The Transtheoretical Model: A Theoretical Application to Homelessness

Richard D. Campbell

Grand Valley State University

Follow this and additional works at: http://scholarworks.gvsu.edu/theses

Part of the Social Work Commons

Recommended Citation

http://scholarworks.gvsu.edu/theses/640

This Thesis is brought to you for free and open access by the Graduate Research and Creative Practice at ScholarWorks@GVSU. It has been accepted for inclusion in Masters Theses by an authorized administrator of ScholarWorks@GVSU. For more information, please contact scholarworks@gvsu.edu.
The Transtheoretical Model:
A Theoretical Application to Homelessness

Richard D. Campbell
April 2006
School of Social Work
Grand Valley State University
The Transtheoretical Model: A Theoretical Application to Homelessness

Presented by:

Richard D. Campbell

April 2006

Submitted To:

Dr. Jerry Johnson, Thesis Advisor
Dr. Salvador Lopez-Arias, Visiting Professor
Janet DeYoung, MSW, Executive Director, Holland-Zeeland Foundation

SW 695

Master's Thesis
School of Social Work
Grand Valley State University
# Table of Contents

1. Abstract 1

2. Chapter One: Introduction 2
   - Background 2
   - Problem Statement 3
   - Research Limitations 7
   - Research Design and Methodology 8

3. Chapter Two: Literature Review - Homelessness 9
   - History 9
   - Definition 11
   - Typology 14
   - Causes of Homelessness 15
   - Programs Addressing Homelessness 18

4. Chapter Three: Literature Review – Transtheoretical Model 19
   - Origins and the Processes of Change 19
   - Stages of Change 20
   - Spiral of Change 23

5. Chapter Four: Literature Review – Applications of the Transtheoretical Model 23
   - Smoking Cessation 24
   - Academic Self-Regulation 27

6. Chapter Five: Literature Review – Applications of the Transtheoretical Model with Individuals that are Homeless 32
   - The Lamp Lodge and Lamp Community 32
   - The Kelly Hotel Transitional Living Community 34

7. Chapter Six: A Theoretical Application of the Transtheoretical Model with Individuals that are Homeless 39
   - Introduction 39
   - A Mental Model for Exiting Homelessness 39
   - Program Design 43
   - A Theoretical Full Spectrum Program 46
   - Program Components 48
   - A Culture of Change 51

8. Chapter Seven: Recommendations and Conclusions 52
   - Recommendations 52
   - Conclusions 52

9. References 55
Table of Contents: Tables and Figures

1. Table 1: The Processes of Change 20
2. Table 2: The Stages of Change 21
3. Table 3: Stages of Change in Which Particular Change Processes are Most Useful 22
4. Figure 1: The Spiral of Change 23
5. Table 4: The Stages of Change – In the Context of Smoking Cessation 25
6. Table 5: The Processes of Change – In the Context of Smoking Cessation 26
7. Table 6: The ATTS Inventory (Study Skills Format) 29
8. Table 7: Stages of Change - Change Processes – The Lamp Community 34
9. Table 8: The Processes of Change – The Kelly Hotel Transitional Living Community Outreach 37
10. Figure 2: A Mental Model for Exiting Homelessness – Increasing Levels of Stability 40
11. Figure 3: The Stages of Change and Exiting Homelessness: A Global Perspective 41
12. Figure 4: The Stages of Change and Exiting Homelessness: Increased Education & Job Skills 42
13. Table 9: Full Spectrum Program Design Using Three Processes of Change 44
14. Table 10: Full Spectrum Program Design Using Six Processes of Change 45
15. Figure 5: A Theoretical Full Spectrum Program Design Based on the Transtheoretical model 47
16. Table 11: Theoretical Program Component Descriptions 49
17. Table 12: Full Spectrum Program Design and the Process of Change 50
Abstract

Homelessness is a complex social phenomenon that requires creative and bold solutions. Regardless of how one views current methods for facilitating the movement of people out of homelessness, the literature indicates there is still room for improvement.

The Transtheoretical model, a construct for understanding the natural process of behavioral change, has never been applied to understanding or facilitating the movement of individuals out of homelessness. This study examines the phenomenon of homelessness, the Transtheoretical model, and how the model could be applied to improving our effectiveness in moving people from homelessness to "housing readiness" and stability. The study produced a mental model for exiting homelessness and a theoretical program design built on 16 components. The theoretical program design developed in this study is meant to provide a launching point for future discussion and additional descriptive research.
CHAPTER ONE: Introduction

Background

I've learned a lot about poverty, homelessness, and the process of change since I first started working with the homeless in a transitional housing program 2 ½ years ago. There are many things I still hope to learn and understand, but there is one thing in particular that is at the top of my list; why some people succeed in their climb out of homelessness, and others do not? I'm not talking about individuals that have vastly different situations, strengths, and challenges. I'm talking about individuals that, comparatively speaking, are starting from an almost identical position relative to age, gender, family status, education, and employment. I sometimes think of the supportive transitional housing program that I'm associated with as a train leaving the homeless station bound for the destination of independent stable housing. What has intrigued me is how two very similar people can board the same train, interact with the exact same staff members, be offered the exact same supports, and end up at two completely different destinations.

It was this series of questions that led me to explore Prochaska, Norcross, and DiClemente's (1994) book, Changing for Good. What follows is my investigation into what is commonly referred to as the stages of change, or Transtheoretical model, and whether it has potential for improving the efficiency and effectiveness of helping people move out of their homelessness. When I began to search the literature for how the Transtheoretical model has been applied with homeless individuals, I found two applications: working with individuals who engage in high risk sexual behavior and are homeless, and working with individuals that have a substance use or mental health issue and are homeless. In both groups the Transtheoretical model was used as an application for transitioning people out of their high risk sexual behavior or the substance use. The fact that the individuals were homeless was just an environmental descriptor. I could not find a single instance in the literature where the Transtheoretical model was applied as a
primary paradigm for transitioning people out of homelessness who did not have an accompanying substance use or mental health issue.

My hypothesis is that the Transtheoretical model does in fact have efficacy for transitioning individuals out of homelessness who are not faced with substance use or significant mental health issues. Because there has not been any documented use of the Transtheoretical model in this area, this work will construct a theoretical application of the model to homelessness. I will attempt to show the efficacy of the model to homelessness by examining parallel applications of the model with other areas of behavioral change. This will be a preliminary examination of how the model could be used with homelessness and will hopefully be the catalyst for future clinical research.

Problem Statement

The Stewart B. McKinney Homeless Act of 1987 recorded 6 findings by Congress related to the problem of homelessness. Congress, in Title 42, chapter 119 of the U.S. Code, described the situation of homelessness in the United States as an, "immediate and unprecedented crisis do to the lack of shelter for a growing number of individuals." (Section 11301). They went on to say that the problem was not only severe, but was expected to become, "drastically worse, endangering the lives and safety of the homeless." (Section 11301).

From 1987 to 1998, Congress appropriated over $11 billion through the Stewart B. McKinney Homeless Assistance Act (Burt, et al., 1999). Appropriations for HUD homeless assistance grants (Title IV) between 2000 and 2003 totaled over $4.3 billion (NLCHP, 2003; NLIHC, 2001). Appropriations for 2004, 2005, with projections for 2006, are over $3.9 billion (NLCHP, 2005). The total appropriated federal funds from 1987 to 2006 through the McKinney Act total $19.2 billion. When additional funds from other federal, state, local and privately funded programs are...
considered\(^1\), the dollars invested during this 19 year period to address homelessness, by conservative estimates, exceeds $25 billion.

Depending upon the methodology, the estimated number of homeless persons at any one point in time (incidence) during 1987 ranged from 250,000 to 700,000. By 1996 the estimated number of homeless persons on a given day ranged from 640,000 to 840,000 (Burt, et al., 2002; Condray & Pion, 1997). Estimates on the total number of persons homeless over the course of 1996 (prevalence) ranged from 2.5 to 3.5 million (including children) (Burt, et al., 2002). The current prevalence remains at 2.5 to 3.5 million people per year (NLCHP, 2004).

Katz, Joiner, and Kwon (2002) found that individuals within devalued social groups have an increased risk for emotional distress, depression, and anxiety. Dblasio and Belcher (1993) conducted a random survey of shelters in Maryland and found that 54% of those surveyed scored 30 or higher on the Hudson Self-Esteem Index Scale indicating a self-concept problem requiring therapeutic intervention. They also found that 37% of respondents had serious levels of depression and 25% had serious problems with family relationships based upon their score on the Index of Family Relationships. Wong’s (2002) research found similar results with 54.1% of homeless individuals (without substance use or mental illness) showing psychological distress based upon their score on the Center for Epidemiologic Studies Depression Scale.

According to the U.S. Department of Health and Human Services (2003), homeless individuals also experience poorer physical health relative to the general working population. Among the chronic homeless, the presence of serious health conditions, substance abuse, and/or psychiatric illness occurs at a rate of 85 percent. The rate of occurrence for similar issues in the general working population is 12 percent (U.S. Dept of Health and Human

\(^{1}\) "One-fourth of all housing programs for homeless clients are fully supported by government funds, and about equal proportions rely entirely on private funds (23 percent) or receive up to half of their budget from government sources (22 percent). The final 30 percent of housing programs receive from half to almost all of their support from government funds. Other homeless assistance programs are split quite evenly among the one-third that rely entirely on private funding, the 34 percent that are completely supported by government, and the one-third whose level of government support falls somewhere in between." (Burt, et al., 1999, p. 66)
Research by McMurray-Avila, Gelberg and Breakey (1998), found the occurrence of physical illness in the general homeless population at rates almost twice that of the housed population. Two-thirds of those presenting physical illness were categorized as acute in nature. Mortality rates were found by McMurray-Avila, Gelberg and Breakey (1998) to be 3-4 times higher in homeless populations. A diagnosed substance abuse history was found in over 50 percent of homeless adults.

In 2000, the number of homeless children (PreK-12) was estimated to be 930,200 (U.S. Department of Education, 2000). The National Law Center on Homelessness and Poverty (2004) estimated the number of children experiencing homelessness over the course of the year to be 1.35 million. Barber, Fonagy, Fultz, Simulinas, and Yates (2005) found that children and youth who experience homelessness are more likely to experience acute psychological distress and are at higher risk for mental health and social problems.

The numbers speak for themselves. Based on the statistics cited above, it can be deduced that after 19 years and an estimated $25 billion dollar investment, the incidence of homelessness has increased by as much as 300 percent and the prevalence of homelessness numbers in the millions. Homelessness remains one of our country's most complex, challenging, and important social issues. It is necessary to address homelessness at the macro, mezzo, and micro system levels and at the individual level. It is necessary to address homelessness in terms of prevention, and in terms of transitioning individuals who are currently homeless out of their homelessness. In all instances, we need to use the most efficient means possible given our limited resources and the devastating effect this issue is having on families and society. While prevention is obviously the preferred method for addressing homelessness, in reality prevention is only one element in this complex issue.

If we hope to limit or reduce the devastating effects of homelessness, we need to transition people out of homelessness as quickly and efficiently as possible. One of the most popular methods currently being employed to facilitate the movement of individuals out of homelessness
is the U.S. Department of Housing and Urban Development’s Supportive Transitional Housing Programs (1995). Supportive Transitional Housing Programs differ from traditional shelter programs in that they are aimed at helping individuals and families transition from homelessness to stable independent living situations through intensive case management and a host of wrap around supportive services. The maximum length of time allowed to make the transition is 24 months (U.S. Dept. of Housing and Urban Development, 2001). According to Burt, et al. (1999), there were approximately 4,400 transitional housing programs operating in the United States\(^2\) in 1996. They had contact with an estimated 160,000 people during that year (Burt, et al., 1999).

Evaluating the outcomes of the nation’s transitional housing programs is problematic. Barrow and Zimmer (1999) note that,

> While both national and local descriptive evaluations of the major federal initiatives offer a general overview of transitional housing and the issues that have emerged in implementing it, few studies of transitional housing programs have attempted more rigorous assessments of the effectiveness of particular types of transitional programs on clearly defined subgroups of the population. Yet in the absence of studies that use experimental or at least comparison group designs, it is impossible to tease out the extent to which the positive outcomes reported in the descriptive studies can be attributed to the transitional housing programs or whether these outcomes are better or worse than the same population would achieve using alternative approaches. For homeless families, in particular, research of this sort has been extremely limited. (p. 23)

They go on to state that, “the research on transitional housing programs offers only a few consistent findings and many major gaps.” (p. 29). With success being defined as a family securing stable permanent housing, Barrow and Zimmer (1999) concluded that the overall

---

\(^2\) In comparison there were an estimated 5,700 emergency shelter programs operating in 1999 with an estimated 240,000 program contacts. (Burt, et al., 1999)
success rate for transitional housing falls between 40 to 60 percent. Programs that cited success rates of 70 percent did so based upon residents that had successfully completed all aspects of the program – which was 52 percent of the total population that made use of transitional housing.

Given the size of the resource investment and devastating consequences for individuals and families that experience homelessness, it is imperative that we do all that we can to improve the outcomes of programs designed to move people out of homelessness. I believe applying the Transtheoretical model to transitional housing programs may be one way of improving outcomes and reducing the amount of time individuals and families spend in homelessness.

**Research Limitations**

The primary limitation to this study is that the Transtheoretical model has never been studied in a quantitative research application with general homeless populations. The fact that the phenomenon of homelessness is one of the most complex social problems faced in our society is acknowledged by many (Caton, 1990; Rossi, 1991; Rowland, 1991; Culhane, 1997; Burt, Aron, & Lee, 2001). Research of any type regarding homelessness has been limited in scope for multiple reasons. Included among the reasons, according to Dail (2000) is,

"the continuing debate about how to define homelessness and which enumeration methodology best ensures an accurate count and description of the affected population. With no resolution in sight, this debate seriously challenges the development of good research designs and forces difficult methodological decisions that sometimes compromise homeless research endeavors." (p. 331)

Rossi (1991) adds that, "existing empirically based knowledge about homelessness is neither extensive nor well grounded." (p. 1029). As you will see from the literature review that follows, most of the current literature was written over 5 years ago. Some of the more comprehensive studies on homelessness are now over 10 years old.
In addition to the challenges raised by Dail (2000) and Rossi (1991), there are several other extraneous variables that can influence outcome data. These include local and regional housing markets, local and regional job markets, weather, energy costs, and surprisingly, federal and state tax returns.³

Rossi (1991) presents an extensive discussion regarding the difficulty of conducting evaluation research in a social science context. He notes the difficulties in establishing control groups, random samples, and accounting for spontaneous changes in the environment that cannot be separated from the program-induced changes.

**Research Design and Methodology**

What would it look like to apply the Transtheoretical model to the general homeless population in a transitional housing program? How might the successful application of the Transtheoretical model affect program outcomes? In this paper I hope to build a conceptual foundation for the application of the Transtheoretical model for use with individuals and families that are homeless, but without substance abuse or mental illness as their primary challenge. I will present a theoretical example of how the Transtheoretical model might be applied in a transitional housing program. I will do so by drawing upon parallel applications of the Transtheoretical model that can serve as comparison models for transitional housing programs serving general homeless populations. My study will be a theoretical application of the Transtheoretical model that I hope will lay the foundation for future qualitative and descriptive research.

³ In addition to the combination of variables listed, some emergency shelters and transitional housing programs have observed higher rates of “successful” placements coinciding with residents receiving their tax returns. The influx of cash from tax returns often allows shelter and transitional housing residents to secure housing on the open market, even if it is for only a few months.
CHAPTER TWO: Literature Review - Homelessness

History

Homelessness has been an ever present phenomenon throughout the history of the United States. The demographics of the phenomenon and how society defines it has shifted over time (Hopper, & Baumohl, 1996). According to Crouse (1986) during periods of industrial development and decline in the late 18th, 19th, and early 20th centuries, populations of single men were created that were conceptually without homes. The size of the transient workforce, which would ultimately become unemployed, would fluctuate throughout the nation. During the 1930's the federal government estimated the number of homeless to be at least 1.2 million (Crouse, 1986). It was during this time frame that Congress passed a series of legislation, to include the Social Security Act of 1935, to address the ongoing economic and social crisis (Epstein, 2002).

The problem of homelessness was not recognized again at the national level until 1983 (National Coalition for the Homeless, 1999). At that time a federal task force was formed to help local governments obtain federal surplus items such as cheese and butter for organizations serving homeless populations. The Homeless Eligibility Clarification Act was passed in 1986. It removed the requirement for a permanent address listing in order to receive aid from existing federal programs such as Supplemental Security Income, food stamps, and Medicaid. The Homeless Housing Act was also passed in 1986 creating the Emergency Shelter Grant program and the first transitional housing demonstration program. The Urgent Relief for the Homeless Act, later renamed the Stewart B. McKinney Homeless Assistance Act, was signed into law in July, 1987 (National Coalition for the Homeless, 1999).
The McKinney Act, which contains nine titles, is the most comprehensive legislation enacted by the federal government regarding homelessness. The Act is structured as follows:

Title I  Findings and definition of homelessness
Title II  Establishes and describes the Interagency Council on the Homeless
Title III  Authorizes the Emergency Food and Shelter Program under FEMA
Title IV  Authorizes the Emergency Shelter and Transitional Housing Programs under the Dept. of Housing and Urban Development
Title V  Requires federal agencies to make surplus property and equipment available for use by state and local governments and nonprofits that assist homeless people
Title VI  Authorizes health programs for homeless individuals under the direction of the Dept. of Health and Human Services
Title VII  Authorizes the Adult Education for the Homeless Program, the Education of Homeless Children and Youth Program, the Job Training for the Homeless Demonstration Program, and the Emergency Community Services Homeless Grant Program
Title VIII  Amends the Food Stamp program for participation by the homeless and expands the Temporary Emergency Food Assistance Program
Title IX  Extends the Veter ans Job Training Act

(National Coalition for the Homeless, 1999)
The McKinney Act has been amended four times:

- 1988 • Expanded eligible activities - relatively minor changes
- 1990 • Created the Shelter Plus Care Program for individuals with disabilities, mental illness, AIDS, and substance addictions.
  • Increased authorization for the Education of Homeless Children and Youth Program
  • Amended the Community Mental Health Services Program
  • Created a demonstration program within the Health Care for the Homeless program to provide primary health care and outreach to at-risk and homeless children
- 1992 • Expanded Title IV - the shelter and housing provisions
- 1994 • Amended the Education of the Homeless Children and Youth program creating greater flexibility in the use of funds.

(National Coalition for the Homeless, 1999)

According to the National Coalition for the Homeless (1999), funding for the McKinney Act during its first 8 years steadily increased from $350.2 million in FY87 to $1.49 billion in FY95. Since FY95, however, the McKinney Act has lost financial ground. In FY96 funding was cut by 27%. Funding for the Adult Education program, the Homeless Veterans Reintegration Project, the Emergency Community Services Homeless Grant Program, and the Family Support Centers were eliminated or greatly reduced (National Coalition for the Homeless, 1999).

As with many other federal assistance programs, much of the funding for homeless assistance is now being delivered to states and local communities in the form of block grants. The U.S. Department of Housing and Urban Development (2005) now requires states and local jurisdictions to form Continuum of Care (COC) collaborations to act as distributors of the block
grant funds. Each COC is tasked with defining and prioritizing local needs relative to the homeless in their jurisdiction.

**Definition**

A homeless person is, according to the Stewart B. McKinney Homeless Assistance Act, an individual who lacks a fixed, regular, and adequate nighttime residence, or an individual who has a primary nighttime residence that is: (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (b) a public or private place that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, or ordinarily used as, regular sleeping accommodations for human beings (Foscarinis, 1996; Title 42 U.S.C., Chapter 119).

A primary criticism of the McKinney definition has been its narrow scope. A family of four that is sleeping in a side room of co-worker’s basement would not be considered homeless by this definition. This family would be referred to as precariously housed (Rossi, 1989). At the Charles O’Neill House, a transitional housing facility in Australia, “homeless is not just a lack of permanent shelter, it's the lack of a safe, nurturing environment – a place where you feel comfortable and settled, a place that is private and where you feel you belong.” (Davis, 2004). Burt, Aron, and Lee (2001) found that when surveying individuals to determine the length of their homeless experience, the respondents would draw a distinction between “housing” and “home.” Respondents would attempt to measure how long they had been without meaningful attachment to other people, versus their literal “homelessness.”

When considering social issues, how a phenomenon such as homelessness is defined is a function of how that definition will be used to influence awareness, funding, or program direction. Burt, Aron, and Lee (2001) refer to this as the social function of the definition. They go on to point out that when formulating a definition one must balance two sides of a dilemma.
If the definitions are too inclusive, they become useless; the phenomenon becomes too diffuse, ultimately covering too many people. With homelessness, this tendency is manifested by definitions that threaten to include the entire population in poverty, or everyone who is poorly housed. But if the definitions are too specific, they focus too exclusively on the homelessness of the moment. They can lead to policies and practices that are ameliorative but not preventive, that fail to address the larger question of desperate poverty and the pool of people at high risk for periodic bouts of literal homelessness. (p. 6)

The definition of homelessness under the McKinney Act is based on an individual's sleeping arrangement. It is a functional definition, according to Burt, Aron, and Lee (2001) designed to clearly define for McKinney funded providers those they are allowed to serve. It also provides a means for planners to calculate demand for services. The precision of the definition, however, precludes recognizing the full extent of the phenomenon of homelessness. For example, an unmarried couple with three small children is evicted from their apartment and elects to move in with a relative and share the bedroom of their 8-year old nephew. They do so because the privately run emergency shelter will not allow them to be sheltered together as a family because they are not married. According to the U.S. Department of Housing and Urban Development (2001), this family of five that is living (sleeping) in a bedroom with their nephew is not eligible to receive McKinney funded services because they are precariously housed with a relative and not, by definition, homeless. The five people in this example would also not be counted as homeless.

How one chooses to define homelessness can be politically motivated. For politicians, realigning how homelessness is defined to include a broader scope would result in media sound bites pointing to significant increases in the homeless rate under a particular administration. For program and service providers, increased homeless rates
could be construed as evidence of poor program outcomes. The current McKinney Homeless Assistance Act definition of homelessness has been in place for almost 20 years and has gone unmodified through both Republican and Democratic administrations.4

**Typology**

Based upon shelter use patterns, three general typologies have been hypothesized for single homeless adults: chronic, episodic, and transitional (Rossi, 1986; Culhane & Kuh, 1998; Phillips & Hamilton, 1999; U.S. Dept. of Health and Human Services, 2003). The typology for homeless families may follow a similar pattern but has never been fully studied.

**Chronically Homeless.** The chronically homeless are entrenched in the shelter system, generally older, and are more likely to be unemployed, suffer from substance abuse, mental illness, or physical disabilities (Rossi, 1989). They comprise between 7-10 percent of the total homeless population (U.S. Dept. of Health and Human Services, 2003). Their profile would include fewer episodes of shelter use, but each stay would be longer than the other two typologies (Culhane & Kuhn, 1998).

**Episodically Homeless.** According to Culhane and Kuhn (1998), the episodically homeless frequently move in and out of the shelter system, are generally younger, and often experience high rates of unemployment, medical, substance abuse, and mental health issues. When they are not in the shelter system, they may be incarcerated, residing in an inpatient treatment program, or doubled up in an overcrowded housing situation. Their profile includes a higher number of shelter episodes, but their total shelter time would be less than the other two typologies (Culhane & Kuhn, 1998; Culhane, Dejowski, Ibanez, Needham, & Macchia, 1997). According to Burt, et al. (1999) 34 percent of shelter users have been homeless three or more times and single adults are more common in this typology.

---

4 See Anna Kondratas article: Comment on Dennis P. Culhane et al.'s "Public shelter Admission Rates in Philadelphia and New York City: The Implications of Turnover for Shelter Population Counts", Housing Policy Debate 5, 2, 153-162 for discussion on the debate of estimating homeless population size and how it has been politicized between administrations.
**Transitionally Homeless.** The transitionally homeless population is characterized by one short duration stay in the shelter system. Burt, et al. (1999) found 49 percent of shelter users are in their first episode of homelessness and the rate of first episode homelessness is relatively equal between families and single adults. Their stay in the shelter system is usually a single episode of a few weeks to months in duration. They are generally younger, and are not likely to have mental health, substance abuse, or other medical problems that are characteristic of the other typologies. (Culhane & Kuhn, 1998).

It is important to note that Culhane and Kuhn (1998) acknowledge that,

These qualitative characterizations are but caricatures, but they represent the repeated observations of those experts who have experience with homeless populations. Despite the prevalence of these characterizations, there has been little effort to test them, largely because there have been few data sets of the size and scope necessary to detect firm groupings within the population of homeless shelter users. These conceptualizations have also been of limited benefit to policy and program planners, given that there is very little empirical evidence of their relative size or system resource consumption, which would be necessary for modeling effectively targeted program strategies. (p. 211)

**Causes of Homelessness**

When you begin to explore the causality of homelessness you quickly discover that it is not a single issue concept, but rather a phenomenon. The origin of this phenomenon is the subject of ongoing debate within the social sciences. There is agreement that the phenomenon is created by the complex interplay of multiple systems, along with a combination of individual and generational behavioral patterns on the part of the individual. Rowland (1991) attributes homelessness to a, “variety of personal, economic, and social factors which interact with the specific situation (especially the individual’s personal support network) in causing
The extent to which factor or variable plays a greater role in creating homelessness is a controversial debate — that will not be solved here.

Eric N. Lindblom, the Director for Policy Research at Campaign for Tobacco-Free Kids in Washington, DC, offers a unique simile for understanding the complexity of homelessness.

Homelessness is not like a pond with a single flow of people entering at one point and others somehow evaporating out, but is more like a stream with numerous tributaries, eddies, and outflows. While some people may become homeless for only short periods of time and then leave, never to return (and others may enter and stay for long periods), a large segment of the homeless population moves in and out of literal homelessness (and, perhaps, even in and out of near homelessness) for extended periods of time. (Eric N. Lindblom, in Dolbeare, 1991, p.1061)

Because there are so many variables that contribute to homelessness, no single explanation for the phenomenon can be developed (Rowland, 1991). There is, however, virtually universal agreement that poverty is a contributing factor to homelessness (Rossi, 1989; Rowland, 1991; Koegel, Burnam, & Baumohl, 1996; Fitchen, 1999; Dail, 2000; Burt, Aron, & Lee, 2001; U.S. Dept. of Health and Human Services, 2003). But poverty alone does not completely explain the phenomenon. While poverty is clearly related to homelessness, only about 10% of the extremely poor are homeless according to Rossi (1989). This means the majority of individuals who live at or below the poverty level are able to find housing.

The interplay between structural and individual factors as they contribute to homelessness is routinely presented in the literature (Wolch, Dear, & Akita, 1988; Koegel, Burnam, & Baumohl, 1996; Dehavenon, 1999; Hopper, 2003). Burt, Aron, and Lee (2001) present one of the better discussions regarding this debate that originated in the 1980’s. They note that the structural argument, which is most commonly used by liberal to radical activists and analysts, focuses on the interplay between changing housing markets for low-income families and individuals, shifting
employment opportunities for individuals with levels of education at high school or less, and decreased institutional supports for individuals with severe mental illness. The long-term effects of generational poverty and racial inequalities, according to Burt, Aron, and Lee (2001), are also key factors in the structural explanation for homelessness.

Burt, Aron, and Lee's (2001) discussion of the individual factors that contribute to homelessness examines the higher rate of occurrence of personal problems and inadequacies within homeless populations over that of the general public. Factors include adult and childhood victimization, mental health issues, alcohol and/or drug abuse, low levels of education, poor history, and too-early childbearing. While conservative activist and analysts commonly use the individual argument as the primary cause of homelessness, Burt, Aron, and Lee (2001) note that clinicians and practitioners who routinely work with individuals facing this problems will often use this argument as well.

Burt, Aron, and Lee (2001) sum up their discussion of causation by observing that it is the combination of both structural and individual factors that produce homelessness. In general, according to Burt, Aron, and Lee (2001), the structural factors create the environment for homelessness, answering to some degree the question of why people become homeless. The individual factors then combine with the environment to help identify who will most likely become homeless. They go on to note that, "as the structural conditions worsen, even people without personal vulnerabilities other than poverty may experience crises that precipitate a homeless episode." (p. 6).

From a purely technical perspective, housing affordability continues to be considered the immediate cause of homelessness. Once you move beyond that, the causes are varied and interwoven. As Wright (1988) describes it,

At varying levels of analysis, homelessness is a housing problem, an employment problem, a demographic problem, a problem of social disaffiliation, a mental health problem, a substance abuse problem, a family violence problem,
a problem created by cutbacks in social welfare spending, a problem resulting
from the decay of the traditional nuclear family, and a problem intimately
connected to the recent increase in persons living below the poverty level, as
well as others. (p. 64-69)

The paths to becoming homeless are many and varied.

Programs Addressing Homelessness

According to the U.S. Department of Housing and Urban Development (1995), four
characteristics are common in every successful homeless assistance program – independent of
the cause of homelessness. Those characteristics are; treating each person as unique and
valued; respecting individual rights and requiring individual responsibility; availability of stable
housing and the existence of a comprehensive set of assistance services; and the continuing
challenge to each individual to be as independent as possible.

Burt, et al. (1999) estimated that in 1996 there were approximately 40,000 homeless
assistance programs operating in the United States at an estimated 21,000 locations. Food
pantries that distribute canned and dry food comprised the most numerous program types at
approximately 9,000. Soup kitchens and other meal service programs numbered around 3,500.
The number of actual shelter providers included 5,700 emergency shelters and 4,400
transitional housing programs.

The primary advocacy organization for the homeless is the National Coalition for the
Homeless (2006). Founded in 1984, they provide advocacy for the homeless regarding federal
budget appropriations for homeless assistance, health care, education, and welfare reform.
CHAPTER THREE: Literature Review - Transtheoretical Model

Origins and the Processes of Change

The catalyst for the research that led to the development of the Transtheoretical model originated out of a personal family tragedy of Dr. James Prochaska in the mid 1970s. Prochaska's father suffered from depression and alcoholism, but didn't trust psychotherapy and refused to acknowledge his problem behaviors. Prochaska's father eventually died from the complications of his alcoholism and depression. Prochaska was driven by his desire to understand why the 130 distinct systems of psychotherapy in existence at the time were not more effective in helping people like his father make the behavioral changes needed to save their lives. Given the observation by Luborsky, Singer and Luborsky (1975) that favorable and/or equivalent outcomes are produced by all legitimate psychological therapies, Prochaska posited that key components to successful change must be present in all of the major therapy models. In his attempt to identify those key components, Dr. Prochaska conducted a comparative analysis of 18 major theories of psychotherapy and behavioral change. In pursuing his hypothesis, Prochaska did not find unique change processes in each system, but rather identified nine major processes of change (see Table 1) that were common to any shift in behavior across all 18 major theories (Prochaska, Norcross, & DiClemente, 1994). The results of his research were published in 1979 in his first book on Systems of Psychotherapy: A Transtheoretical Analysis. The term transtheoretical was chosen because the findings spanned all 18 theories of psychotherapy and behavioral change analyzed by Prochaska.
Table 1 - The Processes of Change

<table>
<thead>
<tr>
<th>Process</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consciousness-Raising</td>
<td>The process by which one increases their self awareness and the knowledge of the problem behavior. Increased knowledge improves the likelihood of making more intelligent decisions.</td>
</tr>
<tr>
<td>Social Liberation</td>
<td>New alternatives become available to the individual through external environments.</td>
</tr>
<tr>
<td>Emotional Arousal</td>
<td>A parallel process to consciousness – raising, but on a deeper level. Also known as dramatic release or catharsis.</td>
</tr>
<tr>
<td>Self-Reevaluation</td>
<td>The process of personal reappraisal of one’s problem behavior and how life might be experienced in the absence of the behavior. Self-reevaluation allows one to see how their problem behavior conflicts with their personal values. Self-reevaluation is both an emotional and rational process.</td>
</tr>
<tr>
<td>Commitment</td>
<td>The process by which the individual becomes aware that they are the only one who is able to affect change in their life.</td>
</tr>
<tr>
<td>Countering</td>
<td>The individual begins substituting healthy responses in place of previous choices relative to the problem behavior.</td>
</tr>
<tr>
<td>Environmental Control</td>
<td>The individual restructures their environment to reduce the presence of stimuli that may promote engaging in the problem behavior.</td>
</tr>
<tr>
<td>Rewards</td>
<td>The simple process of rewarding positive progress.</td>
</tr>
<tr>
<td>Helping Relationships</td>
<td>The process of enlisting or eliciting support, encouragement, and accountability from friends or family.</td>
</tr>
</tbody>
</table>

(Prochaska, Norcross, & DiClemente, 1994)

The Stages of Change

In 1982, Dr. Prochaska and Dr. DiClemente began examining how often and in what sequence the major processes of change were used by people attempting to alter their behavior on their own. They identified six defined stages of change as shown in Table 2 and discovered the process of behavioral change unfolding over time as a person moved through the progression of stages. During an empirical analysis of self-changers, the specific process of change chosen by an individual depended upon the stage of change the person found themselves in at that particular time (see Table 3).
## Table 2 - The Stages of Change

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>Individuals at this stage have no intention of changing their behavior and typically do not see their particular behavior as problematic. They resist any external efforts to change their behavior.</td>
</tr>
<tr>
<td>Contemplation</td>
<td>An individual in this stage recognizes their behavior is problematic, but is not ready to take any action toward changing the identified behavior.</td>
</tr>
<tr>
<td>Preparation</td>
<td>At this stage the individual is preparing mentally and emotionally to take action relative to their problem behavior. They may have done research on their problem behavior to convince themselves of the need to change. They may have set a date to take action.</td>
</tr>
<tr>
<td>Action</td>
<td>In this stage the individual takes the most overt action to modify their behavior and environment. This stage is filled with activity. It is important to note that action does not equate with change. Action is an attempt to change.</td>
</tr>
<tr>
<td>Maintenance</td>
<td>It is during this stage that gains in changing the problem behavior would be consolidated and the individual would work to prevent relapse. It is in this stage that the real work of change takes place. Maintenance is a long and on-going stage.</td>
</tr>
<tr>
<td>Termination</td>
<td>An individual enters the termination stage when their former problem behavior no longer presents any temptation or threat and requires no effort on the part of the individual. There is debate as to whether this stage exists for some problem behaviors.</td>
</tr>
</tbody>
</table>

(Prochaska, Norcross, & DiClemente, 1994)
Table 3 - Stages of Change in Which Particular Change Processes are Most Useful

<table>
<thead>
<tr>
<th>Precontemplation</th>
<th>Contemplation</th>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consciousness-Raising</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Liberation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Arousal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Reevaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reward</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Countering</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Control</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helping Relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Prochaska, Norcross, & DiClemente, 1994, p. 54)

The Transtheoretical model has been the subject of at least 100 empirical studies since it was first published over 25 years ago (Prochaska & Norcross, 2001). The research, which continues to grow, has demonstrated the validity of the Transtheoretical model and the stages of change as a predictive tool for treatment and intervention outcomes. The research has also demonstrated the predictive relationship between processes of change relative to the various stages of change.
**The Spiral Model of Change**

Prochaska and DiClemente first assumed the Transtheoretical model to be a linear process where a self-changing individual would pass through the six stages of change directly. This was not the case. While linear progression is possible, they found it to be rare. During a two-year study of individuals beginning in the contemplation stage, only 5 percent progressed to the termination stage without at least one setback. They found the average successful self-changing individual to recycle several times in and out of the first four stages. According to Prochaska, Norcross, and DiClemente (1994), relapse was the norm rather than the exception. The spiral of change observed by Prochaska, Norcross, and DiClemente (1994) is depicted in Figure 1.

**CHAPTER FOUR: Applications of the Transtheoretical Model**

The Transtheoretical model, according to Petrocelli (2002), "is not a theory of counseling, but rather it represents an empirically derived multistage sequential model of general change." (p.23). The model has shown efficacy for predicting client attitudes, treatment outcomes, and dropout rates for individuals with concerns relative to smoking cessation (Prochaska, Velicer, Prochaska, & Johnson, 2004; Segan, Borland, & Greenwood, 2004; Wagner, Burg, & Sirois, 2004), dietary behaviors and weight loss (Glanz, et al., 1994; Prochaska, & Prochaska, 2004), bulimia nervosa (Smith, 2004), exercise behavior (Cardinal, 1997), sexual behavior (Grimley, & Lee, 1997; Grimley, Riley, Bellis, & Prochaska, 1993), substance abuse (DiClemente & Hughes, 1990), and financial behaviors (O'Neill, Bristow, & Brennan, 1999). The majority of the work
done thus far with the Transtheoretical model has been focused on the process of change as it applies to the cessation of addictive behaviors. Petrocelli (2002) believes the Transtheoretical model's empirical base and potential for predicting client readiness to change have potential application for counseling in general.

**Smoking Cessation**

Based upon a review of the literature, the Transtheoretical model has been studied most extensively in the context of smoking cessation. Prochaska, Velicer, Guadagnoli, Rossi, and DiClemente, (1991) conducted a 2-year cross-sectional and longitudinal analysis of 14 variables as they followed 957 subjects in various stages of behavior relative to their smoking. Based upon participant’s initial responses to a 116 item survey, the subject pool was divided into five groups representing each of the stages of change (see Table 4). Over the course of 24 months and 4 additional surveys, Prochaska and his colleagues found that the change process, followed a general pattern of increasing from precontemplation to contemplation, peaked at a particular stage of change and then declined either to precontemplation levels or to somewhat higher levels if used as relapse prevention strategies. Temptation and the pros of smoking followed a linear pattern of decreasing across the stages, while self-efficacy increased linearly. (p. 83).

This supported Prochaska and DiClemente’s (1984) earlier work that demonstrated the relative effectiveness of the nine processes of change in relation to each stage of change (see Table 5). Prochaska et al. (1991) saw the results of their study as confirmation that the Transtheoretical model could be used to develop therapy models and self-help programs specifically designed to capitalize on how people change their own problem behaviors.
Table 4 - The Stages of Change – In the Context of Smoking Cessation

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>Individuals at this stage have no intention of changing their smoking habit and typically do not see their smoking as problematic. They resist any external efforts to change their smoking habit.</td>
</tr>
<tr>
<td>Contemplation</td>
<td>An individual in this stage recognizes their smoking is problematic, but is not ready to take any action toward decreasing or stopping. The smoker will acknowledge the link between smoking and lung cancer, but continues to smoke.</td>
</tr>
<tr>
<td>Preparation</td>
<td>At this stage the individual is preparing mentally and emotionally to take action relative to their smoking habit. They may have done research on their smoking/cancer to convince themselves of the need to change. An individual that is preparing to quit may have enrolled in a smoking cessation program and decreased the number of cigarettes they smoke each day.</td>
</tr>
<tr>
<td>Action</td>
<td>In this stage the smoker takes the most overt action to modify their behavior and environment. They stop purchasing cigarettes and remove ashtrays from their immediate environment. In this stage a smoker would completely cease from smoking cigarettes.</td>
</tr>
<tr>
<td>Maintenance</td>
<td>It is during this stage that gains in changing the problem behavior would be consolidated and the individual would work to prevent relapse. The person who has quit smoking would continue their abstinence and would make choices and engage in behaviors that promoted their new lifestyle.</td>
</tr>
<tr>
<td>Termination</td>
<td>The former smoker enters the termination stage when the urge to smoke no longer presents any temptation or threat and requires no effort on the part of the individual.</td>
</tr>
</tbody>
</table>

(Prochaska, Norcross, & DiClemente, 1994)

Additional studies have confirmed and expanded our knowledge of the Transtheoretical model relative to smoking cessation. In a study of adolescents, Dino, Kamal, Horn, Kalsekar, and Fernandes (2004) applied two interventions of varying intensity with participants identified to be in the precontemplation, contemplation, or preparation stage of change. Their results showed that the relationship between the stage of change and the cessation outcome varied with the intensity of the intervention. Using a brief (10-minute) self-help smoking cessation intervention they found that participants that were identified to be in the preparation stage of change were 25 times more likely than those identified to be in the precontemplation or contemplation stages to quit smoking within 3 months. There was, however, no statistical...
significant forward movement in the stage of change for participants in the precontemplation or contemplation stages using the brief self-help intervention. A higher intensity 90-minute 10-week smoking cessation program, in addition to producing similar positive outcomes regarding quitting, also produced forward stage movement by the majority of the participants regardless of which stage they were in at the beginning of the study.

Table 5 - The Processes of Change – In the Context of Smoking Cessation

<table>
<thead>
<tr>
<th>Process</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consciousness-Raising</td>
<td>The process by which one increases their self awareness and the knowledge of the consequences of their smoking. An individual may read literature or watch commercials that show how smoking is directly related to lung cancer. Increased knowledge improves the likelihood of making more intelligent decisions relative to their smoking.</td>
</tr>
<tr>
<td>Social Liberation</td>
<td>New alternatives become available to the smoker through external environments. The individual’s work place may create a smoke-free cafeteria or break room.</td>
</tr>
<tr>
<td>Emotional Arousal</td>
<td>A parallel process to consciousness-raising, but on a deeper level. A close friend or relative of the smoker contracts lung cancer and asks the individual to stop smoking.</td>
</tr>
<tr>
<td>Self-Reevaluation</td>
<td>The process of personal reappraisal and how life might be experienced in the absence of smoking. Self-reevaluation allows one to see how their smoking conflicts with their personal values. Self-reevaluation is both an emotional and rational process. The smoker begins to contemplate dying and the impact their death would have on friends or family.</td>
</tr>
<tr>
<td>Commitment</td>
<td>The process by which the individual becomes aware that they are the only one who is able to effect change in their life.</td>
</tr>
<tr>
<td>Countering</td>
<td>The individual begins substituting healthy responses in place of smoking. The person attempting to quit begins to eat lunch at non-smoking restaurants.</td>
</tr>
<tr>
<td>Environmental Control</td>
<td>The individual restructures their environment to reduce the presence of stimuli that may promote smoking. The individual might remove all of the ashtrays from their home.</td>
</tr>
<tr>
<td>Rewards</td>
<td>The simple process of rewarding positive progress. An individual might use the money saved from purchasing cigarettes to do something special for themselves.</td>
</tr>
<tr>
<td>Helping Relationships</td>
<td>The process of enlisting or eliciting support, encouragement, and accountability from friends or family. An individual that is attempting to quit smoking may ask a non-smoking co-worker to be their lunch or break partner in order to hold them accountable during the period of the day they normally engaged in smoking.</td>
</tr>
</tbody>
</table>

(Prochaska, Norcross, & DiClemente, 1994)
Moving forward in the stages and using stage appropriate interventions significantly increases abstinence rates in smoking cessation programs. In a study of 4653 smokers, Prochaska, Velicer, Prochaska, and Johnson (2004) found that brief stage-matched interventions that helped move populations one stage forward could ultimately produce 75% more abstinence. Interventions that helped progress populations two stages could produce a 300% increase in abstinence.

Norman, Velicer, and Fava (2000), in a study of 4,144 smokers, were able to identify four cluster subtypes within the precontemplation and contemplation stages of change and five cluster subtypes in the preparation stage of change. The presence of cluster subtypes within the contemplation stage of change was also noted by Anatchkova, Velicer, and Prochaska (2005) and was identified through analysis of the decisional balance and the situational temptation surveys. The presence of these clusters, according to Anatchkova, Velicer, and Prochaska (2005), would allow for the development of custom interventions specific to the subtype.

**Summary.** A review of the literature clearly demonstrates the efficacy of the Transtheoretical model in the realm of smoking cessation. This brief literature review found over 20 researches producing statistically significant evidence for the efficacy of incorporating the processes of change relative to the stages of change in smoking cessation programs. Process related tailored interventions delivered during the appropriate stage of change improve smoking cessation outcomes.

**Academic Self-Regulation**

The Transtheoretical model has also been studied to determine if it could be used for predicting educational outcomes at the undergraduate level. If the Transtheoretical model could be shown to be predictive, it might assist in constructing academic interventions to improve overall academic performance and retention.
Jakubowski and Dembo (2004) examined the relationship of self-efficacy, identity style, and stage of change with academic self-regulation in one of the initial applications of the Transtheoretical model in an educational setting. They included the Transtheoretical model in their study to determine if it could be applied in a non-medical context. Jakubowski and Dembo also wanted to determine if poor learning and study strategies could be considered a form of dysfunctional behavior similar to other addictive behaviors addressed by the Transtheoretical model. Jakubowski and Dembo (2004) hypothesized that academic self-regulation would be related to a student's informational identity style and the action stage of change. They expected to find that students who demonstrated the greatest willingness to change their study skills would demonstrate the highest degree of academic self-regulation.

Jakubowski and Dembo (2004) studied 210 undergraduate college students at a research university who were enrolled in a learning and study strategies course. Enrollment in the course was a condition of acceptance to the university. The assumption was made by the university that students that are placed in these programs wanted to change their academic behavior. Dembo and Praks Seli (2004) note that many students placed in learning strategies courses resist changing their academic behavior for four possible reasons: they believe they cannot change; they don't desire to change; they don't know what to change; or they don't know how to change. Prochaska, Norcross, and DiClemente (1994) point out that “fewer than 20 percent of a problem population are prepared for action at any given time. And yet, more than 90 percent of behavior change programs are designed with this 20 percent in mind” (p. 15). The ability to assess a students' readiness to change their academic behavior would be of value in both placement and academic program design for a study strategies course.

The participants in Jakubowski and Dembo's (2004) study completed a survey questionnaire at the beginning of their course that was constructed from four assessment tools. The 32-item Dynamic and Learning Inventory (DALI) was used to measure self-regulation. Self-efficacy was measured using the Self-Efficacy subscale from the Motivated Strategies for Learning
Questionnaire (MSLQ). The Identity Style Inventory (ISI3) was used to assess the participant's identity style. All three of these assessment tools were shown to be reliable in the study.

Jakubowski and Dembo used the ATTS Inventory (Study Skills Format) to measure the participant's willingness to change. The ATTS Inventory was based on a modification of the 32 item University of Rhode Island Change Assessment Scale (URICA) to reflect the participant's perception of their study skills. The inventory assessed participants on four of the stages of change (see Table 6) and was shown to be reliable in the study in each stage assessed.

Table 6 - The ATTS Inventory (Study Skills Format)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Example assessment questions using five-point Likert scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>&quot;As far as I am concerned, I don't have any problems with studying that need changing.&quot;</td>
</tr>
<tr>
<td>Contemplation</td>
<td>&quot;I think I might be ready for some improvement in my study skills and habits.&quot;</td>
</tr>
<tr>
<td>Preparation</td>
<td>(Not assessed)</td>
</tr>
<tr>
<td>Action</td>
<td>&quot;I am doing something about the problems with studying that had been bothering me.&quot;</td>
</tr>
<tr>
<td>Maintenance</td>
<td>&quot;I'm here to prevent myself from having a relapse of my problem with studying.&quot;</td>
</tr>
<tr>
<td>Termination</td>
<td>(Not assessed)</td>
</tr>
</tbody>
</table>

(Jakubowski & Dembo, 2004)

Jakubowski and Dembo (2004) expected to find two types of students in the precontemplation stage relative to their academic self-regulation strategies: students who were unaware of any need for them to change their academic self-regulation, and students who were aware of the need for them to change, but felt the disadvantages of making the change would exceed the advantages.

Students in the contemplation stage would be considering changing their academic self-regulation behavior within the next 6 months as they recognize the ineffectiveness of their current behavior and note the increasing disadvantages of the status quo. Students in this
stage often find it difficult to progress into the preparation stage because their current academic behavior was successful in their previous environment (high school), they don't know the type of self-regulating academic behaviors to develop, or they do not have the support needed for the change.

In the preparation stage, students would accept and acknowledge that their existing academic behaviors are no longer working and would make plans to change their behavior. In this stage students would be actively seeking opportunities to learn and develop new academic strategies. Engaging in new academic behaviors would indicate the student has entered the action stage. As the student begins to regularly engage in their new self-regulating behaviors they enter the maintenance stage. This stage may last for 6 to 24 months and is marked by the need of support to prevent relapsing into their previous non-effective behaviors.

**Results.** Jakubowski and Dembo (2004) found consistent correlation between the four assessments and the Transtheoretical model's stages of change. A positive relationship was observed between high scores on the contemplation and action stages subscales and increased self-regulation. The relationship between the precontemplation and maintenance stages and self-regulation was less clear. Jakubowski and Dembo (2004) attributed the lack of significant correlation with these stages to the possibility that reporting one's perceptions of study skills is more subjective than reporting perceptions of behaviors related to smoking or alcohol consumption.

Jakubowski and Dembo (2004) acknowledge that while their results support their initial hypothesis, a validation of the instrument and a longitudinal study need to be completed. They also acknowledge that the initial positive correlation between variables does not prove that a causal relationship between self-regulation, self-efficacy, identity style, and stage of change exists. At this time there is not enough evidence to state definitively whether or not the Transtheoretical model and the stages of change sequence can be applied to academic behavioral. According to Jakubowski and Dembo (2004) the difficulty in applying the
Transtheoretical model in this setting may be related to the large number of extraneous psychosocial variables in the student's environment that may influence academic achievement.

**Academic Achievement and Retention.** DeBerard, Spielmans, and Julka (2004) conducted a similar study to Jakubowski and Dembo (2004) attempting to proactively identify students at risk for poor academic performance during their freshman year, but did not consider the Transtheoretical model in their study. They surveyed 204 undergraduate students on 10 predicative indicators. The purpose of their research was to create a multidimensional risk model for predicting both academic achievement and attrition. In addition to demographics and prior academic record, DeBerard and his colleagues considered several psychosocial variables including smoking, drinking, health-related quality of life, social support, and maladaptive coping strategies.

DeBerard, Spielmans, and Julka's (2004) research demonstrated that the psychosocial variables of social support, smoking, binge-drinking, and maladaptive coping strategies, were statistically significant predictors of academic achievement as measured by cumulative GPA. These same variables were not, however, predictive of retention. The only variable shown to be a statistically significant predictor of retention was high school GPA.

**Summary.** The DeBerard, Spielmans, and Julka (2004) and the Jakubowski and Dembo (2004) studies are limited by their small sample sizes. While DeBerard, Spielmans, and Julka did not include the Transtheoretical model in their study, they did demonstrate that other variables not included in the Jakubowski and Dembo (2004) study do mediate academic achievement. Hancock (2002), in yet another approach to predicting academic achievement, demonstrated a statistically significant correlation between a professors' instruction strategy and a students' conceptual abilities as a predictor of student motivation and academic outcome.

I believe these studies demonstrate the difficulty of accounting for the influence of extraneous variables when attempting to construct predictive models of complex social phenomenon. It is
probable that this same difficulty will be experienced in attempting to apply the Transtheoretical model to the equally complex social phenomenon of homelessness.

CHAPTER FIVE: Literature Review - Applications of the Transtheoretical Model with Individuals that are Homeless

An extensive review and search of the literature did not reveal any direct applications of the Transtheoretical model relative to general homelessness. Two programs were found that applied, to varying degrees, the Transtheoretical model with individuals that have significant mental health and substance abuse challenges. Those programs are the Lamp Lodge of the Lamp Community and the Kelly Hotel which is operated by the Center for Urban Community Services.

The Lamp Lodge and Lamp Community

In 2004 the Corporation for Supportive Housing (CSH) produced the Toolkit for Ending Long-Term Homelessness. The study profiled nine projects and organizations that serve people who are experiencing long-term homelessness. One of those projects was the Lamp Lodge which is run by the Lamp Community in the Central City East area of Los Angeles (Skid Row). The Lamp Lodge, which began operations in 1991, differs from transitional supportive housing programs in that it is a permanent supportive housing program serving single homeless persons with severe mental illness (CSH, 2004). According to the Corporation for Supportive Housing (2004), the goal of the 48-unit project is to create a lifelong community where residents can find a sense of belonging. The program's occupancy rate averages 96-98 percent and the average length of stay is 36 months (Malak, 2000).

The Transtheoretical Model. Although the Lamp Community does not directly apply the Transtheoretical model, their philosophy of multiple means of entry and a non-linear housing

---

5 The phrase general homelessness is used to refer to homeless individuals who do not have acute mental illness or substance abuse symptoms.

6 The average length of stay for other nonprofit Skid Row hotels offering limited or no wrap-around services was 12 months (Malak, 2000).
approach aligns with elements of the Transtheoretical model, specifically the spiral of change concept and the processes of change.

The Lamp Community offers a variety of services that include drop-in centers, on-site recreational programs, money management and budgeting services, meal programs, case management, vocational training and employment programs, transitional housing, mental health counseling, medication management, and both outpatient and residential substance abuse counseling (CSH, 2004; Malak, 2000). Their non-linear approach allows for each individual program or service to act as an access point to all other wrap-around services. Community members (residents and service users) are permitted to move from one access point to another as their needs change. Individuals are provided services as they become ready to engage with service providers at a particular access point. According to Malak (2000), this non-linear approach is foundational to the Lamp Community's philosophy of allowing community members to make their own decisions regarding their needs. CSH (2004) noted that each year, approximately five residents of Lamp Lodge move to other parts of the Lamp Community desiring different forms of support. Furthermore, CSH (2004) also noted that, “When tenants experience significant changes in their life, they often re-evaluate their self-initiated goals and choose to utilize different combinations of service and housing. Therefore, there are often transitions and movement between the components within the community.” (p.58)

**Summary.** The variety of programs and services that provide access points to the Lamp Community, I believe, offer homeless individuals the opportunity to engage all nine of the processes of change identified by Prochaska, Norcross, and DiClemente (1994) as shown in Table 7. This in turn allows community members to be engaged appropriately across all of the first five stages of change. Allowing community members to move between programs based upon their perceived needs without recrimination accommodates the nonlinear spiral process of change which Prochaska, Norcross, and DiClemente (1994) found to be the normal pattern for the majority of self-changers.
Table 7 - Stages of Change - Change Processes – The Lamp Community

<table>
<thead>
<tr>
<th>Precontemplation</th>
<th>Contemplation</th>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consciousness-Raising</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Liberation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Arousal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Reevaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reward</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Countering</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Control</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helping Relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Prochaska, Norcross, & DiClemente, 1994, p. 54)

The Kelly Hotel Transitional Living Community

The Kelly Hotel Transitional Living Community opened in 1997 as a 40-bed, free-standing Transitional Living Community (TLC) operated by the Center for Urban Community Services in the West Harlem District of New York City. Barrow and Rodriguez (2000), through the Corporation for Supportive Housing, studied the project's development, implementation, and early outcomes. The project's target population included mentally ill individuals living on the street and mentally ill long-term users of the shelter system. Both sub-groups contain individuals in various stages of recovery from substance dependency. To be eligible for the program the total number of shelter days over the previous 4 years had to exceed 730 days (Barrow & Rodriguez, 2000).

The Transtheoretical Model. The Kelly Hotel TLC was the only program found to directly apply principles and concepts of the Transtheoretical model into their program design. Barrow
and Rodriguez (2000) noted that the Center for Urban Community Services drew on their previous experience with providing treatment services for substance addictions and intentionally wove the Transtheoretical model into their program design. They also incorporated Miller and Rollnick’s (2004) early work on motivational interviewing\(^7\) as a foundational strategy for staff and resident interaction.

Motivational interviewing, according to Barrow and Rodriguez (2000), begins in the outreach phase of the program. The use of motivational interviewing in outreach activities would help facilitate the homeless person’s movement through the early stages of change regarding the issues or problem behaviors that have hindered their exit from homelessness. The outreach phase is supported by a low demand/high reward system designed to move individuals to their next stage of change. An interpretation of how the processes of change relate to the Kelly Hotel TLC program is provided in Table 8.

The purpose of the Kelly program design, according to Barrow and Rodriguez (2000), is to move homeless individuals to housing readiness with the goal of finding a permanent supportive housing placement. This is done through the intentional application of the Transtheoretical model. Barrow and Rodriguez (2000) note that,

Since people enter the program at different levels of “readiness,” and change occurs at varied rates, at any point in time, the program would include both individuals who are well along the path to exiting from homelessness and achieving “recovery” from addictions and mental illness; and those with less firm commitment to recovery or housing. This mix of levels of motivation and readiness is seen as essential to developing a culture of change within the

\(^7\) According to Miller and Rollnick (2004), motivational interviewing is not a counseling technique, but rather a way of being with people that frees them from the ambivalence that holds them in repetitive cycles of self-defeating behavior. It is a collaborative approach between the case manager and client that promotes the individual’s inherent motivation and resources for change.
program, in which those who have moved closer to program goals serve as role
models to new entrants and others in the early stages of change (p.8)

Methods. Once an individual engaged services at the Drop-In Center or TLC, moving them
toward housing readiness was done through a variety of services (Barrow & Rodriguez, 2000). According to Barrow and Rodriguez (2000), a weekly housing group was the vehicle for providing information about supportive housing options, the benefits of supportive housing, availability, admission requirements, and costs. The weekly housing group was also used to organize and take small groups of individuals on tours of local supportive housing facilities. Tour participants would then report back to those in the group who had not attended the tour and answer questions about the facility they had visited. Barrow and Rodriguez (2000) noted that open peer discussion about the wide variety of structure and supports available in different permanent supportive housing programs helped to reduce apprehension and increase understanding that each person's needs were different. The group process, according to Barrow and Rodriguez (2000), often fostered an atmosphere where supportive settings were viewed by the group as more desirable than independent Section 8 options.

Case managers, noted Barrow and Rodriguez (2000), would begin working individually with clients when they were considered to be nearing housing readiness. For individuals with substance use challenges this would require at least 6 months of clean time in order to meet most permanent supportive housing program sobriety requirements. Case managers would help develop a personal housing plan for each individual that addressed the person's remaining obstacles to housing readiness. Case managers assisted clients with self care, medical appointments, legal referrals, shopping, and application for financial assistance.

According to Barrow and Rodriguez (2000), throughout the group and individual process, case managers and supervisory staff would hold bi-weekly target placement meetings to assess
<table>
<thead>
<tr>
<th>Process</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consciousness-Raising</td>
<td>The process by which one increases their self awareness and the knowledge of the consequences of their being homeless. An individual is engaged by an outreach worker who relays information regarding alternatives to living on the street. Increased knowledge improves the likelihood of making more intelligent decisions relative to their being homeless.</td>
</tr>
<tr>
<td>Social Liberation</td>
<td>New alternatives become available to the homeless individual through programs and services of the Kelly Hotel Drop-In Center. Services include: meals, telephone access, showers, laundry facilities, recreational facilities, psychiatric treatment and medication management, substance abuse treatment, case management, access to medical care, group activities, a transitional employment program, housing placement, and post-placement follow-up.</td>
</tr>
<tr>
<td>Emotional Arousal</td>
<td>A parallel process to consciousness-raising, but on a deeper level. An acquaintance or friend from the street has entered the Kelly Hotel TLC or is accessing the Drop-In Center and relays a personal testimony of life off of the street or out of the shelter. This might also occur through participation in a housing group or facility tour at the Drop-In Center.</td>
</tr>
<tr>
<td>Self-Reevaluation</td>
<td>The process of personal reappraisal and how life might be experienced off of the street or out of the shelter. Self-reevaluation allows one to see how their homelessness conflicts with their personal values. Self-reevaluation is both an emotional and rational process. The homeless person begins to contemplate the consequences of remaining homeless or attempting to live independently without supports.</td>
</tr>
<tr>
<td>Commitment</td>
<td>The process by which the homeless individual becomes aware that they are the only one who is able to effect change in their life and the demand required of this initial change is relatively low with the reward being high. As an example of the low demand/high reward approach, the Kelly program did not require prior substance clean time and did not charge rent. Approximately 70% of the individuals that toured the TLC or completed a screening interview for admission were accepted and began residing at the Kelly. At move-in, 50% of women and 25% of men were actively abusing substances. Relapse occurred in 75% of women and 42% of men during their stay at the TLC.</td>
</tr>
<tr>
<td>Countering</td>
<td>The homeless individual begins engaging available services through the Drop-In Center that place them in contact with the Kelly Hotel TLC staff and environment as an alternative to their previous patterns of daily homeless activity.</td>
</tr>
<tr>
<td>Environmental Control</td>
<td>The homeless individual explores the physical and relational environment of the Kelly Hotel TLC and Drop-In Center and learns how to access the environment with some regularity.</td>
</tr>
<tr>
<td>Rewards</td>
<td>The Kelly Hotel TLC program provides access to a wide variety of services and amenities.</td>
</tr>
<tr>
<td>Helping Relationships</td>
<td>The process of receiving support, encouragement, and accountability from Kelly Hotel TLC Staff.</td>
</tr>
</tbody>
</table>

(Barrow & Rodriguez, 2000)
each resident's progress toward housing readiness and identify next steps in the process. On alternate weeks, team meetings focused on how to overcome housing obstacles faced by clients. The Kelly program model had a goal of housing placement within 6-9 months. All of this was done within the framework of the Transtheoretical model employing motivational interviewing methods during client interactions (Barrow & Rodriguez, 2000).

**Outcomes.** Barrow and Rodriguez (2000) found that 5 months after opening their doors to residents, the Kelly Hotel TLC had reached their full 40-bed capacity. Within thirteen months the program had successfully found permanent housing placements for 42% of their residents. Seventeen percent remained at the TLC and the remaining 42% departed or were discharged without identified housing. The average length of stay at the TLC before housing placement was 6.6 months. Barrow and Rodriguez (2000) noted that given the availability of supportive housing for dual diagnosed individuals in the West Harlem District of New York City in 1999, a placement rate of 42% was in their words, "an accomplishment of no small magnitude." (p. 37).

**Summary.** All nine processes of change identified by Prochaska, Norcross, and DiClemente (1994) appeared to be successfully employed within the Kelly Hotel TLC program design. Although individuals were not assessed to determine the stage of change they might be in relative to a specific problem behavior, the use of Miller and Rollnick's (2004) motivational interviewing principles assisted individuals in moving forward through the stages of change regardless of the exact stage they might occupy.

Although the targeted population of the Kelly program was almost exclusively a dual diagnosis population, the concepts of the Transtheoretical model were applied beyond the treatment methodologies for mental illness or substance abuse. The Kelly program design used the Transtheoretical model processes of change for moving people to housing readiness. I believe the Kelly Hotel TLC program is the best, and possibly the only documented example of applying the Transtheoretical model with a homeless population.
CHAPTER SIX: A Theoretical Application of the Transtheoretical Model to Homelessness

Introduction

As already noted, homelessness is the result of a complex interplay of multiple systems in combination with personal and generational behavioral patterns on the part of the individual. While there is extensive discussion in the literature about what contributes to homelessness (Wolch, Dear, & Akita, 1988; Koegel, Burnam, & Baumohl, 1996; Dehavenon, 1999; Burt, Aron, & Lee, 2001; Hopper, 2003), there is virtually no discussion on individual behavioral patterns that prevent people from exiting homelessness. What is known from the literature is that individuals in homelessness have incomes that are usually less than 50 percent of the poverty level, 38-42 percent have less than a high school diploma, 50-80 percent are unemployed or underemployed, and virtually all have a diminished or nonexistent support system in terms of extended family and friends (Burt, Aron, & Lee, 2001). My assumption is that these four areas: income, education, employment, and support network, need to be at satisfactory levels of functioning in order for a person to successfully move out of homelessness. This theoretical program design will address changing personal behavior patterns related to these four areas with the goal of moving individuals to what the Kelly Hotel Transitional Living Community (TLC) referred to as housing readiness (Barrow & Rodriguez, 2000). This application will not address those individuals that have significant mental health or substance use challenges.

A Mental Model for Exiting Homelessness

Based upon Burt, Aron, and Lee's, (2001) observations regarding individual characteristics of people in homelessness, I propose the mental model shown in Figure 2 as a way of visualizing a person's journey out of homelessness. The model depicts a process of building upon increased stability in a person's support network, education and vocational skills, employment / income, and budgeting and finance skills. The sequence order and level of need to be addressed in each area would be unique to the individual.
The length of time required to increase stability into the zone of housing readiness would be a function of several variables to include the individual’s existing level of resources in each particular area and the stage of change they occupy for each area. Because homelessness is a complex, multi-variable phenomenon (Burt, Aron, & Lee, 2001; Dehavenon, 1999; Hopper, 2003; Koegel, Burnam, & Baumohl, 1996; Rowland, 1991; Wolch, Dear, & Akita, 1988), the Transtheoretical model could be applied globally for the entire process as depicted in Figure 3, or it could be applied to a specific functional area of the process as depicted in Figure 4 relative to increasing stability in the area of education and job skills.
Figure 3 — The Stages of Change and Exiting Homelessness: A Global Perspective

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

- Housing Readiness
- Increased Employment
- Increased Education & Job Skills
- Develop New Budgeting & Spending Skills
- Increased Employment / Income
- Homeless
- Begin to Build Support Network
Figure 3 — The Stages of Change and Exiting Homelessness: A Global Perspective

1. **Precontemplation**
   - Housing Readiness
   - Increased Education & Job Skills
   - Begin to Build Support Network

2. **Contemplation**

3. **Preparation**

4. **Action**
   - Maintenance
   - Increased Employment
   - Develop New Budgeting & Spending Skills

5. **Maintenance**
Program Design

Based upon the multiple stages of change and the nine processes of change, there are at least three general options for program design when applying the Transtheoretical model to homelessness.

**Stage Targeted Program.** A stage targeted program would be designed to serve individuals in a single stage of change and move them through that stage and progress into the succeeding stage. Distributing literature at locations frequented by the homeless about the dangers or health concerns of living on the street as a form of consciousness-raising would be an example of a program targeted at individuals in either the precontemplation or contemplation stage. The same program could also add a meal service that would bring the social liberation process of change into the design and still target individuals in either the precontemplation or contemplation stage. Offering a weekly housing search support group would target individuals in the action stage. Although probably not practical, an assessment component to determine if the individual’s stage of change matched the targeted stage of the program would help to maximize the number of positive outcomes in a stage targeted program. The obvious weakness of a stage targeted program is that if it was not sequenced with additional programs for the next adjacent stage, it would be unlikely to produce the desired change.

**Process Specific Program.** A process specific program would be designed around a single process of change. The single process of consciousness-raising would have potential for moving a person through the first two stages of change. Distributing literature at locations frequented by the homeless would be an example of using consciousness-raising as a process specific approach. If an individual was in the preparation stage or higher, they would find a program designed for consciousness-raising to be of little value. A program designed to link homeless individuals with a volunteer mentor would be an example of using the change process of helping relationships. For an individual to find a mentoring program helpful they would need to be in the action or maintenance stage of change. Social liberation as a process of change
possesses the greatest potential for use with a wide audience because it has efficacy in the first four stages of change. A screening that provides a stage assessment, while probably not practical, would help to maximize outcomes in a process specific program.

**Full Spectrum Program.** This approach would combine the two previous mentioned designs to produce a combination of the processes of change that provide for service in each of the first five stages of change. Table 9 depicts a full spectrum program design using consciousness-raising, social liberation, and helping relationships to span all five stages of change. Logic would indicate that better outcomes would be achieved by incorporating more processes of change into the design in order to create system redundancy in each of the stages as depicted in Table 10.

<table>
<thead>
<tr>
<th>Table 9 – Full Spectrum Program Design Using Three Processes of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Consciousness-Raising</td>
</tr>
<tr>
<td>Social Liberation</td>
</tr>
<tr>
<td>Helping Relationships</td>
</tr>
</tbody>
</table>

(Prochaska, Norcross, & DiClemente, 1994, p. 54)
Table 10 - Full Spectrum Program Design Using Six Processes of Change

<table>
<thead>
<tr>
<th>Precontemplation</th>
<th>Contemplation</th>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consciousness-Raising</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Liberation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Reevaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reward</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helping Relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Prochaska, Norcross, & DiClemente, 1994, p. 54)

A full spectrum program design would have two possible approaches to moving people through the program. In a locked-step approach each person would be required to engage services or materials that address each change process in a specified sequence. An alternative to this would be an open program sequence. An open sequence would allow individuals to engage only those processes of change needed for them to successfully move through a particular stage of change. An open sequence would also accommodate the nonlinear progression of change that is common for the majority of individuals as observed by Prochaska, Norcross, and DiClemente (1994).

**Summary.** I believe the complexities associated with homelessness would be met by using a full spectrum open program sequence application of the Transtheoretical model that features redundancy of change processes in each stage. The experiences of the Lamp Lodge and Kelly Hotel appear to support this premise. Based upon the literature review, a strong program design would include stage matched interventions of varying intensity.
A Theoretical Full Spectrum Program Design

Assumptions. As with any program design there are several external factors that must be considered. These include: facility space, staffing, staff training, program funding, public transportation, location/availability of community resources, and the demographics/typology of the homeless population to be served. This theoretical design will assume the existence of adequate facility space, staffing and training, and community resources to complement the program. It will also assume the target demographic/typology to be transitionally homeless with some representation from individuals that are episodically homeless. Funding will be assumed to come from a combination of a HUD supportive housing program grant, local government sources, program revenue, and private foundations/donations.

Full Spectrum Storyboard. Storyboarding is the first phase in program design. Figure 5 depicts an initial sketch of a full spectrum program design using the Transtheoretical model as a framework for moving people from homelessness to housing readiness. The design organizes services into the four functional sequence groupings; budgeting and spending, education and employment, networking (support network), and housing readiness. Services are delivered primarily through psycho educational groups. Each psycho educational group is depicted by a solid black line with the name of the group appearing above the line. Each functional sequence of services is encased with a dashed line indicating a porous design that allows people to move freely between areas and participate in multiple groups simultaneously.
Figure 5 — A Theoretical Full Spectrum Program Design Based on the Transtheoretical Model

<table>
<thead>
<tr>
<th>Precontemplation</th>
<th>Contemplation</th>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Building a Budget</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>What's a Budget?</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Budgeting &amp; Spending Skills Sequence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Living on a Budget</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>The Intentional Shopper</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education &amp; Employment Opportunity Sequence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Does Ed. Matter?</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Ed. Opportunities</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Employment Search Strategies</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Study Support Group</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Employment &amp; Career Planning</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Networking Sequence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Networking 101</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Community Group</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Building Strong Communication Skills</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Becoming a Mentor</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Housing Readiness Sequence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Housing Opportunities</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Housing Readiness Group</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Housing Search Strategies</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Housing Search Phase</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Residential Transitional Housing Phase</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Program Components. The intent of the design depicted in Figure 5 is to provide multiple engagement opportunities relative to the processes of change, which combine to span the stages of change. This initial theoretical design has 16 program components that combine to span the stages of change in four different functional areas. The use of multiple program components is intended to accommodate a nonlinear progression of change. Each functional sequence is composed of three to five psycho educational groups structured to engage people in different stages of change using methods that are congruent with multiple processes of change. Table 11 provides a brief description of each psycho education program component.

Each psycho educational group would attempt to have a participant composition representing the full span of the stages of change in an effort to create a culture of change and provide role models for new members. Groups would strive to incorporate the four characteristics recognized by the U.S. Department of Housing and Urban Development (1995) as foundational to successful programs; treating each person as unique and valued; respecting individual rights while requiring individual responsibility; availability of stable housing and the existence of a comprehensive set of assistance services; and the continuing challenge to each individual to be as independent as possible. Each group would also incorporate topic related stage appropriate interventions of varying intensity.

Table 12 shows the potential coverage the 16 psycho educational components could provide relative to the processes of change. The 16 components create the potential for redundancy in each of the processes of change in each sequencing group.
<table>
<thead>
<tr>
<th>Group</th>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budgeting Skills</td>
<td>What’s a Budget?</td>
<td>A short duration psycho educational group that introduces budgeting basics and explores feelings, values, and emotions surrounding money.</td>
</tr>
<tr>
<td>Budgeting Skills</td>
<td>Building a Budget</td>
<td>Provides basic knowledge and skills for constructing a complete household budget (utilities, clothing, food, etc.)</td>
</tr>
<tr>
<td>Budgeting Skills</td>
<td>Living on a Budget</td>
<td>Explores the realities and challenges of actually following a budget. Addresses financial/spending cravings, spending binges, and relapse prevention. This group will incorporate helping relationships.</td>
</tr>
<tr>
<td>Budgeting Skills</td>
<td>The Intentional Shopper</td>
<td>Weekly shopping group that travels into the community using helping relationships to learn comparative shopping skills.</td>
</tr>
<tr>
<td>Education</td>
<td>Does Ed. Matter?</td>
<td>A short duration psycho educational group that explores the concept of learning and the value of education.</td>
</tr>
<tr>
<td>Education</td>
<td>Ed. Opportunities</td>
<td>Provides information on educational and learning opportunities in the community along with testimonials from graduates of those opportunities.</td>
</tr>
<tr>
<td>Education</td>
<td>Employment Search Strategies</td>
<td>Provides guidance for developing and conducting personalized employment search strategies. The group will incorporate helping relationships.</td>
</tr>
<tr>
<td>Employment &amp; Career Planning</td>
<td>Study Support Group</td>
<td>Support group to provide information on basic study skills as well as practical support and encouragement. Will incorporate helping relationships.</td>
</tr>
<tr>
<td>Employment &amp; Career Planning</td>
<td>Employment &amp; Career Planning</td>
<td>Examines workplace culture and values and fosters a mindset of employment and career progression. This group will incorporate helping relationships.</td>
</tr>
<tr>
<td>Community Group</td>
<td>Community Group</td>
<td>Explores the concept and value of being a contributing member of a community and our need for a healthy support network.</td>
</tr>
<tr>
<td>Networking Sequence</td>
<td>Networking 101</td>
<td>Begins the actual building of one’s support network.</td>
</tr>
<tr>
<td>Networking Sequence</td>
<td>Building Strong Communication Skills</td>
<td>Examines the concept and value of strong communication skills along with teaching basic skills. Explores cultural differences within the local community and how to be an effective communicator in different settings.</td>
</tr>
<tr>
<td>Networking Sequence</td>
<td>Becoming a Mentor</td>
<td>Brings the participant full circle to begin giving back to their community. Examines the concepts and value of mentoring and the continual building and maintenance of their own support network.</td>
</tr>
<tr>
<td>Housing Readiness</td>
<td>Housing Opportunities</td>
<td>Introduces the idea of housing readiness and presents local housing opportunities and tours.</td>
</tr>
<tr>
<td>Housing Readiness</td>
<td>Housing Search Strategies</td>
<td>Provides guidance for developing and conducting housing search strategies congruent with financial resources. The group will incorporate helping relationships.</td>
</tr>
<tr>
<td>Housing Readiness</td>
<td>Housing Readiness Group</td>
<td>Explores the journey to housing readiness offering peer support and encouragement.</td>
</tr>
</tbody>
</table>

Note: All groups are peer based, psycho educational, and incorporate testimonials from prior participants.
Table 12 - Full Spectrum Program Design and the Process of Change

<table>
<thead>
<tr>
<th>Theoretical Program Components</th>
<th>Processes of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consciousness-Raising</td>
</tr>
<tr>
<td>What's a Budget?</td>
<td></td>
</tr>
<tr>
<td>Building a Budget</td>
<td></td>
</tr>
<tr>
<td>Living on a Budget</td>
<td></td>
</tr>
<tr>
<td>The Intentional Shopper</td>
<td></td>
</tr>
<tr>
<td>Does Ed. Matter?</td>
<td></td>
</tr>
<tr>
<td>Ed. Opportunities</td>
<td></td>
</tr>
<tr>
<td>Employment Search Strategies</td>
<td></td>
</tr>
<tr>
<td>Study Support Group</td>
<td></td>
</tr>
<tr>
<td>Employment &amp; Career Planning</td>
<td></td>
</tr>
<tr>
<td>Community Group</td>
<td></td>
</tr>
<tr>
<td>Networking 101</td>
<td></td>
</tr>
<tr>
<td>Building Strong Communication Skills</td>
<td></td>
</tr>
<tr>
<td>Becoming a Mentor</td>
<td></td>
</tr>
<tr>
<td>Housing Opportunities</td>
<td></td>
</tr>
<tr>
<td>Housing Search Strategies</td>
<td></td>
</tr>
<tr>
<td>Housing Readiness Group</td>
<td></td>
</tr>
</tbody>
</table>

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
A Culture of Change. The mere presence of the 16 program components outlined in this theoretical design will not insure successful outcomes. The culture of the environment depicted in the program design of Figure 5 needs to support and encourage the individual’s motivation for change. The early work of Prochaska and DiClemente that led to documenting the processes of change and the stages of change was based on an analysis of a population identified as self-changers (Prochaska, Norcross, & DiClemente, 1994). In essence they were studying a group of individuals that had moved through the natural process of change. Miller and Rollnick (2004), in their investigation of change, focused on understanding the motivation for change. They identified what they considered to be three critical components to motivation: readiness, willingness, and ability. Their work, Motivational Interviewing, is a construct for facilitating motivation for change in a natural or non-coerced context. Miller and Rollnick (2004) stress that motivational interviewing is not a technique, but rather a way of being with people. The motivational environment stresses collaboration, evocation, and autonomy. The basic principles include expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy.

These basic principles, or core values of change, need to be the foundation for all staff and client (community member) interaction. One way to foster the desired culture of change is to develop a staff training regime that draws on the elements and principles of Miller and Rollnick’s (2004) Motivational Interviewing. If done correctly, this should reduce the need to conduct placement assessments to determine a person’s stage of change at a particular moment in time. I believe it would also improve client self-determination and serve as a vehicle for empowerment.
CHAPTER SEVEN: Recommendations and Conclusions

Recommendations

I believe this initial exploration of how the Transtheoretical model could be used with homelessness provides a launching point for further discussion and additional descriptive research. The absence of programs in the literature that are using the Transtheoretical model with homeless populations does not mean they are not out there. An initial point of further research could be to identify other programs similar to the Kelly Hotel TLC and the Lamp Lodge and begin to collect more specific data on how the concepts of Transtheoretical model are incorporated into their program designs.

Conclusions

I've learned a lot about the process for individuals to move out of homelessness during my exploration of the Transtheoretical model. My initial question of why individuals with identical demographic backgrounds can engage the same set of services and end up with opposite outcomes has for the most part been answered. My exploration of Prochaska, Norcross, and DiClemente's book, Changing for Good, was a move in the right direction, but held only part of the answer. The answer lies in the interplay between the stages of change and the processes of change as presented by Prochaska, Norcross, and DiClemente (1994), and the individual's motivational stance as presented by Miller and Rollnick (2004). Change is a function of stage, process, and motivation.

As I approached this study I underestimated the role of the individual's level of motivation relative to their movement through the stages of change. Based upon Miller and Rollnick's (2004) work and Barrow and Rodriguez’s (2000) observations of the Kelly Hotel Transitional Living Community, I have concluded that building motivation for change within the client is an essential component for successfully applying the Transtheoretical model with homeless populations.
**The Theoretical Application.** The theoretical program model designed in this study is constructed from the lessons learned through the literature review. It incorporates the experiences of the Kelly Hotel TLC and the Lamp Lodge as well as foundational theories of Prochaska, Norcross, and DiClemente (1994) and Miller and Rollnick (2004). I fully acknowledge that the assumptions listed with the theoretical design are all rarely present in the real world. The theoretical program design is meant to be a launching point for discussion and not a simple answer to a complex problem. Designing something on paper is always easier than actually bringing it into physical existence. I do believe, however, that the theoretical design presented does demonstrate the potential efficacy of the Transtheoretical model for transitioning individuals out of homelessness who are not faced with substance use or significant mental health issues.

**Limitations.** The research limitations are substantial. The amount of research conducted on homelessness within the past 10 years is sparse and the complexity of homelessness makes quantitative research difficult. The high number of extraneous variables may preclude the ability of research to statistically prove the efficacy of the Transtheoretical model related to complex social phenomenon such as homelessness. The inability to provide a statistical proof of efficacy to what all parties admit to be an immensely complex social phenomenon should not, however, discount the application of the Transtheoretical model to homelessness. While the single example of the Kelly Hotel Transitional Living Community's use of the Transtheoretical model does not prove the overall efficacy of the model for transitioning individuals out of homelessness, I believe the experience and outcomes of the Kelly Hotel TLC shows great promise for future applications of the model.

**Outcomes.** I believe the potential positive outcomes of a Transtheoretical model based program are significant. Stage matched interventions were shown by Prochaska, Velicer, Prochaska, and Johnson (2004) to produce increases in abstinence outcomes up to 300 percent. Dino, Kamal, Horn, Kalsekar, and Fernandes (2004) demonstrated that 90 minute high
intensity interventions produced improved abstinence outcomes and forward stage movement. The theoretical program design in this study was constructed to include stage matched interventions of varying intensity with redundancy in the processes of change. The intent of the design was to then administer the program within an overall culture of motivation. It is my assessment, based upon the literature review and the theoretical program design, that the combination of these elements should have a high probability of producing positive outcomes relative to moving homeless individuals to housing readiness.

"Achievement lies within the reach of those who reach beyond themselves."

Author - Unknown
REFERENCES


Luborsky, L., Singer, B., & Luborsky, L. (1975). Comparative studies of psychotherapies: Is it true that everybody has won and all must have prizes? Archives of General Psychiatry, 32, 995-1008.


Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.


