-questions. Participants explained how public policies affected their ability to gain an education, healthcare, and stable accommodations in Atlanta, GA. The interview data determined the proportion of the two groups who experienced public policy obstacles and examined an in-depth understanding of the obstacles encountered by youth. I separated each question according to the topics of education, healthcare, and stable accommodations. Each question included a subquestion to examine how the youths' experiences affected their interest in their society.

The data analysis for this mixed methods study included merging both data for the final analysis because there is no preference as to which method to analyze first. The strategy of inquiry was the concurrent transformative strategy because the social interest theory guided the study. The quantitative analysis tested the differences between the social interest scores for the homeless and nonhomeless at-risk youth. The quantitative analysis also analyzed which group experienced a more significant proportion of obstacles. The Independent Group's t-test statistical procedure test the difference of the mean social interest scores of the two groups. The Mann-Whitney U statistical procedure test the average ranks for the two groups on social interest scores. I used the chi-square statistical procedure to determine if a greater proportion of homeless youth than nonhomeless at-risk youth encountered obstacles when obtaining an education, healthcare, and stable accommodations. I used (yes/no) to identify the proportion of youth who experience obstacles. The SPSS computer program assisted in conducting the independent groups t-test, the Mann-Whitney U test, the chi-square test, and displaying the descriptive statistics of the quantitative data. I used Microsoft Word and Microsoft Excel to assist in organizing the quantitative data.

The qualitative data analysis included manually transcribing the qualitative data into related themes, topics, codes, and nodes. I used SPSS to assist with the displaying of tables and charts of the demographic details. Microsoft Word and Microsoft Excel assisted in organizing the qualitative data. I compiled both methods by comparing and contrasting both data for the final analysis and conclusion.

Definitions

Living conditions: These are the sheltered or unsheltered environments where the homeless and the nonhomeless at-risk live.

Homeless: Youth who lived on the streets, in shelters, or anywhere other than their home for a month or more when they were between the ages of 15 and 17 years old.

Nonhomeless at-risk: Youth who were close to becoming homeless, but they were not homeless when they were between 15 and 17 years of age. They are at-risk because they experienced some of the same factors as homeless youth, which included living in poverty and living on minimal or no family income. They lived on government assistance, they always moved from place to place, and they received limited social support. Youth had an unstable home life, which established an at-risk environment for them. They lived at the poverty level or below the poverty level.

Perceptions: Pertains to the participant's ability to be aware of a situation and make an interpretation of it through their senses when they were 15 to 17 years old.

Social interest: Involves caring about one's environment. It concerns a person's goal achievement processes in his or her community (Sulliman, 2015). It includes the person's interactions with others to obtain goals (Lundin, 1989). Social interest involves the person's personal and interpersonal growth (Sulliman, 2015) and the sharing of one's self with others in the community (Adler, 1927). Social interest involves seeking solutions to the problems that plague the lives of humankind. Social interest is an understanding of how people believe they fit into society. Social interest involves the

purpose and the actions people take in their societies that can lead to changes in societies (Adler, 1927).

High level of social interest: The person cares for the community and others in their society (Overholser, 2013). The person is not a self-centric person (Adler, 1927).

Lack of social interest: Lack of social interest means the individuals do not care about anyone in their community but themselves (Adler, 1927). People who lack social interest can view life and their community negatively. The person can participate in activities that are not useful in their society, such as criminal activities (Lundin, 1989; Adler, 1927).

Assumptions

I assumed all participants were capable of reading, understanding the questions on the survey, and were capable of completing the survey without help. Some participants could not read; therefore, I read each question to the participant during the survey process, in an unbiased manner. The second assumption was that the participants' memories would be accurate about what occurred in their life when they were younger. I collected data from adults who based on their experiences when they were 15 to 17 years old. The survey and face-to-face interview questions addressed participant's feelings about social interest, and the participants reflected their feelings according to his or her homeless and nonhomeless at-risk situations when they were younger. The third assumption was that participants' present life situation (homeless/nonhomeless at-risk) had not influenced his or her responses during the study. For example, 73% of participants who were previously homeless are currently nonhomeless and, 3% of

participants who were previously homeless are currently homeless sometimes and not homeless at other times. I assumed participants would perceive their homeless and nonhomeless situations according to the experiences of when they were younger, and not make any assumptions due to their current experiences. The fourth assumption is that I assumed that public policy obstacles caused participants to have negative feelings about their society and caused homeless youth to experience more obstacles than nonhomeless youth. I investigated and resolved all assumptions that influenced my study.

<div align="center">**Scope and Delimitations**</div>

Aspects of the Research Problem

Public policies caused obstacles for homeless youth in Atlanta, GA. It was difficult for homeless youth to acquire employment (Gaetz, 2004) healthcare, educational needs, and living accommodations (Ringwalt et al., 1998). Survival for homeless youth on the streets was difficult, and they faced many obstacles (David et al., 2012; Ringwalt et al., 1998; Rosario et al., 2012). The lifestyle on the streets for homeless youth leads to many healthcare issues, sicknesses, and even death. The frequent use of alcohol and illegal drugs among homeless youth can lead to mental and psychological problems (Keller, 2008). The federal government allows states to create their budget for some federal funds. Many state laws and allocations created difficulties for homeless youth to survive. Many laws enabled obstacles to exist for homeless youth more than for nonhomeless youth (Hicks-Coolick, Burnside-Eaton, & Peters, 2003). I collected themes about public policy obstacles, how the obstacles affected the lives of the youth, and how the obstacles caused youth to feel about their society. The results of this determined that

homeless youth perceived more public policy obstacles and have lower social interest scores than nonhomeless at-risk youth according to the youth's perceptions.

Define the Boundaries of the Study

I explored Adler's social interest theory that included a person's emotions and reactions towards his or her society and their concerns about his or her environment. I discovered that homeless youth's perceptions, due to their obstacles resulted in lower social interest score. I believe it is a public policy issue.

The population consisted of homeless youth and nonhomeless at-risk youth who visited drop-in centers for support with basic needs. The study's population caused the exclusion of homeless youth and nonhomeless at-risk youth who do not visit or who do not have a history with homeless shelters and drop-in centers.

Issues of External Validity

The sample for this study is statistically sound and heightens the potential generalizability of the population for the study. The sample selection characteristics represented the homeless matrices of Atlanta, GA. The sample size gave me the ability to detect if there was a difference between the groups. The homeless sample was a true representation of the homeless population because they were homeless for at least a month. The homeless sample experienced a variety of obstacles during the time they were homeless.

The nonhomeless at-risk youth sample was a true representation of the at-risk youth population because they were lower-income individuals who have never been

homeless as per their perception. The poverty situation of the nonhomeless at-risk youth caused their experiences to be similar to the homeless youth.

Limitations of the Study

The limitations included my biases and participant's recollections. I attained some biases through working with homeless youth for over four years; however, the bias feelings did not affect my study. Personal biases did not affect internal validity due to self-awareness and self-control of the biases during the study. Previous experiences, cultural exposure, social associations, and homeless training created awareness of any biases. During the research, positive or negative, facial or bodily expressions, were not demonstrated to the participants. Auditing the study determines whether the process, the data, and the documentation contained any biases.

The second limitation is that adults used in the study reflected on incidences that occurred when they were younger. Their memories might have been inaccurate about the earlier period. The adult sample used in the study avoided barriers for the study, which could have occurred while using children in research. However, the adult sample created a limitation due to a possible memory gap. The memory gap issues were limited by selecting adults ages 19 to 25 years to partake in the study. This age bracket was not much older than the ages of 15 to 17 years, the age where the participants were reflecting in the study. The closeness of the two ages should have reduced the memory gap issues among participants.

Researchers often confront situations and conditions that extend beyond the researcher's control. Being aware of the limitations and using techniques to reduce those limitations enhances the trustworthiness and quality of this Mixed methods study.

Significance

Many of the obstacles encountered by homeless youth were due to the poor implementation of public policies, which created situations that prevented homeless youth from obtaining services he or she needed to acquire healthcare, educational needs, and stable accommodations. My study showed that public policies and laws created obstacles for homeless youth at a higher rate than nonhomeless at-risk youth. Homeless youth struggled to survive the challenges they faced each day on the streets (David et al., 2012; Ringwalt et al., 1998; Rosario et al., 2012). The homeless youth lived in unhealthy situations that created unhealthy problems for them (Moore & McArthur, 2011), such as infections and diseases (Riley et al., 2007). The conditions caused the homeless youth to have higher death rates (Riley et al., 2007) than those of nonhomeless at-risk youth. Alcoholism and drug use rates were higher for homeless youth (Keller, 2008).

The Atlanta government and city agencies need to develop public policies that empower homeless youth, rather than create obstacles for them. The implementation of policies may assist with healthcare needs, educational requirements, and housing needs of the homeless youth. I identified obstacles homeless youth faced when trying to maneuver through the public policy maze. The results of the study highlighted obstacles that prevented homeless youth from obtaining basic needs. I identified the effect of social interest due to obstacles encountered by homeless youth according to their perceptions. If

the youth on the street are feeling negative about their society, if they are not motivated to improve themselves, they will become a burden to the state and city government (Petersburg, 2008). My research findings created awareness of how public policies contributed to negative perceptions of the homeless youth and the youth's perceptions of how their experiences affected their social interest. Public policies could improve situations for homeless youth, which could prevent youth from becoming a burden to the government.

The literature review did not identify any previous research, which focused on obstacles due to public policies that affected the youth's social interest, according to their perceptions. My study contributed knowledge about current public policy obstacles that confronted the homeless youth and their feelings about their society. The study could create awareness that could help develop programs to assist homeless youth in improving their perceptions about their society. The programs could enhance their motivation to contribute skills to improve their society. Organizations in Atlanta may understand the effect of public policy obstacles and social interest perceptions. Future scholars may have access to information about public policy obstacles affecting social interest for further research in social change.

Summary

Public policies created obstacles for homeless youth in Atlanta, GA. The purpose of this Mixed methods study was to compare the perceptions of youth who were homeless when they were 15 through 17 years, with the perceptions of nonhomeless at-risk youth who were not homeless during that age range. The theoretical framework for

my study was Adler's social interest theory, which stated that a person's goal achievement processes, his/her personal and interpersonal growth depend on their feelings about their society (Adler, 1927; Ansbacher, 1992; Sulliman, 2015). The obstacles that homeless youth encountered influenced their social interest. The statistical test determined that homeless youth have a lower social interest score than nonhomeless at-risk youth. I examined the proportion of homeless and nonhomeless at-risk youth who perceived public policy obstacles when obtaining education, healthcare, and stable accommodations.

Public policy developers and communities need to be aware of the effect public policy obstacles have on homeless youth in societies. During the research phase, I did not identify any research that focused on homeless youth's obstacles due to public policies, which can affect their social interest as per their perception. The research identified details that may create awareness about obstacles homeless youth encounter due to public policies. The results of my study may assist in developing special educational programs, which could concentrate on social interest and youth development.

Chapter 2: Literature Review

Introduction

There are more than 1.5 million homeless youth living on the streets of the U.S. each night. Homelessness is a reality for many youth in America every year, and poverty is one cause of youth homelessness. The families and the young of those families may be homeless because of economic factors that influence every facet of family life. The family could become dysfunctional and disintegrate because of economic factors. Obtaining the proper healthcare, educational needs, employment, and adequate accommodations are significant problems for families of homeless youth and the families of nonhomeless at-risk youth.

The mixed methods study focused on the homeless youth of Atlanta, GA, and addressed barriers that existed due to public policies. I examined how public policy obstacles affected the social interest perceptions of youth. I determined whether the obstacles resulted in a lower overall social interest score for homeless youth compared to nonhomeless at-risk youth and whether homeless youth experienced a greater proportion of obstacles. Adler's social interest theory was the basis for the survey and face-to-face open-ended questions. The results could establish criteria for social change because public policies could adapt practices and change current procedures. The changes could assist homeless youth in improving their feelings about their perceptions of society.

The purpose of this mixed methods study was to test and evaluate the differences of social interest scores of the homeless youth, with the social interest scores of the nonhomeless at-risk youth when they were 15 to 17 years. I collected and analyzed

themes from youth according to their perceptions of how public policies affected their social interest during the same age range (15 to 17 years). The resulting data demonstrated that public policies created barriers resulting in reduced social interest for youth. The information from the study might benefit homeless shelters, drop-in centers, schools, government organizations, and the city of Atlanta. The study might provide knowledge that could justify resources to help homeless youth, and develop adequate programs to support homeless youth. Scholars may use the study's information to conduct future research that is compatible with the field of public policy.

In this chapter, I discussed the obstacles public policies created for homeless youth. I investigated if the obstacles youth encountered have caused homeless youth to have lower social interest scores. The literature review has shown studies about factors that caused barriers that homeless youth faced on the street due to public policies. This chapter has reviewed studies to determine ways in which researchers approached the problems, and the strengths and weaknesses of the studies. The literature review included studies that investigated homeless youth's perceptions of being homeless, and their perceptions about social matters. The literature review included some controversial issues discussing known and unknown issues about the studies as they related to homeless youth, the social interest theory, and public policy obstacles.

Literature Search Strategy

I searched the Walden Library in the following databases: Academic Search Complete, LGBT Life with Full Text, PsycARTICLES, PsycCRITIQUES, PsycEXTRA, PsycINFO, SAGE Premier, LexisNexis Academic, Academic Search Complete, ProQuest

Central, PubMed database, and Walden Dissertation and Doctoral Studies and

Dissertations & Theses at Walden University. I also searched the Internet using Google

Scholar. I used the following search terms to locate articles for the literature review:

Social interest, social inquires, social interest theories, achieving personal and social

goal, developing social relationships, personal growth, interpersonal growth, feeling of

belonging, homeless youth environment, experiences homeless encounters, obstacles

homeless confront, public policies, public policies affecting the homeless, homeless youth

personal and interpersonal relationships, goal-achieving processes, people's concerns

about their society, people's feelings about their society, inner societal feelings, self-

improvement, lack of social interest, and *poverty.* The majority of the research documents

in the literature review were from 2009 to 2015, and a few of the research documents

were from 2008. The target was to obtain research materials that were less than five years

old to give me the latest information about homeless and nonhomeless, at-risk youth.

Target dating various types of research covers many aspects of homelessness.

The focus of the literature review in terms of types addressed obstacles of the

male and female homeless youth. However, it expanded into other areas, such as the

lesbian, gay, bisexual, and transgender (LGBT) homeless youth who had problems that

exceeded those of the homeless heterosexual youth. Homeless mothers with one or more

children were part of the literature review. The problem for the homeless mothers was the

separation from their children when trying to acquire a homeless shelter. Education for

homeless youth was part of the types of literature included in the review. There was a

discussion about the impact of the McKinney-Vento Act, which provides access for

homeless children through the educational process. Public policies influenced the homeless youth's activities and their access to education, healthcare, and shelter and became part of the literature review. The nonhomeless at-risk youth's life and environment parallel that of the homeless youth. Lower poverty levels, mental and behavioral problems, and substance abuse were consistent with both the homeless youth and the nonhomeless at-risk youth groups. The lack of social interest constantly confronts homeless youth due to their homeless environment. The literature review explored the definition of social interest and the influence it has on homeless youth. It captured and identified the obstacles the homeless youth face and the influence of those obstacles as they related to social interest.

Theoretical Foundation

Adler's Social Interest Theory

Social interest perceptions are an important element in the lives of homeless youth that influence their feelings about their society. Social interest includes people's concerns about their environment, their personal and interpersonal growth, and their goal advancement and goal achievement processes (Sulliman, personal communication, April 17, 2015). A person's feelings toward his or her society and his or her social life can contribute towards their accomplishments and their development throughout his or her life (Adler, 1930). A person's life achievements and their human developments are the results of the demands of their social life and their social feelings toward their society (Adler, 1930). Acclimatizing to one's society is the most significant societal role for that

person (Adler, 1927a). Adler (1927) indicated that a person's perceptions influence his or her social relationships and their interactions with other people.

Everyone needs other people's help and judgment to assist them in solving their problems because other people can influence the person (Adler, 1927a). People need to have social relationships for their survival, and they need to form groups, and live among members of their society (Adler, 1927b). Social life helps to strengthen humankind's individual needs because social living helps humankind overcome inadequacies and inferiorities. Humankind needs support from others because their abilities are unequal (Adler, 1927b). Social life helps people work together and achieve goals in their society (Adler, 1930a). A person's circumstances in their life and the laws and regulations of their society can help mold their social life (Adler, 1927a).

Scholars studied Adler's social interest theory and attempted to determine its place in societal relationships. Ansbacher and Ansbacher (1964) studied the work of Adler's original writing from 1907 to 1937. Ansbacher and Ansbacher indicated that Adler described social interest as a society of people with the same feelings about an issue. Ansbacher (1992) interpreted that Adler defined social interest as "the action line of community feeling" (p. 405). Ansbacher (1964) also stated that Adler indicated that social interest is a basic need and a requirement for the people's relationships with their world. Ansbacher (1964) reported that in 1922, Adler documented the definition of community feeling as described in his work. The term *community feeling* evolved into the term social feeling. Community feeling was a broad term; therefore, Adler changed the term to *social feeling*, which was a more definitive term (Ansbacher, 1992).

Community feeling influences an individual's psychological life. According to Ansbacher (1964), Adler added that the community feeling is a reflection of the cosmos and allows people to connect to their environment beyond their inner bodies. Community feeling was also a way of seeing the future of the human race that addresses a sense of direction (Ansbacher, 1992). Social interest was an outgrowth of social feelings (Adler, 1927).

The terms *social interest* and *social feeling* describe the world external to the individual. The word *feeling* is a state of being part of the social environment. The word interest defines an active direction toward making a contribution or an act of cooperation with the world (Ansbacher, 1992). Establishing self-esteem can be the first step of social interest. The second step of social interest involves locating a goal, which will create a sense of improvement. The self-improvement process of increasing social interest is continuous (Ansbacher & Ansbacher, 1956).

Social interest influences a person's goal achievement process. A person with little or no social interest is not motivated to accomplish goals in life. The social interest theory in the data collection of the research has helped me to understand how social interest perceptions affected youth's behavior towards their society. When striving for goals (perfection or superiority) are unsuccessful, it could weaken the psychological growth of homeless and nonhomeless at-risk youth. If homeless youth are constantly experiencing obstacles, including obstacles created by public policies, it may be impossible for them to overcome defeat, and this could discourage them from reaching goals. Striving for perfection/superiority could become a psychological setback when the

strivings contain obstacles that block a person's progress or obstacles that are too great to overcome (Adler, 1930). The homeless environment could create a sense of inferiority that can hinder a person's progress. Youth may feel they do not belong to their society since obstacles can disturb their ability to self-improve (Adler, 1930).

People's Feelings and Perceptions of Society Versus Social Interest

Social interest affects people's feelings and their perceptions about their society. Crandall (1980) indicated that Adler regarded social interest as a necessity for an individual to portray healthy behaviors. Crandall continued to suggest that a person's social interest has an effect on his or her perceptions, feelings, motives, and his or her contributions. A person who lacks social interest could feel insecure and not motivated to undertake activities in his/her society. The person could have difficulties in their relationships, such as friends, family, and associates. Finally, the person may lack the desire to reach and achieve goals (Crandall, 1980).

Crandall (1980) conducted some studies to test participant's social interest traits as well as traits not related to social interest. Crandall used a social interest scale that included pairs of social interest and non-social interest questions. The study used a wide range of participants who chose their answer preferences. One conclusion of the study was a positive correlation between social interest, adjustment, and well-being. The correlation was higher among people undergoing numerous stresses. The significance factor between a person's social interest when they are undergoing stress in their lives. The study also indicated that there is evidence that social interest is vital to a person's health.

Public Policy Obstacles Relevant to Adler's Social Interest Theory

Public policies created obstacles for homeless youth, which has caused them to feel discouraged about their society. The experiences homeless youth encountered could cause them to experience fear in numerous situations that could affect their social interest. Ansbacher and Ansbacher (1956) cited that their understanding of Adler's discussion about fear includes a person who is experiencing fear could prolong their fears to all levels of relationships during their lives. When a person has agreed to avoid life's difficulties, his or her attitudes enhance greater fears. Finally, fear could cause a person to shun their society (Ansbacher & Ansbacher (1956).

Stone (2013) conducted research to test the fear rating process on 223 participants who were undergoing clinical treatment. The participants conducted the test before their first or second clinical treatment. The instrument used was a fear survey schedule (FSS; Stone, 2013) to test variables such as global and individual fears. The purpose of the study was to establish the origin and the degree of fear participants encountered. The test indicated the FSS helped to identify the degree of fear a person holds and assesses the person's reaction to their treatment. Public policy obstacles affected homeless youth through the fear of obtaining essentials such as education, healthcare, and stable accommodations. The feeling of fear created a lack of concern and lowered social interest for homeless youth according to the youth's perceptions. Many youth adopted a sense of hopelessness and an abundance of negative feelings about societal engagements.

Negative Effect of the Lack of Social Interest

A homeless youth's environment could negatively influence his or her social interest score. The obstacles youth encountered affected their social interest scores. A person's lifestyle can contribute to how he or she relates to his/her world (DeRobertis, 2010). The person's experience and his or her living environment can be social factors that may increase or decrease a person's social interest (Ansbacher & Ansbacher, 1956). The major theoretical proposition in the study assumed that homeless youth would have a lower social interest score than nonhomeless at-risk youth according to their perceptions. Homeless youth's environment, the experiences they encountered, and the obstacles they faced due to public policies had a major impact on lower social interest scores according to youths' perceptions. Lower social interest could have a negative effect on homeless youths' social interest. It could affect social interest factors such as their personal and interpersonal relationships, their goal-achieving processes, and their feeling of belonging in their society. Little or no social interest could discourage homeless youth from contributing any skills or services to their society due to a lack of motivation.

Relationship of Social Interest to the Study

The social interest theory related to the study because the theory connected the research purpose and the problems. The theory guided the research in the data collection and the data analysis methods. Social interest involves the psychological process and the actions a person takes to show their feelings about his or her society (Adler, 1930). Homeless and nonhomeless at-risk youth's environment, and their life experiences obviated the possibility of self-empowerment. The social interest theory assisted the

research in determining whether youth had an adequate amount of social interest. An

acceptable amount of social interest could help youth make the proper choices in their

lives, and a decreased amount of social interest could affect homeless youth negatively.

Adler indicated that if a person's feeling of adequacy in his/her society is imbalanced,

this could affect their motivation to strive for goals (Ansbacher & Ansbacher, 1956).

Adler believed that when a person achieves goals and applies creative solutions, it is

necessary for his or her personal development (DeRobertis, 2010). The less self-assured a

person feels about him/herself, the less motivated he or she will be in achieving goals

(Ansbacher & Ansbacher, 1956). The less inferior a person feels, the greater the

motivation for him or her to achieve goals (Ansbacher & Ansbacher, 1956). The social

interest theory related to the study because it answered the research questions. The theory

provides answers for a public policy journey that led to a positive social change.

Origin of Social Interest

The origin of the social interest theory allowed Adler to recognize the social

conditions that affected his patients. During Adler's era, many events shaped the political

environment and public policy environment (Edgar, 1996). Adler addressed the working

conditions that were part of the industrialization period (Santiago-Valles, 2009).

DeRobertis (2010) pointed out that Adler created the foundation for understanding child

development, which is applicable today. Adler focused on relationships when discussing

social justice in Individual Psychology (Santiago-Valles, 2009).

Adler was a humble person. Most psychologists of the time lived in affluent

neighborhoods; but, Adler chose to live among the working-class (Edgar, 1996). Living

in Vienna was not easy for Adler (Edgar, 1996). He was a socialist and therefore, he met

rejection from people like Freud and other popular psychologists of that time (Edgar,

1996). He met patients on a socially equal basis. Adler was an outcast to the affluent

because he did not present himself to patients as someone who was above them.

Adler thought the public should receive free psychological and medical attention

(Edgar,1996). He supported free education and often gave free psychological help to

local schools (Edgar, 1996). Adler's approach to his psychological treatment for his

patients indicated that he was a strong believer in social justice. Adler communicated to

his patients in a manner that did not place Adler in a superior position. Adler believed the

greatest tool a therapist has in treating his or her clients is a relationship based on

equality. He felt the equal treatment approach moved the clients from hope to

encouragement (Main & Boughner, 2011).

Rationale for Choosing the Social Interest Theory

Adler's social interest theory applied to the hypotheses and interview questions

because social interest determines people's views about their societies. Adler's social

interest factors provided a direction for homeless and nonhomeless at-risk youth in the

study. Adler overemphasized social factors and the influences social factors had on a

person's personality. The survey and interview questions helped discover youths'

perceptions of their society. Adler's social interest work is applicable in today's

environment for social change with homeless and nonhomeless at-risk youth in Atlanta,

GA.

I examined if there was an insignificant difference between social equality issues that existed during Adler's era. During my work at homeless centers, while conversing with homeless and nonhomeless at-risk youth, many youth believed society treated them differently due to government rules and regulations. Adler's work on social interest suited the study because through the social interest theory, Adler helped clients based on their emotional state. The quantitative and the qualitative portions of the study assisted in identifying youth's emotions about public policy perceptions.

Analysis of the Social Interest Theory to Previous Studies

I compared the work of other scholars to Adler's social interest theory. Maslow's hierarchy of needs has some similarities to Adler's social interest theories. Maslow indicated that humankind must achieve the hierarchy of needs that includes belonging, love, esteem, and self-actualization. Maslow suggested that as a person meets their needs on the hierarchy, he or she is motivated to reach for other hierarchical needs (Schultz & Schultz, 2008). Adler indicated that under normal conditions, inferiority experienced by humankind during his or her life, motivates them to improve themselves (Ansbacher & Ansbacher, 1956). A person improves him or herself by achieving goals or striving for perfection or superiority. The continuation of solving problems (achieving goals) is a repetitive practice during one's lifetime since the feeling of inferiority is a constant need for humankind. Adler's social interest theory is slightly different from Maslow's hierarchy of needs because Adler indicated that if the feeling of inferiority is not balanced, the person is not motivated to strive for perfection or superiority (Ansbacher & Ansbacher, 1956).

In reference to homeless and nonhomeless at-risk youth in Atlanta, I speculate that Maslow would indicate that youth would try to achieve their immediate psychological needs, which includes food, clothing, and shelter, before trying to achieve other needs. After the youth achieve their psychological needs, they will try to fill other needs such as love and esteem. I speculate that Adler would indicate that due to the inferior feeling, youth would try to obtain food, clothing, and shelter, only if the youth's sense of inferiority reaches equilibrium. After solving these problems (needs), depending on the youth's view of their feeling in society, they will try to achieve other needs. If the youth's feeling of inferiority is too high, he or she will lack the motivation to achieve further needs (Ansbacher & Ansbacher, 1956).

Adler's social interest theory addressed the potential for an individual to commit criminal activity. Adler's social interest theory indicates that criminals would be likely to have a lower social interest score. Highland, Kern, and Curlette (2010) conducted a quantitative study to determine "social interest, activity level, parental pampering, and criminal planning" (p. 442) among criminal offenders. The instruments used included a variety of surveys and a questionnaire to assess participant's scores. Participants included 94 convicted murderers and 76 non-violent offenders. The results of the study indicated that murderers had a deficit in their social interest and came from parental situations that were more controlling, less permissive, overprotective, and less indulgent. According to the research, some of the rationales for those who commit murders included the lack of self-control and the lack of social learning (Highland et al., 2010).

Definition of Homelessness

There are numerous all-encompassing definitions of homelessness. The differences could be due to the experiences of each homeless person. Ringwalt et al. (1988) defined homelessness as an individual who spends 24 hours or more residing on the streets or in a homeless shelter within a 12-month period. Cooker et al. (2009) defined homelessness as when a person has spent 1 to 3 years on the street. The descriptions of a homeless person always include the scenario of unstable living conditions and living below the poverty level (Fertig & Reingold, 2008). The different categorizations of the homeless youth by the researchers and the policymakers lead the federal agencies to differentiate between the criteria for helping the homeless youth (Fertig & Reingold, 2008).

Factors Causing Homelessness

Factors causing homelessness among youth could be a result of different family experiences. Fertig and Reingold (2008) used secondary data about families with children to explore factors that could lead to homelessness among families. The data included interviews from a one-year sample and a 3-year sample. Fertig and Reingold disclosed factors such as mental health issues, poor physical health, domestic violence, economic conditions, residential instability, and shelter accessibility, which contributed to families becoming homeless. Fertig and Reingold indicated that the current housing market, inadequate resources, lack of family and social support are factors that defined homeless families. Tierney et al. (2008) indicated homeless youth became homeless due to the death of a parent or a guardian, disagreements among family members, imprisonment of

a relative or custodian, and economic inefficiencies among families. Although Fertig and

Reingold and Tierney et al. stated different factors causing homelessness, both authors

mentioned economic inefficiencies as a common factor that caused homelessness among

families. Ryan and Claessen (2013) indicated that changes in the family structure could

contribute to families becoming homeless since there is a change in family economics.

Obstacles Homeless Youth Face on the Street

Homeless youth encountered numerous obstacles while living on the streets, such

as a lack of economic resources, inadequate meals, and a lack of societal support. Youth

lacked insufficient clothing and improper shelter during different weather conditions.

Homeless youth engaged in risky behavior, participated in unhealthy activities that led to

physical and psychological obstacles. Finally, sex trafficking, drug abuse, and violent

neighborhoods are obstacles that homeless youth confronted each day. Homeless youth's

daily concerns included gathering sufficient food, clothing, shelter, and support from

society to survive. According to Karabanow (2008), homeless youth lived wherever they

could throughout the cities, and they consisted of various diverse groups. Karabanow

added there were two factors that made it difficult for homeless youth to leave the streets

and re-enter society. The factors included their feeling of social exclusion from society

that caused youth to have a negative perception of society. Alternatively, the youth

experienced positive perceptions and community support from other homeless peers

(Karabanow, 2008).

Homeless youth provided each other with a caring and a protecting environment.

They often formed groups and family structures among themselves on the streets. For

many homeless youth, their homeless peers were the only family they had had in their lives. If a homeless youth had an opportunity to leave the street life without their friends, it would be difficult for the youth to leave their peers behind and re-enter society. Morrison, Nikolajski, Borrero, and Zickmund (2014) conducted a qualitative study on homeless and nonhomeless at-risk youth in Brazil to examine the youth's perception about risky behaviors and factors that drove youth to engage in risky behaviors. Risky behaviors included abusing drugs, abusing alcohol, and smoking, engaging in gang violence, and engaging in sexual activities (Nikolajski et al., 2014).

Morrison et al. (2014) indicated that youth perceived the conditions that led to their risky behaviors were due to a breakdown in their family structures with little or no socio-economic opportunities and little or no educational opportunities. Morrison et al. expressed the lack of socio-economic opportunities that included inadequate job training or employment opportunities, and a lack of educational opportunities. Rosario, Schrimshaw, and Hunter (2011) indicated that in comparison to nonhomeless at-risk youth, homeless youth were more depressed, more anxious, experienced more problems with their conduct, and experienced more substance abuse. Homelessness is a stressful experience, which led to psychological symptoms for homeless youth. Rosario et al. examined the relationship between homelessness and psychological symptoms for lesbian, gay, and bisexual (LGB) youth. Rosario et al. compared the psychological symptoms of homeless LGB youth with the psychological symptoms of the nonhomeless LGB youth.

Rosario et al. (2011) indicated that there is a relationship between homelessness and some psychological symptoms. The psychological symptoms included depressive symptoms, anxious symptoms, conduct problems, and substance abuse. Rosario et al. stated that relationships between homelessness and psychological symptoms existed through different stages of the study. Rosario et al. also indicated that other psychological symptoms discovered in the study included stressful life activities, little or no social interactions, and no social support. Finally, Rosario et al. showed that homeless LGB youth expressed they encountered more obstacles, they had an increase in difficult relationships, and they received less support from their peers.

Sex trafficking is one crime that crosses the path of homeless youth while on the streets and can add to homeless youth's discomfort in society. Macy and Graham (2012) stated it was difficult for service workers to identify sex trafficking victims. Macy and Graham created some improved ideas about identifying sex trafficking victims to organizations that provided services for sex trafficking victims. Plans included screening and recognizing sex trafficking victims. Documents reviewed by Macy and Graham included sex trafficking victims trafficked locally and internationally. Results of the reviewed documents showed there was a difference between domestic and international sex trafficking victims. The results also identified areas of improvement to the status quo (Macy & Graham, 2012).

Macy and Graham (2012) indicated that sex trafficking victims were continually moving from one community to another; therefore, they were always seeing different service workers, and no progress occurred with their cases. The results of Macy and

Graham indicated that homeless youth were among the group of sex trafficking victims. There was a lack of information in identifying domestic and international trafficking victims Macy & Graham, 2012).

Substance abuse and violent neighborhoods were other obstacles homeless youth encountered on the street. Substance abuse is one of the problems homeless youth face while living on the streets (Wenzel, Tucker, Golinelli, Green, & Zhou, 2010). The social network of homeless youth is essential to understanding their use of alcohol, cigarettes, and marijuana. Wenzel et al. (2010) conducted a study to explore if the use of drugs such as alcohol, cigarettes, and marijuana among homeless youth was due to their social network on the streets. Wenzel et al. sought ideas to prevent substance abuse and provide tools for early intervention of substance abuse for the homeless youth. The study created alternative solutions that will be safer for homeless youth (Wenzel et al., 2010). Levanthal and Brooks-Gunn (2011) indicated that youth residing in neighborhoods with lower poverty rates had a higher mean level of violent and property offenses. Levanthal and Brooks-Gunn showed an increase in poverty rates correlates with an increase in problems generated by youth's behavior. Levanthal and Brooks-Gunn found more social resources in low-poverty neighborhoods to help youth cope with changes in poverty in their neighborhoods. Neighborhoods with a decrease in poverty rates contained residents who were above the poverty level and were mostly American citizens (Levanthal & Brooks-Gunn, 2011).

The factors leading to homelessness (Fertig & Reingold, 2008) and the changes in youth's behavior were all due to changes in their economic resources (Levanthal &

Brooks-Gun, 2011; Ryan & Claessen, 2013), and their family structures (Ryan &

Claessen, 2013). Researchers focused on the experiences of homeless youth (Macy &

Graham, 2012; Wenzel et al., 2010) and the psychological symptoms (Rosario et al.,

2011) that homeless youth encountered due to their homeless situations. The various

researchers used a set of quantitative and qualitative methods to make the study a

success. The methods Fertig and Reingold (2008) used in their study included secondary

data from studies from Fragile Families and Children Wellbeing (FFCW). The FFCW

documented birth information for 5,000 children of single homeless mothers from various

cities in the U.S. for three years (Fertig & Reingold, 2008). There were three interviews,

and the first meeting occurred in person after the birth of the infant (Fertig & Reingold,

2008). A year later, a second meeting took place on the telephone (2008). A final phone

interview occurred 3 years later (Fertig & Reingold, 2008).

Ryan and Claessen (2013) conducted a quantitative study using data from

Material and Child Supplements that was a set of surveys conducted with youth

nationwide. The first interviews for Ryan and Claessen began in 1979, and discussions

continued yearly up to 1994. Descriptive statistics by Ryan and Claessen's study

described behavioral outcomes and the statistical *t*-test determined mean differences of

the variables. A linear model was used by Ryan and Claessen to assess the association

between changes in family structures and changes in children's behavior.

Statistical methods used by Levanthal and Brooks-Gunn (2011) included analysis

of variance and descriptive statistics. Morrison et al. conducted a qualitative study. The

20 open-ended questions asked participants 12 to 17 years questions regarding their

perceptions of risky behaviors (Morrison et al., 2014). Each interview in the Morrison et al. study lasted for duration of 45 to 70 minutes.

Other researchers used a variety of methods to conduct their study. Methods used by Rosario et al. (2011) included a longitudinal qualitative study. Three organizations that provided community services to LGB youth and two LGB colleges in New York City helped to recruit the youth (Rosario et al., 2011). Rosario et al. used descriptive statistics to provide information about data in the study. The *t*-test compared mean differences in the variables, and the Pearson Correlation compared the association between variables (Rosario et al., 2011). Linear regression examined the roles to understand the different symptoms in the study. They used structured interviews to collect an extensive amount of data. After the first interview, the second interview occurred six months later, and the third meeting occurred 12 months after the first interview (Rosario et al., 2011). Interviews lasted approximately two to three hours (Rosario et al., 2011).

Macy and Graham (2012) included a literature review of 20 documents to identify information regarding the identification of victims of sex trafficking. Materials contained in the sex trafficking analysis were government reports and documents from organizations that worked with trafficked victims (Macy & Graham, 2012). Macy and Graham included 15 articles and reports and 102 journals to review information about sex trafficking. Macy and Graham used Google search to collect information. Macy and Graham reviewed documents that came from government agencies, non-profits, and

academic researchers. Wenzel et al. (2010) interviewed 419 homeless youth who were between the ages of 13 to 24 years for the study.

Although researchers selected a variety of participants to conduct their studies, an adequate representation included studies surrounding homeless families and youth. Fertig and Reingold (2008) approached at-risk and homeless single mothers from major cities on a random selection basis for their study; they interviewed each participant on an individual basis. Fertig and Reingold involved parents who had a newborn infant. Fertig and Reingold collected data from participants that included their socio-demographic information and participant's living conditions since the birth of their child.

Ryan and Claessen's (2013) study was a longitudinal study that surveyed 3,492 youth between the ages of 14 to 21 years. Levanthal and Brooks-Gunn (2011) observed the youth's behavior and their poverty for approximately six years. In the study, youths' behavior examined property offenses and violent behaviors. Property crimes included property damage and car thefts. Violent behaviors consisted of physical abuse and the use of weapons (Levanthal & Brooks-Gunn, 2011). Levanthal and Brooks-Gunn's (2011) study was a multilevel longitudinal study on children from a diverse group consisting of 80 neighborhoods that investigated a sample of 8,000 residents from 343 neighborhoods in Chicago. Levanthal and Brooks-Gunn (2011) focused on a concentrated area where 30 to 40% of the households lived below the poverty level. The Levanthal and Brooks-Gunn (2011) study represented low socioeconomic status groups and included large neighborhoods of Caucasians. Medium and high socioeconomic status groups included a mixture of Latino and African-American neighborhoods (Levanthal & Brooks-Gunn,

2011). Levanthal and Brooks-Gunn interviewed students from the ages of six to 15 years. The students were from diverse ethnic and economic backgrounds. The low-income families in the study consisted of 35% African-Americans, 35% Mexican-Americans, 11% Latinos, 18% European-Americans. The remaining 45% were immigrant families. Levanthal and Brooks-Gunn's interviewers spoke different languages consisting of English, Spanish, and Polish.

Morrison et al. (2014) interviewed youth enrolled in activities offered by six nonprofit organizations. There were 15 males and 15 females consisting of diverse ethnic groups participating in the study (Morrison et al., 2014). Morrison et al. used six locations, and each location contributed five youth each for the study. Rosario et al. (2011) interviewed 156 LGB youth ages 14 to 21 years, and 75 of the youth were homeless while 81 youth were never homeless. Youth who were LGB in the Rosario et al. study represented 66%, 31% of youth were bisexual, and 3% were from other categories. Females made up 49%, and Latinos were 37%, African Americans were 35%, 22% were Caucasians, and 7% Asians (Rosario et al., 2011).

The ethnic groups used in the Wenzel et al. (2010) study included Caucasians consisting of 34%, African Americans consisting of 24%, and Hispanics and Latinos consisting of 20%. Males made up 63%, while females made up 37% of the sample (Wenzel et al., 2010). Wenzel et al. selected participants randomly from places where homeless youth frequent daily. The areas included street corners, homeless shelters, and drop-in centers, parks, and alleyways (Wenzel et al., 2010). Wenzel et al. took over 10

months to collect all the data. Researchers first contacted 582 participants; but, 163 participants did not qualify for the study (Wenzel et al., 2010).

Each study has some advantages that demonstrate a thorough investigation of their subject matter. The advantages of the Fertig and Reingold (2008) study were that it created knowledge about homeless situations for families. The study provided information that helped public policy developers assist homeless families with their conditions (2008). An advantage of the Ryan and Claessen (2013) study is that it consisted of a broad and diverse sample. The advantages of the Levanthal and Brooks-Gunn (2011) study is that the sample and neighborhoods used in the study represented the research population. The sample represented the research question the study was seeking the effects of changing poverty on youth (Levanthal & Brooks-Gunn, 2011). The sample was large enough to collect a significant amount of information on the topic (Levanthal & Brooks-Gunn, 2011). Advantages of the Morrison et al. (2014) study included all participants were involved in some at-risk behavior due to their association with the six organizations. Morrison et al (2014) study consisted of an equal number of males and females; therefore, there was an equal representation of genders. The main researcher in the Morrison et al. study spent an extensive amount of time volunteering his services at each of the six establishments. He spent 1 day per-week at each organization to understand the administration process. The researcher identified potential participants, collected notes, and ideas for the study (Morrison et al., 2014). Morrison et al. interviewed participants in two different phases for the study. Researchers received assistance from workers from the six organizations to assist with developing the research

questions (Morrison et al., 2014). The large sample of 30 participants helped the researcher collect an abundance of data for the study (Morrison et al., 2014).

Advantages of the Rosario et al. (2011) study are all youth signed an informed consent before taking the study. Minors in the study waived parental consent; however, an adult safeguarded the rights of the minors (Rosario et al., 2011). The advantages of the Rosario et al. study are that the interviews occurred in private rooms. Interviewees had a college education and were the same sex as the youth they were interviewing. The different stages of the research had an excellent retention rate of over 90% for all interviews.

An advantage of the Macy and Graham (2012) study is the results provided organizations with strategies for identifying sex trafficking victims. The strength of the Wenzel et al. (2010) study is that the sample was large, which allowed the researchers the opportunity to collect a large amount of data about the topic. Wenzel et al. explored some positive information about how society and members of society play a positive role for homeless youth.

The participants in the Fertig and Reingold (2008) study were an accurate representation of all homeless groups because the participants experienced homelessness. Levanthal and Brooks-Gunn (2011) explored changes that associates with poverty for youth between the years from 1990 to 2000 (Levanthal & Brooks-Gunn, 2011). Results of the Levanthal and Brooks-Gunn study indicated there was an association between changes in poverty and an increase in problem behavior in boys. Both studies indicated homeless youth lack family and societal support. Youth needed the support of their

families and their societies to help them achieve goals in their society. Homeless youth existed in areas that excluded them from society. Societies traumatized, stigmatized, and harassed homeless youth. Homeless youth needed to feel a sense of purpose, and they needed to be engaged in goals that were acceptable in their societies. Having a goal and a vision towards society's mission prevented youth from engaging in risky and unlawful behaviors.

Participants in the Morrison et al. (2014) study were a good representation of the population due to their experience in at-risk behaviors. The sample size in the Rosario et al. (2011) study was not large enough, and participants were mostly LGB. The results reflected the experiences of LGB and lacked the experiences of other groups (Rosario et al., 2011). The purpose of the Macy and Graham (2012) study was to provide people and organizations who work with sex trafficking victims with methods for recognizing sex trafficking victims. Macy and Graham could have collected information that was more accurate from sex trafficking victims if they had conducted personal interviews with participants. The results of the Wenzel et al. (2010) study identified youth who consumed more of the three items (alcohol, cigarettes, and marijuana) when he or she associated with people who used an excessive amount of alcohol, cigarettes, and marijuana. When youth associated themselves with other homeless youth, they used more marijuana (Wenzel et al., 2010). Alternatively, less marijuana usage occurred if homeless youth associated themselves with youth who were undergoing drug treatments.

Wenzel et al. (2010) also indicated that youth used more alcohol if they associated themselves with activities that included the usage of drug substances. Wenzel et al. stated

that youth used less alcohol if they had an adult mentor in their lives. Finally, the youth

used less alcohol and cigarettes if they attended school (Wenzel et al., 2010). Data from

the Wenzel et al. study indicated that homeless youth attended school when they had an

adult influence in their lives. When youth attended drug treatments, they used fewer

cigarettes, less alcohol, and less marijuana (Wenzel et al., 2010).

I observed disadvantages in the studies that I reviewed for my literature search. A

disadvantage of the Fertig and Reingold (2008) study is the definition of homelessness

was too broad. For example, the study included families who were homeless and those

families who lived with friends and other family members. The disadvantage of the Ryan

and Claessen (2013) study was that researchers could have included more variables in the

study to collect additional information. The disadvantage of the Levanthal and Brooks-

Gunn (2011) study was the sample was large; however, the study contained limited

variables. The study needed additional variables to explore other ideas for the research

question (Levanthal & Brooks-Gunn, 2011). Disadvantages of Morrison et al. (2014)

study were the study predominately focused on youth who engaged in risky behaviors.

The study did not include a comparable group who were not involved in risky behavior. It

would have been an advantage for Morrison et al. to collect data about the perceptions of

youth in a non risky group.

The second disadvantage of Morrison et al. (2014) study was the social problems

youth perceived may only apply to Brazil, and it may not be appropriate for many other

areas throughout the world. Disadvantages of the Rosario et al. (2011) study are the youth

received $30 for participating in the interviews. The youth could have only participated in

the study to receive the funds. There was a time-lapse since the first interview; the information may not be accurate since many youth's conditions may be different (Rosario et al., 2011). A disadvantage of the Macy and Graham (2012) study was that the dates on some of the documents were unknown. Out of the 20 documents, 12 documents had the dates, and the other eight documents were without dates. The weakness of the Wenzel et al. study was it focused more on males than females. Different genders in the Wenzel et al. study would have different experiences while living on the streets. Males might have different experiences from females while homeless (Wenzel et al., 2010).

Public Policies Create Obstacles for Homeless Youth in Education, Healthcare, and Stable Accommodations

The federal, state, and local governments developed welfare programs to help the poor with basic needs that are essential to citizens of the United States. Many of these welfare programs differ across the US, and they caused obstacles that prevented families from obtaining help from the government (Sheeley, 2013). The obstacles affect homeless youths' ability to gain an education, healthcare, and stable accommodations. The constant restructuring and revising of programs, strict eligibility restrictions, bureaucratic rules, and regulations deny access to the services for many youth. The state of Georgia decides to keep their minimum wage below the federally recommended minimum wage, which has been causing additional obstacles for the poor to survive on the low wages. The state of Georgia refused to expand its Medicaid program under the Affordable Care Act that prevented many people from receiving needed healthcare. In the state of Georgia, there is

a decline in low-income housing, which makes it impossible for the poor to afford a place.

Restructuring and revising programs could disappoint homeless families and create difficulties for them to obtain daily assistance. An example of a revised program due to government legislation was the replacement of a federal entitlement program, "The Aid to Families with Dependent Children (AFDC) program was replaced with a state block grant program, Temporary Assistance for Needy Families (TANF)" (Sheely, 2013., p 54). According to Rose and Baumgartner (2013), focus on the poor through public opinion has changed from generous to stingy. Rose and Baumgartner continued that public policy changes from an optimistic attitude to a pessimistic attitude as the public's opinion about the poor varies. Some public views indicate the poor were cheaters, lazy, and do not want to work for a living. Additional comments included many of the poor abused the government programs that were in place to help them. Sheely (2013) implied that the shift in spending on government assistance programs might be the result of many other factors. Factors such as an increase in families that need support, changes in government budgets, growing populations, and immigration rules in the U.S. States operating under block grant funding structures have the authority to restrict welfare benefits to control the state's expenses.

During the 1960s, the U.S. introduced some welfare programs, including the Social Security Act in 1962, the Food Stamp Act of 1964, and the Housing and Urban Development Act of 1965 to help the poor (Hayashi, 2014). The federal government did not outline for the state governments any specific guidelines about the distribution and

administration of the programs in their states (Hayashi, 2014; Sheely, 2013). Each state developed the methodology for allocating the programs to the poor. The development of federal programs does not provide uniformed regulations to administer the programs to the homeless, and states can implement their own rules on issuing funds to the citizens (Hayashi, 2014; Sheely, 2013).

Strict eligibility restrictions and bureaucratic rules and regulations created obstacles for homeless youth to receive welfare assistance and often kept them residing on the streets for a more extended period. Occasionally, the requirements and eligibility rules for federal assistance were so strict that many homeless youth discontinued the application process. Sheely (2013) indicated that each state had its own rules regarding eligibility on welfare programs. Some welfare eligibility programs were too strict and prevented homeless youth from receiving assistance from the government.

I studied many of the eligibility requirements on some programs, and I found some eligibility requirements were too stringent for homeless youth. First, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Public Law104-193," 1996; PRWORA) in Section, 115, in relation to temporary assistance for needy families, this section states that a person cannot receive benefits if they have had a previous conviction relating to different types of drug issues. Homeless youth often have some drug- related convictions, while living on the streets since many use drugs while on the street. In the PRWORA sections regarding social security benefits, Sec 202, indicates that if a person is a criminal offender, and if he or she has violated his or her probation or parole, he or she cannot receive social security benefits. Many homeless youth have

criminal offenses. Many homeless youth have violated probation and parole due to the lack of money, no transportation, unstable accommodations, and the lack of basic needs to meet the requirements of probation and parole. In the PRWORA, the section regarding Benefits for Disabled Children, Section 212 stated that the department reviews disability cases continuously. Many homeless youth live in unstable environments, which makes it difficult for them to respond to continuing government reviews (Public Law104-193, 1996).

According to the (National Conference of State Legislatures, 2017), the national recommended minimum wage in the USA is currently, $7.25 per hour. As of January 2017, the state of Georgia determines the minimum wage to be $5.15 for all employees except those protected by the Federal Fair Labor Standard Act (FFLSA). If a person's employment shields them by the FFLSA, he or she will receive $7.25, the national minimum wage. The Department of Labor oversees the FFLSA, to ensure workers receive their fair share of the minimum wage and any overtime wages that are due to the worker (United States Department of Labor, 2011). It is difficult for families in the state of Georgia to maintain a decent life while earning $5.15 per hour. People may have more than one job but are incapable of affording a place to live and may become homeless (APA Policy Guide, 2003). States and local governments could establish their minimum wage for the state compared to the living expenditures of the citizens of that state.

Hayashi (2014) indicated the "new urban poverty" emerged in the U.S. after 1970 (p. 1203). In the U.S. during the 1970s and the 1980s, jobs moved from the cities to the suburbs (Hayashi, 2014). The poor who lived in the cities could not move to the suburbs,

and unemployment for the poor began to rise. The poor minority groups lost the most jobs during this period. Homelessness increased for the youth and women, and there was a shortage of federal housing programs (Hayashi, 2014). In the 1990s to the 2000s wage reductions, fewer jobs for the poor and job security did not exist. Work in the inner cities was challenging to find for poor minorities. Income inequality is why homelessness is on the rise in the U.S. (Hayashi, 2014). Due to a lack of education and job training, there was a decline in entry-level jobs such as retail clerks, stockers, and manual laborers, which was another obstacle for homeless individuals to acquire basic needs.

Affordable housing is on the decline since state and local laws are allowing the destruction of low rental buildings. Cities are demolishing the old buildings and rebuilding new units that cost much more to rent. Due to an increase of expensive construction in states and cities, places for poor people to rent are on the decline. There is also a decline in welfare benefits, and a decline in funds to assist people in renting a place to live. In many cities, a person can be on a waitlist for help with housing for more than two years (APA Policy Guide, 2003). According to the U.S. Census Bureau (2011-2015), the median gross rent for the city of Atlanta, GA, during the years from 2011 through 2015 was $975 per month. The $975 per month rent would exceed the minimum wage of $5.15 per hour, which equals $824 per month. Additionally, the median mortgage cost during the years of 2011 to 2015 was $1,737 per month, and the median household income for Atlanta, GA, during the years of 2011 to 2015 was $47,527 (U.S. Census Bureau, 2011-2015). From this information, a person would be paying more than 43% of

his or her gross salary for his or her mortgage, and it would be difficult for them to maintain the mortgage.

The state of Georgia did not expand Medicaid under the Affordable Care Act expansion. Medicaid covers adults between the ages of 18-65 years old who require health insurance coverage. A person is eligible for Medicaid in their state, depending on the eligibility requirements set by that state. The expansion of Medicaid means the person can be qualified for Medicaid if his or her income is below the federal poverty level, and this means the person can by-pass other eligibility requirements set by their state. Therefore, if a person becomes seriously ill or becomes disabled, if he or she loses his or her job, they can receive Medicaid if their income is at or below the federal poverty level. The government spends a large amount of money on Medicaid (Rose & Baumgartner, 2013), and healthcare cost is at an all-time high, more people are poor and healthcare services are on the rise. Rose and Baumgartner showed that from 1960 to 2010, medical expenditures are on the increase. The U.S. government has to create alternative measures for managing healthcare cost for all citizens of the U.S. The denial of the Medicaid expansion in GA, will affect poor people because of insufficient income. According to APA (2003) policy guides, a homeless person could go to the emergency room for healthcare needs, and their hospitalization cost could be more than $2,000 per visit. Therefore, emergency visits cost much more than a personal doctor's visit.

After careful review of public policy programs that have caused obstacles for the homeless, there were numerous federal programs developed to help decrease homelessness. Many of these programs developed decades ago, yet homelessness still

exists in the U.S. communities. Some programs include Aid to Families with Dependent Children (AFDC) of 1961, the Public Welfare Amendments to the Social Security Act of 1962, the Economic Opportunity Act of 1964, and the Food Stamp Act of 1964. Additional programs such as the Housing and Urban Development Act of 1965, and the Comprehensive Employment and Training Act of 1973 (Public Law104-193, 1996). The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (Public Law104-193, 1996) assisted low-income families with financial needs. The federal and states programs developed to help the poor have failed the public by not delivering services.

Public policy obstacles could be the result of the influence of media coverage. Media coverage about the poor and the issuing of government programs could be positive or negative for public policies. Rose and Baumgartner (2013) compared government spending for the poor with media coverage to measure the relationship between the two variables. The authors documented 560 different articles to establish their findings on media tones on poverty over 48 years. Rose and Baumgartner showed that public views and opinions have changed from supportive to suspicious about the poor over the years. The media coverage began in a compassionate manner and over time, the tone of media messages changed and portrayed poor people in a negative manner. The results indicated a direct relationship between government program spending and the media opinions about the poor. This study supported the argument for how public policies are more stringent due to the rules and the regulations.

The advantage of the Rose and Baumgartner (2013) study was that they identified the shift in public views about the poor. Many U.S citizens lack information about the causes of poverty; therefore, the lack of knowledge affects their views about homelessness. The disadvantage of the study is that the articles may have contained bias information from the person who wrote the articles. The homeless government programs seem to be a reoccurring cycle with no permanent solution to end homelessness in the U.S.

Section 401 of the PRWORA is focused on the block grant programs with the objectives of putting an end to parents who depended on government assistance, by encouraging people to take advantage of job training programs, employment driven training, and encouraging marriages among families (Public Law104-193, 1996). The job training and employment driven programs were excellent ideas if the government had stabilized these programs and stopped reducing the funds. The cost of living, which includes rising rents, and unaffordable housing, and low minimum wages, made it difficult for the homeless to afford a home, healthcare, and education. These situations forced people to live on the streets. The denial of federal and local services due to strict regulations increased the chances of people remaining homeless for longer periods.

Many programs that initially existed for the poor do not exist today, and other programs have less funding from the federal government. The rights of the homeless have little legal representation in most states in the U.S. because only a few states have laws to provide shelter and welfare programs for the homeless (Hayashi, 2014). The difference in the laws in each state creates many different positive and negative outcomes for the

homeless youth and their families. Some states may avoid any assistance to poor citizens since there are no regulations for states to spend federal aids. These situations increased homelessness, which caused people to live without stable accommodations, lack of healthcare services, and lack of educational opportunities.

Homelessness Causes Insecure Feelings and Distrust of Society

Homelessness caused youth to develop some insecure feelings about their lives and their society. Some of the self-doubts included insecurities about daily basic needs, insecurities about achieving goals, insecurities about their feelings of belonging in their society, and insecurities about support from their family and society. Other insecurities that followed homeless youth included distrust of society, societal discrimination, and daily confrontations with their communities. Tierney et al. (2008) indicated that because homeless students focused more on basic needs such as a safe place to live, their educational goals became less important. Tierney et al. and Tierney and Hallett (2010) indicated that most students perceived graduating from high school and going to college an unreachable goal because they viewed their homeless situation as hopeless. However, a few of the students perceived graduating from high school a reality for them (Tierney et al., 2008).

Morrison et al. (2014) indicated that homeless youth believed there was no hope for him or her to achieve any goals in their society, and youth felt socially excluded from their society. Hudson et al. (2010) suggested that homeless youth perceived they were unwanted and invisible by society. According to the participants in the Morrison et al., study homeless youth had no desire to reach for goals to improve their lives due to their

feelings of exclusion from society, lack of family support, and lack of support from society. The lack of family and societal support often resulted in homeless youth feeling hopeless in their society. Tierney and Hallett (2010) continued that youth preferred if society treated them like ordinary people.

Karabanow (2008) reported that most homeless youth within the study had an ultimate desire to embrace a feeling of belonging in their society. Homeless youth wanted a life that included a family, a job, a home, and a loving companion (Karabanow, 2008). Hudson et al. (2010) indicated that youth believed that if they were to receive more support from society, friends, and family, they might be motivated to change their lifestyles. Tierney and Hallett (2010) stated that youth in the study believed society needs to provide more support to help them pursue their educational dreams.

Homeless youth dealt with daily neighborhood obstacles that resulted in additional insecurities for them. According to Tierney et al. (2008), students faced daily confrontations with street gangs and other criminal activity because of the neighborhood in which the youth live. Youth perceived experiencing discrimination due to their homeless status. Hudson et al. (2010) indicated that homeless youth reported healthcare providers, citizens, and law enforcement discriminated against them. Hudson et al. added that healthcare providers refused them healthcare treatments; citizens criticized them, and law enforcement issued pricy tickets for minor offenses such as loitering and littering the streets.

Studies on Youths' Perceptions About Public Policy Obstacles on Education, Stable

Accommodations and Healthcare

Homeless youth perceived many obstacles from society in areas and levels as they pertained to living on the streets. Homeless youth perceived the path to obtaining education, stable accommodations, and healthcare had many obstacles that create a difficult challenge for the homeless. Karabanow (2008) indicated that homeless youth felt they were different from other members in society due to their appearances and because of their homeless situations. Karabanow also indicated that homeless youth perceived stigma from society because they were homeless.

Homeless youth perceived educational obstacles when trying to pursue an education. Tierney et al. (2008) concluded that students had a variety of educational perceptions about themselves due to their homeless situation. Being homeless created a stigma at school; therefore, many students kept their homeless situation private because they did not want the teachers or anyone to know they were homeless (Tierney et al., 2008). Homeless youth were less interested in forming relationships with adults, including their teachers**.** Tierney et al. indicated that the privacy of their homeless situation made it complicated for students to obtain help at school. Tierney and Hallett (2010) indicated that the youth refused to share their homeless situation with teachers and other school administrators because they felt ashamed about their homeless condition. Youth refused to associate themselves with the stigma that follows a student at the school when he or she is homeless. There was a lack of social interactions at school between homeless youth, their teachers, and other students (Tierney & Hallett, 2010). Homeless

youth were active in a few school activities and felt disengaged from other groups

(Tierney & Hallett, 2010).

Obstacles homeless youth encountered at school prevented them from receiving

the help that made it easier for them to obtain a proper education. Tierney and Hallett

(2010) investigated the obstacles homeless youth encountered at school. Tierney and

Hallett indicated that schools kept inaccurate records about homeless youth. In many

cases, schools were unaware of the number of homeless students in their schools. Schools

did not have updated addresses and updated homeless status about the homeless youth.

Tierney and Hallett indicated that many youth who were previously homeless were not

presently homeless during the period of the study. The school administrators were

unaware of the number of youth who were homeless and their homeless status. Tierney

and Hallett continued that in some schools, staff responsible for maintaining records for

homeless youth did not maintain the correct records, there was insufficient staff working

with homeless youth, and they were unaware of the identities of the homeless youth.

Tierney and Hallett indicated that homeless shelters and schools did not work together to

share information about homeless youth. Tierney et al. (2008) noted that homeless youth

regularly moved between schools during the ninth and twelfth grades.

The federal government created the McKinney Act (1987) to assist homeless

youth with his or her education. States were left to determine how states and local

governments (Hayashi, 2014) would manage the program. Numerous rules and

regulations exist from state to state. Some of the requirements met the needs of the

homeless youth, and others did not support their needs. The McKinney Act has been

under-funded, and the homeless youth depending on the funds, is without funds needed to obtain an education (Hayashi, 2014). Tierney et al. (2008) discovered that although the McKinney-Vento Homeless Assistance Act assisted homeless students with their educational needs at school, obstacles still exist for the homeless youth when obtaining an education. Tierney et al. stated that educational barriers included irregular school attendance, and high turnover rates because of housing instability. Tierney et al. added that additional obstacles included students avoiding educational opportunities, failing grades, and inadequate access to the proper school supplies. Tierney et al. stated that other obstacles included students who were incapable of doing homework due to insufficient space.

Homeless shelters should be a place to bring comfort and relief to homeless families. Many homeless youth are parents to children who live with them on the street. Homeless families face extra stress and challenges when they attempt to enroll in homeless shelters; therefore, many families prefer to remain on the street rather than stay in a shelter. Satterwhite Mayberry, Shinn, Gibbon, Benton, and Wise (2014) researched homeless mothers to explore the challenges homeless families' encountered while at homeless shelters. Satterwhite Mayberry et al. indicated that shelters that accepted mothers but did not give them the freedom and independence to parent their children without the interference of shelter staff. Participants in the Satterwhite Mayberry et al. study explained they had to follow shelter schedules for eating, sleeping, waking up, and attending meetings. Satterwhite Mayberry et al. explained that playtimes with

participant's children were on the shelter schedule. Participants felt shelter workers were not sensitive to their schedules or their interest.

Satterwhite Mayberry et al. (2014) expressed that participants perceived shelter staff exploited them. Shelters focused on having participants sign papers and other forms that would benefit the shelter rather than provide the participants with needed services. Satterwhite Mayberry et al. added that participants stated that shelter employees threatened to have their children removed by the authorities if the parent's style of discipline was not consistent with that of the shelter staff. Shelters had strict rules and regulations that made homeless mothers feel uncomfortable (Satterwhite Mayberry et al., 2014).

Hudson et al. (2010) stated that other obstacles occurred at shelters. Participants in the Hudson et al. study discussed it was difficult for them to obtain housing due to shelter rules regarding the length of time they were homeless to acquire a bed. For example, some shelters required youth to be homeless for a month; other shelters required youth to be homeless for a year before the shelter accepted the youth. Tierney and Hallett (2010) also indicated that youth felt helpless about their living conditions. Homeless youth perceived they were in constant fear of not having a place.

Homeless youth perceived that they encountered healthcare obstacles when trying to pursue some health services in their communities. Hudson et al. (2010) researched to explore homeless youth's perceptions about their healthcare problems and barriers they encountered while pursuing healthcare on the streets. Hudson et al. collected suggestions on healthcare improvements from participants. Hudson et al. indicates that

homeless youth experienced healthcare barriers that included an insufficient number of clinics for them to visit and restrictive opening hours. Additional barriers included not receiving healthcare treatments according to the health conditions of the youth and extensive wait times at healthcare facilities. Hudson et al. continues that homeless youth experienced a variety of health problems; however, youth reported mental health more than other health issues. Hudson et al. stated that some homeless youth were qualified for government assistance while it was a challenge for others to receive government assistance due to lack of documentation. Youth with certain medical conditions received Medicaid or Medicare. Many youth did not have insurance, and it prevented them from receiving healthcare services (Hudson et al., 2010).

I analyzed the studies pertaining to youth's perceptions of education, healthcare, and education, and I have a variety of conclusions about each study. Methods used in studies that focused on educational obstacles, included the qualitative method used by Tierney et al. (2008), who interviewed 123 homeless youth, ages 14 through 19 years old, in Los Angeles. They conducted additional interviews with 45 service providers for homeless youth that included homeless shelters, social workers, parents, teachers, and school administrators. Tierney et al. conducted a follow-up interview among 30 of the 123 youth that provided more information about youth experiences. Karabanow (2008) interviewed 128 homeless youth and 50 employees of various organizations that provided services to homeless youth. Satterwhite Mayberry et al. (2014) used a qualitative interview among homeless mothers located in four different states in the United States, including Missouri, Arizona, California, and Connecticut. Hudson et al. (2010) used a

qualitative study using several focus group sessions consisting of 24 homeless youth who were all drug users. Tierney and Hallett used extensive interviews with homeless participants. Tierney and Hallett gained approval from school administration, parents of the homeless youth, and the guardians of youth because homeless youth were from a vulnerable population.

Karabanow (2008) interviewed homeless youth and businesses that provided services to homeless youth. All interviews in the Tierney et al. (2008) study took more than 400 hours, and the group was culturally diverse. The venues for the interviews were public schools and homeless shelters (Tierney et al., 2008). The interviews of the Karabanow study consisted of 90 males and 38 females from six different cities in Canada. Satterwhite Mayberry et al. (2014) selected participants because they stayed in a homeless shelter, and their ages ranges were between 18 and 60 years. Numerous shelters had shared bathrooms and shared kitchens with private bedrooms (Satterwhite Mayberry et al., 2014). Some shelters in the study included apartments where families stayed for short periods (Satterwhite Mayberry et al., 2014). Participants in the Hudson et al. (2010) study were between the ages of 18 and 25 years, and they learned about the study through printed flyers. The participants in the Tierney and Hallett (2010) study were a good representation of the homeless youth population. Tierney and Hallett followed ethical procedures by developing informed consent forms with rules and regulations for participants to sign before the study.

The advantage of the Tierney and Hallett (2010) study was that the researchers collected a large number of variables regarding the experiences and perceptions of

homeless youth while at school. The advantages of the Karabanow (2008) study were that researchers collected data using two different qualitative methods. Initially, Karabanow collected data using individual interviews. There were focus group sessions with only two or three participants. The interview questions of the Karabanow captured complete reviews of participant's experiences. The questions were about the participant's experiences before they were homeless, experiences during homelessness, and experiences when participants tried to leave the street life. Karabanow collected additional information from service providers who provided services to homeless youth daily. The reason for obtaining more information in the Karabanow study from service providers was to collect service provider's views about the subject matter. The recruitment processes of participants of the Karabanow study were extensive, and advertisements were in local newspapers. The recruitment process of the Karabanow study included the distribution of the study in parks, coffee shops, and homeless service agencies. Karabanow hired two homeless youth to conduct interviews with homeless youth participants.

Advantages of Satterwhite Mayberry et al. (2014) study is that the researchers included trained professionals to interview participants. The researchers conducted interviews in the privacy of the homes of the participants. Participants spoke openly about their experiences in homeless shelters (Satterwhite Mayberry et al., 2014). Interviews with each participant for the Satterwhite Mayberry et al. study lasted an hour, and it allowed researchers to collect a large amount of data.

The first advantage of the Hudson et al. (2010) study was there were five different focus group sessions. The different sessions gave each participant the option to join a group where a topic may suit their experiences. A second advantage of the Hudson et al. study is that the groups were small and consisted of four to six participants per group. The size of groups gave each person an opportunity to speak and listen to what others were saying. The third advantage of the Hudson et al. (2010) study is that the study offered an ethical protocol. For example, participants signed a consent form that provided them with all the rules and regulations before participating in the study. In the Hudson et al. study, the focus group sessions were audio- recorded to help researchers review unclear information. The Hudson et al. study was well organized and facilitated by trained research staff.

The interviewing methods for the Tierney et al. (2008) study were a proactive manner to obtain the true perceptions of homeless youth. Tierney et al. could have collected more information about the subject matter if they had used a mixed-methods study. Tierney et al. researched the Center for Higher Education Policy Analysis (CHEPA) to investigate homeless youth educational experiences and their perceptions due to being homeless. Tierney et al. suggested that homeless youth had various experiences because of their housing instability. The purpose of the Tierney et al. study was to explore and understand homeless youth's experiences and the obstacles they encountered when acquiring an education. Homeless youth face housing obstacles when trying to locate a stable place to reside.

Karabanow (2008) shared that homeless youth expressed that it was difficult for them to obtain housing because of the challenges and minimal opportunities that were available to them due to their homeless conditions. I believe homeless youth of the Karabanow study trusted each other and were open and honest with the homeless youth who conducted the interviews because both have undergone the same experiences. In the Karabanow study, there were more males (90) than females (38). I believe differences in experiences vary due to gender; therefore, due to more males, the finding of the research for the Karabanow study could rate the experiences of males higher than the experiences of females.

Youth in the Hudson et al. (2010) study attended several focus group sessions; they could contribute to several different views and ideas. The additional information would provide the researcher with more data (Hudson et al., 2010). Additionally, one hour in a focus group with four to six people may allow each individual to speak approximately 10 to 15 minutes about the topic. Finally, Hudson et al. received limited information with a one-hour focus group session.

Morrison et al. (2014) indicated that the youth in their study had given up on society. They had no desire to contribute to society because they believed their attempts were hopeless and believed they did not have a chance to succeed in society. Morrison et al. added that youth perceived living risky lives made them feel better about themselves. Also, the study continued that youth indicated their risky behaviors could change if there were applicable public policy provisions for educational opportunities, job skills, and social programs available to them. Finally, the youth stated that these opportunities would

give them a sense of purpose and the feeling of productivity in their society (Morrison et al., 2014).

The disadvantage of the Tierney et al. (2008) study is that the interviews took an extensive amount of time and labor to collect the data. Disadvantages of the Tierney and Hallett (2010) study are the researchers only interviewed ten youth. Tierney and Hallett should have interviewed more students to obtain more data. Tierney, and Hallett offered students $15.00 to participate in the study. Providing youth with money to take part in a study may be the only motivator for their participation. Because Tierney and Hallett had a relationship with the students, the students may feel obligated to the researcher to participate in the study.

The disadvantage of the Karabanow (2008) study was that there were more males (90) than females (38) in the study. The disadvantage of Satterwhite Mayberry et al. (2014) study is that it paid the participants $50.00 for their time. The $50.00 payment may be the only motivator for the participants taking part in the study. A disadvantage of the Hudson et al. (2010) study was that the researchers indicated that each participant should attend one focus group session for one hour. A disadvantage in the Hudson et al. study is that the study offered participants $15.00 per person for their participation. Providing payment for the study could create a situation where the money is the only motive for the participants to contribute to the study. The final disadvantage of the Hudson et al. study is that all information received from the homeless youth included the rules and regulations of one location; therefore, not all obstacles youth encountered applies to other areas of the country.

Studies Related to Adler's Social Interest Theory

I focused on the degree of social interest homeless youth demonstrated according to their experiences, while on the streets. Adler indicated that an individual's well-being related to their feeling of social interest. Social interest suggests that peoples' relationship to their world helps them determine their objectives in life (DeRobertis, 2010). A person attempts to aim for perfection and superiority after identifying goals or problems in his or her environment. A person can self-improve by taking control of his or her past goals while trying to achieve present and future goals. Striving for perfection or striving for superiority among humankind is a function of social interest where the people are continually improving themselves (Heinz, Rowena, & Ansbacher, 1979).

Social interest constitutes a person's feeling of belonging or lack of belonging to his/her society (Adler, 1927). Social belonging is the assurance that an individual has his or her place in his/her community (Ansbacher, 1991). The feeling of belonging is present when the person believes his or her goal strivings are successful (Heinz et al., 1964). Adler (1927) believed that the feeling of belonging or not belonging could manifest itself in a child as early as two years old. The degree of inferiority a person feels contributes to their feeling of belonging within his or her society (Adler, 1927). If a person feels a high level of incompetence within his or her society, he or she could experience a lack of belonging to his or her society (Adler, 1927). Adler advocates in Gemeinschaftsgefuhl that translate into social feelings about an individual's social belonging in the community is necessary for their well-being and a sense of connectivity (Taylor, 2009). Social belonging is a human need that Adler embedded in his social interest approach, and it

requires that people develop meaningful relationships with others in their society (Taylor, 2009).

A lack of social interest affected homeless youth's interpersonal growth and their feeling of belonging in society. Social relationships, goal achievement processes, personal growth, interpersonal growth, and social belonging have useful purposes for homeless youth because they lead youth to improve themselves in their society. Those who create public policies need to be aware of social interest issues and create programs to improve homeless youths' social interest scores.

Social interest allows homeless and nonhomeless at-risk youth the capacity to look at their society outwardly rather than inwardly. The lack of social interest can be an outcome of the feeling of inferiority that causes a person to focus inwardly, and life becomes a negative circle (Adler, 1927). The lack of social interest will cause the individual to feel that the world has excluded them, and a sense of social exclusion will follow (Adler, 1927). During the review of Adler's books, I ascertained information about his approach to individuals from a psychological aspect of social interest.

Positive feedback enhances the youth's ability to cope and decrease their sense of inferiority or lack of social interest. Youth sense the feeling of inferiority from early childhood. A young child can sense whether his/her presence is positive or negative from their parents. The less inferior a youth feels, the more they will feel a sense of belonging (Adler, 1927). The feeling of inferiority led me to believe that inferior feelings are closely related to how youth feel about his or her role in society, which equated to either a lack of belonging or a sense of belonging (Adler, 1927). It is necessary for homeless and

nonhomeless at-risk youth to feel a sense of belonging in his/her society to establish

societal goals. The youth want to achieve by striving for perfection or striving for

superiority. Striving for superiority gives youth the confidence to reach his or her goals

and be a credit to their society.

The discussion of social interest should consider the implications of an

individual's need to struggle for perfection or superiority (Crandall, 1980). Adler

believed that striving for perfection or superiority was a significant personality trait

(Crandall, 1980). It is a typical trait found in all life and is a healthy approach to life

fulfillment. Adler advocated a blend of an individual satisfying his or her superiority

drive with social interest that would take into consideration others beyond self (Crandall,

1980). Humankind attempts to defeat their obstacles by attempting to achieve goals. After

achieving their goals, they feel stable and complete with themselves (Ansbacher &

Ansbacher, 1956). Striving for perfection or superiority is what drives humankind to the

next level.

From an infant to adulthood, life involves the act of trying to obtain perfection by

defeating, overcoming, gaining, and dominating goals. Humans strive for success in life,

and they strive to defeat inferiority in their lives. Also, they strive for self-confidence,

safety, refuge, protection, and the feeling of equality in their lives (Ansbacher &

Ansbacher, 1956). Adler stated that the feeling of inferiority is a stimulus that is required

to strive for perfection or superiority (Overholser, 2013). There is a dichotomy here

because the personal striving for perfection or superiority runs counter to the social

interest that indicates the level of thought and concern for others. Some people have a

high level of social interest, and they care for others in their communities (Overholser, 2013). According to Silver (2009), Adler envisioned the process of helping all workers across a socio-economic gradient of poor health and safety protection (Silver, 2009). Lundin (1989) believed Adler was a leader in emphasizing the importance of social interest, and he focused much of his feelings on people's feelings of inferiority in societies (Lundin, 1989). According to DeRobertis (2010), social interest includes establishing goals and applying creative solutions necessary for a person's development (DeRobertis, 2010).

Homeless and nonhomeless at-risk youth might be afraid of trying to achieve goals in their lives because of some of their life experiences that cause fear to the youth. According to Stone (2013), most individuals face fear in his or her lifetime. Everyone has to manage fear in one way or the other. Stone believed that Adler indicated that external fears allow psychologists the ability to focus on a particular treatment, while internal fears are often challenging to identify and treat. Despite the fear the youth may encounter, youth can self-improve by establishing and achieving goals (Adler, 1930).

Humankind needs to live with other humankind in societies because they depend on each other for knowledge, work functions, and substances due to the differences in the distribution of skills, materials, and wisdom. Reliance on others make humankind "an inferior being" (Ansbacher & Ansbacher, 1956, p. 129). Inferior feelings motivate humankind to establish goals known as solving problems to reduce their feeling of inferiority. The type of problems people seek to solve, or goals people seek to achieve depends on the functions that are worthwhile in their societies (Ansbacher & Ansbacher,

1956). Life's problems depend on a person's "occupation, society, and love" (Ansbacher & Ansbacher, 1956, p.131-132). People link their problems to their society in forms of work, personal and professional relationships. It is difficult to separate one problem from the other two since all three problems need each other to solve life's problem. People who have excellent characteristics in their society seek problems that are beneficial to that society (Ansbacher & Ansbacher, 1956). Working together to achieve a solution for problems in a society is the basis of social interest (Ansbacher & Ansbacher, 1956).

Social interest support individuals who are feeling a sense of inferiority in his or her life situations. The feelings of socially excluded is prevalent among homeless and nonhomeless at-risk youth in Atlanta, GA, due to their feeling of inferiority (Adler, 1927). The sense of inferiority is healthy; however, the outcome of inferiority expressions and the degree of inferiority expressions can create the abnormal effects of inferiority. Youth with a sense of inferiority had to struggle in school settings and with their parents at home. An excess sense of inferiority affects an individual's ability to self-improve because the individual has little or no interest in others and social interest (Adler, 1927). Their approach to life produces little in the way of solving social issues, and that nonproductive process moves them toward the useless issues of life (Adler, 1927).

The surfeit amount of sense of inferiority can interfere with an individual's social interest because they focus on self. When the feeling of inferiority is out of balance, society can help to stabilize those individuals with their weak areas. Imbalanced inferiority leaves an individual feeling uncomfortable in their social settings. Individuals who are not in harmony with society may feel socially excluded from his/her social

setting. Social exclusion contributes to unhealthy humans, poor housing conditions, and a lack of employment (Silver, 2009).

There is a need for humans to strive to improve themselves by striving for goals or striving for perfection or striving for superiority. Homeless youth and the number of obstacles they face daily can offset nonhomeless at-risk youths' drive to achieve goals or improve them. According to Ansbacher and Ansbacher (1964), scholars such as Darwin and Lamarck believed that each person must improve himself or herself during their life. The goal of perfection or superiority is an on-going process because it is a part of the human beings' psyche (Adler, 1927). The inborn dynamic of striving for superiority relates to the feeling or sense of inferiority (Lundin, 1989). Ansbacher and Ansbacher indicated there are no precise directions for striving for perfection. Humankind is born with natural desires to improve because self-development is an objective for each person. Each person can improve him or herself continuously since individuals are aware of the significance of improving themselves during their life.

If an individual attempts to achieve an impossible goal, he or she may find difficulty in achieving that goal if the goal does not match the individual's personality. Youth obtain their goals by defeating obstacles during a person's life. Goals are different for each person, and he/she must determine what course to take to reach their goals. Everyone does not reach his or her goals and may need assistance from people in their society (Lundin, 1989). Failure by youth to achieve their goals may lead to criminal acts, and they may reach their goals through criminal force or exploitation. Social life is necessary for human survival (Lundin, 1989); therefore, it is essential to engage homeless

and nonhomeless at-risk youth in social activities, so that they will feel socially accepted in Atlanta, GA.

Social connectivity keeps an individual from feeling excluded in their society; but, unemployment can be a source of monotony, embarrassment, and irritability for youth. Work is the way people contribute to others. When employment rates begin to improve the health status in the environment improves (Silver, 2009). Social respect, physical and mental well-being, equality, and dignity are all an attribute of one's work or contribution to society. Work is a process that allows a person to become a respected citizen in his/her community, to become independent, to earn dignity, and to assure protection from abuse (Silver, 2009). Unemployed youth may lack independence, self-respect, and self-esteem.

The conditions of unemployment of the youth can lead to an increase in drug and alcohol use. Youth suffer from low self-esteem, depression, and mental health issues. Suicidal rates in northern European countries and Germany climb when unemployment rates are high. The positive attributes of earning a living allow an individual to feel content about moving from the poverty level into the middle class (Silver, 2009). Educational programs and job training programs could help homeless youth contribute to society. When youth are contributing to society, they may feel better about themselves, and this could improve their feelings about their society.

Synthesize Studies Related to Independent Variables, Dependent Variable, and

Research Questions

Researchers should consider how he or she manages the synthesizing of key independent variables, dependent variables, and research questions. In a study, gender variables, if not handled correctly, could render misleading outcomes. I considered the environment and management of homeless shelters and drop-in centers. Homeless studies mostly focus on the homeless male with a few female homeless participants. Riley et al. (2010) proceeded to separate homeless men and homeless women using sampling from the food program from August 2003 and April 2004. There were 324 participants (Riley et al., 2010). Riley et al. described the effect of living on the street and the risk that it presents to health, through diseases, violence, or exposure. Gender is a critical factor in predicting poor health among homeless adults. Dividing male homeless from female homeless in a study is essential when researching the characteristics associated with the homeless individual (Riley et al., 2010).

Homeless women have different needs than homeless men, and different interventions will help homeless females (Riley et al., 2010). Many homeless youth came from unsafe environments; however, in many instances, homeless youth feel safer on the streets and would choose to remain homeless. Numerous homeless youth came from environments where adults were drug users, and parents or guardians could not keep a job as indicated by Tierney and Hallett (2010). The youth had a stressful life; they lived with drug users and alcohol users. Tierney and Hallett added that youth lived in situations where domestic violence occurred in many cases. Karabanow (2008) indicated that some

youth felt safer on the street than in their previous living situations before becoming homeless. Participants in the Karabanow study stressed that street life created a sense of community with other homeless youth. The homeless community cared for them and provided a sense of security and protection while they were on the streets (Karabanow, 2008). Other results of the study showed that those organizations that provided services to homeless youth offered a caring environment (Karabanow, 2008).

Dotson (2011) addressed the issue of homeless women with children. The focus of the study was on how homelessness influences the lives of women and children. The researchers wanted to determine the predictors associated with a homeless woman with or without children when entering a homeless shelter. The authors focused the study on mothers separating from their child or children, and the experience associated with the separation. The impact of the mother/child separation caused women not to seek refuge in homeless shelters. The separation of the mother and child created a negative memory for both the mother and the child. In New York City, separation of mother and child was commonplace. Dotson indicated that 25% of homeless women lose their children at some point. The plight of the homeless mother has many negative implications for the mother and the child (Dotson, 2011).

In a comparable research study, Gelberg and Suchman (2012) investigated the implications of homelessness for parenting young children. The data suggested that homeless mothers believed they were helpless concerning their children's emotional and physical well-being. Gelberg and Suchman investigated the implications associated with mother/child separations that often occurred when a mother was homeless. The homeless

mothers were often unemployed, lacked education, and were without skills; therefore, she found herself below the poverty level. The mother's homelessness and living below the poverty level created problems for the child as he or she grew into adulthood. The mothers' situation implied that the child would be at risk of having developmental problems, health issues, behavior problems, and poor educational development. The percentage of homeless women facing separation from their children was between 44 and 56% (Gelberg & Suchman, 2012). The homeless mother often asked friends or relatives to take care of the children to avoid the separation possibility from them during her time as a homeless person. The outcome of the current process may not lead to the reunification of the mother and the child (Gelberg, & Suchman, 2012).

Perceptions of individuals are a research methodology used to study issues and situations. Fry et al. (2012) studied self-regulation on mental well-being, and the research data gathering was with the use of questionnaires. Fry et al. examined the difference between the perceived caring climates of the individuals and compared it to the mental well-being of the participants. The outcome of this study was that an individual's perception is essential (Fry et al., 2012). Fry et al. found that a caring climate is vital to positive mental well-being. The perception of homeless youth is negative, and they do not encounter a caring climate; therefore, they have negative mental wellbeing.

Description and an Explanation of the Known/Unknown about the Variables

Homeless programs and policies are in place to protect the homeless; however, in numerous cases, situations prevent homeless youth access to the services. The difference in the delivered services is evident from state to state. Several researchers identified

variables that are keeping the homeless youth in their current state; but, public policymakers often do not use these indicators. The Medicaid program intended to provide medical care to the poor. States that deny the expansion of Medicaid services affected homeless youth, and nonhomeless at-risk youth's ability to receive needed healthcare. Many homeless youth experience mental health issues, and Medicaid is the only hope of treatment for many youth (Keller, 2008). Keller (2008) indicated there are between one and two million homeless youth in America, and he considers them defenseless and at-risk. Healthcare providers denied mental healthcare support to homeless youth. The denial of mental health support is a guarantee that homeless youth will lack the possibility of getting back into society (Hooper, Bassuk, & Olivet, 2010; Keller, 2008). Medicaid is the possibility of servicing the healthcare of homeless youth.

The changes in family structure could affect the behavior in children and their family members. A negative modification of the economic conditions for families could affect the behavior of children. Ryan and Claessen (2013) investigated changes in family structures and their effects on the well-being of children. Ryan and Claessen suggested that changes in family structures harm children. Ryan and Claessen assessed the household income of homes to determine how changes in economic resources affect the quality of parenting, affect the changes in the family, and affect the changes in children's behavior. Ryan and Claessen indicated that when children move from two biological parents to a single family parent, there was an increase in behavioral problems. Ryan and Claessen explained that structure changes among families could include children losing their caregivers. Changes in family structures could influence changes in youth's

behaviors in their society (Ryan & Claessen, 2013). Changes in poverty can cause youth to become homeless and can affect their social interest towards their society.

Levanthal and Brooks-Gunn (2011) investigated the association between the changes in poverty in neighborhoods and changes in youth's behaviors. Levanthal and Brooks-Gunn explored the changes in neighborhood poverty and compared the changes in poverty to stable neighborhoods. Levanthal and Brooks-Gunn explored neighborhoods with high poverty to determine if the youth's behavior is due to the rate of poverty. Moderate poverty neighborhoods in the study determined if an increase in the rate of poverty is highly associated with youth's problematic behaviors (Levanthal & Brooks-Gunn, 2011). Finally, Levanthal and Brooks-Gunn examined if changes in poverty affect youth's behavior for those youth living in low poverty neighborhoods.

Youth have a difficult time adjusting to life outside of foster care. According to Atkinson (2008), there is a significant problem emerging concerning foster care youth who are aging out of foster care. Many of the aged-out foster care youth will call the streets their home (Atkinson, 2008; Naccarato, Brophy, & Hernandez, 2008). The profiles of the foster care youth who become homeless are similar to homeless youth because of their home environment. Although there are many government programs designed to help youth in this area, none appeared to be doing enough to resolve the problem of foster care youth becoming homeless. Public policies that are in place, include the 1935 Social Security Act and other legislation to assist the local agencies and the states (Atkinson, 2008; Naccarato et al., 2008). Atkinson and Naccarato et al. reported that 24,407 youth left foster care in 2005 to manage for themselves. Some youth who aged out of foster

care tend to commit crimes and become wards of the jail system. Some homeless, foster

care youth suffered the same fate as other homeless youth. The homeless youth and the

foster care homeless youth lacked education, healthcare, shelter, and are in poverty

(Courtney, 2009). During the period since 1935, policymakers produced 33 pieces of

legislation to help the homeless. The conclusion was that because of the youth's financial

situation and lack of legislation; they had trouble obtaining a place to live. Incentives

changed to encourage local agencies and the state to commit to providing services that

helped aged-out foster care youth from becoming another homeless youth statistic

(Atkinson, 2008; Naccarato et al., 2008).

Many studies in the literature review offered suggestions to public policy

personnel concerning knowledge and strategies that could assist homeless youth and

improve their homeless conditions. Rose and Baumgartner (2013) gave public policy

developers some suggestions after identifying the shift in public views about the poor.

Rose and Baumgartner suggested the government reduce aid to the poor who depend on

what they receive from the government instead of working. Rose and Baumgartner

recommended developing jobs for the poor with educational programs that would reduce

the economic barriers that may exist with their peers.

Fertig and Reingold (2008) provided information and knowledge for public

policymakers to help them create strategies that would decrease homelessness among

homeless and nonhomeless at-risk families. Fertig and Reingold offered public

policymakers different information about conditions within the housing, and labor

markets that could lead to homelessness among families. Karabanow (2008) investigated

the challenges homeless youth encounter when they tried to leave the street life and re-enter society. Karabanow informed policymakers about the difficulties homeless youth encounter while living on the streets.

Tierney and Hallett (2010) informed society, policymakers, and policy developers about the barriers homeless youth encountered at school. Tierney and Hallett created suggestions to help the status quo, and allowed homeless youth to gain an education. The purpose of the Tierney et al. study was to be an advocate for homeless youth by documenting their experiences for others to understand. Tierney et al. (2008) informed society how homeless youth dealt with their feelings of social exclusion. The information from the Tierney et al. study provided public policymakers with examples of the youth's experiences and demonstrated how homeless youth perceived themselves when homeless. Tierney et al. indicated that public policymakers would have the tools to improve conditions for the homeless youth while gaining an education and resources that would develop youth in society.

Macy and Graham (2012) offered recommendations on policies to curb the current prospects of sex trafficking victims; homeless youth are in the sex trafficking group. The current identification process was not practical for identifying sex trafficking victims. The identification process was difficult to understand because the information was unclear and lacked clarity (Macy & Graham, 2012).

Implications for Society

Positive social change in society is a driving force for the research. The results on obstacles homeless youth encounter due to public policies, and the effect of obstacles on

youths' social interest could lead to a positive social change in Atlanta, GA. Many

homeless youth live in oppressive conditions that could be the result of poverty, changes

in family structure, and a lack of societal support. According to an advocate who worked

with ill-fated families for over 45 years, the chronological situation, which causes

obstacles to the homeless and at-risk families, can be foreign to those who do not

understand the family's need (J.J. Dorsey, personal communication, April 10, 2019).

Homeless and nonhomelessness at-risk begins at the family level. If the family status in

education, healthcare, and stable living is sustainable and intact, opportunities exist for

real social change in families and communities. Dorsey suggested the cycle of

homelessness can be a revolving door. It begins with his/her inability to earn enough

money to afford an appropriate place to live. Dorsey also stated that stable

accommodations are a necessity for the family to break the cycle of homelessness and

poverty. Unstable accommodations are an outcome or a prelude to homelessness, limited

education, and the lack of healthcare (2019). Benet (2006, 2012, 2013) developed the

polarities of democracy theory that specifies a model resulting in positive social change

for society. The model has multiple purposes that can guide, plan, implement, and

evaluate efforts regarding the social change (Benet, 2006, 2012, 2013). Well-functioning

elements in the polarity could overcome hopelessness, depression, and desolation in

societies (Benet, 2006, 2012, 2013). Ideas from Benet's polarity model provided the

study with ideas of positive social change. The ideas could enhance homeless youth's

social interest that will augment their reentry into society.

Summary and Conclusion

There are many reasons youth may become homeless, including abuse, poverty, changes in family structures, and the lack of family and social support. The definition of homelessness varies, although a common definition includes living outside of a permanent structure. Homeless youth reside in parks, office doorways, abandoned cars, or abandoned buildings. Peer relationships for homeless youths could be a rewarding relationship because it would be a source of support for the homeless youth on the street. Surviving on the street becomes a never-ending task for the homeless youth who often experience obstacles due to public policies. Victimization of the homeless youth is a daily occurrence. The policies and practices that influence homeless youth are the documents that control educational systems, social protection, housing accommodations, health, youth crime, and other elements of their lives on the streets. It is essential that more understanding of the homeless youth's life becomes available to policymakers. Homelessness creates a sense of hopelessness that reduces the homeless youth's ability to improve their lives. Understanding social interest needs and the relationships to what is necessary to improve hopelessness can be the basis for public policies to develop educational opportunities, housing, and healthcare needs for homeless youth.

Chapter 3: Research Method

Introduction

The purpose of this mixed methods study was to test the difference of social interest scores of nonhomeless at-risk youth with the homeless youth. I evaluated which group encountered more public policy obstacles according to their perceptions. I collected themes on how public policy obstacles affected their social interest from 15 to 17 years old. The resulting data identified that public policies and laws created obstacles that reduced youth's social interest. The instruments for the study included the SSSI survey based on Adler's social interest theories. The survey focused on the youth's feelings about their society when they were 15 to 17years old. The face-to-face interview consisted of open-ended questions and determined how and why public policies influenced the youth's feelings about the society.

The information from my study will benefit homeless shelters, drop-in centers, schools, government organizations, and the city of Atlanta. The study will provide knowledge that could justify changes in public policies to help homeless youth. The study could create awareness about developing adequate programs that support homeless youths' feelings about their society. Scholars may use my information to conduct future research that is compatible in the field of public policy.

The review of the literature demonstrated obstacles within public policies that homeless and nonhomeless at-risk youth encountered during their daily lives. The homeless and the nonhomeless at-risk participants in the study were adults between the ages of 19 and 25 years. Participants were participating in the research to share

information about their perceptions concerning their homeless and nonhomeless at-risk experiences. The living status of the participants included homeless and nonhomeless at-risk youth.

It is a common practice for both the homeless and nonhomeless at-risk youth to visit homeless shelters or drop-in centers for assistance regularly. The difference between a homeless shelter and a drop-in center is that participants sleep at the homeless shelters, and they do not sleep at the drop-in centers. Many homeless shelters offer extended services in the drop-in centers to help a significant amount of homeless and nonhomeless at-risk participants. The homeless shelters or drop-in centers provide supplies to the homeless and nonhomeless at-risk families. The facilities provide a safe environment and protect youth from the violence and unsafe experiences they encounter while on the street.

I collected data in a private room in two drop-in centers, which provided a safe, relaxed environment for myself and the participant. The private room had few distractions and was quiet. The environment at the drop-in-centers helped the participants focus on their responses during the study. The reason that I had both homeless and nonhomeless at-risk groups was to make a comparison between the two groups. The nonhomeless at-risk group had similar experiences to the homeless youth in many areas, except for not being homeless. Due to the similarities between the two groups, differences in social interest were the result of their experiences of being homeless or nonhomeless.

I addressed youth's homelessness situations from many different aspects. Previous research did not include studies about obstacles homeless youth encountered due to public policies, and the effect of obstacle on social interest. I focused on how obstacles caused by government laws affected youth's feelings about their environment. Changes in public policies may rectify that situation and bring about social change by removing those obstacles from public policies. The public policy changes may reduce the number of homeless youth.

In the quantitative part of my research, I used the SSSI (Sulliman, 1973), which was a survey used to measure participants' social interest scores. The qualitative portion included a face-to-face interview process in determining the youths' perceptions about the effect of public policy obstacles on their social interest.

I contacted the Walden University Institutional Review Board (IRB) to determine if my homeless population was vulnerable. The IRB indicated that the homeless population was vulnerable, and they advised me to review the Research Ethics Planning Worksheet (REPW). I reviewed the REPW worksheet and answered all the questions that pertained to my research study. The study addressed the risk and data security issues concerning the privacy and protection of the applicants. I recruited participants and addressed issues such as participant's vulnerability, participant's noncoercion issues, the methods for storage, and the supervision of the data collection procedures. The design of the informed consent document explained the study process to the participants and advised them of their rights. The participants signed the informed consent form, which contained the participants' time commitment and their rights as they participated in the

research study. Following the REPW requirements addressed all ethical issues that

occurs, while collecting my research information.

After receiving the IRB approval and notification to conduct my study, I

continued the dissertation process by working closely with the members of my

committee. I completed Chapters 4 and 5 by using the mixed methods checklist, and the

dissertation template as my guide (Dissertation Process Worksheet, 2015).

Relevance of Setting

Homeless youth spend a vast amount of their time on the streets in unsafe places

such as abandoned buildings, in public parks and under bridges. These are in high drug

and crime areas of the city. Many criminals know where homeless youth spend much of

their time and often visit these venues to recruit homeless youth for conducting unlawful

activities. Conducting the study in the street would have created no-show participants,

because the streets create many different uncertainties, due to crime; and the weather.

The streets would have been noisy, due to the open environment from people and traffic.

The setting for the study included two drop-in centers that supplied assistance to

homeless and nonhomeless at-risk families. This setting was relevant to the study because

it was safe and private for the participants. The setting provided a familiar environment

for the participants during the study because they visited the setting for daily assistance.

The location created a sense of familiarity for the participants and helped them remain

focused during the study. The location gave me an environment to display the sample

criteria and created a peaceful and private environment for the participants. The two

drop-in centers created a larger pool of potential participants from which to choose the

target sample that met the criteria of the research. The drop-in-centers prevented me from walking around the city of Atlanta in high crime areas to locate the participants. The drop-in centers maintained safe conditions and a private environment away from disturbances and criminal activities. Participants visited the venues regularly for assistance; therefore, the venues were not inconvenient for the participants. Participants were aware of the location and the schedule to participate in the study.

I contacted homeless shelters and drop-in centers that cater to both homeless and nonhomeless at-risk youth between the ages of 19 and 25 years. All participants in the study relied upon homeless shelters and drop-in centers for assistance. Homeless shelters and drop-in centers provide resources such as food, clothing, medical services, and job referrals for nonhomeless at-risk youth. I conducted the study in the participant's natural environment, which improved their concentration and recollection about the subject matter during the study (Frankfort-Nachmias & Nachmias, 2008). The participants appeared to be truthful about their responses concerning their experience.

Attributes of the Environment (Physical Setting, Scope, and Size of Organization)

I conducted the quantitative research in a private office at two drop-in centers. Each room contained two chairs and a desk to accommodate one participant for the survey. I sat in the back of the room during the survey. Second, I used the same room for the individual qualitative face-to-face interviews. The interview included one participant participating in the interview and me conducting the interview.

The key person who allowed me to enter the drop-in centers for contacts with potential participants was the executive directors of the homeless shelters. The executive

director permitted me to enter the premises to conduct my study and provided an office for me to conduct my research. I was the only contact person with the participants regarding the study at all times. For example, I introduced the study to the participants and conducted all of the discussions about my study. I qualified the participants for the study, accepted participants who agreed to partake in the study, and conducted the study.

Research Design and Rationale

Quantitative Questions

1. Do homeless youth have a lower overall social interest score than nonhomeless, at-risk youth?

2. Compared to nonhomeless, at-risk youths, do a greater proportion of homeless youth perceive they encountered obstacles from public policies when obtaining education, healthcare, and stable accommodation?

Qualitative Questions

1. How do homeless and nonhomeless, at-risk youth perceive the effect of public policies on their ability to gain access to education, healthcare, and a stable place to live in Atlanta, GA?

2. How do their experience affect their perceptions toward their society?

Central Concept/Phenomenon of the Study

Public policies created obstacles for the homeless and nonhomeless at-risk youth. The obstacle prohibited them from improving their status and resulted in reduced social interest in their society. The objective of the study was to compare the youth's perceptions and determine which group had a lower overall social interest score. I

determined which group perceived a greater proportion of obstacles in education, healthcare and, stable accommodations and analyzed youths' perceptive views concerning the obstacles. I examined how public policies affected youth's efforts in accessing education, healthcare, and stable accommodation.

Both Data Collection Strategies Working Together To Answer Research Questions

The strategies of inquiry for the mixed methods design was the concurrent transformative strategy because the social interest theory provided a design and guidance for the study. The social interest theory contained in the research questions, hypotheses, data analysis, and conclusion. It did not matter which data I collected and analyzed first because I merged both data for the final analysis. I collected, analyzed, and recorded data for my study by using face-to-face interviews. I compared data from the SSSI survey by using statistical procedures on the data that I collected. The multiple methods of collecting data reduced the possibility of biases or false responses. The mixed methods approach provided reliable and valid data for the study (Patton, 2002). I cross-checked the information for consistencies within both data. For example, I cross-checked the results on the quantitative social interest scores with the responses in the qualitative interviews. Both methods determined how the homeless and nonhomeless at-risk youth perceives public policy obstacles and social interest.

The quantitative portion of the study allowed me to determine the relationship between the variables and test my hypotheses and theories. The qualitative portion of the study contributed to exploring and discovering more knowledge about the research questions and theories. The study could create awareness that could develop educational

programs, change public policies, and provide information to homeless facilities in Atlanta, GA.

Both Methods Are Important to Addressing the Research Hypotheses

The mixed methods design collected an extensive amount of data in diverse forms to address the research hypotheses and questions. I obtained the data from the homeless and nonhomeless at-risk participants by using a survey and a face-to-face interview. The closed-ended questions from the SSSI survey assisted me in calculating the social interest score of each participant. I converted the scores of the survey into numeric data. The face-to-face interview collected the themes, topics, and opinions from the participants. Face-to-face interviews assisted me in collecting open-ended data from participants concerning the research hypotheses and questions. The open-ended questions allowed me to learn more about youth's perceptions about how public policies affect their access to healthcare, education, and stable accommodations. The open-ended questions allowed me to quantify the proportion of youth who perceived obstacles. The open-ended questions indicated how obstacles affected participants' social interest status concerning their society. The mixed methods achieved my research objectives, determined the theoretical perspective, and focused on the variables in the study. The results of the mixed methods study identified how government policies influence the lives of the participants' perceptions.

Rationale for Data Collection Analysis

Descriptive statistics described the number of youth who were homeless and not homeless and showed the number of males and females who participated in the study.

Descriptive statistics measured the extent to which the groups perceive difficulties in

acquiring healthcare, education, and living accommodations. Graphs, tables, and charts

helped with the reporting, comparing, and displaying of the mean average scores and the

modes of the variables. Additionally, graphs, tables, and charts displayed different

categories and percentages of each variable. The graphical presentations allowed me to

display visual data and present the frequencies of different categories of variables for

both the quantitative and qualitative study (Green & Salkind, 2011).

Inferential statistics measured whether I should accept or reject the hypothesis

(Green & Salkind, 2011). The Mann-Whitney U test measured the average ranks for the

two groups on social interest scores. The chi-square test determined the proportion of the

group who reported more obstacles in accessing education, healthcare, and stable

accommodations.

The qualitative data included the hand-written notes, and recordings, from the

interviews. I organized the notes into topics, themes, and codes and interpreted the data to

themes and codes from the interview.

Timing Decisions for Concurrent Analysis

The concurrent data analysis occurred in the study because both the QUAN and

QUAL data collection answered the same research hypotheses. After collecting the

QUAN (survey) data, I forwarded the answers of the SSSI surveys to Sulliman's office

for the scoring of each survey. Sulliman's office returned the scores from the survey to

me with-in one week, and I finalized my analysis for hypothesis one by determining

whether homeless youth have a lower overall social interest score. I analyzed the QUAN

data for hypotheses two, three, and four using the data I received from the interviews. I converted the QUAL data (from interviews) into numeric data (Teddlie & Tashakkori, 2009) for Hypotheses 2, 3, and 4. The QUAL data conversion included themes and codes from the interviews. I compared, contrasted, and analyzed both the QUAN and QUAL data for final analysis.

Role of the Researcher

My Role as Observer

My role as an observer was to pay close attention to participants during the interview, listen, observe, and record the responses. I kept my perceptions separate from the information I received, and I documented all data from participants accurately.

I educated myself about the correct procedures and processes concerning observation skills and taking notes during an interview. I practiced the proper procedures for recording information with accuracy and reliability by practicing with my family. Some of my training materials included books and videotapes on the correct techniques and methods.

My role as an observer was to ensure that I prepared for the interview by ensuring my taping equipment worked and having my pens available, and all note pads in place. I made sure each participant was comfortable in the interviewing room. He/she was aware of all of the interviewing procedures and the length of the interviewing process. I maintained eye contact with the participants, and allowed them to complete their thoughts, and listened carefully to their conversations. I developed a guide to utilize during the interviewing process. The guide included direct questions that helped each

participant answer the research questions. I concluded the interviews by thanking the participant and informing him/her about the next steps of the research process (Laureate Education Inc, 2010j; Patton, 2002).

Revealing Personal and Professional Relationships I Have With the Participants

I worked at a homeless shelter in Atlanta, GA, for over 4 years. The shelter provided homeless and at-risk youth with medical attention, hot meals, bathing accommodations, bathroom facilities, food, and hygiene packs. The shelter provided youth with mentoring programs, educational assistance, job recommendations, resume assistance, and referrals to living accommodations. I was active in different areas of the organization. I was the Director of Volunteer Support and participated in the out-reach center. I mentored homeless youth at a local high school. I had weekly contact with homeless youth until June 2015, after which I worked behind the scenes, until March 2017. I organized and coordinated programs while having indirect contact with homeless and nonhomeless at-risk youth. I was confident that the homeless youth that I met in the past while working at the shelter/high schools would not be part of my research process. I used two drop-in centers to assist me in my research.

Managing Researcher Bias

My biases included feeling passionate about most subject matter, which pertains to homeless and nonhomeless at-risk youth due to government laws and regulations. Society was not doing enough to help homeless youth; if they did, there would be less homeless youth on the streets. Finally, after working with homeless youth for over 4 years, I noticed there was a lack of social interest among homeless youth. In my opinion,

the youth appeared to lose hope in society, and they were not motivated to contribute their skills to society.

I discouraged any biases by avoiding any facial or bodily expressions that indicated whether I agreed or disagreed with participants. I avoided any verbal discussions on any subject matter I felt strongly about during this process. When collecting the data, I eliminated any biases by collecting information that truly represented the participant's responses. During the interview, if the participant said anything I did not understand, I asked him/her to clarify the information before the interview ended.

Other Ethical Issues

I addressed ethical issues before conducting the research study. The sample was comfortable about their privacy, and I did not compromise their confidentiality during and after the research project. Conversations with the sample and the information on the informed consent form demonstrated that my approach was sincere and ethical. The inform consent form assured the participants that I was using an ethical approach to preserve his or her privacy and confidentiality. The inform consent form addressed the psychological well-being of the participants. If the questions or any aspect of the research process caused participants any discomfort, they were aware that they had the right to discontinue their participation. My research study did not cause the participants to be uncomfortable in any aspect of the research process.

To avoid unethical scenarios, I collected accurate data during the study and followed the correct procedures to avoid any unethical issues from occurring. I addressed

the critical ethical issues of beneficence, respect, and justice with the participants when I collected the data (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). I was receptive to the sample's input, and the benefit and risk that pertain to the data collection process.

The informed consent form identified and provided resolutions to most of the possible ethical issues. The form will identify reasons for the study, sample expectations, the research process, participation rationale, and secured management of the data. Using an ethical approach for collecting the research data reduced any risk that could have existed during the study. I use the informed consent form process to establish with the participants how I plan to manage and protect their information during and after the research study. I identified within the inform consent form that participants could discontinue the study due to any discomfort. By identifying these issues and assuring the participants that I will protect their information, will negate the ethical issues during the research. My goal was to protect the participants from any problem or discomfort during their participation in my research study (Patton, 2002).

Documenting and recording the interviews enables me to look back on any situation and use the data to understand what occurred at any point in the research. The SSSI survey avoided bias language against a person due to their gender, sexual orientation, ethnic group, disability, or age. The interview process helped the participants explain their feelings more extensively. Finally, I will release my study for other researchers and educational facilities to evaluate or to extend my research.

Methodology

The Population

  This mixed methods study compared the perception of two segments of the

homeless youth and nonhomeless at-risk youth population. The study included adults

from the ages of 19 through 25 years old. The homeless adults were homeless for at least

1 month when they were between the ages of 15 through 17 years of age. The

nonhomeless at-risk sample had never experienced homelessness when they were

between the ages of 15 through 17 years of age. Their parents or guardians of the youth

had earned a minimum wage, or have been unemployed when the youth were 15-17 years

old. Both the homeless participants and the nonhomeless at-risk participants associated

themselves with homeless shelters and drop-in centers (out-reach centers).

Identify and Justify a Sampling Strategy

  The sample for the quantitative study consisted of 119 participants. It included

homeless males, homeless females, nonhomeless at-risk males, and nonhomeless at-risk

females. The G * Power computer program (Faul,2009, G*Power. Version 3.1.2),

indicated I needed 102 participants for the quantitative study. The quantitative sample

included 55 participants from the homeless group and 64 participants from the

nonhomeless at-risk group, which was a total of 119 participants from both groups.

  The qualitative study participants include 119 participants, all of whom took the

survey. The G*Power computer program indicated the study would require a total of 32

participants for the chi-square analysis. The chi-square analysis depended on the

participant's comments from the interviews. The qualitative participants for each group

consisted of 55 participants from the homeless and 64 participants from the nonhomeless at-risk. I made myself visible at the drop-in centers. I asked participants, both homeless and nonhomeless at-risk if they were interested in participating in the Mixed methods study.

Criteria for Selecting Participants

The bases for the participant's selection were two separate criteria. The first criterion was the youth who were homeless for a month or more when they were 15-17 years old; additionally, youth who were never homeless when they were 15-17 years old in Atlanta, GA. The second criterion was that all participants were between the ages of 19-25 years old and visited the homeless shelters and drop-in centers for needed assistance.

Participants Meeting Criteria

Participants met the criteria in the discussions at drop-in centers; during the private conversation, they confirmed their ages (19-25 years old). Secondly, they confirmed that they lived in Atlanta when they were between the ages of 15-17 years old. Thirdly, they confirmed they were homeless for a month or more, or they were not homeless when they were 15-17 years old.

Justify Sample Size for the Hypotheses Using Power Analysis Effect Size and Alpha Power

According to the G* Power computer program calculations (Faul, 2009, G*Power. Version 3.1.2), for the *t*-test, Hypothesis 1, I needed 51 participants in each group. Including both groups, I needed 102 participants to take the SSSI survey during

the study. However, I use 119 participants, which consisted of 55 participants from the homeless group and 64 participants from the nonhomeless group. Using more participants prepared me for responding to mishaps that could have occurred in the study. For example, some participants changed their minds about participating in the study.

For *H*1, I conducted an independent sample *t*-test for the quantitative survey portion of the study. To determine the proper sample size, I used the G*Power computer program (Faul, 2009, G*Power. Version 3.1.2). The data that I entered for a G* Power calculation for a *t*-test included that *H*1 was a one-tailed test because I hypothesized that one group was larger than the other group. The effect size d was 0.5, which indicated that the difference between the groups would be 0.5 standard deviations apart. The alpha error probability was 0.05. The Power (1-β error) probability was 0.8. I would have been 80% sure there would have been a significant result if my hypothesis was accurate. The allocation ratio was one, indicating there would have been equal numbers in each group. The results of the G* Power suggested that with a total sample size of 102 participants, the critical *t* would have a value of 1.6602343, for the *t* value to be significant. Additionally, the actual power would be equal to 0.8058986 (Faul, 2009. G*Power, version 3.1.2).

For Hypotheses 2, 3, and 4, I conducted one chi-square test for each hypothesis. To determine the proper sample size, I used the G*Power computer program to conduct a χ^2 tests - Goodness-of-fit tests, including a contingency table. I entered an effect size of 0.5, an alpha error probability of 0.05, and a Power (1-β err prob) of 0.8. (The power of 0.8 indicates an 80% probability, that if I were right, that the homeless group perceived

more obstacles than the nonhomeless at-risk group, then I would have received a significant result in the study). The G* Power indicated that the total sample size for the qualitative study should have been 32 participants, and the result in the actual power was equal to 0.8074304 (Faul, F. 2009. G*Power (Version 3.1.2). I used 119 participants for the qualitative study, 55 participants were from the homeless group, and 64 participants were from the nonhomeless group to test hypotheses two, three, and four.

Specific Procedures for Identifying Participants

I identified participants through face-to-face, personal, and individual contacts at the drop-in centers. I visited these facilities to converse with homeless and nonhomeless at-risk participants, who wanted to partake in my study.

The Relationship Between Saturation and Sample Size (Qualitative Components)

For the qualitative interviews, I believed my sample size of a minimum of 32 participants was an appropriate number of subjects for the study. A suitable number of participants provided me with an adequate amount of data to resolve my qualitative questions. The G* Power computer program informed me that I needed 32 participants for the qualitative study (Faul, 2009. G*Power, Version 3.1.2). Saturation of samples in qualitative research can influence data collection (Mason, 2010). The appropriate number of subjects in a qualitative study could help researchers collect sufficient data to answer the qualitative question and keep researchers from accumulating a considerable duplication of data (Mason, 2010).

The G* Power program has helped me establish an appropriate sample size that represented my entire population. The correct sample size assisted me in obtaining

information that reached saturation appropriately. My qualitative questions targeted two specific groups (homeless and nonhomeless at-risk), and the questions did not target random groups. My sample of 119 participants was large enough to gather an appropriate amount of opinions from both groups. However, the larger sample caused the data to become repetitive due to a continuous recording of the same information.

Instrumentation of Qualitative Components

My qualitative instrument was an individual face-to-face interview protocol that focused on the experiences of participants' public policy obstacles. My qualitative instruments included a demographic sheet. On the demographic sheet, I wrote the responses to the questions, I asked each participant before they took the interview. Additionally, on the demographic sheet, I manually recorded any comments from the participants during the interview. Other qualitative data collection instruments include two audio voice recorders. However, the audio voice recorders were seldom in operation because the participants did not want me to record their voices, so I took notes instead. I listened to the recorded information, and I reviewed the notes I took from the interviews to analyze, document, and conclude the findings from the study.

Identify Source for Each Data Collection Instrument (Qualitative)

The qualitative data collection protocol included three qualitative questions and three sub-questions about education, healthcare, and stable accommodation obstacles. I created a demographic sheet and wrote information about each participant before they took the study. The demographic sheet helped me to track the proportion of obstacles participants experienced from public policies according to their perceptions. The

demographic sheet indicated if the participants were homeless or not homeless when they were 15-17 years old. I purchased two audio voice recorders that assisted me in playing, replaying, rewinding, pausing, and repeating the interviews. The manual and audio documentation process helped me to collect the information accurately from the interviews.

Basis for Instrument Development (Qualitative)

I developed questions to collect information on youths' perceptions of how and why public policies created obstacles for them. The questions focused on how youth experienced education, healthcare, and stable accommodation obstacles. The open-ended questions assisted youth in expressing their experiences about the barriers they encountered due to public policies. The questions helped me to determine my hypotheses two, three, and four, and gave me answers to the qualitative questions. I established that a greater proportion of homeless youth perceived experiencing obstacles than nonhomeless at-risk youth. I learned about the youth's experiences from the challenges he or she encountered from public policies according to their perceptions.

I was a mentor for homeless youth for over 4 years. I observed and listened to complaints from the homeless youth about obstacles they encountered due to public policies daily. I heard unbelievable incidents encountered by homeless youth. My mentoring experiences provided me with an opportunity to increase my knowledge about the experience's homeless youth encountered daily. I observed that many homeless youth had little interest in their society due to the experiences they encountered. I was active in trying to assist homeless youth in improving his or her life by directing them to different

educational programs. For over 4 years, there were a few success stories by any of the

youth I met during my tenure. The qualitative questions helped me in understanding more

about why youth had little or no interest in their societies.

Additional ideas for developing my instrument included networking and visiting

other homeless shelters and drop-in centers to observe homeless youth. I was a member

of a Coalition Group for LGBTQ, and homeless youth in Atlanta. Discussions during the

coalition meeting included health care needs, educational needs, housing, and research

topics for the homeless in Atlanta. The meetings I attended monthly added to the

development of my instrument. Finally, I continued to collect information about

homeless situations by attending conferences about homeless conditions in Atlanta.

Literature Sources

During my literature research, I found numerous articles, which helped me with

the ideas of developing my qualitative questions. Previous researchers indicated the

challenges homeless families face with maintaining proper healthcare (Butler, 2014;

Hudson et al., 2010; Krusi, Fast, Small, Wood, & Kerr, 2010; Ringwalt, Greene,

Robertson, & McPheeters, 1988; Rosario, Schrimshaw, & Hunter, 2012; Schreier &

Chen, 2013). Other challenges faced by homeless families are educational needs (Kearny,

2008; Moore & MC Arthur, 2011), and stable accommodations (Healthcare Care for

Homeless Women, 2013; William & Chapman, 2012). The lack of proper healthcare and

stable accommodations led to unhealthy situations and diseases (Understanding

Healthcare Needs of Homeless Youth, 2010). I did not locate any articles, which

expressed how homeless youth felt about obstacles they encountered from public

policies. I did not locate any articles, which demonstrated how homeless youth felt about their society due to the challenges they faced in society. I realized I needed to develop the qualitative protocol to document the obstacles and perceptions of homeless youth.

Establishing Content Validity

I established content validity by forwarding my qualitative questions to experts in the field who have worked with homeless youth for years. The experts included homeless professionals who mentored homeless youth daily.   asked the experts for their opinions about any improvements to my questions. I adjusted the questions according to their ideas and suggestions after discussing them thoroughly. My contacts included executive directors and other leadership members who have worked with the homeless for a substantial number of years.

Published Instrument of Quantitative Components

My published instrument was the SSSI survey. Sulliman (1973) developed the SSSI in 1973, and his scale became an integral measurement tool for social interest. The SSSI identifies the level of social interest that exist within a human being. It answers the questions concerning a person's ability to deal with their life problems and their ability to make a meaningful contribution to society (Crandall, 1991, 1981,1980). As indicated by Crandall (1991), Adler claimed there is a close relationship between social interest and humankind's ability to develop a contribution to society. A person's contribution to society correlates to his or her feelings about society.

The SSSI is a 50-question survey, which measures the degree of social interest that is present in each person who takes the test. The magnitude of social interest in each

person is the result of the person's response to the survey. The survey was easy to understand, simply designed, and user-friendly. Participants answered each short question by indicating either a true or false answer. The questions asked about people's social feelings and their social relationships (Sulliman, 1973).

Appropriateness of Current Study

The SSSI was appropriate for my study because the scale measures the degree of social interest a person maintains in him or herself. The H1 determined whether homeless youth have a lower social interest score than nonhomeless at-risk youth. The SSSI was the appropriate tool to measure the participant's social interest scores. The questions on the SSSI are relative to my research hypotheses. The questions in the SSSI focused on the conceptual constructs of social interest by devising a relationship between items that supported social interest (Crandall, 1991). All questions focused on how participants felt about their society. Scholars in the field have tested the SSSI for its validity and reliability, and the SSSI is a valid and reliable instrument (Fish & Mozdzierz, 1988; Gradel, 1989; Watkins & Blazina, 1994; Watkins & St. John, 1994). The construct validity of the SSSI demonstrated that the SSSI measures the theoretical framework in my study. The instrument is associated with my theoretical belief (social interest). I communicated with Sulliman, and I have his permission to use the SSSI for my study. The SSSI cost me $4.00 per test, totaling $476 for 119 tests.

Published Reliability and Validity Values Relevant to the Study

Watkins and St. John (1994) measured the validity of the SSSI. They conducted

the reliability test among participants who completed an instrument package of 50 true

and false questions from the SSSI. Other instruments included the Berkman Social

Network Index, the Narcissistic Personality Inventory, and the Interpersonal Reactivity

Index instrument (Watkins & St. John, 1994). The results indicated significant

correlations in the expected direction, except for two correlations, which were fantasy

and personal distress empathy. The rationale given for the two results were they are

multifaceted, and not all facets related to social interest. The results were consistent with

the Adlerian theory and agreed with the initial hypothesis (Watkins & St. John, 1994).

The results indicated the SSSI is a valuable tool for the measurement of social interest

and supports the validity of the SSSI (Watkins & St. John, 1994). The validity test

indicated the four related and hypothesized variables of narcissism, happiness, empathy,

and interpersonal contact. The validity test, according to the measurements of the SSSI,

correlate with the Adlerian theory (Watkins, Jr. & St. John, 1994). Adler's major

psychological construct is social interest, which contains elements that motivate an

individual to contribute to society.

Watkins and Blazina (1994) measured the reliability of the SSSI. The reliability

study used the 50-item scale, which measures social interest. The resulting retest data

after three weeks was .80 (*p*< .001; Watkins & Blazina, 1994). The 5-week retest results

were .75 (p<.001). This result indicates that the SSSI is reliable.

Population Instrument Previously Used on Establishing Validity

An examination of the validity of the SSSI, as performed by the researchers

Watkins and St. John (1994) took place at a Southwestern University with a psychology

class. The demographics of the group were mostly Caucasian youth with a median age of

20.7 years, with 87 males and 120 females (Watkins & St. John, 1994). Watkins and

Blazina (1994) performed the reliability study with retest periods at 3 and 5 weeks. The

reliability study consisted of 80 participants (19 males and 61 females) with a median age

of 24.7 years and 85% Caucasian (Watkins & Blazina, 1994).

Establishing Instrumentations to Answer Research Questions

My qualitative questions protocol was beneficial in answering my qualitative

research questions. The qualitative questions helped me understand the participant's

perceptions about how and why public policies caused obstacles. The obstacles pertained

to when they were obtaining an education, healthcare needs, and a stable place to live.

The questions assisted youth in expressing their feelings about the subject matter to me. I

learned about the youth's experiences due to obstacles from public policies according to

their perceptions. I analyzed Hypotheses 2, 3, and 4 and formulated conclusions for the

hypotheses.

During the quantitative survey, the SSSI allowed me to measure the quantitative

amount of social interest of each participant. The SSSI assisted me in determining that

homeless youth have a lower social interest score than nonhomeless at-risk youth, as

indicated in my first hypothesis. The SSSI survey is a reliable and valid instrument,

according to previous researchers (Fish & Mozdzierz, 1988; Gradel, 1989; Watkins &

Blazina, 1994; Watkins & St. John, 1994).

Procedures for Recruiting Participants and Data Collection

I recruited the participants through direct contact with them at two drop-in centers

in Atlanta. The recruiting process included meeting each potential participant

individually to introduce the study to him or her. After gaining permission to conduct my

research, I developed a list that contained the recruiting criteria for potential participants.

The recruiting criteria for the homeless and nonhomeless at-risk youth included

participants' current age and their gender. When they were 15-17 years old, their

homeless / nonhomeless status, and the obstacles they encountered due to public policies,

while living in the Atlanta, GA, area.

Providing Participants With Informed Consent

Each participant received his or her informed consent form before participating in

the research. I met all participants individually to explain the reason for the study, and the

advantages of the research. I explained the items on the informed consent form. If there

were additional questions or concerns, I addressed them before the signing of the

informed consent form by the participants. After the participant decided to participate in

the study, he/she signed the informed consent form in my presence.

Collecting Quantitative Data Components

I collected the quantitative components for my mixed methods study by using the

SSSI survey. The survey consisted of 50 simple questions that were easy to understand,

and participants selected true or false answers in the survey. Each participant took the

survey on an individual first-come basis in a private office. I discussed the purpose of the survey to the participants. I gave each participant a Number 2 pencil. The survey questions were on both sides of a sheet of paper. I advised the participant if he/she changes their mind about the study; they were free to leave at any-time without repercussions. Participants who were unable to read, upon their wishes, I read each question in an unbiased manner for the participant. The survey questions took each participant less than 30- minutes to complete.

Participants Exit the Study for Both Methods

When each participant completed the survey, he or she placed their survey sheet in a box located on the same table as the participant. I asked the participant if he or she has any questions or inquiries concerning the survey. I addressed any concerns the participant had regarding the study and reminded him/her that all the information on the survey was confidential. I told the participant to contact me directly via my e-mail address or telephone number with any further questions about the study. I thanked him or her for participating in the study before they exited the room.

At the end of the face-to-face interview, I stopped the voice recorder when appropriate and stopped taking notes on my demographic sheet. I asked the participant if he or she had any questions about the interview. I addressed any concerns they had regarding the interview. I reminded him or her that all personal information (organization name) would remain confidential. I reminded the participants to contact me directly via my e-mail or telephone number if they had further questions about the study.

At the end of the study, I reminded participants there was going to be a two-page summary of the study for them to read at the drop-in center. I reminded them that their participation in the study would benefit homeless shelters and drop-in centers in the city of Atlanta.

Describe Any Follow-Up Procedures

During an interview, if I heard any information I did not understand, I asked the participant to clarify the information before the interview ended. If a participant wanted to contact me about any concerns regarding the study, they had my email address and telephone number. Participants had the choice to come and see me in my office at the drop-in-center.

Collecting Qualitative Data Components

I conducted face-to-face interviews from Monday through Friday, on a first-come basis. I interviewed participants on an individual basis in a private room and each interview lasted between 7-15 minutes. The interviews include both the homeless and nonhomeless at-risk participants. I asked all of the questions during the interview, and each participant based their perceptions on the period when they were 15-17 years old. I audio recorded our voices or took notes of participants' responses according to the participant's preference for the data collection. For the note-taking process, I had a pen, pencils, and my demographic sheet for documenting notes about the interview. I wrote the participant's current age, participants living conditions, participant's gender, and obstacles participants encountered on the demographic sheets. Additionally, I

documented all emotional and verbal queues from the participants on the demographic sheets.

Data Analysis Plan

Software for Analyzing Quantitative Components

I used the SPSS statistical program, and the Microsoft Excel computer programs to analyze the data. Both programs were appropriate to my analyses because I used them to enter, edit, organize, analyze, save, and retrieve the data variables. The Microsoft Excel program allowed me to create all of the database files and transferred them to the SPSS statistical program to conduct statistical tests. The SPSS assisted in conducting the independent groups *t*-test, the Kolmogorov-Smirnov test of normality, the Mann-Whitney U test, the Chi-Square test, and the Lamba and Phi effect size test (Green & Salkind, 2008). The SPSS program assisted in conducting descriptive statistics, and it helped with the displaying of the data using charts and tables.

Data Cleaning and Screening Procedures for Quantitative Study

Data cleaning included separating the participants who were not qualified to take the study from the qualified participants. The unqualified participants were seniors who insisted on taking the study to tell someone their stories about how public policies have affected them. Due to this, I had 14 seniors participants who were not qualified to take the study but wanted someone to hear their stories.

Restate Alternate and Null Hypotheses, and Statistical Test for Hypothesis 1

$H1_a$: Compared to nonhomeless at-risk youth, homeless youth will have lower overall scores on social interest.

$H1_0$: Compared to nonhomeless at-risk youth, homeless youth will not have lower overall scores on social interest.

Statistical Test

The statistical test for hypothesis one was an independent groups t-test. This test compared the mean social interest scores of the homeless and nonhomeless at-risk youth.

I chose the t-test for this hypothesis because the independent variables had two values, and the dependent variable contained continuous variables. The independent variable was living conditions (homeless and nonhomeless at-risk), which contained two independent groups. The dependent variable was social interest scores.

Interpreting Results for Hypothesis 1 Including Key Parameter Estimates, Confidence Intervals, Probability Values, and Odds Ratios

I interpreted the results for hypothesis one based on the probability generated by the statistical software SPSS. The α (alpha) error probability, which was .05 (=5%), determined whether the statistical test was significant.

When the t-tests were complete using SPSS, I received a t-value and a probability value. The probability values were less than .05 and I interpreted the results as a significant result. The significant result was less than .05, so I rejected the null hypothesis while accepting the alternate hypothesis. I also reviewed the averages of each group and determine which group has a lower social interest score. The t-test did not meet two of the primary assumptions so I used the Mann-Whitney U test instead. The Man- Whitney U test found the difference of social interest scores between the two groups was significant with a medium effect size using the Cohen's guidelines.

Alternate and Null Hypotheses, and Statistical Test for Hypotheses 2, 3, and 4

$H2_a$: Compared to nonhomeless at- risk youth, a greater proportion of homeless youth will perceive experiencing obstacles from public policies when seeking education.

$H2_0$: Compared to nonhomeless at-risk youth, the proportion of homeless youth who will perceive experiencing obstacles from public policies when seeking education will be the same or less.

$H3_a$: Compared to nonhomeless at-risk youth, a greater proportion of homeless youth will perceive experiencing obstacles from public policies when seeking healthcare.

$H3_0$: Compared to nonhomeless at-risk youth, the proportion of homeless youth who will perceive experiencing obstacles from public policies when seeking healthcare will be the same or less.

$H4_a$: Compared to nonhomeless at-risk youth, a greater proportion of homeless youth will perceive experiencing obstacles from public policies when seeking stable accommodations.

$H4_0$: Compared to nonhomeless at-risk youth, the proportion of homeless youth who will perceive experiencing obstacles from public policies when seeking stable accommodations will be the same or less.

I used Chi-square tests to analyze hypotheses two, three, and four. The tests indicated that a greater proportion of homeless youth perceived encountering obstacles when accessing education, healthcare, and stable accommodations. I used the Chi-square because the independent variable was living conditions (homeless/nonhomeless at-risk),

had two independent groups. The dependent variable had two independent groups (yes/no to the proportion of youth who perceived obstacles). The dependent variable was the proportion of youth who perceived obstacles in accessing education, healthcare, and stable accommodations. Participants answered the question by indicating (yes/no) to perceiving obstacles.

Results for Hypothesis 2, 3, and 4 Includes Confidence Intervals and Probability

I interpreted the results for hypotheses two, three, and four based on the probability generated by SPSS. The α (alpha) error probability was set at .05 (=5%), to determine whether the statistical test was significant. The significance value for a statistical test was less than the alpha and it was statistically significant.

I had three tables of (2*2) to indicate whether a greater proportion of homeless youth than nonhomeless at-risk youth encountered obstacles. I test the Chi-square using the SPSS computer program for hypothesis two, three, and four. The probability was less than .05, I determined the results as significant. I determined which group (homeless/non-homeless at-risk) has a greater proportion of obstacles due to public policy according to their perceptions.

The Chi-square was significant, and the group differences were in the direction that I hypothesize, I rejected the null hypothesis for all three topics. (Compared to nonhomeless at-risk youth, the proportion of homeless youth who will perceive experiencing obstacles from public policies when seeking education, healthcare, and stable accommodations will be the same or less). I accepted the alternate hypothesis for the research topics (compared to nonhomeless at-risk youth, a greater proportion of

homeless youth will perceive experiencing obstacles from public policies when seeking education, healthcare, and stable accommodation).

Potential Covariates and Confounding Variables for Hypotheses 1-4

Two possible confounding variables for my study were socioeconomic status and gender. I focused on social interest scores of homeless youth and youths' perceptions of how public policies affected their social interest. I avoided the socioeconomic confounding variable by using nonhomeless at-risk youth as a comparison group. The nonhomeless at-risk youth group had similar economic issues and similar social problems like the homeless youth group. The only exception for the homeless and nonhomeless at-risk group was the nonhomeless at-risk youth has never been homeless. Since there was a difference in social interest scores between the two groups, the socioeconomic status did not cause the difference between the groups.

Gender was another confounding variable because experiences could vary due to the differences in gender. However, gender matching was difficult because the study was on a first-come basis. More females agreed to take the study than males.

Type of Coding for Qualitative Components

I coded all of the qualitative components manually and gathered all narratives from the homeless and nonhomeless at-risk participants. I organized the notes from the face-to-face interviews by assigning the materials into demographic details of the homeless and nonhomeless at-risk participants. I placed the transcripts from the interviews into themes and related topics, analyzed all the information, and separated all themes and topics into codes and nodes. The codes and nodes assisted in understanding

the data. I compared each case and created conclusions according to the results. I labeled the cases according to similar information and saved them under different themes according to their relationships.

Software Used for Management and Analysis

I used the computer programs Microsoft Word and Microsoft Excel, and SPSS statistical program to assist with recording, organizing, retrieving, displaying, and saving the qualitative information.

Manner of Treatment of Discrepant Cases for Qualitative Study

I included all of the responses that were different from the other responses in the final analysis. I include the outlier in the final analysis. I recommended the unqualified participants (seniors) for future studies in this area.

Integrating the Quantitative and Qualitative Data in the Analysis

The integration plan included comparing and contrasting both the quantitative data and the qualitative data. Additionally, the plan included analyzing and interpreting the conclusions for both strands. The quantitative data indicated the youth's level of social interest scores. I addressed the youth's perceptive insights about their experiences and challenges due to public policy obstacles and reported ways in which public policy obstacles influenced youth's social interest. I examined the findings of both strands to understand more about the homeless and how homelessness affects youth. The combination of the two types of information answered the research questions. I determined how the data from the two aspects of the study agreed with the theories from

the literature. The quantitative and qualitative methods provided information that the other method did not offer in the study.

The integration of the findings depended on the results of both the quantitative and qualitative strands. The results of both strands recommended that public policies could create laws to improve the homeless youth's condition in Atlanta, GA. The results described obstacles youth perceived due to public policies. Both strands presented a greater understanding of the youth's perception of social interest and obstacles due to public policies. The integration of the findings created a reliable conclusion due to the consistencies of the theories and the hypotheses.

<div align="center">**Threats to Validity**</div>

External Validity

The conclusions of the findings from this study will apply to other homeless youth, different races, and other cultures beyond Atlanta, GA. I investigated and applied perceptions from previous studies. According to Morrison et al. (2014), Hudson et al. (2014), and Tierney and Hallet (2010), homeless youth in their studies felt hopeless due to their homeless situations. Morrison et al. conducted their study in Brazil. In contrast, Tierney and Hallet, and Hudson et al. conducted their study in the U.S. The hopeless feelings caused youth to become discouraged from achieving goals in society. This scenario demonstrated that youths' experiences had universal effects; therefore, I expect this study would have the same impact if other scholars in different parts of the world conducted this study. This study will assist future studies in different locations and

populations. If various researchers replicated this study with a different group or in a new setting, their study should have the same results or similar results.

Internal Validity

Being aware of the variables that could have caused internal validity and being aware of the correct procedures for handling the variables helped avoided internal validity for this study. Variables that could have caused inaccurate results included participants' experiences, the period of the data collection, and an inadequate sample representation. Other variables that could have caused incorrect results are the use of the wrong instrumentation for the study, participants communicating with each other, and the researcher's attributes.

Participant's experiences could have caused internal validity. Participant's experiences could have included a question on an instrument that could have triggered the participant's memory of previous experiences or memories that could have caused the participant to become upset. There were no questions that caused participants to become upset while collecting data for the study. Additionally, participants seemed to have had excellent memory about their experiences.

The period for collecting the data could have been an internal validity. I collected all of the data in 6 weeks and did not collect the data over several years. Therefore, I avoided the process where participants' knowledge could have matured over time due to a lengthy timespan. Additionally, I avoided the issue of participants changing their opinions about the subject matter due to a drawn-out timing of collecting the data.

The sample was a good representation of homeless youth and nonhomeless at-risk youth, and this avoided an internal validity. The research group (homeless youth) was homeless for more than a month. The control group (nonhomeless at-risk youth) was on the verge of becoming homeless but was never homeless. The nonhomeless at-risk participants had similar experiences to the homeless youth. The study has shown that homeless youth have a lower social interest score, and they have encountered more obstacles due to public policies. I have concluded that the differences between the two groups were because the homeless youth were homeless. Both groups were a good representation of the population.

Using the correct instrumentations for the study avoided internal validity for this study. The questions, hypotheses, theories, and sample population should represent the proper quantitative and qualitative questions in the study (Frankfort-Nachmias & Nachmias, 2008). This quantitative study used the SSSI instrument that measures a person's social interest scores. The SSSI was the correct instrument for the quantitative study because it described the social interest relationship, and it related to the research questions. The qualitative portion of the study used interview questions that asked participants about their experiences and their obstacles as per their perceptions. I asked professionals who work with the homeless youth to review the qualitative questions to obtain their approval regarding the questions. Finally, I did not change the instruments during the study; I used the same instruments for each portion of the study.

Participants did not communicate with each other about the questions and answers of the study because I reminded each participant that they were no right or wrong

answers and this prevented participants from communicating with each other about their answers in the study. Each participant was honest about his or her input, and their peers did not influence them.

Personal attributes and elements from my background did not affect the research because many classes and the residencies thought how to avoid personal attributes from affecting the study. Personal attributes that could affect the internal validity of a study include conscientious, balanced, and reliable (Patton, 2002). My research education, my work with the homeless youth, and my experience in social settings did not impact the credibility and trustworthiness of the research. I presented the study in a trustworthy manner, I was accurate with all the data, and I used productive thinking methods, and had a holistic approach to the research. Exact documentation of the responses of the sample was mandatory, and the data was reliable. The venue (drop-in center) for the sample to participate in the study was an important aspect of the research process. Participants and I were relaxed because we were in a venue where we felt safe while participating in the study. Biases about homeless youth did not influence the research since I have been working with homeless youth for over four years. I was aware of any negative or positive thoughts while I was performing the research, and I did not express any personal feelings to the participants. Member checking during the study was a tool that was used to help eliminate any biases with languages that I did not recognize. External reviewing and auditing of the data helped with the documentation and reduced any biases that I did not recognize in the research. These precautions reduced the possibility of threats to the quality, reduced limitations, and improved the quality of the study.

There were several reliability and validity issues that I addressed during the mixed methods research project. The validity of the data will depend upon the sample population, the instrument, the interpretations, and the analysis of the data (Rudestam & Newton, 2007). The sample population was a true representative of the homeless youth population in Atlanta, GA. The study exceeded the recommended number of participants. I used the proper instrument to ask the closed-ended and open-ended questions to obtain data and the correct statistical tools to analyze and interpret the data. Other researchers can reproduce the study and should arrive at the same or similar conclusion since the data was accurate. The research was without bias; therefore, the research is a reliable study.

Issues of Trustworthiness

Establishing Credibility

The results and conclusions are sincere, reliable, and realistic according to the comments made by the participants about social interest. Additionally, the results documented how public policies affected the youth's ability to gain access to education, healthcare, and stable accommodations. The credibility techniques included triangulation of methods, analyst triangulation, and prolonged contact. Other credibility procedures involved member checks, multiple contacts, saturation, reflexivity, and peer review.

The triangulation of methods examined and investigated the findings of both quantitative and qualitative data. The reviews determined any discrepancies in any of the methods of data. For example, I observed any deviations from participants regarding social interest in the qualitative interview and the quantitative survey. The analyst

triangulation included members of my dissertation committee, who analyzed and reviewed the findings of the data for consistencies in the study.

Prolonged contact included my experience of working with homeless youth in a homeless shelter in Atlanta, GA, for over four years. Working with homeless youth has increased my understanding of their social settings and their interests. The experiences with the homeless have taught me to look past personal perceptions about homeless youth.

Member checks included during the data analysis, replaying the audio recordings, and re-reading the manually documented information for any clarification of data by each participant. During the interviews, member checks included having the participants to clarify and validate any information I did not understand.

Saturation included the appropriate number of subjects in the sampling size for the qualitative interview. The sample size of 119 participants was adequate for the research. However, the study reached a saturation point with 119 participants.

Reflexivity in the research stemmed from my background in associating with homeless youth. I am passionate about the welfare of homeless youth; therefore, I was aware that I had biases in some situations and scenarios. To control the biases, I created some rules that prevented biases. If I felt biased about a situation, I recorded my feelings in a log to help stay on track during the auditing process. The rules will help me control any biases and be realistic.

Peer review included the evaluation of the results and conclusions by Walden Faculty peer review teams, who checked for the credibility of the findings. The facility

checked the credibility of the interpretations of data and the credibility of the construction of data (Teddlie & Tashakkori, 2009).

Transferability (External Validity)

The conclusion included information other researchers could use in their research. The conclusion included information reviewed in the literature review, and the findings were consistent with the results. The conclusion and interpretations were accurate, reliable, and consistent according to the findings and data of my study (Teddlie & Tashakkori, 2009). The conclusion was relevant to the social interest perceptions of the participants and related to the effects of public policy obstacles on participant's society. The results were transferable to many homeless situations in different locations, cultures, ages, races, or economic situations.

Dependability

The research questions supported the study because the samplings, measurements, interviewing procedures were all suitable for the research. The results of future researchers will be similar or close to my results if he/she follows the content analysis. The quantitative conclusion depended on the accurate results from the survey about youth's social interest scores. After collecting data from the qualitative interview, I organized the data into files and themes. I formulated the qualitative data manually and created themes from codes and organized them themes into accurate data. The qualitative results achieved a more in-depth understanding of youth's perceptions about public policy obstacles and how they affected youth. The dissertation committee and Walden's IRB checked the conclusions for clarity and dependability (Teddlie & Tashakkori, 2009).

The triangulation included quantifying the qualitative data and quantifying the quantitative data during the data tabulation and the analysis process. Quantifying the qualitative data by using descriptive statistics, graphs, and tables represented the themes and categories from the interviews. Quantifying the quantitative data included taking the numerical results and using descriptive and comparative words to explain and express the data. I compared and contrasted the differences and similarities in the categories and themes of the quantitative and qualitative approaches.

Confirmability

I integrated both the QUAN and QUAL data carefully by observing, combining, and comparing both data into the analysis. I examined and summarized each question and sub-question separately. I analyzed my notes individually and focused on the answers that the participants gave according to each question. I observed each participant during the interviewing process to provide a clear understanding of his or her attitudes towards the interviewing process. I examined and compared my field notes and summarize the notes according to the participant's answers. When concluding each analysis, I used my research purpose and my research questions as guides when analyzing and interpreting the data. I sought advice from experts such as my dissertation committee about my findings. I compared, contrasted, combined, and explained the differences in the conclusion. Finally, my reflexivity included keeping my biases separate from the facts and findings during the study (Teddlie & Tashakkori, 2009).

Ethical Procedures

Agreement to Gain Access to Participation–Includes IRB Application

I applied to the IRB at Walden University to gain permission to conduct the study. I complied with all ethical standards and behaviors that were required by Walden University about conducting research. I followed all the procedures and guidelines needed to conduct a study. The dissertation committee and research departments at Walden directed me about any requirements before undertaking the research. I maintained contact and follow the directions of my dissertation committee through the research process. Through the guidance of my committee, I issued an informed consent form, for Walden's IRB to review prior to study (Walden University, 2012).

After receiving approval from the IRB, I conducted the study. Before conducting my research, I asked the executive director of a homeless shelter and drop-in center for their permission to conduct the study on their premises. I informed the executive director about the ethical issues, privacy issues, and rights regarding the correct treatment of the participants. I explained and had the executive director sign any forms to aid all understanding regarding the research. Prior to conducting the research, I met and explained the study to each participant. Upon agreement to partake in the study, I supplied him/her with a copy of Walden's informed consent form.

The informed consent form outlined information regarding the requirements of the participants and me during and after the research. It explained the data collection procedures and the reasons for pursuing the research. The inform consent form further explained the reasons why I chose the participants to partake in the study and the benefits

of participating in the study (Walden University, 2012b). Finally, the participants gave

their agreement to volunteer and participate in the research.

Describe the Treatment of Human Participants

      I considered key ethical principles while conducting the Mixed methods study and

they are beneficence, respect of the participants, and justice (National Commission for

the Protection of Human Subjects of Biomedical and Behavioral Research, 1979).

Beneficence is protecting the participants from anything in the study that could have

caused them harm. Harm could come to the participants through the physical and the

psychological aspects of the research. Physical harm to participants could be a result of

furniture breaking while sitting on it, or structural problems in the building. It was my

responsibility to protect my participants from physical harm during the study. I checked

the conditions of furniture, the building, and any physical elements in the room before the

study. Psychological stress causes participants to become sad, filled with anxiety, or other

emotional stress (National Institutes of Health, 2016). Earlier events in a participant's life

could have caused them to recall a negative memory. If psychological harm were present

during the study, the informed consent would allow the participants to discontinue the

study. There was no physical or psychological harm to any of the participants during the

study.

      I respected the participants' culture, religious beliefs, gender, and their decisions.

I did not manipulate or persuade the participants under any condition and was honest with

participants during all aspects of the research. I presented the participants with an

informed consent form. The form outlined the requirements of the study, the rights of the

participants, and how I will protect those rights. The rights of the participant extended

from the beginning of the Mixed methods study to the end of the data collection

requirements. The informed consent form defined my role during the research and the

identification of the selection process of the participants. The informed consent explained

the purpose of the study and the participant's level of risk and involvement in the study.

Finally, it described the benefits of the participants' participation in the Mixed Method

study (National Commission for the Protection of Human Subjects of Biomedical and

Behavioral Research, 1979).

Justice involves treating all of the participants in the Mixed methods study fairly.

All of the participants had access to the same environmental and physical situations.

Justice on the informed consent form stated the benefits and risk of the Mixed Method

research to the participants (National Commission for the Protection of Human Subjects

of Biomedical and Behavioral Research, 1979). The research caused more benefits and

no risk to participants who agree to partake in my study.

The Walden IRB established the guidelines, which determined whether the

ethical standards of the school conform to the federal regulations of the United States

(Office of Research Integrity and Compliance: Institutional Review Board for Ethical

Standards in Research, 2010). The Mixed methods study did not expose the participants

to risk or harm. I outlined the beneficence and justice in the informed consent form and

described the protection the participants from harm and unfair treatment. The Mixed

methods study took all the measures required by Walden. The Mixed methods study met

IRB approval, and I complied with all the rules and regulations expected by Walden

University (Office of Research Integrity and Compliance: Institutional Review Board for Ethical Standards in Research, 2010; Walden University, 2012b).

Ethical Concerns Related to Recruiting Materials and Processes

At two drop-in centers, I introduced myself to potential participants and informed them that I was conducting a research study with Walden University. I told them I was not working for any government or law enforcement organizations. I informed them that I had been working with homeless youth for over four years. I told them that my research was focusing on youth who visit homeless shelters or drop-in centers in Atlanta, GA. I informed them there was no compensation for their participation; however, their participation will assist homeless facilities in Atlanta. Information from the study could improve services for health care, education, and accommodations for the homeless and at-risk youth. I told participants the research should take about 30-45 minutes of their time.

There was no risk for participating in the research. I informed the participants that I will protect their identity at every level of the study. Other people would see the research, but the participant's identity and the organization's name will remain confidential. None of my actions violated any ethical standards toward any youth who participated in my study.

Ethical Issues Related to Data Collection

I maintained the participant's privacy by conducting the study on an individual basis with each participant and me. All the information that I collected from the participants was an accurate representation of the exact words of the participants. I

ensured that all participants understood all phases of the study that affected them. I ensured participants were always comfortable during the study. I expressed to them that they had the right to discontinue their participation at any level of the study. I protected the participants' feelings by respecting their answers and avoiding any indication of biases. I avoided any vocal cues, facial cues, and bodily cues during the study.

Describe the Treatment of Data

All information that the participant revealed to me on the informed consent form will remain confidential between the participants and me. My study is available for other researchers and scholars to review and evaluate; however, each of the participant's identities will remain confidential between him/her and me. I did not disclose any personal information regarding the participant's identity to anyone. I maintained the confidentiality of each person by creating a number coding system for participants when collecting quantitative and qualitative data. The number code for the participants included their current age, gender, homeless or nonhomeless status, their obstacles, and their number. I did not include any information in my study that caused harm to participants during or after the study. I am the only person who truly knows the identity of each participant in the study. All participants who participated in the study had access to a summary of my study. I gave each drop-in center a two-page summary of my study for them to share with all participants.

Data Storage

I stored the data by creating numerous backup filing systems. I created notes from the interviews, and manually coded the qualitative information into themes. I kept two

photocopies of the qualitative notes, codes, and reports in the personal safe at home and saved them on Microsoft Word. I stored the qualitative codes, notes, and reports on two separate USB flash drives, and I stored all hard, and soft copies of the qualitative reports in the personal safe at home.

After receiving the scored surveys from Sulliman's office, I made two photocopies of all results and saved them on Microsoft Word and two separate USB flash drives. I stored all hard and soft copies in the safe in my home. I shared the data with the departments of Walden University, my dissertation committee, and other departments of Walden University. I will keep all stored copies of the study in the safe for five years after conducting my study; then, I will shred and destroy all data.

Other Ethical Issues

Additional ethical issues while conducting the study included always demonstrating integrity in all areas of the research process. I avoided misconduct at all levels and always conducted my research ethically.

Conclusion

Public policies created perceived obstacles for youth in Atlanta, GA. I compared social interest perception scores of homeless and nonhomeless at-risk youth in Atlanta, GA. I examined if homeless youth perceived more obstacles than nonhomeless at-risk youth when obtaining an education, health care, and stable accommodations. I understood more about the obstacles youth perceived, and how the obstacles affected their feelings (social interest) towards their society.

The instruments used in the Mixed methods study included the SSSI for the survey and a face-to-face, individual interview. The Mixed methods study allowed me to collect data in different forms and viewed my study from different perspectives. My role as a researcher was always to be honest, ethical, and control my biases with the participants.

Chapter 4: Results

The purpose of the study was to determine the difference between the social interest scores of homeless and nonhomeless at-risk youth. I identified which group experienced a greater proportion of obstacles when seeking health care, education, and stable accommodations. I determined obstacles to the homeless and nonhomeless at-risk youth due to public policies, according to their perceptions. I determined how youth feel about their society due to their experiences concerning those obstacles. I analyzed and contrasted themes and topics from the interviews due to the perceived public policy obstacles. Finally, I identified why it is essential for youth to feel positive about their society. The study has given some recommendations to public policy developers that could reduce obstacles for the homeless and nonhomeless at-risk families.

The purpose of taking the survey was to determine the participant's social interest score (his/her feelings about society) when they were younger. The interviews collected information from each participant about his/her perception of how public policies created obstacles for them. The interviews focused on the topics of education, stable accommodations, and healthcare. I determined if the obstacles participant encountered contributed to their feelings of discouraged or acceptable to society.

Data Collection

Number of Participants

The mixed methods study is the resulting data collected from adults (19-25 years old) who based their experiences on when they were younger (15-17 years old). The study contained 119 participants, all took the survey, all answered the questions on the

demographic sheets, and all participants participated in the face-to-face, one-on-one
interviews. There were 55 participants in the homeless group, and there were 64
participants in the nonhomeless group.

Location, Frequency and Duration of Data Collection

The 119 participants in the study were selected from two drop-in centers in
Atlanta, GA. Homeless and nonhomeless at-risk families visit drop-in centers for
assistance with basic needs. The basic needs included food, job referrals, counseling
services, low rental apartment referrals, educational programs, and basic healthcare
services. The collection of data was a six weeks project from Monday to Friday. There
were daily visits to the drop-in centers between 8 to 10 hours per day. The timing of data
collection was shared between the two facilities.

How Data Were Recorded

The interviews and surveys were face-to-face on an individual basis with each
participant. During the individual interviews, most of the participants were not
comfortable with the audio recorder; therefore, I took interview notes to accommodate
their requirements. Only a few participants agreed to have their voices recorded during
the interviews. The surveys consisted of 50 short questions, and participants selected the
answers that best suited them on his/her survey sheet. The surveys took each participant
between 10-20 minutes to complete, and the interviews took each participant between 7-
15 minutes to complete.

Before each participant took the interview or survey, I asked participants some
demographic questions pertaining to the study. I wrote the answers on the participant's

demographics sheet, which was then attached to his/her survey sheet. The demographic

sheet provided details on if participants faced obstacles because of public policy

requirements. The demographic sheet provided information as to whether the

participant's obstacles were in healthcare, education, or stable accommodations. The

demographic sheet provided information on participant's homeless or nonhomeless status

when he/she was 15-17 years old. According to participant's comments, I penned

information on the demographic sheet about how the obstacles caused participants to feel

about their society (Accepting or Discouraged). Finally, the demographic sheet provided

information to assist me in conducting descriptive statistics to compare, contrast, and

analyze the results.

Variations in Data Collection

The mixed methods study was designed for all participants to first answer the

demographic questions, before taking the survey, and after the survey, a few would take

the interview. The demographic sheet asked participants if they experienced obstacles

due to public policies, and what were the obstacles. All participants were passionate

about sharing their experiences concerning their challenges. During the demographic

sheet information process, participants conveyed their experiences and feelings about the

obstacle/s they encountered due to public policies. The obstacles participants discussed

are the information that the interviews were seeking from participants. Participants

participated in the interviews before taking the survey. They began the discussion about

how the obstacles affected them and how the obstacles made them feel about society.

After articulating their thoughts, they continued the study by taking the survey last.

The original order of the study changed as soon as the participants identified their obstacles on the demographic sheets. The order of collecting the data did not cause any problems for the study because this mixed methods study compared the data from both methods. It did not matter which data method the study collected first. Due to this experience, the study had 119 surveys and 119 demographic sheets and 119 interviews. I believe participants were motivated to take the study mainly to share their experiences about public policy obstacles. However, after the interview, they took the survey, which focused on their feelings towards their society. It was encouraging to me that participants were willing to share their experiences about their public policy obstacles.

A second variation during data collection occurred when participants did not want their voices to be audio recorded by me during the interviewing process. Many participants were reluctant to have their voices recorded, and they said they do not know who would be listening to their voices and their thoughts. I reassured them that I would not identify any personal information about them or the organization in my results. I honored their wishes and took notes. Participants were comfortable with the note-taking process.

Data Analysis

On the survey sheets, an identification number identifies each participant. I created an excel database file with over 5000 entries containing the individual answers of all 50 questions answered by each participant (119) who took the survey. The survey information accuracy process was to manually check the database against each survey sheet three times for the correct transfer of information. The next step was to e-mail the

database containing the survey answers of each participant (with the ID number, no names), to Sulliman's office. Sulliman scored each participant's answers identifying his/her social interest score and emailed the scores back to me. The development of a second quantitative excel file of participant's demographic data, their survey scores, and their living status was the next requirement. Separation of each participant's scores according to their homeless or nonhomeless group status was necessary. The quantitative process continued with the number coding of all information in the excel database and transferring it to the SPSS statistical program. With that information, the *t*-test among the two groups determined the difference in social interest scores as outlined in the results.

The quantitative process continued with a series of questions that focused on the (yes/no) responses from participants as to if public policies affected their abilities to gain access to healthcare, education, and stable accommodation. I created a third, fourth, and fifth Excel database file containing all of the participants' demographic information, their living status, plus their (yes/no) responses to each perceived obstacles. The information on the excel database file was number coded and transferred to SPSS to perform the separate chi-square test for education, healthcare, and stable accommodations. The chi-square test determined the proportion of obstacles obtained by each group for each topic. Details are in the study results.

The qualitative process included developing a sixth, seventh and, eighth, Excel database with participants' demographic data, their perceived obstacles, their social interest feelings, and themes created from each interview question. These files determined the number of participants in each group who discussed each theme and

showed the participant's feelings about society due to perceived obstacles. There is a database file for education themes, healthcare themes, and stable accommodation themes. In the interviews, each participant answered direct questions about each obstacle they faced due to public policies. The interview questions were consistent with each category. I guided the interviews according to the research questions; therefore, participants' answers were specific to healthcare, education, and stable accommodations. The precise answers made it easier for me to conduct the qualitative coding process in the study.

The qualitative coding process continued by reviewing the transcripts from the interviews. Developing several themes and topics from each category (healthcare, education and, stable accommodations) was a requirement, followed by the organization of the themes and sub-themes. I looked for relevant information that was similar and dissimilar among the themes. After several reviews, I adjusted and combined the coding topics with the same meanings. The final coding process of each variable resulted in five-10 categories. The different Excel database files for education, healthcare, and stable accommodations, contains the topic participants discussed in each area. The combination of the qualitative excel files with the participant's quantitative excel files allows for an overall analysis of both methods. A continuation of the number coding of variables in the excel file and transferring the file to SPSS conducted several descriptive statistics. Completion of the final analysis on the quantitative and qualitative data and transferring the information completed to Chapters 4 and 5.

Discrepant Cases Factored Into the Analysis

Due to the convenience sampling of data from participants, the study contained several number imbalances among the two groups. There were number inequalities; therefore, separating the statistical assessment of the homeless and nonhomeless, was essential to the accuracy of the study. Separating the groups during the statistical analysis prevented a heavier weight on the group with the largest number. There were a number imbalance for the homeless and nonhomeless participants and a number imbalance of the overall male and female gender in the study. For example, the nonhomeless group contained a total of 64 participants, while the homeless group contained a total of 55 participants. There were more females 89 than males 30 in the study. There were more homeless males 18 than nonhomeless males 12, and finally, there were more nonhomeless females 52 than homeless females 37. Because the groups were not equally proportioned, to determine an accurate data analysis, for the descriptive statistics, I calculated the proportions in each group separately, in the study.

Results

There was a total of 119 participants who took the survey and who answered the questions on the demographic sheets and the interviews. The total homeless group consisted of a total of 55 participants, and the total nonhomeless group consists of a total of 64 participants. The participants in the homeless group consisted of 55 people, and the homeless group consisted of (67%) females, and (33%) males. The nonhomeless group, consists of a total of 64 participants where (81%) were nonhomeless females, and (19%)

were nonhomeless males. Table 1 and Figure 1 show a breakdown by gender of the two groups who took the study.

Table 1

Breakdown of Groups Versus Gender

Gender	Homeless Count (Percentage)	Nonhomeless Count (Percentabe	Total (Percentage
Male	18 (33%)	12 (19%)	30 (25%)
Female	37 (67%)	52 (81%)	89 (75%)
Total	55 (100%)	64 (100%)	119 (100%)
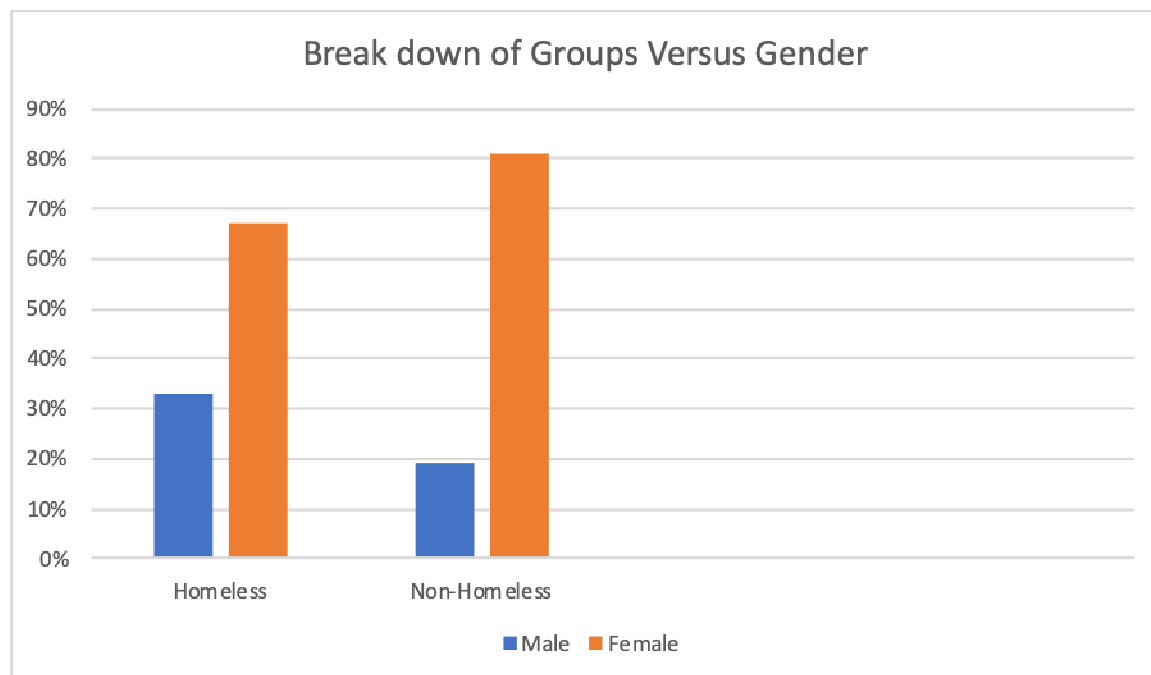
Figure 1. Break down of groups versus gender.

There were 119 participants in the study, 89 were females and 30 were males. From the 89 female participants, the overall homeless females consist of (42%), and the overall nonhomeless females consists of (58%). From the total of the 30 male participants in the study, the overal homeless male group consist of (60%) homeless males, and the

overall nonhomeless males consist of (40%) of the overall participants. Table 2 and

Figure 2 show a breakdown of the overall participation in the study.

Table 2

Breakdown of Overall Participants in Study

Total Participants in Study	Overall Homeless in Study Count (%)	Overall Nonhomeless in Study Count (%)	Overall Gender Total
30	18 (60%)	12 (40%)	Male
89	37 (42%)	52 (58%)	Female
119	55	64	Count Total
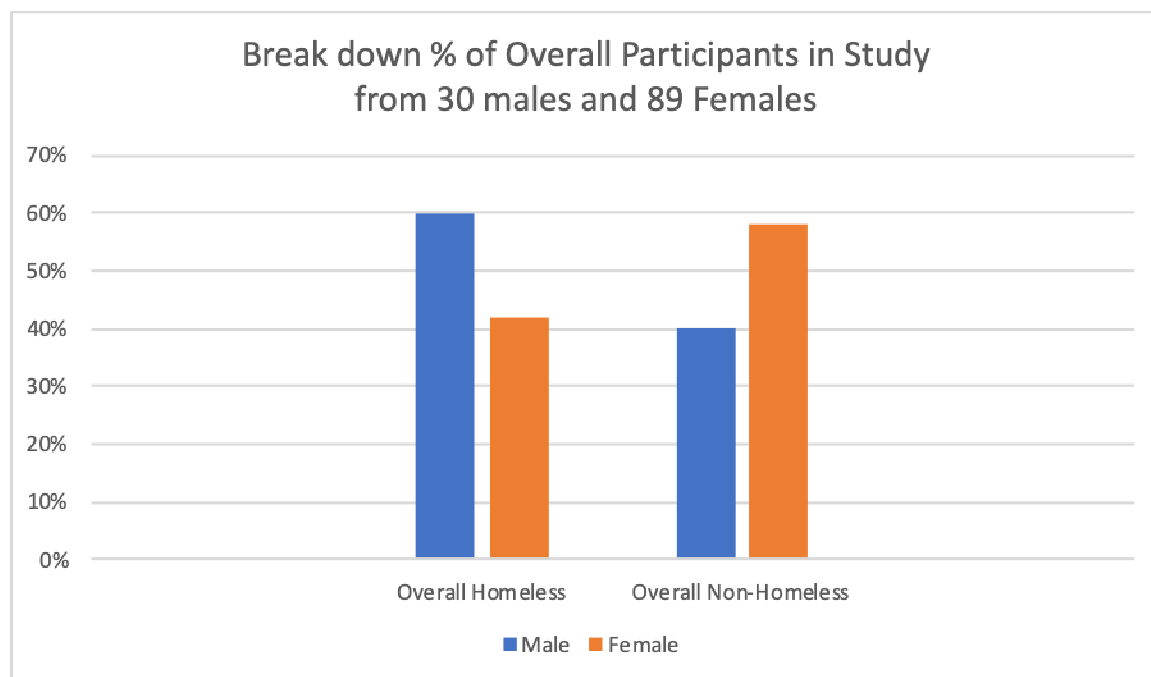
Figure 2. Breakdown of overall participants in study.

Hypothesis Tests

Hypothesis 1

H_1a: Compared to nonhomeless at-risk youth, homeless youth will have lower

overall scores on Social Interest.

$H_1$0: Compared to nonhomeless, at-risk youth, homeless youth will not have

lower overall scores on Social Interest.

Table 3 shows the mean Social Interest scores for the Homeless and Nonhomeless

groups.

Table 3

Mean Social Interest Scores for the Homeless and Nonhomeless Groups

Group	Count	Mean Social Interest Score	Std. Deviation
Homeless	55	25.84	12.752
Not Homeless	64	34.95	9.842

The original planned analysis method was to use a *t*-test. One assumption of the

t-test is that the two groups have equal variances. However, the Levene's test for equal

variances showed a significant result of $p =.004$, which signifies that variances were not

equal. Another assumption is that the dependent variable (Social Interest scores) has a

normal distribution, but the Kolmogorov-Smirnov test of normality indicated that the

distribution was significantly different from a normal curve ($p < .001$).

Because the data did not meet two primary assumptions for the *t*-test, the

nonparametric Mann-Whitney U test was used instead. The Mann-Whitney U test

compares the average ranks for the two groups on Social Interest scores. Table 4 shows

the values and Results of the Mann-Whitney U Test.

Table 4

Results of the Mann-Whitney Test

Living Status of Groups	*N*	Mean Rank
Homeless	55	46.39
Not Homeless	64	71.70
Total	119	

The table shows that the Nonhomeless group had a higher average rank than the Homeless group. The Mann-Whitney U test found that the difference of social interest scores between the two groups was significant: Mann-Whitney U (119) = 1011.5, $p <$ .001. The probability is less than .05, the groups are different in Social Interest scores in the direction predicted by H_1a. Therefore, I reject the null hypothesis for $H1$. The Mann-Whitney U result converts to an effect size equivalent to r =.367, which is a medium effect size using Cohen's guidelines (Frits, Morris, & Richler, 2012).

Hypothesis 2

H_2a: Compared to nonhomeless, at-risk youth, a greater proportion of homeless youth will perceive experiencing obstacles from public policies when seeking education.

H_2o: Compared to nonhomeless at-risk youth, the proportion of homeless youth who will perceive experiencing obstacles from public policies when seeking education will be the same or less.

Table 5 and figure 3 shows the number of participants from each group who perceived obstacles from public policies when seeking education.

Table 5

Perceived Education Obstacle

Group	Yes Count & (%)	No Count & (%)	Total Count & (%)
Homeless	38 (69%)	17 (31%)	55
Not Homeless	10 (16%)	54 (84%)	64
Total	48	71	119

From the 55 homeless participants in the study, 69% of the Homeless group perceived obstacles to education, and from the 64 nonhomeless participants in the study, 16% of the Not Homeless group perceived education obstacles.

Hypothesis 2 was tested with a Pearson chi- square test. The primary assumption of the chi-square test was met because the 2X2 table test had no cells with an expected count that were less than 5. The minimum expected count was 22.18. The results of the chi-square test were significant: $\chi^2(1)=35.14$, $p < .001$. The Pearson chi-square test for education obstacles showed a significant value, indicating that a greater proportion of homeless youth perceived experiencing education obstacles than the nonhomeless youth. I rejected the null hypothesis H_20.
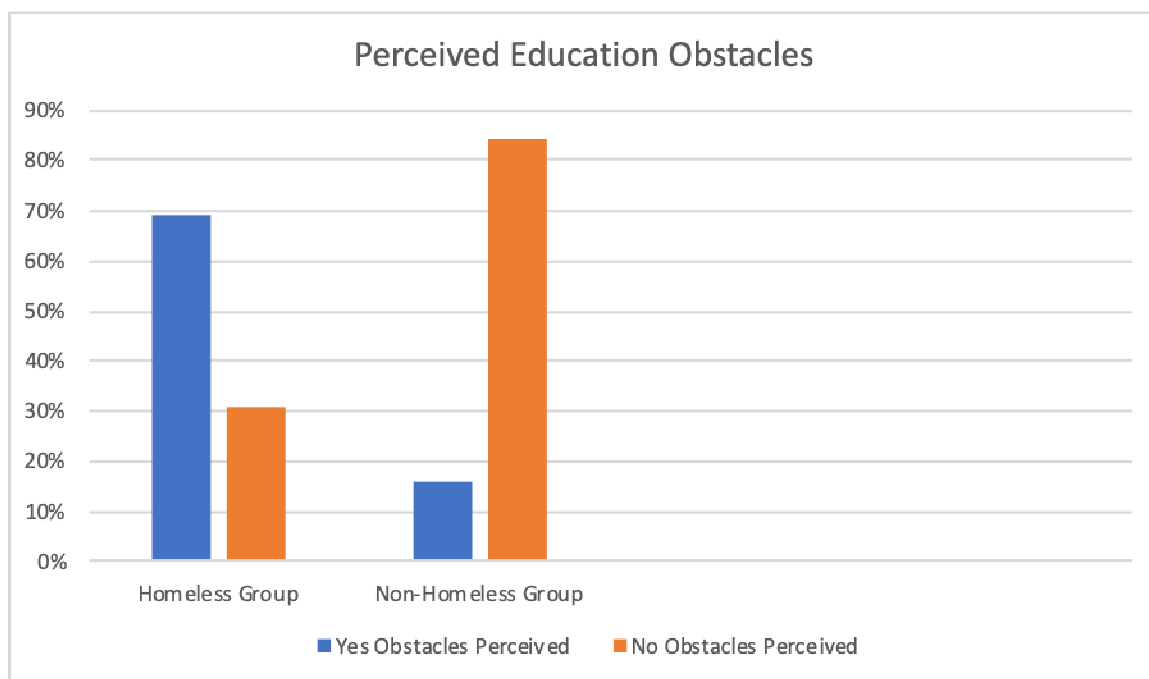
Figure 3. Perceived education obstacles.

Results of Effect Size Measurement for Education

The effect size for education obstacles was measured using the phi, the lambda, and the gamma test. The chi-square result for education converts to an effect size phi (ϕ) = .543, which is a large effect size using Cohen's guidelines (Grissom & Kim, 2005; Fritz et al., 2012). Additional effect size measures that were consistent with the ϕ value includes the lambda value, which was .438 and the gamma value, which was .847.

The odds that a homeless youth would report obstacle to education were 2.24:1 indicating for every homeless youth who did not report education obstacles, there were 2.24 who reported education obstacles. The odds that a nonhomeless youth who reported education obstacles were 0.185:1, resulting in an odds ratio (Grissom & Kim, 2005) of 12.1. The odd ratio of the two odds (2.235/0.185=12.08) Both odds indicate that a

homeless youth is approximately 12 times as likely to report obstacles to education, compared to a nonhomeless youth. The tests indicated that a greater proportion of homeless youth reported experiencing more obstacles from public policies when seeking an education than nonhomeless youth. The groups were significantly different in proportion in obtaining education obstacles. There was a large effect size as shown above.

Gender Perceived Education Obstacles

When the sample was further divided by gender, similar patterns occurred for both males and females, where more homeless males and more homeless females experienced education obstacles than the nonhomeless males and nonhomeless females. From the total of the 18 homeless males in the study 61% experienced education obstacles, and 39% did not experience education obstacles. From the total of the 37 homeless females, 73% of homeless females experienced education obstacles, while 27% did not experience education obstacles. From the total of 12 nonhomeless males, 8% of the nonhomeless males experienced education obstacles, while 92% of the nonhomeless males did not experience education obstacles. The nonhomeless females comprised of 52 total and 17% experienced education obstacles, while 83% nonhomeless females did not experience education obstacles. Table 6 and Figure 4 show the percentage of males and females in each group who reported experiencing obstacles when obtaining education.

Table 6

Gender Percent Perceived Education Obstacles

	Homeless	Not Homeless
Males	61%	8%
Females	73%	17%
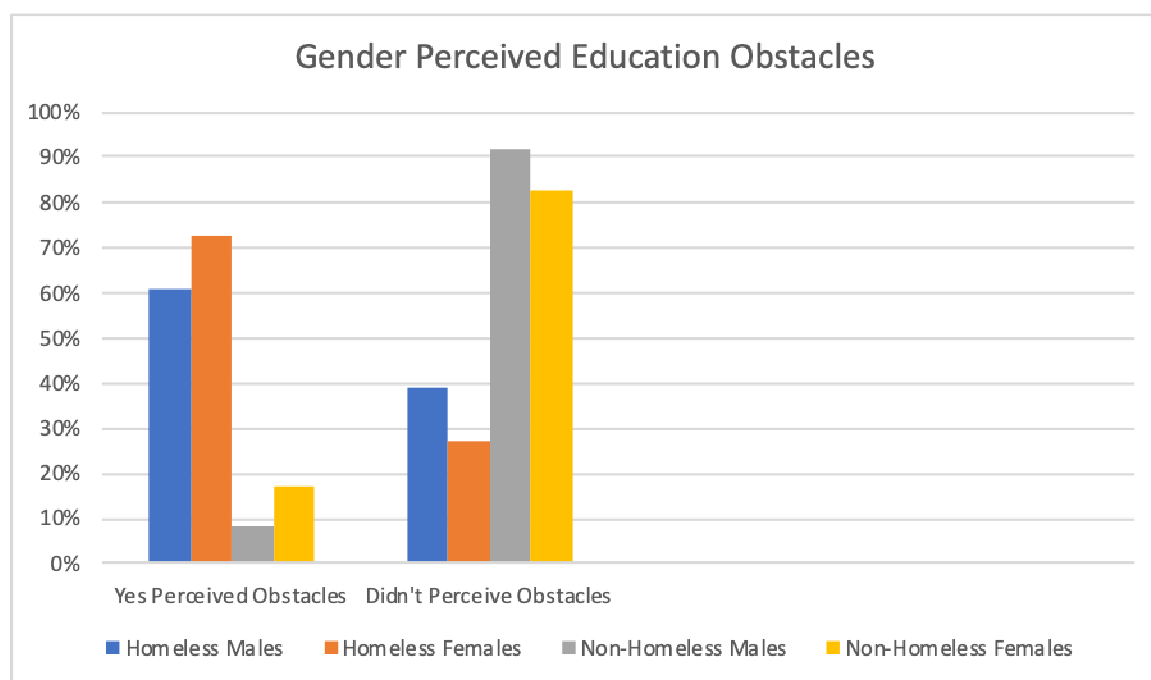
Figure 4. Gender perceived education obstacles.

Hypothesis 3

H_3a: Compared to nonhomeless, at-risk youth, a greater proportion of homeless youth will perceive experiencing obstacles from public policies when seeking healthcare.

H_30: Compared to nonhomeless at-risk youth, the proportion of homeless youth who will perceive experiencing obstacles from public policies when seeking healthcare will be the same or less.

Table 7 shows the number of participants from each group who perceived obstacles from public policies when seeking healthcare.

Table 7

Perceived Obstacles to Healthcare

Group	Yes	No	Total
Homeless	37 (67%)	18 (33%)	55
Not Homeless	6 (9.4%)	58 (91%)	64
Total	43	76	119

From the total of the 55 homeless participants, 67% of the homeless group perceived obstacles to healthcare, while 33% did not perceive healthcare obstacles. From the total of the 64 nonhomeless participants in the study, 9% of the nonhomeless group perceived healthcare obstacles, while 91% of the nonhomeless group did not perceive healthcare obstacles.

Hypothesis 3 was tested with a Pearson chi-square test. The primary assumption of the chi square test was met because the 2X2 table test had no cells with an expected count that were less than 5. The minimum expected count was 19.87. The results of the chi square test were significant: $\chi^2(1)=42.97$, $p < .001$. The Pearson chi-square test for healthcare obstacles shows a significant value, indicating that out of the two groups a greater proportion of homeless youth perceived experiencing obstacles when seeking healthcare. Therefore, I reject the null hypothesis H_30.
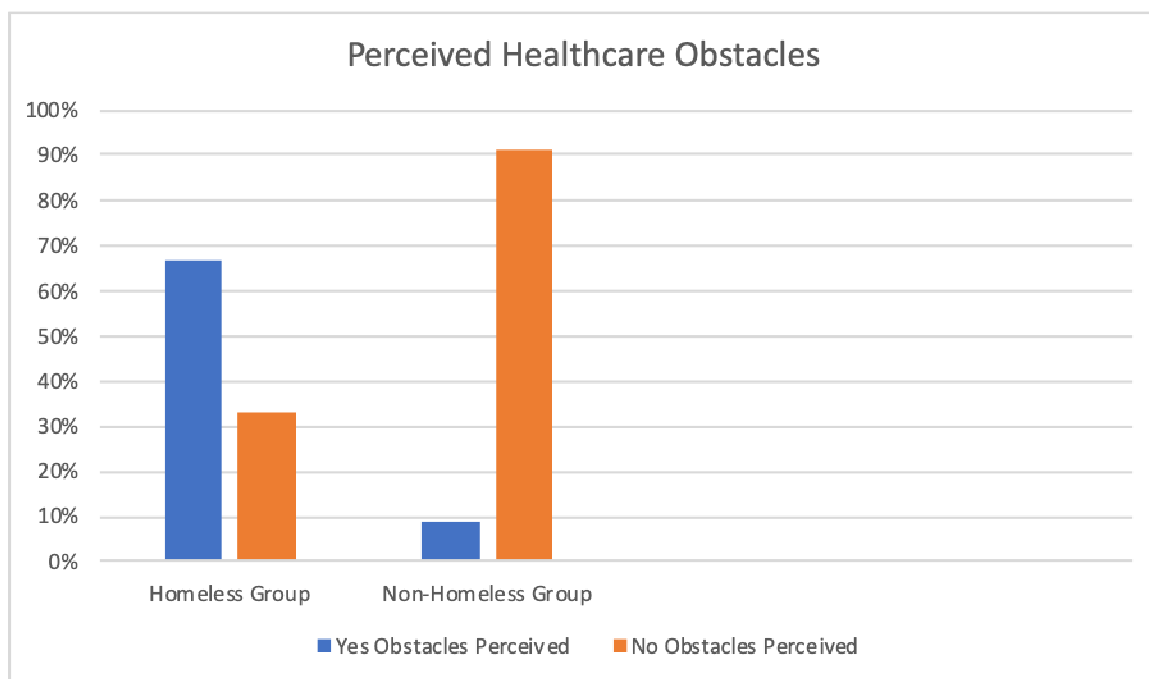
Figure 5. Perceived healthcare obstacles.

Results of Effect Size Measurement for Healthcare

The effect size for healthcare obstacles was measured by using the phi, the

lambda, and the gamma test. The chi-square results for healthcare converts to an effect

size ϕ = .601, which is a large effect size using Cohen's guidelines (Grissom & Kim,

2005; Fritz et al., 2012). Additional effect size measures were consistent with the ϕ value:

the lambda value was .442 and the gamma value was .904. The odds that a homeless

youth would report obstacle to healthcare were 2.06:1, indicating for every homeless

youth who did not report healthcare obstacles there were 2 who reported healthcare

obstacles. The odds that a nonhomeless youth would report healthcare obstacles were

0.10:1, resulting in an odds ratio (Grissom & Kim, 2005) of 19.9. The odds ratio for both

groups indicate that a homeless youth is approximately 20 times as likely to have

reported obstacles to healthcare, compared to a nonhomeless youth. The tests indicated that a greater proportion of homeless youth perceived obstacles from public policies when seeking healthcare, and the groups were significantly different in proportion in obtaining healthcare obstacles. There was a large effect size as indicated above. I rejected the null hypothesis $H_3 0$.

Gender Experienced Healthcare Obstacles

When the sample was further divided by gender, more of the homeless males and homeless females experienced more healthcare obstacles than both genders in the nonhomeless group. From the total of the 18 homeless males in the study, 61% experienced healthcare obstacles and 39% did not experience healthcare obstacles. From the 37 homeless females, 70% of homeless females experienced healthcare obstacles and 30% of homeless females did not obtain healthcare obstacles. From the 12 nonhomeless males in the study, none experienced healthcare obstacles but all of the nonhomeless males stated they did not obtain any health care obstacles. From the 52 nonhomeless females in the study, 12% experienced healtcare obstacles, while 89% did not experience healthcare obstalces. Table 8 and figure 6 below shows the percentage of males and females in each group who reported experiencing obstacles in obtaining healthcare.

Table 8

Gender Percent Perceived HealthCare Obstacles

Gender	Homeless	Not Homeless
Males	61%	0%
Females	70%	12%
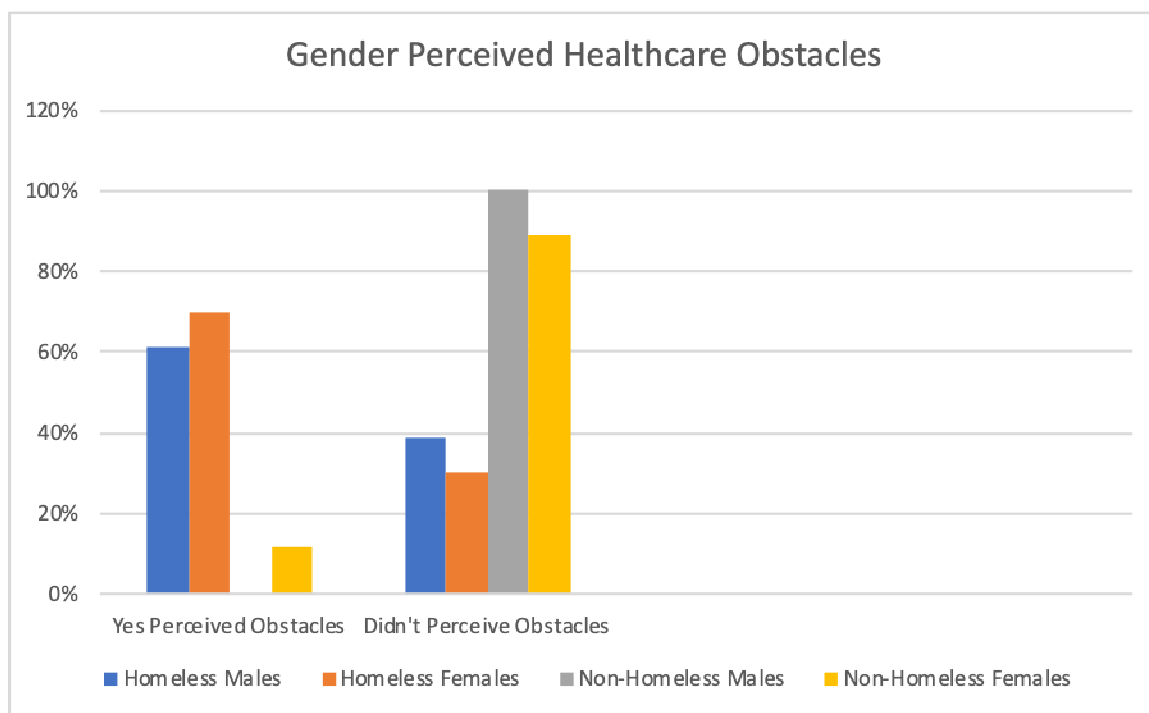
Figure 6. Gender perceived healthcare obstacles.

Hypothesis 4

H_4a: Compared to nonhomeless, at-risk youth, a greater proportion of homeless youth will perceive experiencing obstacles from public policies when seeking stable accommodations.

$H_4$0: Compared to nonhomeless at- risk youth, the proportion of homeless youth who will perceive experiencing obstacles from public policies when seeking stable accommodations will be the same or less.

Table 9 and Figure 7 show the number of participants from each group who perceived obstacles from public policies when seeking stable accommodations.

Table 9

Perceived Obstacles to Stable Accommodation

	Perceived Obstacles to Stable Accommodations		
Group	Yes ObstaclesCount & (%)	No Obstacles Count & (%)	Total
Homeless	54 (98%)	1 (2%)	55
Not Homeless	6 (9%)	58 (91%)	64
Total	60	59	119

From the 55 homeless participants in the study, 98% of the homeless group perceived obstacles to stable accommodations and 2% of the homeless participants did not perceive stable accommodation obstacles. From the 64 nonhomeless participants in the study, 9% perceived stable accommodation obstacles, while 91% of the nonhomeless group did not perceive stable accommodation obstacles.

Hypothesis 4 was tested with a Pearson chi-square test. The primary assumption of the chi-square test was met because the 2X2 table test had no cells with an expected count that were less than 5. The minimum expected count was 27.27. The results of the chi square test were significant: $\chi^2(1)=93.32$, $p < .001$.

The Pearson chi-square test for obstacles to stable accommodations shows a significant value, indicating that out of the two groups a greater proportion of homeless youth perceived experiencing obstacles when seeking stable accommodations. Therefore, I rejected the null hypothesis H_40.
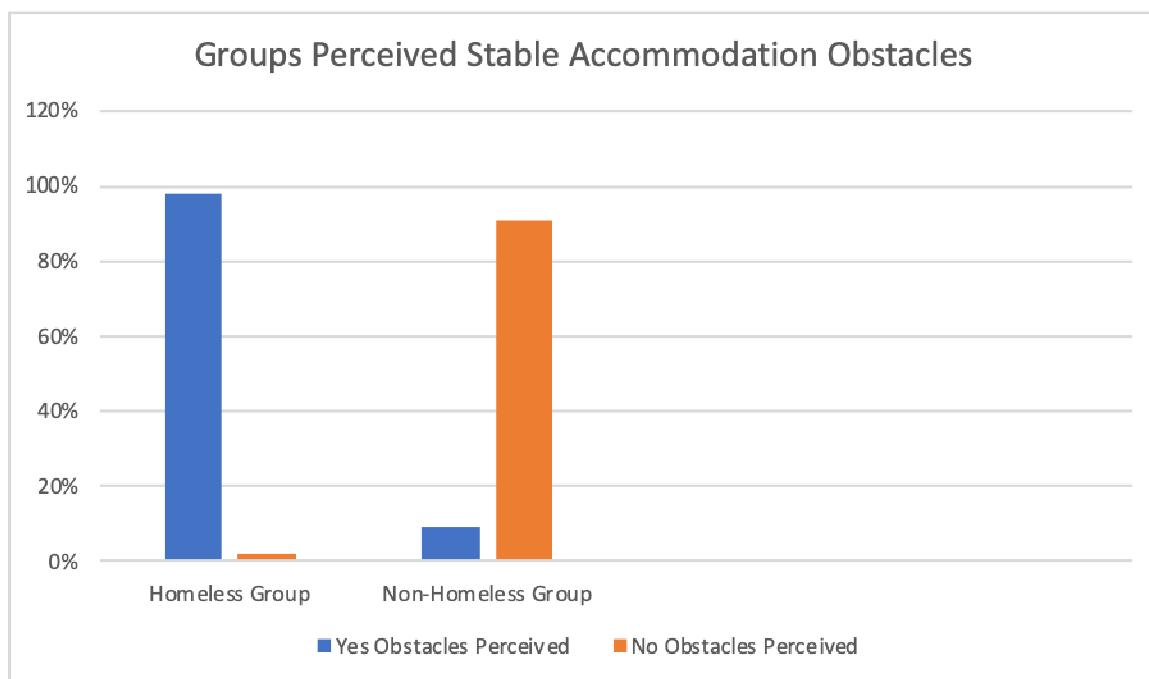
Figure 7. Groups perceived stable accommodation obstacles.

Results of Effect Size Measurements for Stable Accommodation

The effect size for stable accommodation obstacles was measured by using the phi, lambda, and the gamma test. The chi-square result for stable accommodation converts to an effect size $\phi = .886$, which is a large effect size using Cohen's guidelines (Grissom & Kim, 2005; Fritz et al., 2012). Additional effect size measures were consistent with the ϕ value: the lambda value was .881 and the gamma value was .996.

The odds that a homeless youth would have encountered an obstacle to stable accommodations were 54:1, indicating for every homeless youth who did not report stable accommodation obstacles, there were 54 youth who did. The odds that a nonhomeless youth would have reported stable accommodations obstacles were 0.10:1, resulting in an odds ratio (Grissom & Kim, 2005) of 540. The odd ratio for both groups

indicated that a homeless youth is approximately 540 times as likely to have reported obstacles to stable accommodation compared to a nonhomeless youth.

The tests indicated that a greater proportion of homeless youth perceived obstacles from public policies when seeking stable accommodations. The groups were significantly different in proportion in obtaining stable accommodation obstacles. There was a large effect size.

Gender Experienced Stable Accommodation Obstacles

When the sample was further divided by gender, the data showed that more homeless males and more homeless females experienced more stable accommodation obstacles than the nonhomeless males and nonhomeless females. From the total of 18 homeless males, 94% of homeless males experienced stable accommodation obstacles, while 6% did not experience stable accommodation obstacles. From the total of 37 homeless females, 100% of the homeless females repeorted they experienced stable accommodation obstacles. From the total of the 12 nonhomeless males in the study, none of the participants experienced accommodation obstacles but all of them reported, they did not experience stable accommodation obstacles. From the 52 nonhomeless females, 12% nonhomeless females experienced stable accommodation obstacles and 86% nonhomeless females did not experience accommodation obstacles. Table 10 and Figure 8 show the percentage of males and females in each group who reported experiencing obstacles to obtaining stable accommodations.

Table 10

Percent Experienced Obstacles to Stable Accomodations

	Homeless	Not Homeless
Males	94%	0%
Females	100%	12%
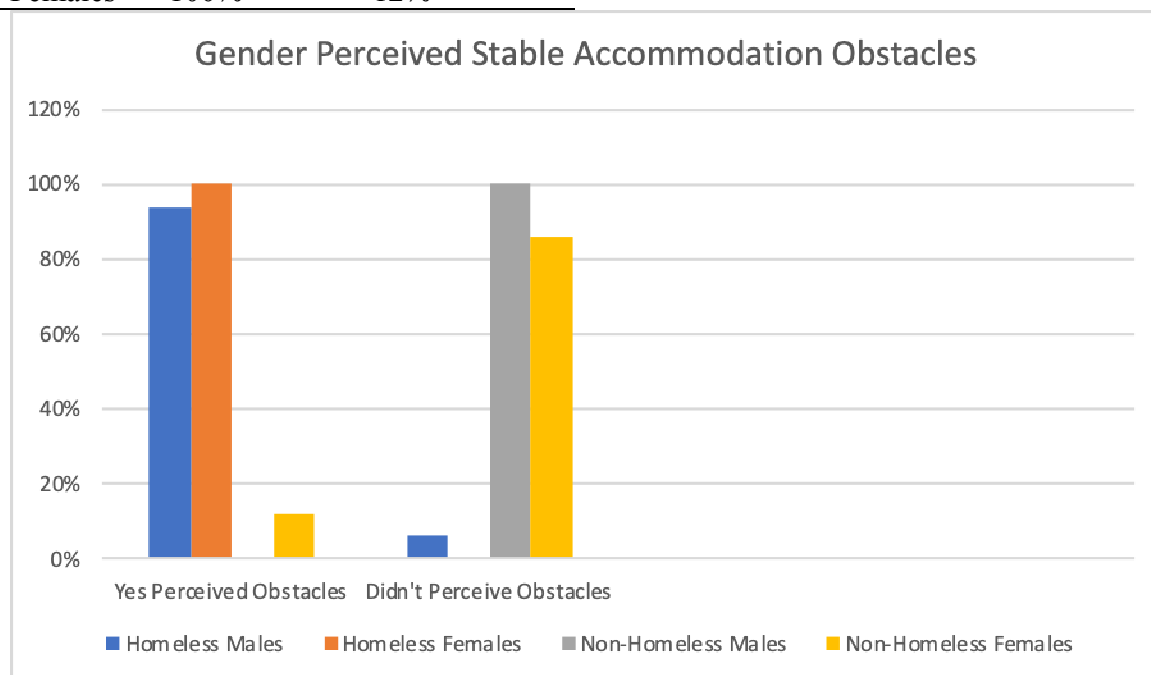
Figure 8. Gender perceived obstacles to stable accommodations.

Effect Size Analysis for the Proportion of the Three Obstacles

The stable accommodation obstacles had the most significant effect size value and this indicates that the largest difference in proportion between the two groups occurred in stable accommodation obstacles. Healthcare and education obstacles had large effects sizes as well. All of the obstacles had significant values.

Results for the Qualitative Components

In the qualitative study, participants were asked how the obstacles they experienced cause them to feel about their society (social interest) when they were 15-17

years old. From the 119 participants in the study who answered this question, 99% of

participants said they were discouraged and dissatisfied about their society, and 1% said

they were pleased with society. The participant's responses were classified into three

categories. The first category was "discouraged," the second category, "discouraged but

accepted their current situations" (DACS), and the third category was "accepting to

society." Both the discouraged and DACS categories expressed dissatisfaction about

government laws and situations in society that affected them when obtaining an

education, healthcare and stable accommodations. The accepting category was satisfied

with government laws or situations in society and did not perceive any problem with

society.

Words used by the discouraged participants to describe their feelings about

society included "not happy with society and societal laws, and laws in society do not

help poor people." The discouraged participants continued to express their feelings by

saying "society was awful, society contains no good situations, and one has to be strong

to cope with their society." The DACS category included all the feelings described by the

discouraged group with some additional comments. The DACS category, explained they

were dissatisfied about their society but according to their descriptions, I believe they had

given up the will power to try to do better in society. They seemed to have accepted their

unfortunate situations, at the time as societal norm. In addition to the statements used by

the Discouraged category, the DACS category further used remarks such as "cannot

change things in society, society will never change, that's life, no win situation, and

nothing will ever change" The accepting category did not believe there was any

unfavorable feelings about society that created obstacles in achieving an education,

healthcare, or stable accommodations.

From the total of 55 homeless participants, 73% were in the Discouraged group,

25% were in the DACS group. and 2% of homeless participants were in the Accepting

group. From the 64 nonhomeless participants, 16% were in the Discouraged group, and

84% were in the DACS group. None of the nonhomeless participants were in the

Accepting group. The predominant feeling among the Homeless group was one of being

Discouraged, while the great majority of the Not Homeless groups was categorized as

DACS. Table 11 shows the percentages of the overall social interest feelings of the two

groups in the study.

Table 11

Overall Social Interest Feelings of the Two Groups

Social Interest Feelings	Homeless Group (% within group)	Not Homeless Group (% within group)
Discouraged	40 (73%)	10 (16%)
DACS	14 (25%)	54 (84%)
Accepting	1 (2%)	0 (0%)
Total	55 (100%)	64 (100%)

The percentages of the social interest feelings were compared to participant's

gender in each group. The result showed from the 18 homeless males, the Discouraged

group consists of 61%, the DACS group consists of 33% , and 6% were from the

Accepting group. From the total of 37 homeless females, 78% were from the

Discouraged group, 22% were from the DACS group. The homeless females did not

contain anyone from the Accepting group.

From the total of the 12 nonhomeless males, 8% were from the discouraged group, and 92% were from the DACS group. The nonhomeless males had no participants from the Accepting group. From the 52 of the nonhomeless females 17% were in the Discouraged group, and 83% were in the DACS category. The nonhomeless females had no one from the Accepting category. Tables 12 and table 13 show the percentages of gender and the social interest feelings for each group.

Table 12

Percentages of Gender and Social Interest Feelings of Homeless Group

Social Interest Feelings	Males (% Within Males)	Females (% Within Females)
Discouraged	11 (61%)	29 (78%)
DACS	6 (33%)	8 (22%)
Accepting	1 (6%)	0 (0%)
Total	18 (100%)	37 (100%)

Table 13

Percentages of Gender and Social Interest Feelings of Nonhomeless Group

Social Interest Feelings	Males (% Within Males)	Females (% Within Females)
Discouraged	1 (8%)	9 (17%)
DACS	11 (92%)	43 (83%)
Accepting	0 (0%)	0 (0%)
Total	12 (100%)	52 (100%)

Healthcare Obstacles Discussed in the Interviews

The 67% participants in the homeless group and the 9% of participants in the nonhomeless group who perceived health care obstacles discussed a variety of obstacles

they encountered, while trying to obtain healthcare. The topics discussed included, they

had no healthcare insurance, and they were unable to pay for healthcare. Many indicated

they were covered by Medicaid, which could not cover all of their medical needs. Other

healthcare obstacles discussed included they had long waits at the emergency room.

Many participants have never visited a doctor, and some participants had a few doctor

visits during their lives. The overall social interest scores for the homeless group was

lower than that of the nonhomeless group. However, the homeless and nonhomeless

groups were engaged in all of the healthcare discussions, which caused them obstacles. A

higher percentage of participants from the homeless DACS group participated in most of

the discussions about healthcare obstacles. Finally, participants from the Accepting group

did not mention any of the healthcare obstacles.

Percentages of Healthcare Obstacles Discussed

Unable to Pay for Healthcare

Unable to pay for healthcare was discussed by participants from both the

homeless and the nonhomeless group. Many participants, 30% of the social interest

feelings of the nonhomeless Discouraged group, discussed this topic. Additionally, a high

percentage of 20% of the homeless Discouraged group, as well as 20% of the

nonhomeless DACS group contributed to this discussion. One participant expressed this

feeling to me as, "we couldn't afford to pay for healthcare, because we was too poor." A

second participant said, "My mother had two jobs and couldn't afford to pay for

healthcare for we. She had to pay the rent, buy food and clothes. We couldn't afford

healthcare after paying for them." Other participants discussed that it was difficult for

their mothers to pay for healthcare with the amount of wages she was receiving from her job.

Long Emergency Room Delays

One of the second-most discussed healthcare topics included the long wait times during emergency room visits. Individual participants from both the homeless and nonhomeless group addressed this topic. Participants explained since they had no health insurance, they visited the emergency rooms for their healthcare needs. Due to the overcrowding, they endured long waits before seeing a healthcare attendant. When comparing the social interest feelings, long wait in the emergency room was mentioned most by 29% participants from the homeless DACS group.

Never Visited a Doctor During Their Lives

The second most discussed healthcare topic was that participants have never seen a doctor during their lifetime. Participants, from the homeless and nonhomeless groups, voiced their feelings about this topic. When comparing the social interest feelings, most of the participants from the homeless DACS group 29% discussed this topic. When explaining why she has never seen a doctor, one female participant said to me. "The first time I ever seen a doctor was when I was delivering my first child at the hospital. I didn't even see a doctor during my pregnancy." Another participant said, " I never seen a doctor because I was never sick." A third participant said, "I never seen a doctor because we could not afford to see any doctor." Other participants said they never saw a doctor because they had no reason to see a doctor, and they were always healthy. Finally, other participants said they only saw a nurse when they visited the emergency room.

Covered by Medicaid Health Insurance

Having Medicaid insurance was discussed by both the homeless and nonhomeless at-risk participants. Some participants perceived Medicaid coverage as an advantage, while other participants saw Medicaid as a disadvantage. Participants from the social interest feelings of the homeless DACS group 21% and the nonhomeless DACS group 6% discussed they had Medicaid insurance. One participant said to me, "I had Medicaid and was told I had a serious illness, but it wasn't covered by Medicaid." Another participant said, "I had Medicaid, and I didn't have no problem when I went to the emergency room, cause Medicaid handled it."

Never Had Health Insurance and Few Doctor's Visit

Participants from both the homeless and the nonhomeless groups expressed they never had health insurance in their lives. Participants said their families focused more on locating a place to live and finding food to eat. These essentials were more critical than having health insurance. When comparing the social interest feelings among the groups, most of the participants from the homeless DACS group 14% discussed this topic. Finally, some participants discussed they have never undergone a doctor's visit, while other participants have had a few doctor's visits. Participants said, their families could not afford a private physician; they saw a doctor once, or on a few occasions in the emergency room.

Public Policy Contributing to Health Care Obstacles

I analyzed the participants' individual health care topics to determine how public policy contributed to their health care obstacles. Participants shared their parent or

guardian worked for minimum wages, which made it impossible for them to afford

healthcare. Minimum wages earned created insufficient funds for families. They could

not cover health insurance due to the lack of money to pay for health care for their family

members. Due to a scarcity of money in families, participants' families had more

important survival issues to focus on, such as food, clothing and shelter. Healthcare

became a secondary focus for them. Many of the participants discussed they lived with a

single parent who was either a mother or a father. Participants said it was difficult for

their single parents, to pay for healthcare on their only minimum wages earned.

A breakdown of the percentages of each group who discussed health care obstacles are

shown in Figure 9 and the table placed in Appendix B
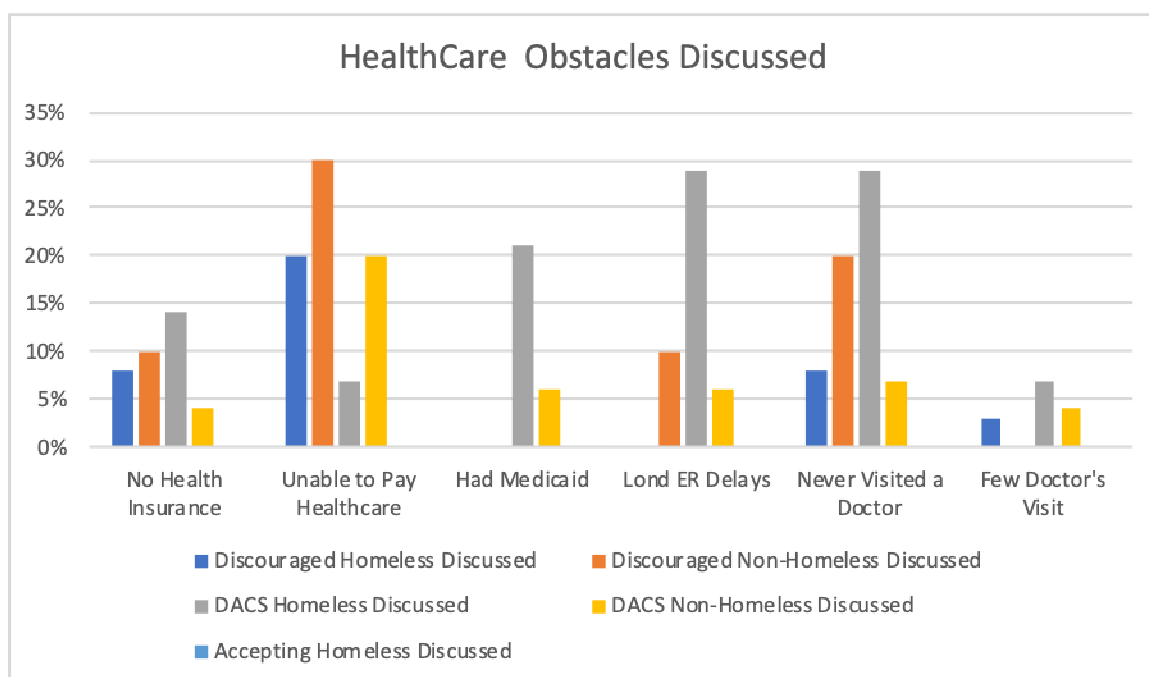
Figure 9. Healthcare obstacles discussed.

Education Obstacles Discussed in the Interviews

During the interviews, 69 % of homeless participants and 16 % of the nonhomeless participants experienced education obstacles. The topics discussed were, they could not afford books and school supplies, and they were always changing their address. These obstacles limited their school attendance, and they were incapable of keeping up with the schoolwork. Finally, participants endured poor conditions at school. The homeless group had a lower overall social interest score than the nonhomeless group; however, both groups participated in the education discussions. A higher percentage of homeless DACS group were involved in most of the discussions. Finally, participants from the Accepting group did not mention any of the education obstacles.

Poor Conditions in Schools

The education obstacle that was mentioned by most of the participants during the individual discussions were poor conditions in school. Both the homeless and the nonhomeless participants expressed this topic. The social interest feelings among the participants, 50% from the nonhomeless Discouraged group, and 20% from the homeless Discouraged group discussed this topic. Additionally, 21% from the homeless DACS group, and 9% from the nonhomeless DACS group explained they had poor school conditions.

Participants perceived they had poor conditions in school because schools were located in unpleasant areas of the city. Gang members and drug dealers loitered near the school. Difficult situations surrounded the school, such as trash, abandoned cars and abandoned buildings. Participants said the government underfunded their schools. The

funding issue led to a limited number of teachers, schoolwork, and reduced after-school activities. The participants discussed due to underfunded resources, their school had fewer textbooks, lesser school supplies, overcrowded classrooms, and a limited educational process.

Did not Attend School Often

The second most discussed educational topic included participants who did not attend school often, which was addressed by both the homeless and nonhomeless groups. Social interest feelings were compared in the discussion and didn't attend school often was mentioned most by 29% of the participants from the homeless DACS group. Additionally, 20% of the participants from the nonhomeless Discouraged group did not attend school often. The reasons participants gave for not attending school often were their families could not afford to pay for clothes, lunch and other school supplies. Other participants said their caregivers were too drunk, too high, and did not care whether they attended school. Finally, participants said they did not attend school often due to their unstable living conditions of always changing their address.

Always Moving/Limited Schooling

The third most discussed topic among the participants were they were always moving, which resulted in a limited education. When the social interest feelings of the participants were compared, this topic was mostly discussed by the homeless DACS group, which contained 21% of the participants. When talking about the reasons why participants were always moving, one participant said, "we never stay in one place for long. We was always moving from friends to friends, so I didn't go to school much."

Other participants said due to their family living in a nomadic manner; it was difficult for them to attend school regularly.

Could Not Keep Up With School Work

The fourth most discussed topic was expressed by participants who said, they could not keep up at school because they could not concentrate on the schoolwork. The participants were hungry at school, they were worried about their unstable homelife, and they lacked the money needed for school supplies. They could not keep up at school was discussed by both the homeless and nonhomeless groups. The nonhomeless Discouraged groups 10% followed by the homeless Discouraged group 3%, said they could not keep up at school.

Could Not Afford Books and School Supplies

An additional fourth most discussed topic was by participants who expressed they could not afford books and school resources. Participants expressed due to the lack of money; their families were unable to purchase the needed supplies. The required materials were books, computers, and other miscellaneous supplies which would have enhanced their education. Participants in the nonhomeless Discouraged group 10%, and the nonhomeless DACS group 4% were the only individuals to discuss this topic.

Educational Public Policy Obstacles

Public policies cause educational obstacles by mandating low minimum wages, which results in a lack of money among families. Due to the lack of monetary funds, families are incapable of providing a healthy environment, which will contribute to their children's education. The laws that provide insufficient funding to schools limit

educational opportunities for students. The educational restrictions can be a consequent

of limited school supplies and school activities. A breakdown of the percentages of each

group who discussed Education obstacles are shown in Figure 10 and the table in

Appendix C
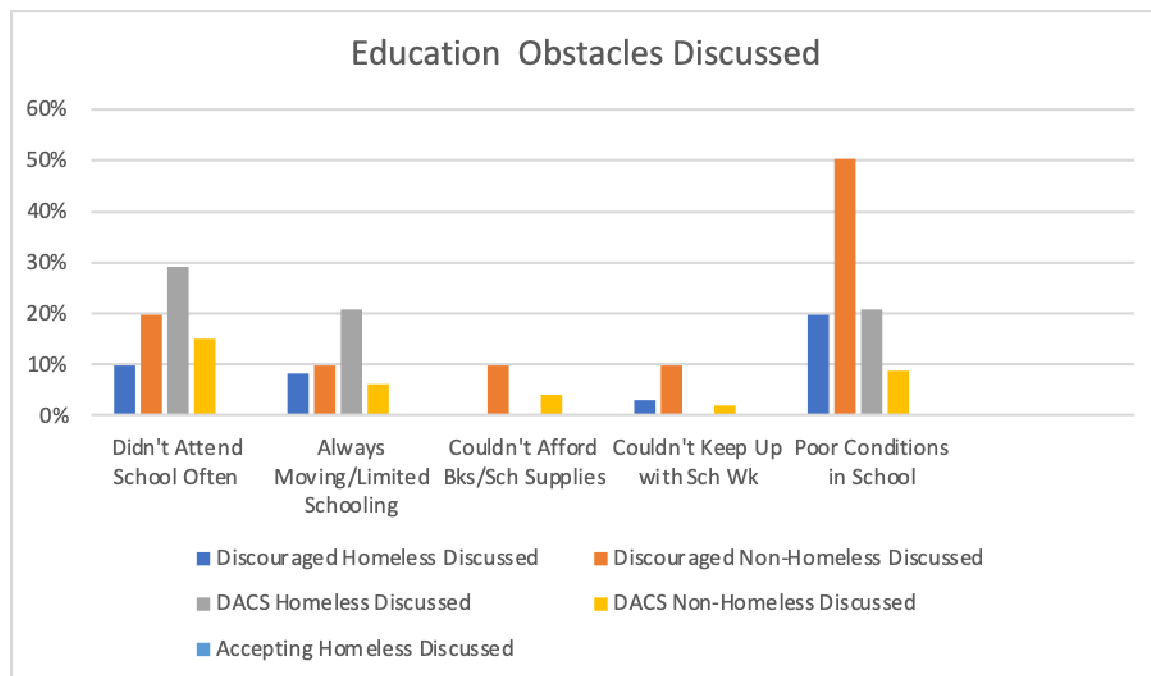
Figure 10. Education obstacles discussed.

Stable Accommodation Obstacles Discussed the in Interviews

The 98 % of participants in the homeless group and the 9% of the participants in

the nonhomeless group perceived stable accommodation obstacles. The following

discussions of topics took place in the interviews. Major topics discussed due to the

family's inability to pay for stable accommodations included living with a friend, and

with family members. Participants also lived with a foster family, some stayed at cheap

motels or in homeless shelters, while some lived on the streets. These were all obstacles

because they were not permanent situations and often came with uncomfortable conditions such as sleeping on the floor, or on the sofa.

The overall social interest scores for the homeless group were lower than the nonhomeless group. However, both the homeless and nonhomeless groups were engaged in most of the stable accommodation discussions. Only the homeless Discouraged group 3% and the homeless DACS group 7% discussed that sometimes they lived on the streets. None of the nonhomeless groups discussed the topic that they seldom they lived on the street. Finally, the stable accommodation discussion had an outlier from the homeless group. The participant explained their lack of a stable accommodation was caused by running away from home. The outlier did not believe they had any stable accommodation obstacles because they could have returned home.

Lived With Family/Foster Family

The stable accommodation obstacle that was mentioned by most of the participants during the individual discussions was living with family or foster family. Both the homeless and the nonhomeless participants expressed this topic. When identifying the social interest feelings among the participants, individuals in the nonhomeless Discouraged group 60% took the lead in this discussion. Individuals, 20% from the nonhomeless DACS group, 17% of individuals from the homeless Discouraged group, lived with family members. Additionally, 14% of individuals from the homeless DACS group all discussed they lived with family members or foster families. One participant said, "my mother just could not make ends meet with four children to support. Although she was always working, she was not getting enough money to keep up with

rent. We were evicted and lived from family to family until they couldn't keep us no more and kicked us out as well."

Could Not Afford to Pay Rent

The second most discussed stable accommodation topic was participants discussed their family could not afford to pay for rent. Many complained rents kept rising but wages for their parents and guardians were not rising enough to maintain the cost of rent. The social interest feelings of participants in the discussion included 48%, from the homeless Discouraged group. Additional social feelings of participants who could not afford to pay rent included 30% of the nonhomeless Discouraged group and 14% from homeless DACS group. Finally, 7% of participants from the nonhomeless DACS group discussed their families were unable to pay accommodation rent.

Always Stayed With a Friend

The third most discussed topic among the participants in stable accommodation discussions were they always stayed with a friend. When comparing the social interest feelings of the participants, individuals from the homeless DACS group 43% mostly discussed this topic. Individual participants from the nonhomeless Discouraged group 30%, the homeless Discouraged group 25%, and the nonhomeless DACS group 17% shared in this discussion. When discussing the reasons why participants always stayed with friends, participants conversed about the lack of money and the lack of family. Participants also cited the lack of government support caused them to live with friends. One participant said, "We stayed at friends on the couch and living area, when they got tired of us; we lived at another friend." Another participant said, "Since we had no

permanent address, we could not get help with nothing from the government cause we had no way for them to contact we."

Never Had Own Place

Individual participants continued their stable accommodation obstacles discussion as they never had a place of their own. The homeless DACS group 21% mostly discussed this topic. The nonhomeless Discouraged group 20%, the homeless Discouraged group 15% and the nonhomeless DACS group 6% discussed they never had a place of their own.

Stayed at Motel/Shelter

Individuals from the homeless Discouraged group 13% and individuals from the nonhomeless Discouraged group 10% discussed they stayed at cheap motels or shelters. Participants discussed the cheap motels were noisy, had criminal activities, and the homeless shelters were not private. At the homeless shelters, several people had to share a room, and a bathroom. The homeless shelters consisted of people from a multitude of backgrounds, and psychological behaviors.

Other Stable Accommodation Obstacles

Finally, individual participants from the homeless DACS group 7%, and individuals from the homeless Discouraged group 3% said they often lived on the streets. Problems with government housing were discussed among 3% of the homeless Discouraged group, and 2% of the nonhomeless DACS group. Participants said their families were evicted from government housing because one of their parents got into trouble with the law. They became homeless overnight due to this incident. Participants

mentioned their apartment management advised them; their apartment building was unfit for people to reside. Their families were removed from their dwellings to out on the streets without a place to live.

Stable Accommodation Public Policy Obstacles

The lack of money continues to be the main cause of individual participants experiencing accommodation obstacles. The participants' perceived their parents/guardians were incapable of paying for rent or paying for a place to live on the minimum wages they earned. Often their parents/guardians worked two jobs and still could not afford a place to live. Participants discussed their rent became unaffordable because rent increased annually, but minimum wages remained stagnant for their families. The inability to earn appropriate income for accommodations, created obstacles for families and they could not afford their own place to live. Alternate living accommodations caused them to stay with friends, family, foster family, cheap motels, or living on the streets. All of the place's participants were forced to stay were not permanent places and were uncomfortable locations. A breakdown of the percentages of each group who discussed stable accommodation obstacles are shown in Figure 11 and Appendix D

Stable Accommodation Obstacles Discussed Caused By Lack of Money to Keep Accommodation
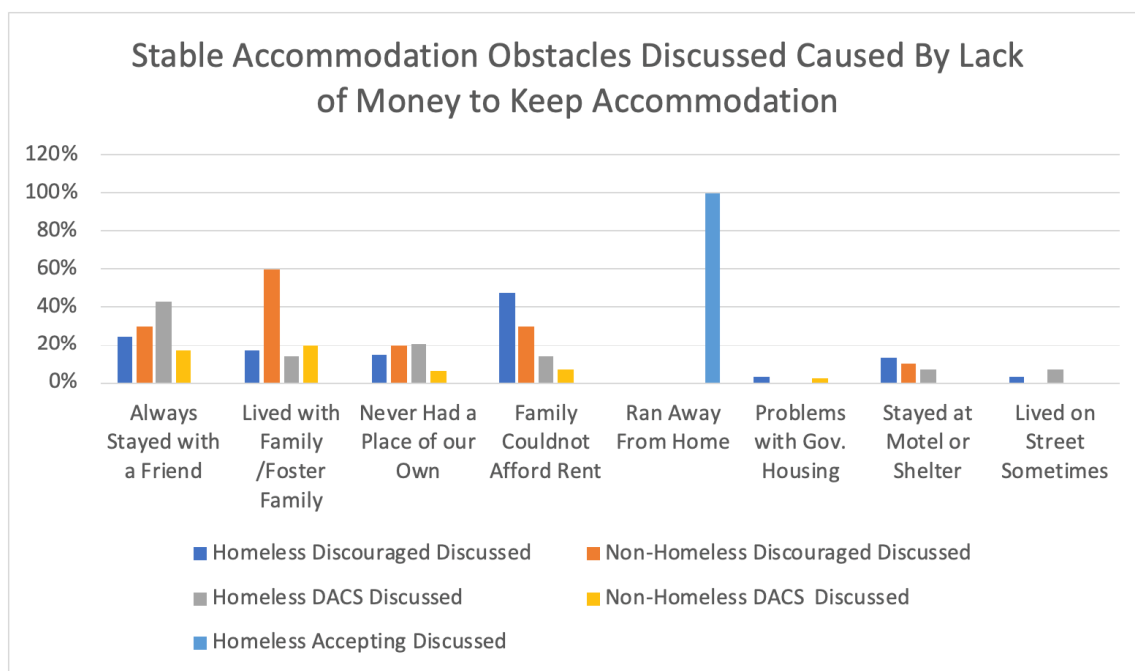
Figure 11. Stable accommodation obstacles discussed.

<center>**Evidence of Trustworthiness**</center>

Credibility

The analysis and the conclusion of the study are reliable and realistic according to

the survey scores and the participant's comments in the interviews. The methods used in

the study to confirm the credibility includes triangulation methods and analyst

triangulation. Other credibility methods used in the study were prolonged contact,

member checking during the study, saturation, reflexivity and peer review. I handled the

triangulation methods by examining and investigating the data of both the quantitative

and qualitative methods to determine inconsistencies in the data. I realized there is a

number inequality among the two groups in the study. The homeless group contains 55

participants, and nonhomeless group contains 64 participants. To maintain accuracy in

the data analysis, I analyzed each group separately to avoid heavier clout on the group

with the largest number. The analyst triangulation was used in the study when the committee members analyzed and reviewed the findings of the data to verify the data was consistent.

My prolonged contact working with the homeless has equipped me for the study. I used the interpersonal skills and training I received from working with the homeless, when I was conducting my research. I was well equipped with my listening ability, maintained eye contact when appropriate, and avoided any type of facial expressions that could influence the participants.

I maintained a member check during the interviews. I took notes for most of the interviewing process due to the participant's request. Secondly, I audio recorded a few of the interviews. During the interviews, if a participant said something I did not understand, I asked the participant to explain his/her statement. The study contains an appropriate number of participants in both quantitative and qualitative methods. The number of participants in the study caused the study to arrive at saturation, where there were no new themes in the discussion. My flexibility included creating a nonbiased rule for my-self during the study. The nonbiased rule was typewritten, and I kept the type written words with me daily. I looked at it several times a day, and the non-biased rule help me to avoid any biases when conducting the study. I worked with homeless youth, and I understand their daily struggles; therefore, during the study, I behaved like this was the first time I heard any of this information. I kept an open mind and did not form any biases or opinions. Walden faculty peer review team will check the study for credibility in my interpretation of the data, and credibility in the conclusions of the study.

Transferability

The study includes information that other researchers can use for general information in their research. The findings of the study are consistent with the results of the study. All interpretations and the conclusion are accurate and reliable according to the findings of the study. The conclusion is relevant to the research questions and the theory of the study. The study's results are transferable to many homeless situations in different location, cultures and economic situations.

Dependability

The research questions suit the study in areas such as sampling groups, the statistical analysis, the interviewing procedures and the surveys. If other researchers were to conduct a similar study, their study would have the same or similar results. The quantitative data are the results of participant's social interest scores. The qualitative study converted data into topics, themes, and codes before analyzing the data. The results answered the research questions and hypotheses. I quantified the qualitative data by using descriptive statistics, graphs and tables to represent the categories participants expressed during the interview. I created qualitative data by taking numerical results and using words to compare, contrast, and analyze the differences and similarities of the quantitative data.

Confirmability

Both the quantitative and qualitative data were integrated to compare and analyze both data. Each research question and hypothesis guided the analysis and the interpretation of the data. The research questions and hypotheses helped with examining

and analyzing the participant's survey scores, and the comments they gave in the interviews. The separate examination of each question and hypothesis has helped with the interpretation of the results. Finally, I reported the facts of the results.

Summary of Answers to Research Questions

I indicated the homeless group has a lower overall social interest score. The homeless group has an average social interest score of 46 in comparison to the nonhomeless group, who have an average score of 71. The homeless group perceived more obstacles than the nonhomeless group in all three categories. Among the homeless group, 69% perceived obstacles within education, while 16% of the nonhomeless group perceived education obstacles. The homeless group, 67% perceived healthcare obstacles, while 9% of the nonhomeless group perceived healthcare obstacles. Among the homeless group, 98% perceived stable accommodation obstacles, and 9% of the nonhomeless group perceived stable accommodation obstacles.

I examined the effects of public policy obstacles in education, healthcare, and stable accommodation obstacles among the homeless and the nonhomeless at-risk youth. The results indicated the lack of stable accommodations influence other social problems for the participant and their families. Many participants reported, they lived with friends or family, due to insufficient funds for their families to subsist on their own. In most cases, the individual participants resided with someone who was near homelessness and had a minimal amount of living space, which forced participants to endure constant changes of address. Moving from place to place often interrupts the guardian's tenuous employment and the children's education. Unstable home life and jobs cause family

member's education to be limited, and health care to be non-existent. I reviewed the participant's comments further to determine the fundamental causes of nonpermanent accommodations for them.

As the results indicate, the majority of homeless and nonhomeless at-risk are unhappy about society. They are unhappy about the laws that cause them distress, and many believe the rules they confront daily appear to contain little for the poor. Public policies are replete with requirements that homeless and nonhomeless at-risk perceive as obstacles. Their inability to meet those requirements transform them into obstacles for the homeless and nonhomeless at-risk families. Due to inadequate policies, the number of homeless and nonhomeless at-risk families will continue to exist in society, unless there is immediate transformation and resolutions in public policies.

Chapter 5: Discussion, Conclusions, and Recommendations

Purpose and Nature of Study

The purpose of the study was to determine the difference between the social interest scores of homeless and nonhomeless at-risk youth. I ascertained which group experienced a greater proportion of health care, education, and stable accommodations obstacles due to public policies. I have in-depth knowledge about the obstacles homeless and nonhomeless at-risk youth encounter due to public policies, according to their perceptions. I understand more about youth's feelings about society due to experienced obstacles. I evaluated and examined themes and topics from the interviews for a thorough analysis. The identification of obstacles versus the effects of youth's feelings towards their society was a focus of the study. I will recommend ideas to public policy developers to help homeless and nonhomeless at-risk families deal with education, healthcare and stable accommodation obstacles.

The survey determined participant's social interest scores, the interviews collected themes, and topics according to participants' perception on his/her obstacles. The interviews focused on obstacles contributing to participants' feelings of discouraged or acceptable to society. I will conclude the importance of social interest feelings to positive social change in society.

I showed that due to the perceived obstacles more of the homeless participants, 73% felt discouraged about their society than the nonhomeless participants (16%). However, more of the nonhomeless participants 84% fit into the DACS feelings category than the 25% homeless participants. In the study, the lack of sufficient funds to afford

stable accommodations caused the downward spiral for the homeless and nonhomeless at-risk families. Participants explained they experienced the lack of sufficient funding among their families when they were between the ages of 15-17years old. The lack of funds created obstacles for participants in education, health care and stable accommodations. The obstacles led to participants negative perception about society, which could be reflective of the low social interest feelings.

Interpretations of Findings

Stable Accommodations Obstacle Results

The results of my study showed that public policies cause obstacles for the homeless and nonhomeless at-risk families by creating minimum wage laws, which causes irresolvable impediments to families. The low minimum wages make it impossible for families to afford the rent to maintain stable accommodations. Minimum wages create a domino effect in the lives of the participant's families, which begins with inadequate stable accommodations, followed by inferior healthcare and mediocre education for families. An unstable life caused many people to stay with friends and family for a short period until they move to other friends or family members. Some families lived briefly in cheap motels, homeless shelters, or even on the streets. According to the National Conference of State Legislatures, 2017, the national recommended minimum wage in the USA was $7.25 per hour; however, the states of Georgia indicated their minimum wage is to be $5.15 for all employers except for federal employees who are protected by FFLSA. Presently, the minimum wage remains at $5.15 per hour in Georgia (NCSL: State Minimum Wages 2020 Minimum Wage by State, 2020). Previous researchers have

shown that homeless youth came from environments where they lived below the poverty level. Studies have shown homeless youth's environment consisted of drug users, alcohol users, domestic violence Tierney and Hallett (2010), and many youth had unemployed mothers or guardians who lack an education or skills (Gelberg & Suchman, 2012). As described by participants, the lack of money among their families caused unstable lives for them and their families. Most of the participants in the study experienced obstacles in public policies because their families could not afford to pay for stable accommodations, which led to educational needs and healthcare needs. This instability created limited possibilities for youth to obtain stable accommodations, a proper education, and an adequate healthcare.

Rose and Baumgartner (2013) indicated that their study showed that public policies towards the poor seemed to have shifted due to the various attitudes of the public. Rose and Baumgartner also indicated that public opinions about the poor have changed from optimistic to pessimistic over the years. Some people view the poor as lazy people who do not want to work for a living, while others view the poor people as those who take advantage of the government programs that are in place to help them (Rose & Baumgartner, 2013). Some of the participants in the study indicated that their families worked, and due to the minimum wage, they could not obtain enough money to provide for their basic needs. In the state of Georgia, accommodation cost continues to rise, while minimum wages remain the same. According to the U.S. Census Bureau (2014-2018 & 2011-2015), the median gross rent for the city of Atlanta was $975 per month, according to the U.S. Census (2011-2015). The median gross rent increased to $1099 per month,

according to the U.S. Census Bureau (2014-2018). Obtaining a home is more expensive

because median mortgages rose to $1810 per month during the years of 2014-2018, from

an average of $1,737 per month during the years of 2011-2015 (U.S. Census Bureau

,2014-2018 & 2011-2015). The median annual family income rose from $47,527 to

$55,279 U.S. (Census Bureau,2011-2015 & 2014-2018). Therefore, the minimum wage

earner continues to be less likely to earn enough to afford a stable accommodation for

their families.

Healthcare Obstacle Results

According to Hudson et al. (2010), healthcare obstacles include youth who are not

receiving healthcare treatments according to their health conditions. Many participants in

my study discussed they had no health insurance because their families could not afford

to pay for health insurance due to the lack of funds among families. Some participants

discussed their families had more critical basic needs, such as accommodations and food.

Due to the lack of money, often people had no health insurance, which created situations

that affected their health significantly throughout their lives. Federal policies created

Medicaid health insurance to provide healthcare benefits to underprivileged families.

However, Georgia did not expand Medicaid services under the Affordable Care Act to

residents of Georgia, which resulted in minimum coverage for many of the participants in

my study. Rose and Baumgartner (2013), indicated that the government spends a large

amount of money on Medicaid, and medical expenditure is at an all-time high. Many

families earning minimum wages and the lack of funds in families, causes them to rely on

Medicaid health insurance. Some participants in my study discussed that Medicaid did

not cover their severe ailments due to lack of coverage, and some participants were pleased with the medical services they received from Medicaid. Keller (2008), indicated that Medicaid is the only hope of treatment for many homeless youth who are defenseless and at-risk.

Educational Obstacle Results

Hayashi (2014) indicated that the federal government created the McKinney Act (1987) to help homeless youth with their educational needs; however, states were in control of how they spent the money, and each state had its own rules and regulation. The underfunding of the McKinney Act caused homeless youth who were depending on the funds to be without the funds needed to obtain an education. Tierney et al. (2008) indicated that educational obstacles included irregular school attendance, high turnover rates due to housing instability, and inadequate access to the proper school supplies. Youth in my study experienced constant relocating of schools, and many were incapable of keeping up with school assignments. Other challenges faced by participants in the study included a lack of school supplies and adequate resources for them to have an appropriate education. As indicated by participants in my study, many have experienced reduced government spending in their communities, and public policies create conditions where they reduce granting school funds because the school does not perform to the standards set by policymakers.

The underfunding of schools allows for minimum educational opportunities and limits after-school activities for students. Tierney and Hallett (2010) indicated that youth in their study believed society needed to provide more support to help them pursue their

educational dreams. Sheely (2013) implied that a shift in spending on government assistance programs might be due to the increase in the population, an increase in family members in need of support, and the changing government budgets. Hayashi (2014) indicated that the federal government did not give states any specific guidelines about distributing and administering funds; therefore, states created their own rules about distributing federal funds to the poor.

Social Interest Results

Adler (1927) indicated that a person's life experiences could affect his/her perceived feelings about society. Fry et al. (2012) examined a person's perception with a caring environment, and the study indicated that a person's perception is essential to their mental well-being. Fry et al. found that a caring atmosphere is important to a person's positive mental well-being. I sought to determine how participants perceived obstacles caused them to feel about their society. The results of participant's feelings about their society found that 73% of the homeless group felt Discouraged about their society. For the nonhomeless group, 16% felt Discouraged about their society. The homeless 25% felt discouraged but accepted their current situation as the norm (DACS), while 84% of the nonhomeless were in the DACS group. The DACS group expressed discouragement about society but seemed to have accepted their current situation as the status quo. The DACS group expressed they could not contribute anything to society to change their current situation. The DACS group in my study is similar to the youth as indicted in the Morrison et al. (2014) study, where homeless youth in their study had given up on society. They believed there was no hope for them to achieve any goals in their society,

and they felt excluded from their society. Youth in the Morrison et al. study felt a lack of family and societal support, and they believed their attempts were hopeless, and they did not have a chance to succeed in society. In my study, the Accepting group consists of 2% of the homeless participants who ran away from home to live on the streets. This group did not believe there were any obstacles in any of the areas discussed in the study. Figure 12 shows the results from my study of obstacles experienced and social feelings among the groups as indicated in (Tables 5, 7, 9 and 11).
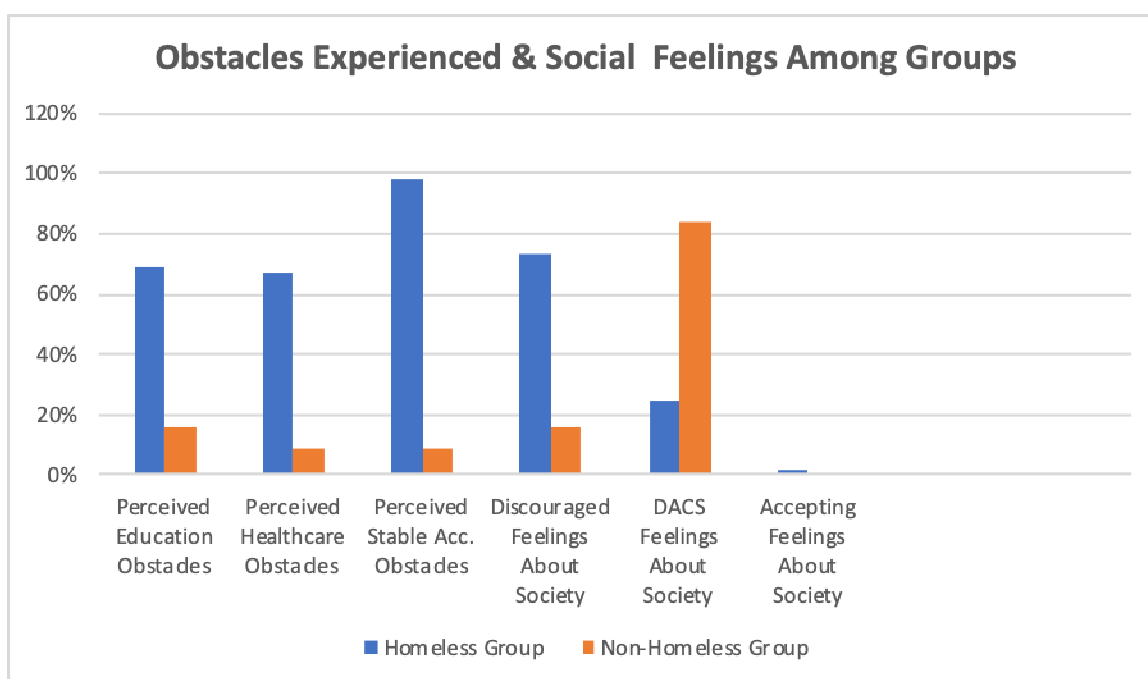
Figure 12. Obstacles experienced and social feelings among groups.

Feelings About Society Due to Experienced Obstacles

Participants explained the obstacles they encountered resulted in a variety of feelings about their society. The feelings expressed by participants in both groups included they were totally unhappy about society. The participants were unhappy with

the laws in society that created obstacles for them. Participants felt there were no laws to protect families against the current rent /wages ratio. The cost of rent has surpassed the income earned for low-income families. Participants felt there is no law to provide all people, including poor people, with proper healthcare coverage. People who received proper healthcare coverage were those persons who paid for health insurance. No law insisted that all schools received the same funds and be treated equally by the government.

Many participants believed the laws did not help the poor, and some participants felt there were not many opportunities for them in society. Some participants said society would never change its attitude toward the poor, and things in society will never change for them. Others believe they could not contribute to any changes in their society, and many described living in their society was a no-win situation for them. Finally, others felt obstacles were part of life, and they had to be strong to survive in their society.

Most of the participants from the nonhomeless Discouraged group, 90% discussed they were totally unhappy with their society. Additionally, 89% of participants from the nonhomeless DACS group participated in this discussion. The homeless DACS participants 64%, and 63% of the homeless Discouraged group, were unhappy with their society. Participants also discussed they were not happy about laws in society that created obstacles for them. Most of the participants from the homeless Discouraged group, 53% expressed they were not happy with the laws in society that created obstacles to them. Additionally, 22% participants from the nonhomeless DACS group were not happy with laws in society. Participants from the homeless Discouraged group, 86% discussed that

laws do not help the poor, followed by 50% of nonhomeless participants from the

Discouraged group. Discussions about participants feelings about society due to obstacles

are shown in Figure 13 and Table 14 below.
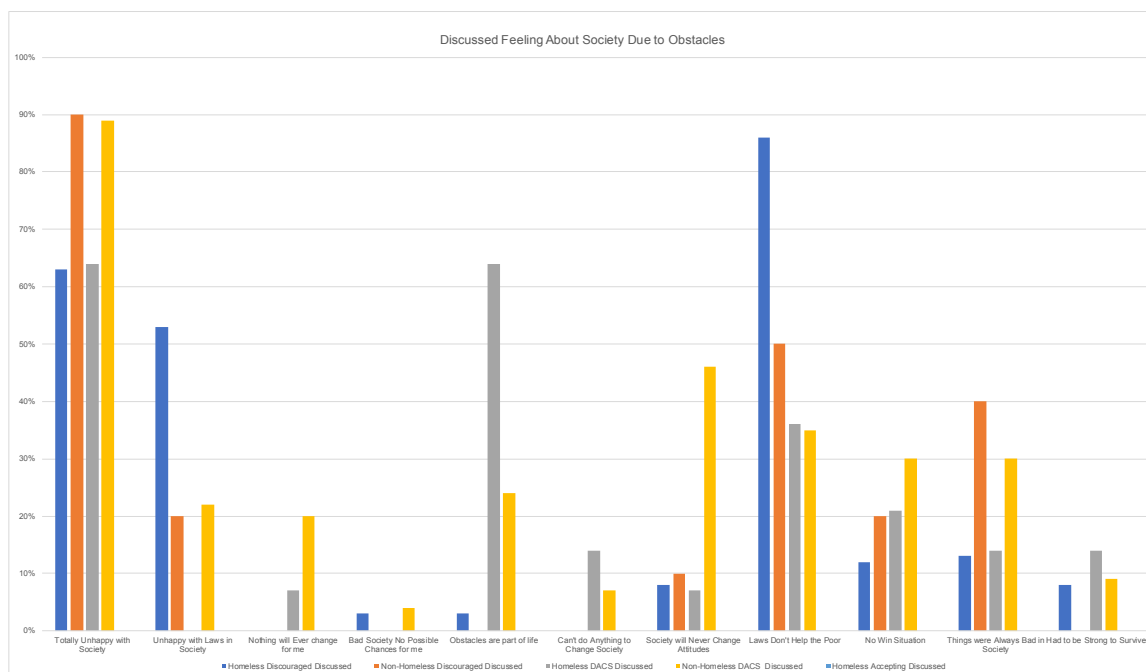
Figure 13. Discussed feeling about society due to obstacles.

I speculated whether the qualitative interviews show that the obstacles homeless

youth experience contributed to lower overall social interest scores from the quantitative

study. Based on the participant's comments, it is likely that the lower social interest

score for the homeless youth was due to the obstacles they encountered. The lower social

interest score was a result of their living environment. The participant's comments

suggest that homeless youth would have a lower score with or without the obstacles they

described in the study. The poverty they experienced during their lives could have

contributed to the lower social interest scores. Homeless participants, 73%, expressed

their obstacles caused them to feel discouraged about society. Participants in the homeless group 63% were totally unhappy about society. Additionally, 86% of the homeless participants felt the government laws do not help the poor, and 64% of the homeless individuals believed obstacles were part of life. These expressions suggest that the homeless group would have had a lower social interest score.

According to the participants' comments, the lack of money, and the lack of supportive government laws, led to unstable living situations. An unstable life contributed to the participant's negative feelings towards society. Adler (1927) explained that a person's experiences can affect his or her feelings about their society. Table 14 shows the discussed feelings about society due to obstacles as indicated in Figure 13.

Table 14

Discussed Feelings About Society Due to Obstacles

Obstacles Caused Societal Feelings	Discouraged		DACS		Accepting	
	Homeless	Nonhomeless	Homeless	Nonhomeless	Homeless	Nonhomeless
Totality Unhappy with Society	63%	90%	64%	89%	0%	0%
Unhappy with Laws in Society that affects me	53%	20%	0%	22%	0%	0%
Nothing Will Ever Change for Me	0%	0%	7%	20%	0%	0%
Bad Society No Possible Chances for Me	3%	0%	0%	4%	0%	0%
Obstacles are Part of Life	3%	0%	64%	24 %	0%	0%
Can't do Anything to Change Society	0%	0%	14%	7%	0%	0%
Society Will Never Change Attitudes towards the Poor	8%	10%	7%	46%	0%	0%
Laws Don't Help the Poor	86%	50%	36%	35%	0%	0%
No Win Situation for Me	12%	20%	21%	30%	0%	0%
Things were always bad in Society	13%	40%	14%	30%	0%	0%
Had to be strong to Survive	8%	0%	14%	9%	0%	0%

Limitations of the Study

Participants could have experienced a memory lapse during the study. The participants in the study were adults 19-25 years old, and they were basing their perceptions concerning health care, education, and stable accommodations when they were 15-17 years old. The participant's memories might not be evident due to time; their perceptions about the period discussed may be different.

Participants' current life situation may have an impact on the participants' perception when they were 15-17 years old. I recruited participants in two drop-in centers that assist homeless and nonhomeless at-risk families with their basic needs. The participants' perception of the society when they were between 15-17 years could also include the results of their current situation in their lives. The scenario could influence their true feelings about how they think they felt when they were between 15-17 years old.

I collected data in Atlanta, GA, and the obstacles the participants faced in Atlanta, could be foreign to a similar residence in other states. The minimum wages are higher in some states, there are better health care benefits in other states. Finally, some states have extended Medicaid. The study could have been female response biased because there were significantly more females than males in the study. The female perceptions about an obstacle they encounter, and the female social interest perspective could be different from the males.

Implications

   I determined whether homeless youth had a lower overall social interest score than the nonhomeless youth. Which group encountered more obstacles due to public policies, and how the obstacles caused youth to feel about their society. I used a survey to determine the social interest scores as well as the yes/no answers from the interviews to determine the greater proportion of obstacles perceived between the two groups. The results from the quantitative portion of the study indicated that the homeless group had a lower social interest score. A greater proportion of homeless youth experienced more obstacles from public policies when seeking an education, healthcare, and stable accommodations than nonhomeless youth. The odds ratio for both groups indicates that a homeless youth was approximately 12 times more likely to have reported obstacles to education, 20 times more likely to have reported obstacles to healthcare, and approximately 540 times more likely to have reported obstacles to stable accommodations compared to a nonhomeless youth. The groups were significantly different in proportion in obtaining an education, healthcare, and stable accommodations obstacles due to the significant effect sizes.

   I conducted interviews to determine how the obstacles youth perceived caused them to feel about their society. The qualitative results indicated that from the 119 participants in the study, 99% of the participants felt discouraged about their society. In contrast, 1% of the participants were satisfied with government laws and situations in society. These results indicated that many opportunities in public policy exist for homeless youth in education, healthcare, and stable accommodations, from the individual

level to the developmental process level. Adler's (1927) social interest theory indicated

that a person with high social interest would be motivated to contribute to his/her society.

Adler also stated that a person with low social interest would make little or no

contribution to society. Society needs to provide situations that will motivate youth to be

more engaging in society so they can contribute to positive social change. The

possibilities can result in positive social change in public policies and societies.

As indicated by the participants, homeless individuals or their families have not

made any gains toward escaping poverty for many decades because minimum wages is

one of the obstacles that keep them in a stagnant situation. Many of the homeless and

nonhomeless at-risk families work for minimum wages, and due to a lack of funds,

families were incapable of affording the necessities of life. Dorsey, a community activist

in Atlanta, GA, stated that minimum wages have been stationary for more than three

decades. Other expenditures, such as utilities and rent, have multiplied during the same

period (Dorsey, personal communication, April 10, 2019). Participants from both the

homeless and nonhomeless groups discussed the lack of money had caused their families

difficulties in paying for healthcare, providing proper education, and maintaining stable

accommodations.

Management of public policies can only bring about social change to unfortunate

families when they provide situations that will cause homelessness to become non-

existent in this modern society. Public policies have the potential to initiate societal

impact that could enable families the ability to work and maintain stable

accommodations. Currently, public policies do not address the problems of low minimum

wages and the lack of affordable (rent that is comparable to earning ability) housing. According to the participants, families were denied some financial help from the government when they receive a minimum wage. Earning minimum wages can be viewed as earning too much money to receive government assistance. The minimum wages earned by these families are insufficient to meet their living standards of basic needs. The governmental support for the homeless and nonhomeless at-risk should continue until they can afford to pay for low housing rent and other basic needs.

Participants indicated that their families did not earn enough money to sustain their needs and requirements for a healthy life. Dorsey (2019) further commented that there is a multitude of problems due to the lack of health care, which can range from psychological challenges to physical limitations. Sometimes, personnel who have regular contacts with individuals with these challenges may lack the expertise to modify or manage these situations. Public policies can allocate the proper finances needed to provide medical help to individuals and training for professions who have contact with individuals with healthcare challenges (Dorsey, 2019).

According to the Annual Homeless Assessment Report" (2018), homelessness in Georgia declined by 52% between the years of 2007-2018. The report also stated that nation-wide, children who are under 18 years old accounted for 60% of homelessness within families. Although in Georgia, homelessness has decreased over a decade, there continue to be many homeless families in need of a stable place to live. Public policies can create a positive change by establishing job training and increasing minimum wages, which would be compatible with other living expenses for people. Benet (2006, 2012,

2013), explained the elements in the polarity of democracy model. Through his

explanation, Benet showed that authorities could constitute standards that could lead to

oppressive circumstances in society. Benet continued to state that well-functioning

elements in a polarity could help reduce hopelessness, depression, and desolation in

societies. Many of the participants expressed hopeless feelings due to public policy

obstacles. Most of the participants in the study perceived their difficult situations are due

to policies. The increase of minimum wages would allow the homeless and nonhomeless

at-risk to earn appropriate income to afford permanent accommodations.

Currently, hourly wages are too low for families to work their way out of a

homeless situation. The hourly wages the family earns is not enough for them to pay for

stable accommodations, educational needs, and healthcare requirements for their families.

Increasing minimum wages are vital since families are working for insufficient wages,

incapable of providing for their basic needs. Public policy developers create high-level

documents in an attempt to improve and to solve the problems of the homeless and

nonhomeless at-risk families. However, the participant's comments suggest that public

policy developers do not understand the daily struggles of the homeless and nonhomeless

at-risk families. Social change will occur when homeless and nonhomeless at-risk

families can move from the role of hopelessness to a positive level of stable

accommodations, educational needs, and access to proper health care.

Recommendations

The discussions with the participants generated responses that public policies could implement to improve the lives of the homeless and nonhomeless at-risk people. The suggestions are listed below:

- Increasing the minimum wage to match the rising rental cost

- Minimum wages should increase with the cost of living

- Rental rate control for low-income housing

- Decreasing lengthy bureaucratic paperwork for homeless families

- Develop incentives to encourage people to improve their lives rather than reducing government support

- Review public policies to improve schools in low- income areas

- Government requirements should enforce equally funded schools

- The expansion of Medicaid in the state of Georgia

- Review public policies to remove obstacles in education, healthcare, and stable accommodations for the homeless and nonhomeless at-risk families.

- Other researchers to continue this study among other age groups including senior citizens

<div align="center">

Conclusion

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Homeless and nonhomeless at-risk's participants perceived that public policy favor the more affluent people in society. I identified the lowest social interest scores among the homeless; however, the nonhomeless at-risk participant's DACS scores were higher. This perception led to 98% feeling "Discouraged or DACS" toward their society,

while 2% perceived accepting feelings to society. The obstacles participants encountered contributed to their feelings of dissatisfaction about the laws, attitudes, and principles about their treatment from society. Participants perceived society as unsympathetic because the laws society regulates do not coincides with their daily struggles to survive. The lack of money for the family was the fundamental issue that led to other social obstacles. When there is not enough money for families to afford their rent, it causes a downward spiral of instability among the lives of its members.

Further examination of the replies from the qualitative interviews, reveals it is essential to understand the distressing experiences of participants, and their daily obstacles. The results indicated that participant's families try to maintain their dignity by acquiring an education, obtaining healthcare, and maintaining a place to live. In many cases they were denied that opportunity at every turn due to public policy obstacles. The establishment has created and allowed obstacles to hamper the homeless and nonhomeless at-risk and do not understand its influences on the families. Public policy developers should develop policies that will consider how poor people can survive and live with dignity. Homeless and nonhomeless at-risk families need to earn enough money to avoid the revolving door of homelessness that currently exists from generation to generation.

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Appendix A: Questions

Quantitative Questions

Do homeless youth have a lower social interest score than nonhomeless at-risk youth?

Compared to nonhomeless at-risk youth, do a greater proportion of homeless youth

perceive they encounter obstacles from public policies when obtaining education,

healthcare, and stable accommodation?

Qualitative Question

How do homeless and nonhomeless at-risk youth perceive the effect of public policies on

their ability to gain access to education, healthcare, and a stable place to live in Atlanta,

GA? How do their experiences affect their perceptions towards their society?

Questions for Qualitative Participants

Did public policies affect your ability to gain access to an education in Atlanta, GA,

while you were 15-17 yr old (yes/no)? How have public policies affected your ability to

gain access to an education? How has this experience affected your feelings towards your

society when you were 15-17 years old?

Did public policies affect your ability to gain access to healthcare in Atlanta, GA, while

you were 15-17 years old? (yes/no) How have public policies affected your ability to gain

access to healthcare? How has this experience affected your feelings towards your society

when you were 15-17 years old?

Did public policies affect your ability to gain access to a stable place to live in Atlanta

GA, while you were 15-17 years old? (yes/no) How have public policies affected your

ability to gain access to a stable place to live in Atlanta, GA? How has this experience

affected your feelings towards your society when you were 15-17years old?

Appendix B: Percent of Healthcare Obstacles Discussed

Topics Discussed	Discouraged Homeless Discussed Topic	Discouraged Nonhomeless Discouraged Discussed Topic	DACS Homeless Discussed Topic	DACS Non-homeless discussed Topic	Accepting Homeless Discussed Topic
No Health Insurance	8 %	10%	14 %	4 %	0%
Unable to Pay for Healthcare	20%	30%	7%	20%	0%
Had Medicaid Had no Problem	0%	0%	21%	6%	0%
Long ER Delays	0%%	10%	29%	6%	0%
Never Visited a Doctor	8%	20%	29%	7%	0%
Few Doctor's Visit	3%	0%	7%	4%	0%

Appendix C: Percent of Education Obstacles Discussed

Topics Discussed	Discouraged Homeless Discussed Topic	Discouraged Nonhomeless Discussed Topic	DACS Homeless Discussed Topic	DACS Non-homeless discussed Topic	Accepting Homeless Discussed Topic
Didn't Attend School Often	10 %	20 %	29 %	15 %	0 %
Always Moving/Limited Schooling	8 %	10 %	21 %	6 %	0%
Couldn't Afford Books/ School Supplies	0%	10 %	0 %	4 %	0 %
Couldn't Keep up with School Work	3 %	10 %	0 %	2 %	0%
Poor Conditions In School	20 %	50 %	21 %	9 %	0 %

Appendix D: Percent of Stable Accommodation Obstacles Discussed

Topics Discussed	Homeless Discouraged Discussed Topic	Nonhomeless Discouraged Discussed Topic	Homeless DACS Discussed Topic	Non- homeless DACS discussed Topic	Homeless Accepting Discussed Topic
Always Stayed with a Friend	25 %	30 %	43 %	17 %	0 %
Lived with Family / Foster Family	18 %	60 %	14 %	20%	0%
Never had a Place of our Own	15%	20 %	21 %	6 %	0 %
Family Couldn't Afford Rent	48 %	30 %	14 %	6 %	0%
Ran Away from Home	0 %	0 %	0 %	0 %	100 %
Problems with Gov. Housing	3%	0%	0%	2%	0%
Stayed at Motel or Shelter	13%	10%	7%	0%	0%
Lived on Streets Sometimes	3%	0%	7%	0%	0%