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THE RELATIONSHIP BETWEEN SELF- DETERMINATION AND CLIENT OUTCOMES AMONG THE HOMELESS

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THE RELATIONSHIP BETWEEN SELF-DETERMINATION
AND CLIENT OUTCOMES AMONG THE HOMELESS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Samuel Michael Hanna

June 2015

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ABSTRACT

This paper has attempted to determine if there is a significant relationship between self-determination and client outcomes among the homeless. The study has been based upon the conceptual framework set forth in Self-Determination Theory. The purpose of the study was to explore the relationship between self-determination and client outcomes among the homeless. Using a data collection instrument, based on empirically validated instrumentation, clients from several homeless service providers in the City of San Bernardino were assessed for the level of self-determination and autonomy support they experience within these agencies. Outcome measures included such things as whether the client was going to school, had a job and had a bank account. Overall, the results of the study were inconclusive, though some interesting post hoc observations were made. It was the primary aim of this paper to increase the knowledge base of the local network of homeless service providers and to promote the compassionate, equitable, and dignified treatment of the population they serve.

ACKNOWLEDGEMENTS

God and His Son Jesus Christ made manifest through the Work of the Holy Spirit

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CHAPTER ONE

INTRODUCTION

Introduction

Homelessness is a social problem worthy of the social worker's consideration. At the heart of the problem lies the homeless individual's right to self-determine. Much of this study will be devoted to this very topic. Before this study can take place, a brief statement regarding the nature of the problem is in order. This will include some basic theoretical, practical and legal definitions of homelessness; the personal, legal, and market explanations for its existence; the effects that homelessness has on the individual, the family, the community, and society at large; and finally, a brief overview of its prevalence in American society. This will be followed by a section that addresses the purpose of the study, the topic of self-determination as it relates to homelessness, and the research methods and rationales guiding this project. Finally, the chapter will conclude with the significance of this project, covering, of course, its significance, the levels of intervention and the hypothesis of the current study.

Problem Statement

Definitions

Approaching the issue of homelessness from the value-conflict perspective, it can be seen defined as a social problem on two accounts. First, it is a social problem because it is a real condition in which individuals, families

and, sometimes, small communities are deprived of property, privacy, and security. Second, it is a social problem because this real condition constitutes a significant divergence from the social reality to which society at large imputes relative worth, utility and importance. In line with this second definition, Fuller and Myers, as cited by Danziger and Staller, use the value-conflict approach to characterize social problems as those conditions that are “defined by a considerable number of persons as a deviation from some social norm which they cherish” (2008, p. 86). Homelessness, is clearly one such condition. Beyond the definition of homelessness as a social problem, there are a number of concrete, legal and operational definitions that will add clarity to the concept of homelessness. These will be discussed next.

To define what it means to be homelessness, it would be reasonable to begin by defining what a home is. One author, Turner (2004), defines a home as a place where an individual or a group of individuals have privacy, feel secure, can keep their personal affects, and have the legal right to exclude other individuals from entrance; she adds that this place must also be permanent and with an address. It follows then, according to this definition, that to be homeless means to lack the privacy, security, safety and permanency of a legally recognized residence.

This rather broad definition of homelessness can be reinforced by yet another definition found in the McKinney-Vento Homeless Assistance Act of 1987. As cited by Doak, the Act officially defines someone who is homeless as

“An individual who lacks a fixed, regular and adequate nighttime residence,” or “An individual who has a primary nighttime residence that is” either a “supervised...shelter designed to provide temporary living accommodations,” an “institution that provides temporary residence for individuals intended to be institutionalized,” or a “public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings” (2012, pp. 10-11).

Other definitions for homelessness include children living in group homes, prostitutes living in motels, and the elderly living in nursing homes. The working definition, however, for this paper, will be those individuals who lack a fixed, adequate and regular place to live which is not temporary or transitional.

The Causes of Homelessness

Though there is no empirical proof that a single causal factor can solely account for the problem of homelessness. There have, however, been many ideas that have emerged over the past few centuries as to its manifold causes. One set of reasons that has endured for many centuries is that the homeless are culpable for their misfortune due to their own shiftless dissipation and general lawlessness (Turner, 2004). These reasons have a certain amount of validity, but they do not fully explain the phenomenon of homelessness. Turner (2004), also cites from a survey the sentiment that homelessness is caused by a lack of affordable housing.

Lack of shelter can be attributed to the brevity of federal constitutional law concerning this issue of affordable housing, and the stringencies of those who

interpret and adjudicate it. According to the *Encyclopedia of the American Constitution*, “The federal constitution does not expressly address the condition of homelessness, nor does it expressly create a right to housing” (2000, p.1301). If the constitution had expressly addressed an individual’s right to be housed, many laws would be in place to ensure that people had access to affordable housing.

Beyond attributing homelessness to personal flaw, market flaw, and constitutional flaw, as has been shown, there are a list of other challenges that prevent the homeless from acquiring and maintaining a residence. The San Bernardino County Homeless Coalition, as cited in San Bernardino County’s *Final 2005-2010 Consolidated Plan and 2006-2007 Action Plan*, found that nearly one third of those who were homeless cited being evicted or forced out of their residence as the primary cause of their homelessness; also indicated was domestic violence, substance abuse and illness as being among the other top reasons (2006).

The Effects of Homelessness

Homelessness, first and foremost affects the individual. In an obvious way, homeless individuals are either unable, due to personal incapacity or legislative ruling, to acquire, possess, and maintain a fixed, regular, and adequate residence where they can enjoy safety, privacy and security. Homelessness also affects families. Many of the homeless are members of families who are themselves homeless, too. Whole communities are similarly

affected by homelessness. In fact, recent news reports have discussed how whole homeless communities have grown up in response to the crash of the housing market. McKinley, as cited by Doak, states that “as a result of the foreclosure crisis...tent cities sprang up in major cities around the nation” (2012, p.12). It is clear from this statement that homelessness not only affects communities, it creates communities. Finally, homelessness affects society at large. Because they lack the trappings and necessities of a “civilized” life, the homeless are often unable to find and maintain gainful employment. The consequence is that the homeless end up living in a way that society designates as deviant. In return, society designates laws and stigmatic strictures to limit the expression and appearance of these deviations. In this way, homelessness affects society’s very structure.

The Prevalence of Homelessness

No matter how scrupulous the laws or stringent the measures, lawmakers’ efforts to control and conceal the existence of homelessness, in most cases, have done little to eliminate it. As reported by Sullivan (June 14, 2011,) in a press release issued by the Department of Housing and Urban Development, based on the most recent point-in-time snapshot count in January 2010, the total number of homeless individuals increased from 643,067 in 2009 to 649,879 in 2010, an increase of 1.1 percent. From the same data set, the number of homeless families tallied at 79,344, an increase of 1.1 percent; and the number of homeless individual’s in families tallied at 241,621, an increase of 1.5 percent.

According to the *2010 Homeless Annual Assessment Report to Congress* (2010), roughly 62 percent of those who were homeless during the point-in-time snapshot were in shelters or some type of transitional living arrangement; the other 38 percent were living on the streets or in locations not meant for human habitation. With these kind of results, it is clear that homelessness is indeed a social problem that needs to be addressed. And it is the purpose of this study is to do just that.

Purpose of the Study

Purpose

The purpose of this study consists of five components. First, it was to explore the concept of self-determination as it relates to human dignity, social work practice, and the homeless population. Second, it was to outline the central concepts of Self-Determination Theory, both as a conceptual framework that helps explain the social problem of homelessness, and as a system of principles that help guide practice when working with homelessness individuals. Third, it was to explore, through instrumentation of established validity and rigorous correlational design, the relationship between increased self-determination and improved client outcomes among the homeless population. Fourth, based on the results of the study, it was to offer recommendations for the refinement of homeless services as they are delivered by homeless service providers local to the City of San Bernardino. Fifth, it was to propose a quasi-experimental approach aimed at determining whether there is a causal relationship, not merely

an associative one, between increased self-determination and improved client outcome.

Overview of System Problems

Occasionally there is an agency that provides services to the homeless not because they actually meet the needs of the homeless, but because the services meet the needs of the funding sources that finance them. Federal, state, and local governments are often concerned more with keeping the homeless out of sight than they are with ameliorating their plight.

Programs have been created that give homeless individuals the option to get off the streets, but adequate care has not been given as to whether this option suffices as a reasonable choice. This is not to say that the homeless would rather live on the streets than in homes. But it is to say that their choice to remain on the streets is a conscious choice based on a cost benefit analysis; that is, the decision between sacrificing their dignity and right to self-determination for a place to stay. It is the assumption of this paper that an adequate and fixed shelter is such a fundamental requisite of civil society and human decency that no individual should have to sacrifice their dignity or right to self-determination to find it.

For every choice that an individual makes, there is an opportunity cost. This can be seen in the common conception that many substance abusing men and women chose to be homeless rather than to give up their addiction. The opportunity cost for maintaining their addiction, in this instance, is being

homeless. In other instances, there are those non-substance abusing men and women who chose to remain homeless, not because of intemperance, but simply because to choose otherwise would force them loose dignity and relinquish their right to self-determination.

Certain homeless service provision models hinder the homeless from taking advantage of the services they offer by virtue of the criteria they impose. These criteria, such as sobriety requirements, requirements to dress a certain way, requirements to attend various classes, and requirements to be subservient and docile strike at the very core of the homeless individual. These proscriptive regiments assuage one of the few things the homeless may have left: their dignity and their basic need to self-determine. Having nothing left, having lost their home, their family, their connection to the larger community, having little more than the clothes on their back, the system that offers admittance into a better life, requires only that they relinquish that greatest and most valued of all human possessions, free-will.

Is it any wonder why homeless men and women resist social services with greater frequency than any other population? What is seen as resistance, stubbornness, and a willful denial of assistance, what is seen as an unassailable hindrance to a system of care set up for their provision should not be seen as some insurmountable character defect or some obstacle to overcome in order to deliver services, but rather, it should be championed as one of their greatest

strengths, accommodated not excoriated, co-opted and incorporated into the intervention model.

Research Methods, Overview and Rationale

This study was correlational. The rationale for this was that until a significant relationship could be demonstrated to exist between increased self-determination and improved client outcomes among the homeless, no other experimental design was indicated. If the correlational study confirmed the hypothesis of this paper, then a quasi-experimental method for determining causality could be proposed. The correlational nature of this study examined the relationship between the dependent variable of client outcomes and the independent variable of self-determination. Client outcomes were measured using short a one-page survey, which was followed by two questionnaires that measured autonomy support, overall self-determination, autonomy, competence, and relatedness.

Significance of the Project for Social Work

Significance

It is the unique perspective of social work, indeed its very purpose, which distinguishes social workers from other professionals and imputes them with the vitality, capacity and relevance necessary to accomplish their great work in this society. The National Association of Social Workers (NASW) *Code of Ethics* has distilled these purposes and perspectives into the six undergirding values of the profession: “service, social justice, dignity and worth of the person, importance of

human relationships, integrity, and competence” (NASW, 2008). Furthermore, as it relates to self-determination, the driving ethical value and theoretical consideration of this paper, the principle of the dignity and worth of a person is described as follows:

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients’ socially responsible self-determination. Social workers seek to enhance clients’ capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients’ interests and the broader society’s interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession (NASW, Ethical Principles section, para. 4, 2008).

From this selection, it can be gathered that honoring the dignity and the worth of an individual is largely a function of respecting their right to choose, to self-determine. If this is true, then fundamental to the ethical and effective practice of social work is both understanding client self-determination, and the willingness and capacity to cultivate it. For this reason, this project is significant to social work.

It is the position of this paper that the social worker is not a social worker just because she uses the generalist intervention model or because she cares

deeply about vulnerable populations; she is not a social worker because she knows systems theories or even because she earns a MSW. A social worker is a social worker because she learns about systems theory, earns her MSW, uses the generalist intervention model, and helps vulnerable populations all in accordance with and in order to promote the values upon which the profession of social work is based. Therefore, it follows that any project that advances the values, ethics, or responsibilities of social work as a profession, reinforcing the ideals upon which it is based and furthering the mission for which it was constituted, is indeed, a significant project. This, also, is of great significance to social work.

Level of Intervention

This study addressed the topic of self-determination as it was related to client outcomes among the homeless population. It addressed this topic at all levels of intervention including engagement, assessment, planning, implementation, evaluation, termination, and follow-up.

Hypothesis

The hypothesis of this study was as follows: Increased self-determination is related to improved outcomes among clients in the homeless population.

CHAPTER TWO

LITERATURE REVIEW

Introduction

According to *The New Oxford American Dictionary* (2005), a theory is a “system of ideas intended to explain something,” particularly a system that is “based on general principles independent of the thing to be explained”, furthermore, a theory is a “set of principles on which the practice of an activity is based.” From this definition, it can be asserted that a theory is derived from general principles about a specific phenomena that is used to both explain that phenomena and provide a structure for acting upon that phenomena. As it relates to social work, theory provides both a systematic explanation for the existence of social problems, as well as an arrangement of principles that guide in the development of those interventions meant to address them. In order to provide a theoretical basis for this study, the general principles advanced by Self-Determination Theory (SDT) were used to add explanatory depth to the various causes of homelessness, to account for the success of current intervention models, and provide a set of principles that can be used to refine local practice. The following section will outline the central concepts of SDT and follow with a brief conceptualization of homelessness as it is seen through the conceptual lens of Self-Determination Theory.

Theory Guiding Conceptualization

Self-Determination Theory

Self-Determination Theory is a meta-theory that was first formulated by Deci and Ryan, Professors of Clinical and Social Sciences in Psychology, at the University of Rochester, New York. Spanning more than three decades, the theory has sought to explain the fundamental determinants of human motivation, providing a framework for fostering those social and contextual factors that are proposed to influence its development. The major components of this theory can be broken down into the following categories: intrinsic and extrinsic motivation, autonomous and controlled motivation; the basic human needs for autonomy, competence, and relatedness; and the social and contextual factors affecting human motivation.

Intrinsic and Extrinsic Motivation. Self-Determination Theory is concerned primarily with why people act the way they act, providing a way for people to act in ways that are more congruent with their own values and interests in the hopes that, by doing so, they will lead more productive, meaningful and fulfilling lives. The primary area of focus in SDT is motivation.

And when it comes to positive outcomes, it is not necessarily the amount of motivation that is important, but rather the type of motivation (Deci & Ryan, 2008a; Deci & Ryan, 2008b). There are three types of motivation: *intrinsic motivation*, which includes doing things because they are interesting and enjoyable; *amotivation*, which includes not doing things because they are not

valued or believed to be achievable; and *extrinsic motivation*, which involves doing things because they leads to some type of punishment or reward (Deci & Ryan, 2008b).

Furthermore, according to Deci et al., as cited by Garcia (1996, p.162), extrinsic motivation consists of “four types of extrinsic regulation” that “fall on a continuum defined by degree of integration and internalization.” In other words, the last type of motivation, extrinsic motivation, comprises four types of regulation, each of which is differentiated according to how well a particular regulation has becomes integrated or internalized into the individual’s psychology.

For instance *external regulation*, at one extreme, is comprised of external contingencies, threats of punishment or promises of reward. There is little or no integration of these contingency-based regulations into the individual’s internal sense of motivation. Moving one step away from the extreme, *introjected regulation* is comprised of those external contingencies that have been integrated into the individual’s internal sense of motivation. The threat or reward for behaving a certain way is no longer purely external; it now resides within the individual’s psychology as an introject. With this type of regulation, the individual feels compelled to act, but does not necessarily wish to do so. Moving even farther away from extrinsic regulation, *identified regulation* begins to take place when the locus of motivation has moved out of the external and even further into the individual. With this type of regulation the individual begins to identify with

the regulation and no longer feels compelled to act, but acts out of a sense of identification with the value upon which the regulation is based. Finally, at the opposite end of the spectrum is *integrated regulation*. This type of extrinsic motivation, most similar to intrinsic motivation, exists when the external regulation moves as far as it can into the individual; it moves from being something that the individual merely agrees with or finds consonant with their own set of values, and becomes a rearranging force within their psychology, moving from an impetus to act toward an integrated expression of who they are (Deci & Ryan, 2008b).

Autonomous and Controlled Motivation. In another article, Deci and Ryan subsume intrinsic motivation and the four types of extrinsic motivation under two headings: autonomous motivation and controlled motivation. *Autonomous motivation* consists of both, intrinsic motivation, and extrinsic motivation that is characterized by either integrated or identified regulation. *Controlled motivation*, on the other hand consists of extrinsic motivations characterized either by introjected regulations or external contingencies. Autonomous motivation gives people a sense that they are truly choosing what they do, and that what they do aligns both with who they are and who they want to be. Controlled motivation, unlike autonomous motivation, causes people to feel that they forced to act according to an external system of material or social contingencies, or an internal system of threat or reward of shame and pride (Deci & Ryan, 2008a).

Based on extensive empirical research and spanning a wide range of domains, autonomous motivation has consistently been shown to produce better psychological, social and behavioral outcomes than controlled motivation. It has been shown to lead to improved performance, persistence and maintenance of behaviors, and has led to better psychological health and healthier lifestyles (Deci & Ryan, 2008a). Furthermore autonomous motivation has been shown to promote better outcomes in the social contexts of education, employment, recreation, health and psychotherapy; as well as the personal domains of individual attitudes, creativity, and affect (Deci & Ryan, 2008b). Self-Determination Theory also asserts that autonomous motivation increases individual vitality, i.e., that empowering, exhilarating energy that enables people to engage and persist in autonomous behavior. Since research has found that autonomous motivation produces better outcomes than controlled motivation over a wide array of social contexts and individual domains, then the question remains as to how to facilitate autonomous motivation so that these outcomes can be achieved.

Autonomy, Competence, and Relatedness. At its most basic level, SDT proposes that autonomous motivation can be increased in an individual by meeting three basic human needs: the needs for autonomy, competence, and relatedness. To have autonomy, according to Deci and Ryan (2008b) means that one is able to act deliberately and intentionally according to their own resolution, while retaining the feeling that it is they who has made the choice. To

have competence, according to *The New Oxford American Dictionary*, means that one has the capacity or ability to do something with effectiveness and efficiency; while having relatedness, means that one has a sense of belonging or is connected to a larger group, family, or social context (2005).

The Social Context. Citing their own 2000 work, Deci and Ryan (2008b) state that it is the social context of the individual that either satisfies or thwarts the basic needs of autonomy, competency, and relatedness, with their satisfaction, ultimately, leading to increased motivational, behavioral, psychological and developmental outcomes. So, according to SDT, the causal chain is as follows: the social environment and the interpersonal context either facilitate or prevent need satisfaction; if so facilitated, the satisfaction of the needs for autonomy, competence, and relatedness leads to increased autonomous motivation; and, finally, autonomous motivation leads to greater outcomes in behavior, cognition, affect, and development.

Included among those mechanisms in the social environment that satisfy the individual's needs for autonomy, competence and relatedness are positive performance feedback, interpersonal climates, and autonomy support. *Positive performance feedback* increases intrinsic motivations due to the fact that it satisfies the individual's need for competence. It does this inasmuch that it transmits information to the target individual that communicates that they have the ability and capacity to perform tasks efficiently and effectively. When an individual feels competent in this way, there is an increased likelihood that the

behavioral regulations associated with the feedback will be internalized. The *interpersonal climate*, or the overall atmosphere of a social milieu, such as a work, school or home setting, can also affect intrinsic motivation. The interpersonal climate is supportive of intrinsic motivation inasmuch that interpersonal dynamics within the setting are supportive of choice rather than controlling. More so, having a sense of belonging or a feeling of connectedness to one of these groups increases the likelihood that the values of the group are internalized, leading to increased integration of shared regulations, higher autonomy, and ideally, intrinsic motivation. Finally, autonomy support leads to intrinsic motivation by increasing the level of autonomy that one feels as a result of making a choice. It often involves “one individual (often an authority figure) relating to target individuals by taking their perspective, encouraging initiation, supporting a sense of choice, and being responsive to their thoughts, questions, and initiatives” (Deci & Ryan, 2008b, p.18).

Applications Guided by Theory

Application

Having addressed the fundamental assertions of Self-Determination Theory; having assessed the causal chain that exists between social context, need satisfaction, type of motivation, and differential outcome, and theory driven as this paper is, the question might arise as to why so much attention be given to a single theory, and why not just stop here and get to the methods section. Deci and Ryan have answered this question succinctly, “Comprehensive theorizing,

when backed by a tradition of strong empirical testing, can actually lead to improvements in social practices and the betterment of individuals and the collectives in which they are embedded” (Deci & Ryan, 2008a, p. 184). So with that, a brief synthesis is in order of SDT as it applies to the social problem of homelessness

Autonomous Versus Controlled Motivation. As it was said earlier autonomous motivation, compared to controlled motivation, has the ability to produce better outcomes. Compared to controlled motivation, autonomous motivation contributes to increased psychological health, more effective performance, and persistence in the maintenance of changed behaviors (Deci & Ryan, 2008a). It is the position of this paper that interventions can be developed that are based on the principles of autonomous motivation and are congruent with the self-authored values of the homeless population. These interventions would be more effective than interventions based on principles of controlled motivations that operate under the less effective systems of contingency and introject. If these interventions were implemented, a greater number of homeless men, women, children, and families would find the enthusiasm an empowerment they needed to make the persistent, determined and self-authored decisions necessary to exit homelessness.

Universality of Three Basic Human Needs. Whether cultures are based on collectivist, traditional, individualist or equalitarian values, the satisfaction of the basic human needs for autonomy competence and relatedness appears to be

predictive of mental well-being (Deci & Ryan, 2008a). This is an important point when developing an intervention that works with the multicultural heterogeneousness of the homeless population, who differ, not only according to regular demographic characteristics, but also according to communal affiliation, as some live alone on the streets as individualists, others in encampments as collectivists, and still others embracing a wide spectrum in between.

Environmental Supports and Impediments. The human needs of competency, autonomy, and relatedness can either be satisfied or thwarted. Based on which ones are supported and which ones are thwarted, there will a differential effect in motivation and behavior, as well as affect and well-being (Deci & Ryan, 2008a). Furthermore, SDT asserts that it is the contextual environment, in the form of rewards, opportunities, evaluations, interpersonal transactions, and societal arrangements, that has the power to either thwart or satisfy these needs (Deci & Ryan, 2008a). In terms of the issue of homelessness, homeless people need to feel autonomous, competent, and related; they need to know that it is they who author their choices and it is they who have the capacity and the ability to effect change on their environment; they need to feel connected with other people and part of a larger social context. If their effort is obstructed or encumbered by their contextual environment; in the form of punitive program criteria, systemic stigmatization, and societal sanctions for creativity and resiliency; their needs for autonomy, competence and relatedness will go unmet. If these needs go unmet, they and the society in

which they are embedded will continue to feel the effect of the differential outcomes that result from their depleted vitality and thwarted motivation.

Aspirations. Another concept central to Self-Determination Theory is the idea of aspirations. Separate from autonomy, competence, and relatedness, which are considered the basic needs of the individual; aspirations are “learned desires” that are “acquired as a function of the degree to which the basic needs for competence, relatedness, and autonomy have been satisfied” (Deci & Ryan, 2008a, p. 183). When their needs have been satisfied, intrinsic goals manifest, such as “goals of affiliation, generativity and personal development” (Deci & Ryan, 2008a, p. 183). When these three needs have not been truly satisfied, extrinsic aspirations develop, such as getting money or getting high. So, when the question arises as to why some homeless people are “content” with their daily life of collecting enough aluminum cans to get a bag of chips and a bottle of beer, SDT might assert that their needs for competence, autonomy and relatedness, have been so often thwarted, that instead of having the aspirations of being contributors to their community or working on being better people every day, they have settled for the goal of making a few bucks a day, and getting by as best they can.

Vitality. One final concept, central to SDT, is that of vitality. Vitality is that energy, according to Deci and Ryan, that is “available to the self—that is, the energy that is exhilarating and empowering, that allows people to act more autonomously and persist more at important activities” (Deci & Ryan, 2008a, p.

184). According to SDT, controlled motivation depletes this type of energy; whereas, autonomous motivation rejuvenates it (Deci & Ryan, 2008a).

According to Vansteenkiste et al. (2010), controlled regulation is simply an activity that is either aimed at meeting external demands or internal pressures in order to avoid punishment or gain reward; whereas, autonomous regulation is an activity that is interesting, challenging, enjoyable, or commensurate with one's own values.

So, if an intervention is to be developed that adequately capitalizes on the extant and burgeoning, yet untapped, vitality of the homeless population, a concentrated effort should first be made to ensure that the intervention allows them to make choices that are self-authored, congruent with their values, consistent with their interests, and lead to a reasonable amount of enjoyment. Further, the intervention, should take a balanced approach in limiting programmatic controls, couched in terms of incentives, inducements, threats, penalties, and gratuities.

Summary

This chapter has treated the topic of theory. Theory was defined as both a “system of ideas intended to explain something” and a “set of principles on which the practice of an activity is based” (The New Oxford, 2005). Then, Self-Determination Theory was explicated in hopes that it might explain the social problem of homelessness and provide a set of principles with which to act upon the problem. Within this conversation, the topics of intrinsic and extrinsic

motivation were discussed; as were others, including autonomous and controlled motivation; the basic human needs for autonomy, competence, and relatedness; and the social and contextual factors affecting human motivation.

The discussion on Self-Determination Theory was then followed by a brief conversation regarding its potential application to the social problem of homelessness. In this section, various interventions, aimed at alleviating the problem of homelessness, were proposed. These propositions included working towards increasing autonomous motivation, acknowledging the universality of the three human needs of autonomy, competence and relatedness; increasing environmental supports while reducing contextual impediments; and fostering vitality and intrinsic aspirations.

The current study has been undertaken in order to determine whether or not these recommendations, and ones like them, are sound and practical. The following section outlines the steps that will be taken in order to arrive at this determination.

CHAPTER THREE

METHODS

Introduction

This chapter will discuss the specific methods of empirical inquiry used to test the proposed hypothesis that increased self-determination will be associated with improved client outcomes among the homeless population. Under discussion will be a brief description and rationale for the study design, sampling methodology, data collection, data collection instruments, data collection procedures, data analysis, and safeguards for the protection of human subjects. Some of the discussion will expand on those rationales and methodological considerations that have been conceptualized through the theoretical framework of Self-Determination Theory. The chapter will conclude with an extensive summary, naming the specific designs, instruments, and procedures that will be employed throughout the study.

Study Design

Design, Model and Hypothesis

Using a multiple-group design, the current study explored the relationship between self-determination and client outcomes among homeless individuals served by several homeless service providers, local to the City of San Bernardino. The purpose of the study was to either confirm or disconfirm the

following hypothesis: An increase in client self-determination will be associated with an improvement in client outcomes among the homeless population.

The design used to generate data in this analysis was based on the multi-group post-test only design. The targets of study were two local homeless service providers. These service providers were analyzed to determine if there was a significant correlation between the independent variable of self-determination and the dependent variable of client outcomes. This was done using both a with-group and among-group analysis.

Strengths and Limitations

The simplicity of this design lent itself a certain degree of practicability, but it did so at the expense of some validity. Because this design compared data among a small number of non-identical agencies, composed of non-identical personnel who serve non-identical clientele, the relationships that emerged could not necessarily be attributed to a single independent variable under investigation. Furthermore, because the selection of the agencies was nonrandom, observations about their nature could not be reasonably assumed to generalize to a larger population.

Despite these limitations, this study had at least two major strengths. First, because the study was multi-group, consisting of a more than one independent study on an individual agency, a certain degree of replication will take place. Based on these duplications, some initial and tentative generalizations could, in fact, be made. Second, if this study were to find a

robust relationship, even if it were purely correlational, it was hoped that it could provide an empirically based rationale for conducting a more rigorous experimental design, in which levels of self-determination could be reasonably manipulated in order to determine if a causal link, in fact, existed between self-determination and client outcomes among the homeless population.

Sampling

Population

In this study, the population under investigation was the complete universe of homeless service providers within the City of San Bernardino who provide direct services to the homeless population of the City of San Bernardino.

Because these agencies themselves are the unique elements under investigation, and cannot, in and of themselves produce information, data about these agencies was collected from a different sampling unit: the clientele which these providers served.

Sampling Methods

Because there are a relatively limited number of homeless services providers who provide direct services to homeless individuals in the City of San Bernardino, and because it is the size of the sample rather than the proportion of the sample that makes the sample representative (Grinnell & Unrau, 2011), the likelihood that probability sampling might produce generalizable results was significantly diminished. Since, therefore, the major benefit of probability sampling was made null by the limited size of the population to be sampled, the

sampling methods used in this study were nonprobability. In particular, the sample taken was defined as either an availability sample or a purposive sample.

The sample, in all likelihood, constituted an availability sample; inasmuch that, only a fraction of the sampling units were likely to avail themselves for this study. It follows therefore, that the sample was not drawn from the complete universe of homeless service providers, but only the sub-population which was available. Based on the definition provided by Grinnell and Unrau (2011), this sample also constituted a purposive sample; inasmuch that, it was composed of key informants who understand the subject matter, are prepared to contribute to the study, and hold opinions representative of the population under study.

Selection Criteria

Currently, it was estimated that anywhere between three to seven agencies were to be recruited for the study. In, fact, only two were used. Selection criteria for the agencies included agency availability, willingness to participate in the full range of assessments, access to past, current, and prospective homeless clientele, location within the city limits of San Bernardino, participation in the provision direct assistance to homeless individuals, and relative similarity among services provided and demographics served.

Data Collection and Instrumentation

Independent and Dependent Variables

The data that was collected fell into two categories: independent variables and dependent variables. The independent variables included client

demographics and the empirically derived measures of autonomy support, self-determination and its associated constructs of autonomy, competence, and relatedness. The dependent variables included nine separate outcomes: school attendance, employment, having a steady income, having a bank account, having legal paperwork, working on resolving any legal issues, receiving treatment for a health condition, receiving treatment for mental health, receiving treatment for substance abuse. All this data was collected using a three part survey: the first part, collecting demographics and dependent variables; the second part, collecting independent variables associated with autonomy support; and the third part, collecting independent variables associated with overall self-determination, autonomy, competence, and relatedness.

Most of the demographic information, with the exception of age, which was collected as interval level data, was collected as either nominal or ordinal level data. Data from the questionnaires on autonomy support and self-determination were collected as ordinal level data. In order to conduct some of the statistical tests, much of the data was later aggregated into interval level data or disaggregated into ordinal or nominal levels of measurement.

Data Collection Methods

Only one data collection method was used in this study: the survey research method, using the survey instrument as the data collection tool..

The Survey Instrument: Section One

Demographic Variables. In order to determine if there was a relationship between self-determination and client outcomes a survey instrument was developed and administered to 34 homeless men who were temporarily housed in the City of San Bernardino by two distinct homeless service providers. The surveys were administered, in persons, to clients in these two programs, with 19 surveys being completed by transitional housing clients and 15 by clients in an emergency shelter.

The survey was broken into three sections. The first section asked respondents for their basic demographic information. The responses to these questions were treated as independent variables. Though these variables had great descriptive and associative power, none were used in any of the various univariate or multivariate statistical analyses that follow. The five demographic variables that were collected included,

1. Program
2. Gender
3. Age
4. Veteran Status
5. Race or Ethnicity
6. Highest Level of Education Completed

Dependent Variables. In addition to asking about demographic information, the first section of the survey also asked nine questions about

certain outcomes associated with homelessness. These responses to these questions were treated as dependent variables in this study. These dependent variables are a small sample of the outcomes referred to in the research question: “Does self-determination effect client outcomes among the homeless?”

These nine questions are as follows:

1. Are you going to school?
2. Are you employed?
3. Do you have a steady income?
4. Do you have a bank account?
5. Do you have all your legal paperwork, including your California ID, Social Security Card, and Birth Certificate?
6. Are you working on resolving any legal issues?
7. Are you receiving treatment for a physical disability or chronic health condition?
8. Are you receiving treatment for any mental health issues?
9. Are you receiving treatment for a drug or alcohol problem?

It was expected that these outcomes would be tied, somehow, to the homeless clients’ reported level of self-determination. Specifically, it was expected that higher scores in self-determination would be related to increases in positive life outcomes, such as having a job, having money and having a bank account. In order to determine how the client scored in self-determination, the second and third sections of the survey employed two distinct questionnaires:

one, to measure autonomy support; the other, to measure overall self-determination. Both questionnaires are based on scientifically validated instruments, and both were built to measure different dimensions of self-determination. The next portion of this paper will explain the first of these questionnaires.

The Survey Instrument: Section Two

My Case Manager. Section two of the survey, which was entitled “My Case Manager,” consisted of 15 items that made various statements about the clients’ relationship with their case manager. This set of statements was meant, in particular, to measure a concept, related to self-determination, known as autonomy support. According to numerous studies, as quoted by Ryan and Deci (2008a, p. 188),

Autonomy support refers to the attitudes and practices of a person or a broader social context that facilitate the target individual’s self-organization and self-regulation of actions and experiences. Research within [Self-Determination Theory] has identified a number of specific components to autonomy support, including understanding and acknowledging individuals’ perspectives (Koestner, Ryan, Bernieri, & Holt, 1984), providing them with unconditional regard (Assor, Roth, & Deci, 2004), supporting choice (Moller, Deci, & Ryan, 2006; Reeve, Nix, & Hamm, 2003), minimizing pressure and control (Ryan, 1982), and

providing a meaningful rationale for any suggestions or requests Deci, Eghrari, Patrick, & Leone, 1994).

Autonomy support, when considering clients in transitional housing or emergency shelters, is generally promoted by case managers, or other authority figures who are in the clients' social context. They provide things such as empathy, regard, support, choices, and explanations for decisions. It was this characteristic of autonomy support, as experienced through the relationship between the client and case manager, that was measured in the second section of the survey "My Case Manager." This measurement allowed some determination to be made as to whether or not it was the clients' naturally self-determining characteristics that were responsible for their positive outcomes, or whether the outcomes were sustained through a second independent variable, namely the autonomy support provided by the case manager at the homeless agency.

The set of statements in this questionnaire was derived from "The Work Climate Questionnaire" (The Work Climate Questionnaire, n.d.), and consist of 15 statements that assess the homeless clients' perception of his case manager's level of empathy, regard, support, provision of choices, and explanations of decisions made.

The wording in this section was taken directly from "The Work Climate Questionnaire," and was left nearly intact except that the word "manager" was changed instead to "case manager." The rationale behind this decision was that,

by doing so, the highest level of reliability would be retained between the original questionnaire that the variation used in this study, and that being done by making the least number of changes to the original questionnaire, and of those changes, to ensure their impact on the fidelity of the original instrument was only minimal. The original reliability rating of the “Work Climate Questionnaire” was not located; however, some variations on the original are reported to have excellent reliability ratings, anything above .9, according to rating criteria set forth by George and Malroy (2003; as cited by Gliem & Gliem, 2003). According to Beard, Deci and Ryan (2004, p. 2056),

The [Work Climate Questionnaire] was adapted from two comparable questionnaires: one used to assess patients’ perceptions for the degree of autonomy support from their health care providers (Williams et al., 1996; Cronbach’s $\alpha = .92$), and the other to assess students’ perceptions of the degree of autonomy support from their college or medical-school instructors (Williams & Deci, 1996; $\alpha = .96$).

The authors go on to say (Beard, Deci & Ryan, 2004, p. 2056), “the only differences among the scales are the target person (manager, doctor, and instructor).” Such is the case with the current study. That is to say that the “My Case Manager” section of the survey, based on the “Work Climate Questionnaire”, differs from it only in its replacement of the word “manager” with “case manager,” and is, therefore, a reliable instrument, capable of accurately assessing the level of autonomy support experienced by homeless clients.

The 15 statements included in this section cover, from various angles, empathy, regard, support, provision of choices, and explanations given for decisions made, each of which, leads to a greater sense of autonomy, competence, and relatedness and overall levels of self-determination. The statements are as follows:

1. I feel that my case-manager provides me choices and options.
2. I feel understood by my case-manager.
3. I am able to be open with my case-manager during sessions.
4. My case-manager conveyed confidence in my ability to do well at my job.
5. I feel that my case-manager accepts me.
6. My case-manager made sure I really understood the goals of the program and what I need to do.
7. My case-manager encouraged me to ask questions.
8. I feel a lot of trust in my case-manager.
9. My case-manager answers my questions fully and carefully.
10. My case-manager listens to how I would like to do things.
11. My case-manager handles people's emotions very well.
12. I feel that my case-manager cares about me as a person.
13. I don't feel very good about the way my manager talks to me.
14. My case-manager tries to understand how I see things before suggesting a new way to do things.

15. I feel able to share my feelings with my case-manager.

Scores on these statements version are calculated by averaging the individual item scores. Each of these statements was scored by the participant on a five-point Likert-type scale with a score of 1 corresponding with a response of “strongly disagree,” a score of 3 with a “neutral” response, and a score of 5 corresponding with a response of “strongly agree.” The responses for scores of 2 and 4 were left blank for purposes of readability, as well as, admittedly, a bit of client self-determination. Scores on this 15-item questionnaire were calculated by reversing the score for item 13 and then averaging the scores for all 15 statements for each respondent. Higher average scores represented a higher level of perceived autonomy support; lower scores represented lower levels of perceived autonomy support.

The Survey Instrument: Section Three

My Duties. The third and final section of the survey instrument has the heading, “My Duties.” It consists of 21 items that posed as statements related to participants’ perceptions about their duties at the program, whether they have much of a say regarding them, how well they think they do these duties, how they relate to others in regards to performing these duties.

This set of 21 statements is intended to measure, specifically, the level of self-determination perceived and experienced by the homeless client. In addition to measuring overall self-determination, it measures three distinct sub-scales:

autonomy, competence, and relatedness, which, according to Self-Determination Theory, comprise overall self-determination.

According to the theory, the more one feels that he is making his own choices (autonomy), the more he feels that he is good at what he chooses (competence), and the more he feels a part of those among whom he makes his decisions and with whom he performs his duties (relatedness), the greater his overall sense of self-determination will be. This self-determination is manifest through increased autonomous motivation, and, should be expected, as proposed by this study, to be evidenced in quantifiable outcomes such as gainful employment, having a steady income, and maintaining a bank account.

There are a total of 21 statements in this questionnaire. As with the questionnaire before, the statements were derived, in whole, from a previously validated instrument. This instrument, the “Basic Need Satisfaction at Work Questionnaire,” itself a variation on the “Basic Psychological Needs Scale” (Basic Psychological Needs Scale, n.d.), assesses self-determination as a whole, and has, built into it, three subscales that measure autonomy, competence, and relatedness. The wording in the “My Duties Questionnaire”, unlike the wording in the “My Case Manager Questionnaire”, was changed with some consequence. To be clear, the ideas within each statement were left intact, but oftentimes, words such as “job” or “work” were regularly replaced with the word “duties.” Furthermore, certain sentences were rewritten to ensure that each statement was anchored to the individual “duties” each respondent was responsible for in

their respective programs. This rewording and rewriting, no doubt, affects the reliability of the instrument, which is unknown. The reliability of the instrument on which it is based, however, has been documented.

The reliability ratings for the “Basic Psychological Needs Scale,” on which the “My Duties Questionnaire” is based, vary from culture to culture and, overall, span a range of scores. Gliem and Gliem, (2003, p. 87) state that a Cronbach’s alpha of .8 is a good goal to aim for when rating the reliability of a Likert-Type-scale. George and Malroy (2003, p.231; as cited by Gliem & Gliem, 2003, p.87) state that any score over 0.9 is excellent, whereas anything over 0.8 is good, and everything over 0.7 is acceptable; furthermore, Geore and Malroy state that anything under 0.7 is questionable, under 0.6 is poor, and under 0.5 is unacceptable. According to Deci and colleagues:

The Cronbach’s alpha for the total need-satisfaction scale in [a] Bulgarian sample was .83 and in the American sample was .89. For competence, relatedness and autonomy subscales, the alphas in the Bulgarian data were .81, .57, and .62, respectively, and in the American data, were .73, .84, and .79, respectively. (2001, p. 934)

Using George and Malroy’s criteria, these numbers show that the “Basic Psychological Needs Scale,” overall, is fairly good, but is not without limitations. For instance, even though its overall self-determination scale has been found to have reliability ratings ranging from good to nearly excellent; its autonomy subscale, on the other hand, from questionable to almost, well, just about good.

For the competence subscale, reliability ratings range from acceptable to good, but from poor to good for the relatedness subscale.

All of this is to say that the “Basic Psychological Needs Scale,” upon which the “My Duties Questionnaire” is based, though a widely used instrument, is not necessarily a highly reliable one. Add to this, the rewording and reworking of sentences which occurred during the creation of the “My Duties Questionnaire”, the actual reliability of the data it collects becomes somewhat uncertain. This is not to say that this section of the survey does not accurately capture the respondents’ perceptions and experiences of autonomy, competence, relatedness, and overall self-determination; it is to say that care should be taken when examining its findings. These four concepts: autonomy, competence, relatedness, and overall self-determination, are captured by the “My Duties Questionnaire” and are measured by the following 21 statements:

1. I feel like I can give a lot of input when it comes to deciding how my job gets done.
2. I really like the people I do my duties with.
3. I do not feel very competent when I do my duties.
4. When I perform my duties, people tell me I am good at what I do.
5. I feel pressured when I perform my duties.
6. I get along with people when I am doing my duties.
7. I pretty much keep to myself when I am working.
8. I am free to express my ideas and opinions when working.

9. I consider the people I do my jobs with to be my friends.
10. I have been able to learn interesting new skills while I perform my duties.
11. When I am working, I have to do what I am told.
12. Most days I feel a sense of accomplishment from working.
13. My feelings are taken into consideration when it comes to program duties.
14. In doing my program duties, I do not get much of a chance to show how capable I am.
15. People that I do my duties with care about me.
16. There are not many people that I am close to when I do my duties.
17. I feel like I can pretty much be myself when I am doing my duties.
18. The people I do my job with do not seem to like me much.
19. When I am working I often do not feel very capable.
20. There is not much opportunity for me to decide for myself how to go about doing my duties.
21. People who I do my duties with are pretty friendly towards me.

Each of these statements was scored using a five-point Likert-type scale with a score of 1 corresponding with a response of “not at all true,” a score of 3 with a “somewhat true” response, and a score of 5 corresponding with a response of “very true.” The responses for 2 and 4, as before, were left blank.

Scores for all scales and subscales on this 21-item section were calculated, first, by reversing the scores for items 3, 5, 7, 11, 14, 16, 18, 19, and 20. The respondents' overall self-determination score was calculated by averaging the scores from all 21 statements. Autonomy scores were calculated by averaging the scores from statements 1, 5, 8, 11, 13, 17, and 20. For competence, scores from statements 3, 4, 10, 12, 14, and 19 were averaged. For relatedness, scores from statements 2, 6, 7, 9, 15, 16, and 18 were averaged. Higher average scores represent higher levels of self-determination, autonomy, competence or relatedness.

A Summary of the Survey Instrument

To summarize, this portion of the chapter described, in some detail, the survey instrument used in this study. The survey was comprised of three sections. The first section captured the respondents' basic demographic information and collected nine separate outcomes, which were used as dependent variables during the data analysis. The second section captured information about autonomy support. Autonomy support, for the purpose of this study, is the respondents' perception or experience that his case manager has empathy, positive regard, is supportive, and provides him choices, and explanations when there are no choices. Finally, the third section collected data on the respondents' overall self-determination, autonomy, competence, and relatedness, as it was experienced by the respondent in relation to his duties at his respective program.

Procedures

Researchers and Participants

For the sake of representativeness, the number of participating agencies in this study was hoped to be no less than three; and for the sake of feasibility, no greater than seven. Data for this study, however, was collected from two homeless service providers, only. All data collected in this study was collected by the primary researcher, and was collected from service providers local to the City of San Bernardino.

Time-Frame

The procedure for data collection coincides with the six steps of the generalist intervention model: engagement, assessment, planning, implementation, evaluation, termination, and follow-up. Pending approval from various authorizing agents, it was hoped that the engagement phase would last approximately four weeks; assessment, four weeks; planning, two weeks, implementation, twelve weeks; evaluation, four weeks; termination, four weeks; and follow-up, thirty-two weeks. The study was hoped to comprise a total of 62 weeks. Instead, due to unforeseen circumstances, the implementation took approximately 52 weeks, and the follow up will likely be reduced to four to six weeks, after the publication of this study. In total this study will likely take somewhere between 74 to 76 weeks.

Engagement

The procedures involved in the engagement phase included: developing a comprehensive list of homeless service providers local to the City of San Bernardino; identifying which of these providers offered direct assistance to homeless individuals; and, finally, contacting these providers to set up appointments for information sessions. Based on the agencies' initial responses, informal meetings were scheduled to provide detailed information about the study, answer questions, and assess the goodness of fit between the agency and study.

Assessment

The steps involved in the assessment phase of the project included determining agency characteristics, agency needs, agencies' capacity and willingness to participate; and in terms of time, staff, and resources, determining the agency's limitations in regards to providing access to clients, staff, and data.

Planning

The planning phase consisted of establishing selection criteria; selecting which agencies which would be recruited; determining which data collection methods best matched agency characteristics, limitations, capacity, and availability; and of these methods, determining which ones would be viable alternatives for the primary researcher; and finally, designing an implementation schedule for data collection.

Implementation

Implementation of the study was organized based on the needs of the agency and the requirements and limitations of the data collection techniques. The primary, if not sole, method of data collection was the survey instrument. Once the data were collected, they were analyzed in the evaluation phase.

Evaluation

The procedures involved in the evaluation phase of the project included: organizing and coding the surveys, entering the surveys into SPSS, aggregating and disaggregating data, recoding variables, reading numerous statistical publications, and finally conducting the data analyses themselves. The analysis consisted of running descriptives, univariate analyses, and multivariate analyses on the data. Some of the multivariate tests used in this analysis were the simple paired t-test assuming unequal variances, the chi-square test for independence, the Shapiro-Wilk test of normality, Pearson's correlation coefficient, Spearman's rho coefficient, Fisher's exact test, and Cramer's V. The evaluation process was concluded through incidental interpretive remarks made in the results section of this paper, and the consummative remarks made in the final chapter of the study.

Termination and Follow Up

Termination and follow up of this study will take place after the publication of this project. It will likely include, presentation of the final manuscripts to the two participating agencies, scheduling debriefings with agency staff and

administrators to discuss the findings of the study, and soliciting support for future projects.

Future projects that will likely be initiated and completed, including the following: disseminating general findings among homeless service providers local to the City of San Bernardino; presenting general findings at local homeless service provider collaboratives; designing and implementing participant observant studies aimed at extending the local knowledge base of the social problem of homelessness while facilitating discussion on unique solutions which honor the dignity and worth of those who are homeless; and finally, incorporating a non-profit corporation whose mission is alleviate the suffering of the homeless in the City of San Bernardino and its surrounding regions.

Protection of Human Subjects

Confidentiality

In an effort to protect the rights and dignity of those human subjects and agencies involved in this study a number of precautionary steps were taken. First, all data remained confidential. Hard copies of client and agency data were kept either on the person of the primary researcher, or under lock and key in a secured location.

Identifying information about individuals, agencies and staff were coded using a five to seven digit alphanumeric code. Information specific to individual agencies will be released only to these agencies and no other. Data reported in the final manuscript of the study included no identifying information of the

respondents, either client, staff or agency. Furthermore, data in the final manuscript were reported in such a way that client, staff, or agency identities could not be deduced, with certainty, by any specific program characteristics or personal demographics.

Informed Consent

Informed consent was also applied with an exceptional degree of rigor within this study. This is for two reasons. First, it is an ethical mandate of the social work profession, and in fact all social and behavioral sciences. Second, it embodies the propositions, and is grounded in the primary principles, of Self-Determination Theory. In addition to meeting the general requirements set forth by the Institutional Review Board of the School of California State University, San Bernardino, the process of informed consent, within this study, sought to promote autonomy, competency, and relatedness within the individuals and the agencies that made up this study. In doing so, this study did not only test the propositions set forth by SDT, it implemented them.

Debriefing and Documentation

At various points throughout the study, participants were briefed and debriefed as to the nature of the study. All documentation regarding confidentiality, informed consent, and other matters concerning the protection of human subjects were included in the appendices of the study. Upon completion of the study, all identifying information will be destroyed, both hard copy and electronic.

Data Analysis

The ultimate aim of data analysis within this study was to determine whether there was any support for the hypothesis that increased self-determination was associated with improved client outcomes among the homeless population. The study was a descriptive analysis of this relationship which included individual descriptives, univariate characteristics, and multivariate relationships.

Unless otherwise indicated, the study relied on nonparametric statistical testing. The type of test was ultimately determined by the level of measurement used to score the dependent and independent variables. As the level of measurement can be adjusted to fit the statistical test according to sample size, sample method, and desired power and robustness, no decision was made regarding which tests would be used until it was certain which data could be collected, and by which method it would be gathered. In the end, however, as it will be adequately addressed in the final chapter, this may not have been the best course of action.

Summary

This chapter has addressed the specific methods of empirical inquiry that were used to test the proposed hypothesis that increased self-determination is related to better client outcomes among the homeless population. Regarding its design, this study was an exploratory analysis that utilized a multiple-group post-test only design, based strictly on quantitative data. The sampling methods used

in this study were nonprobability. Selection criteria for the samples were based on individual characteristics of the homeless service providers, including the population they serve and the services provided. The independent variables in this study included client demographics and scores on scales that measured self-determination and its associated constructs. Dependent variables included multiple client outcomes. Data collection methods that were used to collect these data included surveys only. These surveys were based on instruments with established validity and reliability. When new instruments were created, measures were taken to ensure a similar amount of validity and reliability. The procedure by which the study design was implemented followed the six steps of the generalist intervention model: engagement, assessment, planning, implementation, evaluation, termination, and follow-up. The whole process, from start to finish, should take approximately 74-76 weeks. Throughout the study great strides were taken to ensure the protection of human subjects through the maintenance of confidentiality and provision of informed consent for clients, staff, and agencies that participated in this project. Finally, the data analysis provided the frequencies and univariate characteristics of the individual variables and provided a nonparametric assessment of the multivariate relationships among them.

CHAPTER FOUR

RESULTS

Presentation of the Findings

This chapter will describe, in great detail, the results of the study. It will begin with an extensive discussion of the univariate findings, their relative frequencies, and their significance, if any. Finally, a detailed analysis of the various bivariate relationships, among and between, the variables will be presented. This analysis will begin with brief explanation as to what was expected at the outset of the study and the rationale behind these expectations. It will be followed by the relationships that were actually found, and a brief explanation as to possible explanations for those relationships. The multivariate analysis will focus, primarily, on the relationship between the independent variables associated with self-determination, and a small grouping of client outcomes which have been assigned as dependent variables. Throughout these analyses, both of the univariate findings and the multivariate findings, the discussion will lead to, with some frequency, the relationship between a possible mediating variable: the particular homeless program at which the respondents' were domiciled, and the remaining independent variables and dependent variables.

Univariate Findings

Demographics

Program. The survey was administered to 34 ($N = 34$) homeless men from two individual homeless programs on two separate occasions. The first group, consisting of 15 men, came from a transition living program in the City of San Bernardino. This program had a mandatory sobriety requirement, numerous trained case managers, extremely low staff to client ratios, various mandatory programmatic elements, and guaranteed shelter for up to 18 months. The second group, made up of 19 men, came from an emergency shelter, also in the City of San Bernardino. This program had few requirements for admission, no mandatory activities, untrained case managers, high staff to client ratio, tentative programmatic opportunities, and a variable program length of 30, 60, or 90 days, which was contingent on performance. Based on these program characteristics, it was expected that respondents from both programs would exhibit significantly different degrees of self-determination and autonomy support, based solely on which program they participated in.

Gender. As can be expected, from a study of two programs for homeless men, the total population under investigation was 100% ($N = 34$) male.

Age. Age was recorded as a continuous variable. The average age of the respondent was 45 ($M = 45$, $SD = 12$). The youngest man was 19 years old, the oldest was 65, and two-thirds of the population was between 33 and 57 years of age. Broken into groups, there was one (3%) individual between the ages of 18

and 25, ten (29%) between the ages 26 and 35, three (9%) between the ages of 36 and 45, thirteen (38%) between the ages of 46 and 55, and seven (21%) between the ages of 56 and 65.

Education. The majority of homeless men, 20 (59%), had their high school diplomas. Five men (15%) had their GED, 3 (9%) had their associate's degree, and 1 (3%) declared "other." Other could have been a number of things: a certificate from a trade school or maybe a rehabilitation program, but it was not likely to be a bachelor's, master's or doctoral degree, as that option was listed among those provided. Three men (9%) answered that they had attained no degree of education, and 2 (6%) men did not answer the question.

Veteran Status. Out of the 34 men in both programs there were only two (6%) who declared they were veterans, one from each program.

Ethnicity. The overwhelming majority of homeless men in this study were white. There were 17 white males (50%), 13 nonwhite males (38%), and 4 missing responses (12%). Of course, the survey did not ask whether the participants were white or nonwhite, but in aggregate, this is how the data broke down. Taken case by case, however, there were 17 White males (50%), 7 Hispanic or Latino (21%), 4 American Indian (12%), 1 Black (3%), and four missing (12%). Interestingly, according the 2004 *U.S. Conference of Mayors Report*, as cited by the National Alliance to End Homelessness, "the homeless population was 49% African-American, 35% Caucasian, 13% Hispanic, 2% Native American, and 1% Asian" (2007, p. 3).

It is obvious that there is a noticeable discrepancy between the national average of black homeless individuals, and the average that was counted by the current study. Whereas this study supports the claim that blacks account for only 3% of the homeless population, a more comprehensive statistical study would claim that they account for 49% of the population. This discrepancy is large enough to call into question the true representativeness of this sample, and therefore, its generalizability to the wider homeless population.

One other observation about this question is in order. In regards to the response set provided for this question, the option “decline to state” was never included. Regrettably, it must be admitted, that when this survey was constructed, the decision was made to leave this option out, deliberately, in order to get better data. This is unfortunate, because it was not an oversight. It goes against the very nature of this study. The current study proposes that self-determination is positively associated with better outcomes, but instead of providing an opportunity to self-determine, the survey limited the respondents’ ability to choose.

Who knows how many respondents would have liked *not* to have responded, but did not feel they had the option *not* to do so. In the creation and administration of this data collection instrument, the choice to limit this option may have forced some individuals who did not want to respond, to respond.

There were, however, four individuals, who I greatly admire, who skipped this question. I believe that this could have been nothing other than an

expression of their self-determination, their resistance to a system that methodically dominates them for their own good, that wants to provide them choices at the expense of their dignity, that restrains them with a bewildering array of responsibilities but refuses them the authority to meet those responsibilities.

I believe, and it is exciting to contemplate, that it could have been the smoldering, burgeoning *élan vital* of these four men that compelled them to self-author their own response, a response that that *they* decided, a response that groaned upwards from their inner-man. It excites me to imagine that it was these four men who decided to manage that little 8"x11 1/2" piece of administrative oppression, rather than be managed by it. If it was they who would take the survey, it would be on their terms, and in the end, their terms would be the terms of the one administering the survey as well. And with that indelible ink, derived from their natural and unassailable disposition to do whatever it was they liked, they authored the fiat of their own free will upon the living articles of an environment that would otherwise, unintentionally, but nevertheless, systematically overpower them.

Dependent Variables

In addition to the six independent variables just described, there were nine others, dependent variables, that were captured and analyzed. These variables are a set of measurable client outcomes, things that a homeless program might want to see occur, increase, or be maintained in the lives of their clients. These

dependent variables are described as outcomes in the second half of the research question which states 1) Is self-determination related with 2) client outcomes among the homeless population. The dependent variables under investigation in this study are simple outcomes such as whether the respondents are going to school, have a job, have a steady income, have a bank account, have their legal paperwork together, are resolving legal issues, and receiving treatment for mental health issues, physical health conditions, or drug and alcohol related problems. The following section discusses the univariate findings associated with each of these nine dependent variables.

Going to School. Of the 34 participants in total, 13 (34%) were going to school, and 21 (66%) were not. However, when looking at differences between the groups from each program, there is a noticeable finding. Of those respondents who were part of the transitional living program, 12 (63%) were going to school, while 7 (37%) were not. Strikingly, those who were clients at the emergency shelter program 1 (7%) was going to school, where as the remaining 14 (93%) were not. This is quite a disparity in numbers, and it should be taken into consideration when evaluating the remainder of the findings from this study.

The reason this particular finding is important follows as such: If the majority of respondents who score high on the dependent variable of “going to school” also come from the same program, an independent variable, and also score high on the measures of self-determination, more independent variables, it becomes increasingly unclear as to whether it is the program which is associated

with increases in the outcome “going to school” or the scores on self-determination. In addition to being unclear as to whether the outcome “going to school” is directly related to participation in a particular program or specific self-determination scores, there is also the uncertainty associated with whether the relationship between the dependent variable and either one of the independent variables is mediated by that independent variable’s relationship to the other independent variable. In other words, would the outcome “going to school” be related to self-determination only inasmuch as self-determination affects the program, or only inasmuch as the program affects self-determination?

Employed. There were 11 (32%) participants out of the 34, who responded that they had a job. There were 23 (68%), however, who responded that they did not. Again, as with education, the findings were much the same when comparisons are made between the responses of participants from each program. Of those who were a part of the transitional living program, 10 (53%) were going to school, while 9 (47%) were not. Strikingly, those who were a part of the emergency shelter program 1 (7%) was going to school, where as the remaining 14 (93%) were not. The same issues which challenged the findings on the dependent variable “going to school;” that is, questions concerning confounding variables, mediating and moderating variables, also challenged the accurate interpretation of data derived from this dependent variable, “employed.”

Steady Income. Out of the 34 participants, 7 (21%) stated that did have a steady income, whereas the majority, 27 (79%), stated that they did not. An

interesting note to point out is that 11 (32%) of the participants stated that they were employed, but only 7 (21%) had steady income. Does this mean that though they were employed, the tenure of the employment was uncertain? Or does it mean that those who were receiving a steady income were not necessarily employed?

When formulating this question regarding “steady income,” some consideration might have been given to identifying what form their steady income took, and if it came from employment, what type of employment it was and how much of it they had. This means that the question on employment and income, which asks “Are you employed,” and “Do you have a steady income,” are not necessarily capturing the outcomes that they are intending to capture, which is whether or not the respondent has a steady job, or source of income, that brings in enough money so that they can move out of the program into their own place and maintain this situation for years to come. It is apparent from the relationship between these two questions “Are you employed,” and “Do you have a steady source of income,” that they do not, alone or together, capture the intended information, which will allow for accurate conclusions to be drawn from the data they collect.

Bank Account. This is actually a variable that shows up a lot in the bivariate analyses. But as it stands alone, 7 (21%) respondents had banks accounts, 25 (74%) did not, and 2 (6%) answers were missing. It is interesting to note that out of the 7 (21%) people who held bank accounts 3 (43%) declared

both employment and steady income, 2 (29%) declared neither employment nor steady income while the remaining two declared that they either 1 (14%) had steady income but no employment, or 1 (14%) they were employed but did not have steady income.

Paperwork. The question on paperwork asked respondents “Do you have all your legal paperwork, including your California ID, Social Security Card, and Birth Certificate?” Of the 34 respondents 28 (82%) responded yes, the remaining 6 (18%) responded no. This variable was considered as a positive outcome because it seemed to be a prerequisite toward getting a job, going to school, and finding a place to live, all of which move the client away from homelessness and towards stable housing.

Resolving Legal Issues. This variable is one of four that are actually taken from a pair of questions: the first, which acts as a screening question to determine if the respondent is experiencing a specific challenge; the second, which acts as a follow-up question to determine how the respondent is responding to that challenge, should it exist for him. For example, the current dependent variable “resolving legal issues” is composed of the screening question, “Do you have any legal issues, such as court cases, court fines or court orders,” which is followed up by the question, “If so, are you working on resolving them?” The first question screens; the second follows up. The end result, in theory, is a two-part question that captures whether or not the participant is working on resolving certain issues, in this case legal issues, that will prevent him

from finding and maintaining gainful employment and/or finding and maintaining stable housing. The second of the two questions is the only question that actually measures the outcome, and is therefore the only one used as a dependent variable in the analysis. Again, what is true of this two-part question process, used to collect data for this variable, is true for the remaining three of four.

As far as legal issues are concerned, 2 (6%) did not answer the screening questions, and 10 (34%) did not answer the follow-up question. Furthermore, of those who did respond, 19 (56%) participants stated that they had some legal issues, whereas 13 (38%) said they did not. Now, even though 19 (56%) said they had some legal issues, 20 (59%) said they were working on resolving them, 4 (12%) reported that they were not. There is quite a discrepancy between 19 (56%) respondents having an issue but 24 (71%) either working or not working on them

This might be easy to explain for some, but a bit contradictory for others. But the conclusion that is offered here is simply one of interpretation. Some respondents interpret the screening question and the follow-up question differently, some as individual questions and others as a sequenced pair. This same pattern shows up in the next three variables, and should be taken into consideration when assessing the true value of this set of four dependent variables. On to the remaining three.

Receiving Treatment for a Health Condition. As with the question about legal issues, there were 2 (6%) missing responses on the screening question and 10 (29%) missing responses on the follow-up question. Though the numbers were the same, these missing responses were given by different individual participants. Of the 34 respondents 9 (26%) stated that they had a physical disability or chronic health condition, and 23 (68%) said they did not. There were 8 (24%) respondents who were receiving treatment for their condition, though not every one of these 8 (24%) respondents came from the original 9 (26%) who stated that they had a health condition. Furthermore, there were 16 (47%) respondents who said they were not receiving treatment for their condition. This however, does not mean they had a health condition to begin with, and were not getting it treated; it may have simply been the respondents' assertion that they had no health condition to be treated. At this point, it becomes quite apparent that meticulous care must be given to question construction, if those questions are expected to capture accurate information

Receiving Treatment for Mental Health Issues. Out of the four, two-part questions, this question on "mental illness" had the highest response rate. There wasn't a single missing response: a telling rate of response that may speak to the stigma associated with mental illness. But first, the raw data: Of the 34 respondents, only 3 (9%) reported that they had a mental illness, whereas the remaining 31 (91%) maintained that they did not. According to the *2010 Annual Homeless Assessment Report to Congress*, 26% of the sheltered homeless

population experiences a serious mental illness, nationwide (U.S. Department of Housing and Urban Development, 2011). Though this figure reflects both adult males and adult females, 62% of the sheltered homeless population are, in fact men (U.S. Department of Housing and Urban Development, 2011). So without too much difficulty, it might be extrapolated, with some degree of certainty, that the 3 (9%) men in the current study who report having a mental illness, might significantly underrepresent the actual number of individuals in the study who do, in fact, experience mental illness.

This discrepancy might be spoke to by the fact that, compared to the other questions in the group, there was a 100% response rate on this question. It could be postulated that there is a significant amount of stigma associated with mental illness, and that to report it would be to open oneself up to the negative consequences of that stigma. Furthermore, whether one had a mental illness or not, a nonresponse might indicate, either correctly or incorrectly, that the unresponsive individual was possibly concealing a mental illness. Even the possibility of having a mental illness carries with it some amount of stigma. And even though this survey is confidential, who among the respondents, or anyone, really, can know for certain that the results of the surveys will be kept confidential. Regardless of the conclusion drawn, such a high response rate, paired with an atypical underreporting, brings to the foreground some interesting possibilities for interpretation.

Receiving Treatment for Drug or Alcohol Problem. Regarding substance abuse, 21 (62%) of respondents reported that they had a drug or alcohol problem; 12 (35%) said they did not. Only 1 (3%) respondent was missing from this question. As far as whether or not the respondents were receiving treatment for a drug or alcohol problem, 19 (56%) reported that they were receiving treatment; whereas, 5 (15%) reported that they were not.

Independent Variables

So far, this chapter has addressed the construction and organization of the three sections of survey instrument. Next it covered the univariate findings of the survey, starting with the program variable, the five demographic variables, and the nine the outcomes, assigned as dependent variables. Currently, still under the heading of univariate findings, it will describe five major independent variables, including autonomy support, overall self-determination, autonomy, competence and relatedness. The univariate analysis will conclude with an item-by-item analysis of the 36 questions that comprise the second and third sections of the survey.

To clarify, within the survey, there are two instruments that measure different aspects of self-determination: the “My Case Manager Questionnaire” and the “My Duties Questionnaire”. The “My Case Manager Questionnaire” is a 15-item instrument that provides a single score that measures autonomy support, an environmental factor that effects individual self-determination. The “My Duties Questionnaire”, on the other hand, is a 21-item instrument that provides four

interrelated scores: one that measures respondents' overall self-determination, and three subscale scores that measure three separate constructs, which are said to comprise the core of client self-determination: autonomy, competence, and relatedness. So, the two questionnaires, together, measure five major independent variables: "autonomy support," "overall self-determination," "autonomy," "competence," and "relatedness." These five independent variables are hypothesized, according to this study, to be positively related to the nine outcomes, designated as dependent variables.

Autonomy Support. As was stated, the "My Case Manager" section of the survey measures autonomy support, which is found in environments and relationships that respond empathically to the client and provide positive regard, consistent support, the opportunity to make choices, and explanations for decisions made that affect the client. The 15 statements in this section are used to assess respondents' experience of autonomy support and are scored on a five-point Likert-type-Scale. Low scores, with zero being the lowest, indicate that the respondent feels little support for his autonomy; high scores, with five being the highest, indicate that the respondent feel much support.

Though there were some missing responses to some of the individual statements in the "My Case Manager Questionnaire", Most of the 34 respondents was able to provide a relatively complete set of responses for this section of the questionnaire. Out of the 34 respondents, the lowest average score reported for autonomy support was 1.07; which, when scored as a percentile ranking, comes

to (21%). The highest score was 5.00 (100%). The mean score was 3.79 (76%), ($M = 3.79$, $SD = 1.08$), meaning that two-thirds of respondents experienced receiving autonomy support from their case managers and scored that experience anywhere between 2.71 (54%) and 4.87 (97%). Clearly, from these last two statistics it is clear that the data is significantly skewed to the left, $-.969$ ($SE = .403$, $p < .05$).

The significance of the skew, is determined by dividing the skewness statistic, $-.969$, by its standard error $.403$ and establishing whether or not its absolute value is greater than 1.96 . If it is greater than $[1.96]$ it is significantly skewed; if not, it is not significantly skewed (Kim, 2013). In this case, the absolute value ($-.969 / .403 = -2.40$), is greater than $[1.96]$ and therefore, the skew of the distribution can be said to be significant at $p < .05$. In different terms, these numbers simply mean that there are a significantly greater number of respondents who scored high in their experience of autonomy support than did those who gave low scores.

Overall Self-Determination. The “My Duties” portion of the survey measures overall self-determination, autonomy, competence, and relatedness. This section will focus on the scores for overall self-determination. The 21 statements used to assess respondents’ experience of self-determination were also scored on a five-point Likert-type-scale, with zero being the lowest score and five being the highest. The larger the score, the more overall self-determination that the respondent is considered to have, perceive, or experience.

As with the “My Case Manager Questionnaire”, there were some missing responses from of the total number of responses in, but relatively few. Out of the 34 respondents, the lowest average score reported was 2.62 (52%). The highest score was 4.90 (98%). The mean score for overall self-determination was 3.69 (74%), ($M = 3.69$, $SD = .59$), meaning that two-thirds of respondents scored experience of overall self-determination anywhere between 3.1 (62%) and 4.28 (86%).

It is clear from this data set, that the respondents’ experience of overall self-determination had much less variation than did their experience of autonomy support. The lows were much higher, and the highs were not nearly as high. Statistically speaking, the distribution of scores was slightly skewed to the right, but was not large enough to be counted statistically significant $.242$ ($SE = .403$, $p > .05$). Simply put, respondents’ scores on overall self-determination tended to cluster around a central range of scores, with scores falling outside that range tending to fall in fairly equal distribution to both the right and the left of the central tendency. Only a few more fell to the higher end of scores than to the lower end.

Autonomy. A subscale of the “My Duties Questionnaire” narrows the focus of the instrument to the construct of autonomy, or the experience that respondents have when they feel that they are the ones who are truly making the decisions that they make. Of the 21 statements used to assess respondents’ experience of self-determination, seven are used in the autonomy subscale. They are based on a five-point Likert-type-scale, with zero being the lowest score

and five being the highest. As with the other scales, the higher the score, the greater the sense of autonomy the respondent is likely to have.

Out of all the scores on autonomy, the lowest was 2.29 (46%), while the highest score was 4.71 (94%). The mean score was 3.52 (70%), ($M = 3.52$, $SD = .69$). This means that approximately two-thirds of respondents scored their feeling of autonomy anywhere between 2.83 (57%) and 4.21 (84%).

From these numbers alone, it might be deduced that respondents' feelings of autonomy are closely related to their overall sense of self-determination. However, because both the lowest and highest scores on the autonomy subscale were lower than the both the lowest and highest scores on the self-determination scale, it can be concluded on face value it alone, that something other than autonomy is contributing to the higher scores associated with the respondents' overall sense of self-determination.

The distribution of scores was slightly skewed to the right, if at all, $.132$ ($SE = .403$, $p > .05$). The distribution of scores had a slightly higher kurtosis than the previous scales $-.851$ ($SE = .788$), meaning that there were less responses on the tail ends of the curve than the others. The curve itself, graphically, approaches a bimodal distribution, with high numbers of responses in the middle and upper ranges of scores in the distribution.

Competence. The next subscale of the "My Duties Questionnaire" focuses on competence, or the respondent's sense or belief that they are able to do what they do well. Out of the 21 statements in the main questionnaire, six are

designed to assess the respondent's feeling of competence. The higher the score, the greater the sense of competence that the respondent is likely to feel.

The lowest score on the competency subscale was 2.50 (50%), while the highest score was 5.00 (100%). The mean score was 3.94 (79%), ($M = 3.94$, $SD = .67$). Two-thirds of respondents scored their feeling of autonomy somewhere between 3.27 (65%) and 4.61 (92%).

Comparing the subscale to the larger scale that it comes from, it is clear that its scores cover a wider range than do scores for overall self-determination, with lower lows and higher highs. Also, there is a higher average score among the competence scores, offset, however, by greater variation among overall scores. All of this is to say that it appears that competence scores, at least at face value, have a moderate relationship to the overall scores of self-determination.

The distribution of scores was slightly skewed to the left $-.275$, ($SE = .403$, $p > .05$). With a skewness statistic this low, and a standard error this high, the skewness of the distribution was far from statistically significant. Like the autonomy distribution, this distribution had fewer responses on the tail ends of the curve than it did in the middle. Also, as with the autonomy distribution, the competence distribution had visible bimodal characteristics, with a low number of responses in the middle of the distribution and a high number just to either side.

Relatedness. The final subscale of the self-determination scale focuses on relatedness, or the respondent's sense that his need to belong and feel connected to others (Ryan & Deci, 2000) is being met. This subscale is

composed of 8 of the 21 statements on the “My Duties Questionnaire”. Again, as with the other subscale, the higher the score, the more likely the respondent is to experience a greater sense of relatedness.

The lowest score on the relatedness subscale was 2.00 (40%), while the highest score was 5.00 (100%). The mean score was 3.64 (73%), ($M = 3.64$, $SD = .70$). Using the mean and the standard deviation, the computation can be made that two-thirds of respondents scored their feelings of relatedness somewhere between 2.94 (59%) and 4.34 (87%).

The distribution of scores was slightly skewed to the left, but nothing significant $-.150$ ($SE = .403$, $p > .05$). Compared to the other scales, the relatedness subscale has, by far, the largest range of responses. It has both the lowest scored response and ties for the highest scored response. Compared to the other scales, it has a relatively low average score, but numerically, in addition to the largest range, its average score is closest to the average score of the larger “My Duties Questionnaire” from which it is taken.

Individual Statements

The following section will conclude the univariate analysis by looking at the individual statements that make up the two main questionnaires embedded in the survey: the “My Case Manager Questionnaire” which measures autonomy support, and the “My Duties Questionnaire” which measures self-determination, autonomy, competence, and relatedness.

The analysis will begin by looking at those individual statements that make up the “My Case Manager” section of the survey. The analysis will begin by examining the average score for each statement, rather than the average score for each respondent. A simple two-sample t-test, assuming unequal variances, will be applied to the data to detect any significant results. But because the differences between the average scores for each statement are so close together, the simple two-sample t-test will be found unable to detect any significant differences.

The differences that will be sought after, in this case, are scores considerably higher or lower than the overall scores, as a whole. In order to establish this difference, a less rigorous course of analysis will be taken. Simply put, after determining the average scores for each statement, they will be ordered according to their percentile rank, with those ranking in the top 20 percentiles and those ranking in the bottom 20 percentiles being the subject of examination.

There will be two levels of analysis: an in-group analysis and a between-group analysis. The in-group analysis will determine the highest and lowest scoring statements among the 34 respondents of the group, as a whole. The between-group analysis will look at the highest and lowest scoring statements for each of two groups that make up this larger group, in particular, the 19 respondents from the transitional housing program and the 15 respondents from the emergency shelter program. The two separate analyses will also help clarify

what types of needs are specific to each group, and what type of supports each program uniquely provides its clients.

The individual statements, found in the “My Duties” portion of the survey, which measure self-determination, autonomy, competence and relatedness, will undergo the different process of analysis. As for now, the focus of this portion of the paper will be on the decile-ranking of the 15 individual statements found in the “Case Manager” section of the survey.

“My Case-Manager” Autonomy Support. The “My Case Manager” portion of the survey, which measured autonomy support, was composed of 15 statements, each of which having a five-point Likert-type-scale attached to it. In order to make the data more conceptually readable, the aggregate scores for each individual statement were averaged and multiplied by a factor of 0.2, so that the responses would be represented in terms of percentages. For example, if the average score for one of the aggregated statements was 4.5, then, by multiplying it by 0.2, the score would come out to 0.9 or 90%. Likewise, if on statement had an average score of 5, the highest possible score for these individual statements, multiplied by 0.2, the score would come out to be 1.0 or 100%.

For this portion of the analysis, the responses for the “My Case Manager Questionnaire” were aggregated statement-wise, rather than case-wise. This means that each of the 34 individual responses for each of the 15 statements on the questionnaire were totaled and then averaged. This provided an aggregate

score for each statement rather than for each respondent. With each of the 15 statements aggregated in such a fashion, it was found that the lowest averages score among them was 3.52 (70%); whereas, the highest average score was 4.15 (83%). The aggregated scores were then divided into deciles, with the top 20 percent designated as statements that received high scores and the bottom 20 percent as statements which received low scores. The lower cut-off for the top 20 was 4.01 (80%), and the upper cut-off the bottom 20 was 3.61 (72%), The average aggregate score for autonomy support being 3.80 (76%).

Among those statements from the “My Case Manager Questionnaire” that received the highest scores were: statement four, at 4.03 (81%), which states “My case-manager conveyed confidence in my ability to do well at my job;” statement five, also at 4.03 (81%), which states, “I feel that my case-manager accepts me;” and the statement that produced the highest score, statement number six, at 4.15 (83%), which states, “My case-manager made sure I really understood the goals of the program and what I need to do.” From these statements, it can be derived, that those aspects of autonomy support that were most often experienced by the respondents were positive regard, support or encouragement, and explanations received for decisions made.

Among those statements that received the lowest scores were: statement fifteen, at 3.61 (72%), which states, “I feel able to share my feelings with my case-manager;” statement eleven, at 3.53 (71%), which states, “My case-manager handles people's emotions very well,” and statement fourteen, the

lowest scored statement, at 3.52 (70%), which states, “My case-manager tries to understand how I see things before suggesting a new way to do things.” From these statements it can be deduced that the aspects of autonomy support that are least represented in these relationships are empathy, regard, and the provision of the opportunity to make choices.

Overall, it would seem that the two participating programs are very task oriented: telling people what to do and encouraging them to do it; whereas, on the processes side of things, they struggle: being emotionally unavailable, unstable, and not listening to what their clients have to say.

Following this analysis of the individual statements in the “My Case Manager Questionnaire”, the 34 ($N = 34$) respondents were split into two groups, based on the program from which they came, and an interesting relationship was found. Using the same criteria as above, with the cut off for the highest scoring statements being 4.01 (80%), and the bottom being 3.61 (72%), it was found that participants in the transitional housing group had eight statements that scored above 4.01 (80%) and only one which score below 3.57 (71%). Furthermore, it was found that participants in the emergency shelter had not a single high scoring statement above 4.01 (80%), but instead had seven statements in that scored below the 3.57 (71%) cut-off range.

Without going into much more detail of this between-group analysis, the transitional housing’s highest score, which actually falls well outside the range of the initial among-group statistics, came from statement six, 4.26 (85%), which

states that “My case-manager made sure I really understood the goals of the program and what I need to do,” while its lowest score was on statement one, 3.58 (72%), which reads “I feel that my case-manager provides me choices and options.”

The emergency shelter’s highest scoring statement was statement three, 4.00 (80%), which reads “I am able to be open with my case-manager during sessions,” four, “My case-manager conveyed confidence in my ability to do well at my job,” five “I feel that my case-manager accepts me,” and six, “My case-manager made sure I really understood the goals of the program and what I need to do.” Their lowest scoring statement, again, falling well outside the range of the initial among-group statistics was statement fourteen, at 3.22 (64%), which reads “My case-manager tries to understand how I see things before suggesting a new way to do things.”

Taken together as a whole, this between-group analysis and among-group analysis, appears to show that both groups are asking for one and the same thing: to be heard. They are both fully aware of their respective program’s needs, goals, and expectations. But each group also express their need to know that their program hears, listens to, and even defers to alternatives they propose, alternatives which honor their right to make their own choices and their desire to author their own lives.

“My Duties” Overall Self-Determination. Having analyzed some of the highest and lowest scoring statements in the “My Case Manager” section of the

survey, a brief analysis of the “My Duties” portion is in order. The “My Duties Questionnaire” measured respondents’ overall sense of self-determination, and three subscales: autonomy, competence, and relatedness. It was composed of 21 five-point Likert-type scale statements, with low scores indicating that the respondent didn’t feel the statement was true and high scores indicating that he felt it was true, or at least truer than the others.

The scores on the “My Duties Questionnaire” were aggregated for each statement rather than for each person, providing an average score for each of the 21 statements rather than an average score for each of the 34 respondents. Among the averages of the 21 statements, the lowest was 1.79 (36%); the highest was 4.32 (86%), and the mean was 3.69 (74%), ($M = 3.69$, $SD = .59$).

The responses to the “My Duties” statements form a noticeably different distribution than the responses from the previous “My Case Manager Questionnaire”. This will allow for a more precise statistical tool to be used when analyzing the highest and lowest scoring statements. Whereas the “My Case Manager Questionnaire” was divided into deciles and the highest and lowest score were taken from the top and bottom 20 percentiles, the highest and lowest scores in the “My Duties Questionnaire” will be determined using the simple two-sample t-test, assuming unequal variances.

In order to perform this technique, the mean score of each of the 21 individual statement was paired with the mean of means of these 21 statements in aggregate. From this pairing of the means with the mean of means, a two-

tailed significance value was determined for each of the pairs. A two-tailed significance value was chosen because it was hypothesized that there would be a difference in scores, but it was not known whether this differences would be positive or negative. The criteria for including an individual statement in the following discussion was whether the average score from the individual statement, whether low or high, differed significantly from the average score of the aggregated statements, at a significance value of $p < .05$.

Before continuing to the results, a brief explanation is in order regarding several reversed questions. In the list of findings that follows, certain statements are followed by the word “reversed” in parenthesis. Scores for each of these statements were recalculated in such a way that low scores were converted to equivalently opposite high score, and high scores were converted into their equivalently opposite low scores. This means that what appears to be a high score for the statement should actually be mentally reversed into a low score, and vice versa. The formula for reversing the score was simple: $(6 - \text{initial score} = \text{reversed score})$. This means, that a 5 would be a 1, $(6 - 5 = 1)$; a 3 would remain a 3, $(6 - 3 = 3)$; and a 1 would become a 5 $(6 - 1 = 5)$.

Alternatively, instead of performing mental calculations on each of the reversed scores, it might be easier to read the negative statements in the affirmative, and affirmative statements in the negative. So, if the statement reads “When I am working I often do *not* feel very capable,” let it be read as “When I

am working I often *do* feel very capable.” Then the numerical score will reflect the respondents’ view on the reversed statement.

When looking at the responses from both programs as a whole, individual statements, which were significantly different from the average of all statements, were as follows: The list begins with the highest scoring statement, statement nineteen (reversed): “When I am working I often do not feel very capable,” with a score of 4.33 (87%); ($M = 4.33$, $SD = 1.08$); $t(52) = -2.726$, $p < .01$; followed by statement twelve: “Most days I feel a sense of accomplishment from working,” with a score of 4.32 (86%); ($M = 4.32$, $SD = .91$); $t(53) = -3.001$, $p < .01$; then, six: “I get along with people when I am doing my duties,” with a score of 4.27 (85%); ($M = 4.27$, $SD = .99$); $t(53) = -2.585$, $p < .05$; four (reversed): “When I perform my duties, people tell me I am good at what I do,” with a score of 4.21 (84%); ($M = 4.21$, $SD = .95$); $t(53) = -2.585$, $p < .05$, twenty-one: “People who I do my duties with are pretty friendly towards me,” with a score of 4.18 (84%); ($M = 4.18$, $SD = .81$); $t(50) = -2.457$, $p < .05$; seventeen: “I feel like I can pretty much be myself when I am doing my duties,” with a score of 4.18 (84%); ($M = 4.18$, $SD = .92$); $t(52) = -2.295$, $p < .05$; and finally, eight: “I am free to express my ideas and opinions when working,” with a score of 4.18 (84%); ($M = 4.18$, $SD = .97$); $t(53) = -2.218$, $p < .05$. Those which ranked the lowest start with statement seven: “I pretty much keep to myself when I am working (reversed),” with a score of 2.47 (50%); ($M = 2.47$, $SD = 1.38$); $t(50) = 4.488$, $p < .001$; and end with the lowest scored statement, statement eleven: “When I am working, I have to do

what I am told (reversed),” with a score of 1.79 (36%); ($M = 1.79$, $SD = .95$); $t(53) = 8.933$, $p < .001$.

“My Duties” Autonomy, Competence, and Relatedness. This next section will cover the subscales of autonomy, competence, and relatedness, in the “My Duties Questionnaire”. Out of the average scores among the three subscales, scores on the competence subscale seems to have contributed the most to the average score of respondents’ overall feeling of. The competence subscale had an average score of 3.94 (79%), ($M = 3.94$, $sd = .67$); followed by the relatedness subset, with an average score of 3.67 (73%), ($M = 3.67$, $SD = .70$); and finishing with the autonomy subset, with an average score of 3.52 (70%), ($M = 3.52$, $SD = .69$).

The relatedness subset had the greatest range of scores, between 2.00 (40%) and 5.00 (100%). Furthermore, using the Shapiro-Wilk test for normality, with larger p values indicating greater degrees normality, it had the greatest degree of normality among the subscales ($S-W = .984$, $df = 34$, $p = .888$), having only a slight skew to the left $-.150$, ($SE = .403$, $p > .05$) and kurtosis far closer to zero $-.281$, ($SE = .788$) than any of the other subscales.

The remaining descriptive statistics for the other two subscales are as follows: Autonomy had a range of scores between 2.29 (46%) and 4.71 (94%), had, according to the Shapiro-Wilk test of normality, a significantly normal distribution ($S-W = .957$, $df = 34$, $p = .193$), with a minimal skew to the right $.132$ ($SE = .403$) and kurtosis of $(-.851$, $SE = .788)$. The competence subscale had a

range of 2.50 (50%) to 5.00 (100%), having significant normality ($S-W = .966$, $df = 34$, $p = .353$), a small skew to the left ($-.275$, $SE = .403$) and a kurtosis of ($-.556$, $SE = .788$).

With most of the major descriptive established, each of the three subscales will be analyzed to determine if there are any statements which received significantly higher or lower scores than the average for the subscale to which they belong. Again, as with the scores for overall, of which each of these subscales are components, the simple two-sample t-test, assuming unequal variances, will be used to determine which of the highest and lowest scores among the three subscales were statistically significant compared to the average score of the subscale from which they were drawn. The highest and the lowest scoring statement from each subscale will be presented. The results are as follows: The highest score among the autonomy subscale was number seventeen: "I feel like I can pretty much be myself when I am doing my duties," scored at 4.18 (84%); ($M = 4.18$, $SD = .92$); $t(10) = -1.915$, $p < .10$. The lowest score among the autonomy subscale was number eleven (reversed): "When I am working, I have to do what I am told," scored at 1.79 (36%); ($M = 1.79$, $SD = .95$); $t(10) = 4.991$, $p < .001$. The highest score among the competence subscale was number nineteen: "I feel like I can pretty much be myself when I am doing my duties," scored at 4.33 (87%); ($M = 4.33$, $SD = 1.08$); $t(17) = -1.420$, $p < .20$. The lowest score among the competence subscale was number ten: "When I am working, I have to do what I am told," scored at 3.20 (64%); ($M = 3.20$, $SD =$

1.47), $t(26) = 2.379, p < .05$. The highest score among the relatedness subscale was number six: "I feel like I can pretty much be myself when I am doing my duties," scored at 4.26 (85%); ($M = 4.26, SD = .99$); $t(18) = -2.264, p < .005$. The lowest score among the relatedness subscale was number seven: "When I am working, I have to do what I am told," scored at 2.47 (50%); ($M = 2.47, SD = 1.38$); $t(27) = 3.787, p < .001$.

The results from the univariate analysis of the "My Duties" section of the survey suggest, that overall, there was a considerable spread of scores from among the 21 statements. The average scores between overall self-determination, autonomy, competence, and relatedness, were fairly consistent among each other, but there were a few that stood out.

As far as the scores for overall self-determination were concerned, respondents, as a whole, felt very capable, had a sense of accomplishment, felt as if they got along well with others and that people were friendly. Also, they found that they often worked with others, had considerable freedom in what they did, could be themselves, and were free to express their opinions. They did not feel, however, as if people recognized it when they did a good job.

Broken down into subscales, respondents felt high in autonomy as they felt like they could be themselves, but felt low in autonomy as they did not feel as if they had choice in what they did. Regarding competence, respondents felt high competence in what they did, but did not feel as if they were learning anything new. When it came to relatedness, respondents really felt as if they got along

with the people they were working with and felt, to some degree, like they were a part of, rather than apart from, those they worked with.

Multivariate Data

This section will discuss the multivariate relationships that exist among the the numerous independent and dependent variables. It will focus primarily on the relationship between the independent variables: of “autonomy,” “self-determination,” “autonomy,” “competence,” and “relatedness;” and the nine dependent variables: “going to school,” “employed,” “steady income,” “bank account,” “legal paperwork,” “resolving legal issues,” “treatment for health condition,” “treatment for mental health,” and “treatment for substance abuse.” Some attention will also be given to the relationship between the extraneous, and somewhat hypothesized, mediating “program” variable.

The discussion will conclude with an analysis of the relationship between the average scores for each of the aggregated individual statements, treated as independent variables, and the nine dependent variables. Several tests will be used in this process, with varying degrees of success. Included among them are the chi-square test of independence and the Spearman rho correlation coefficient.

Chi-Square Test of Independence using Fisher’s Exact Test

The first multivariate test to be applied to the dataset was the chi-square test of independence. This is a statistical technique used to test “whether or not two variables are independent of each other” (Cronk, 2012, p. 98). In other

words, it is used to establish whether there is a dependent relationship among two variables in which a change in one is associated with a change in the other. Of course, it does not establish which variable is causing the change, whether that change is reciprocal, or whether that change is mediated or moderated by a third variable. It simply determines whether the two variables are associated, and using other tests such as the Cramer's V, how strongly.

The chi-square test was used to determine if there was any relationship between the independent and dependent variables under investigation in this study. There were are few problems with using this test, primarily due to the sample size. The analysis occurred as follows.

Autonomy Support and the Program Variable. The chi-square test was used to determine if there were any significant relationships between the level of autonomy support felt by the respondents and the programs at which they were domiciled. The responses for the "My Case Manager Questionnaire", each of which measured autonomy support, were initially recorded using a five-point Likert-type ordinal scale. But because the chi Square test of independence assumes that at least 20% of the expected counts be greater than five, most, if not all, of the data needed to recoded.

Because there was such a small sample size ($N = 34$), with such great variability, few, if any, of the chi-square tests were able to satisfied its main assumption, namely, that at least 20% of the expected counts be greater than

five. Therefore, the initial responses had to be recoded from five-point ordinal levels of measurement, to nominal, dichotomous levels of measurement.

Recoding the data in such a way increased the percentage of expected cell counts greater than 5, but dramatically decreased the variability of the responses. Still, even having made this data transformation, not one the 15 questions, which addressed autonomy support in the “My Case Manager” section, provided an expected count of 5 for any more than 20% of its cells.

The benefit, however, of changing the ordinal level data to binomial data, was that the Fisher’s exact test could be used to determine if there were any significant differences in autonomy support between the two programs.

Using Fisher’s exact test, therefore, only one relationship was found between the program variable and autonomy support. This relationship, however, was far from significant $\chi^2(1, N = 34) = 1.754, p = .185, \Phi_{\text{Cramer}} = .227, ns$, with a two-sided Fisher’s exact test of $p = .299$, but it was the most significant of all. It was related between the program variable and question number seven, which reads: “My case-manager encouraged me to ask questions.” Fisher’s exact test did not produce any significant findings with this data set. It was similarly unsuccessful in finding any significant relationships between the program variable and any of the 21 questions from the “My Duties Questionnaire”.

Self Determination and the Program Variable. As with the last analysis, the chi-square test was used to determine if there were any significant

relationships between the program variable and levels of self-determination, autonomy, competence, and relatedness as measured by the “My Duties Questionnaire”.

Each of the responses for the “My Duties Questionnaire” were initially recorded using a five-point Likert-type ordinal scale. And as with the previous set of questions, these scores were transformed from ordinal levels of data into nominal levels of data. And again, even with these transformations, no significant relationship was found between the type of program and the various aspects of self-determination measured by the questionnaire.

Chi-Square Tests of Independence using Cramer’s V

The following chi-square tests will establish nine significant relationships between the various dependent variables and the program variable, overall self-determination, competence, and relatedness. In addition to using the chi-square to establish association between these several variables, Cramer’s V, which measures the strength of that association (Changing Minds, 2015) will also be used.

Program. A significant relationship was found between the respondent’s program and whether or not they were going to school $\chi^2(1, N = 34) = 11.327, p = .001, \Phi_{\text{Cramer}} = .527$. In addition to being highly significant, ($p = .001$), Cramer’s V ($\Phi_{\text{Cramer}} = .527$) also shows quite a strong relationship between the two variables.

The assumptions for chi-square were violated when analyzing the relationship between the respondents program and whether or not he was employed, with 25% of the cells having a count less than 5. However, Fisher's exact, one-sided ($p = .005$) test reveals that there is quite a significant relationship between the two variables, while Cramer's V ($\Phi_{\text{Cramer}} = .488$), according to Botsch (2011), reveals that the relationship is also strong.

All Fisher's exact tests, from here on forward, are also one-sided. A significant relationship was found between the respondent's program and whether or not they had their legal paperwork, with Fisher's exact test at ($p = .046$) and Cramer's V showing a moderate relationship ($\Phi_{\text{Cramer}} = -.366$). A significant relationship was found between the respondent's program and whether or not they were receiving treatment for a physical health condition, with Fisher's exact test at ($p = .027$) and a strong relationship indicated by Cramer's V ($\Phi_{\text{Cramer}} = .473$). The program was also significantly related with whether or not the respondent was receiving treatment for a drug or alcohol problem. Fisher's exact text revealed a significance level of ($p < .001$), with a strong relationship, indicated by Cramer's V ($\Phi_{\text{Cramer}} = -.725$).

Self-Determination, Competence, and Relatedness. Among the program variables, there was a significant relationship between the program and the following five dependent variables: work, employment, having legal paperwork, receiving treatment for a physical health condition, and receiving treatment for a drug or alcohol problem. There were also a number of significant relationships

found among three of the independent variables associated with self-determination and three the dependent variables: bank account, receiving treatment for a physical health condition, and receiving treatment for drug or alcohol problem. The following list describes those findings:

Using Fisher's Exact test ($p = .027$), it was found that there was a significant relationship between overall self-determination and whether or not the respondent had a bank account. The relationship was also strong ($\Phi_{\text{Cramer}} = .412$). Again, using Fisher's exact test, and again, as the rest, one-sided, ($p = .047$), a significant relationship was found between overall self-determination and whether or not the respondent was receiving treatment for a physical health condition. This relationship was also strong ($\Phi_{\text{Cramer}} = .438$). The relationship between the respondents' feelings of competence was significantly related to whether or not the client was receiving treatment for physical condition, with a Fisher's exact test of ($p = .028$), and a high Cramer's V ($\Phi_{\text{Cramer}} = .478$). Finally, there was a significant relationship between respondents' feeling of relatedness and whether or not they were receiving treatment for Drug or alcohol problem. Fisher's exact test ($p = .030$) and Cramer's V ($\Phi_{\text{Cramer}} = .472$), establish that this is both a significant relationship and that the relationship is a strong one.

Summary

Using Fisher's exact test to determine whether the results were significant, and Cramer's V to determine whether those associations were strong, a few results emerged between the program variable and dependent variables as well

as the self-determination variables and the dependent variables. There were five associations between the program and the dependent variables. First, there was a significant relationship between the program that the respondent was in and whether or not they were going to school; second, whether or not he was employed; third, whether or not they had their legal paperwork; fourth, whether he was getting treatment for physical health; and fifth, whether or not he was getting substance abuse treatment. All of these relationships were strong ones except for the relationship between program and having paperwork, which was moderate

As far as the associations between the self-determination scores and the dependent variables are concerned, the following relationships were found.

There was a significant relationship between overall self-determination and both having a bank account and getting health care treatment. There was also a significant relationship between feelings of competence and getting health care treatment, as well as feelings of relatedness and getting substance abuse treatment. All of these significant relationships were strong.

From this data it is clear, that the program has a moderate to strong association with over half of the outcomes. Furthermore, it is clear that self-determination scores have a minimal impact on the outcomes. Out of a total of 36 possible relationships, only four were found; two of those were between the independent variable “overall self-determination,” and two were between the dependent variable of “receiving health care treatment.”

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will provide a brief summary of homelessness, including its definition, prevalence, and conceptualization as a social problem. It will discuss the purpose of the study, its significance to social work and the hypothesis that drove the study. Next it will briefly discuss Self-Determination Theory, the theory that was used to conceptualize and guide the creation of the survey instrument that was used to better understand the relationship between self-determination and outcomes.

Following this, the procedures used to develop and administer the survey instrument will be summarized. The overall findings of the study, in just a few words, will be provided next, followed, shortly thereafter, by a discussion on the limitations of the study and any recommendations for future social work practice, policy and research.

Homelessness

At the heart of this discussion was the homeless individual's right to self-determine, and whether that right, when acknowledged, respected, and nurtured, would lead to a better life, whether they determined to remain on the streets or live in a program, which would necessarily require them to relinquish some of those rights.

Although, anyone who does have a regular place to stay that is fixed in one place and is not part of a larger supervised institution can be considered homeless, this study focused on homeless men in the City of San Bernardino who were sheltered in various supervised programs or “institutions.” And though the causes are varied, ranging from domestic violence to drug abuse, from mental illness to general laziness and shiftlessness, the effects of homelessness are far reaching. It affects the individual, most visibly, as they have nowhere to sleep, and often have little money and little to eat, but it also affects the community, as communities are both created and disrupted when homeless people gather together in enclaves around sources of succor and sustenance in pockets throughout the community.

Prevalence

The beginning of this paper was written nearly three years ago, so the initial prevalence of homelessness has changed somewhat. So a new set of data, more current than the initial, will be provided for comparison.

Now, it is a reasonable assumption that much of the data we have on homelessness is incomplete or otherwise limited to a certain type of homelessness. While we might have large swaths of data on how many people use emergency shelters or live in federally funded transitional housing programs, (the subjects of this study) we often lack data when it comes to the number of people, for instance, who double-up in other people’s houses or live in different motel rooms from night to night. With this caveat in mind, a partially obstructed

view of the homelessness problem can be presented as it manifests at the national, state and local levels.

National. The most recent national statistics on homelessness, released in the *U.S. Department of Housing and Urban Development's 2011 Annual Homeless Assessment Report to Congress* (AHAR, 2012), states that there were 636,017 homeless people on a single given night in January 2011. Over the entire year of 2011, it was estimated that a total 1,502,196 individuals used either an emergency shelters or lived in transitional housing (AHAR, 2012). On a given January night in 2011, there were 399, 836 homeless individuals 236,181 homeless individuals in families. On a given night in 2010, 26 percent of homeless individuals living in shelters had a mental illness; on the same night, 35 percent of these individuals had substance abuse problems (SAMSHA, 2011).

Statewide. According to *The State of Homelessness in America 2013*, a report produced by the National Alliance to End Homelessness (NAEH, 2013), California had 130,898 homeless individuals in 2012. The AHAR reports that California had the largest share of homeless individuals, 21.4 percent, which more than doubles the next leading state of New York, which had 10 percent of the homeless population (2013).

Countywide. According to the *San Bernardino County 2013 Homeless Count and Subpopulation Survey: Preliminary Findings and Recommendations*, released by the San Bernardino County Office of Homeless Services (SBCOHS, 2013), there are 2,321 homeless individuals on any single night in the County of

San Bernardino. Of these, 1,247 were unsheltered, and 1,074 were sheltered. Of the sheltered, 518 people were in shelters or had motel vouchers, and 556 were in transitional housing. Of those 1,247 homeless people who were unsheltered, 22 percent, or 258, had a mental illness, while 24 percent, or 281, abused substances (SBCOHS, 2013).

Citywide. Out of 2,321 homeless individuals throughout the county, 908 (39 percent) resided in the City of San Bernardino (SBCOHS, 2013). This is somewhat disturbing, as the City of San Bernardino account for just 10 percent of the county's population but comprises nearly 40 percent of its homeless population. Out of the 497 unsheltered homeless in the City of San Bernardino, 24 percent, or 118, were mentally ill, while 26 percent, or 129 abused substances (SBCOHS, 2013).

So What?

These numbers reveal the scope and relative magnitude of the problem of homelessness in the City of San Bernardino, where the homeless men of this study resided, and where the two programs under comparison were situated. It is interesting to note that out of all the states in the union, California has the largest homeless population, more than double that of the next runner up, New York. Within California, the City of San Bernardino, which located in its poorest county, the County of San Bernardino, has a homeless population that is, proportionally, four times greater than that entire county. This fact alone answers

the question: So what? It warrants any investigation into the problem of homelessness in the City of San Bernardino.

Purpose of the Study

The purpose of the study, as has been stated many times, was to try and figure out if there was a relationship between self-determination and client outcomes among the homeless, and if there were to offer recommendations to homeless service providers on effective service provision practices that would benefit clients on an individual, relational and existential basis, leading to improved outcomes, greater success for clients and increased revenue for the programs. A win-win situation for all parties involved.

The Hypothesis

The hypothesis, originally, was that increased self-determination would *cause* improved client outcomes among the homeless population. It was quickly realized, that this cause-and-effect relationship could not be assessed using the correlational design that had been proposed as the primary method of data collection. The hypothesis was, therefore, slightly modified to read that self-determination was positively *related* to client outcomes among the homelessness. This could be proven using some simple statistical techniques.

Theory

In order to determine whether or not a relationship existed between self-determination and client outcomes, and whether or not that relationship could be capitalized on to help homeless clients make better decisions that lead to

meaningful and sustainable long-term outcomes, the concept of self-determination was explored in some detail. In particular, the concept of self-determination, as posited by Edward Deci and Richard Ryan (2008a, 2008b), in their heavily researched and rigorously validated theory, Self-Determination Theory, was investigated.

The theory explained some simple relationships between performance, well-being, health, and autonomous motivation. Essentially, they proposed that individuals would do better and feel better about doing what they did, if they would be allowed to make their own choices and do what they found to be naturally interesting, and intrinsically appealing. They said that there were three needs, that when met, would lead to these better choices and therefore better outcomes. These were the needs for autonomy, relatedness and competence. When these needs were met, clients were considered to be self-determined, engaging in autonomously motivated behaviors.

The more that people controlled their behaviors externally, however, the less they would feel autonomous, related, and competent, the worse they would feel and the less likely it would be that they would make decisions that would lead to the successful completion of these externally regulated goals. It could be said that, in the case of these clients, they would be engaged in systems that had low autonomy support.

Autonomy support is a condition in which an individual's context provides empathy, support, positive regard, choices, and explanations when choices

cannot be provided. When a client is in this type of environment, their needs for autonomy, competence and relatedness are better met, and they are, therefore, better able to self-determine their own behaviors. When this is true, they experience better performance, and feel better about what they are doing. This leads to better outcomes.

These concepts from Self-Determination Theory were used to inform the development of the survey instrument used in this study. In fact, two of the primary questionnaires used in the survey were derived exclusively from scientifically validated questionnaires developed by Self-Determination Theory theorists.

The Survey

The survey was constructed to capture any relationships that existed between client self-determination and client outcomes among the homeless population in the City of San Bernardino. It was composed to capture four dimensions of the client: basic demographic information, nine outcomes, such as whether they were employed or not, their level of self-determination, and the level of autonomy support they experienced. It was hoped that by collecting this information, certain relationships would emerge that would either confirm or disconfirm whether self-determination was impacting client outcomes, and whether the program was providing an environment that was supportive of self-determined behaviors.

The Results

Unfortunately, the results were rather inconclusive. Out of the correlational tests no discernable patterns emerged. The t-test simply showed which test scores were higher than others, with the highest indicating that clients felt capable at doing their jobs. This finding, however was paired with another finding that indicated that clients did not feel like they were learning any new skills in their duties. So, one finding showed that clients felt competent, but the other that they felt unchallenged. So, was it that clients were performing at capacity and succeeding, or were they just succeeding? This high score in competence, was further tempered by their lowest score, which indicated that clients felt that that they are told what they have to do. So even though the clients felt that they could do the job, they didn't feel like they had a choice in whether it was done. There were many inconclusive findings from the t-scores.

When the chi-square tests were conducted, most of the primary relationships between positive outcomes were found to exist between the program and the outcome rather than the outcome and any measure of self-determination or autonomy support. In fact, no connection existed between outcomes and autonomy support. And out of the 36 possible relationships for self-determination and outcomes, only four emerged. Three-out-of-four of these findings were related to receiving treatment for substance abuse or health conditions, which were not the main outcomes. The fourth relationship was between having a bank account and being self-determined. But because of the

particular tests, it could not be determined whether this relationship was positive or negative. Just as an aside, some Spearman rho correlations, not included in the main study, were also run, and many of the main associations that were found were in fact negative, in which increases in self-determination were associated with decreases in many of the outcomes. So overall, the results were either inconclusive, or tending to reject the hypothesis that self-determination was positively related to outcomes among the homeless.

Limitations

If there were any limitations in this study they were in the development of the data collection instrument. These initial errors reticulated through the remainder of the study, leading to scant and contradictory findings. Scant findings might come from the most rigorous of research designs, and, contradictory findings are not always a bad sign, but it is clear that, though great strides were made towards a proper design, this study was poorly conceptualized.

Having made some, admittedly, poor analytical decisions, in which a rich and meticulously assembled dataset, was aggregated into an amorphous mass of nominal yes/no statements, the thought of taking a different route of analysis did occur. After all, turning ordinal and interval level data in to nominal level is not necessarily the most rigorous way of doing statistics.

To get quality data, the researcher has to develop quality testing instruments. In order to do this, the researcher must know what type of data is being sought after and what type of statistical tests will produce that data. What eludes many novice researchers is that most tests have certain assumptions that cannot be violated. Usually, the assumptions are that the data collected must be normally distributed or, at the least, use a certain level of data: nominal, ordinal, interval, etc. Simply knowing this, the novice researcher can construct a quality testing instrument capable of collecting data at the appropriate levels. For instance, asking a respondent's exact age (interval) instead of whether they are between the ages of 30 and 40 (ordinal), or if they consider them self either young or old (nominal). If the question is asked, using the correct level of measurement, from the outset, then the proper tests can be run on the data, producing a robust statistical analysis. This is not what happened with the data collected in this study.

Recommendations

Practice

The recommendations that follow from this study are fairly straightforward. Even though the study failed to establish a strong association between increased self-determination and outcomes among homeless clients, the recommendation still follows that homeless service providers conceptualize the programmatic elements of their service delivery design to incorporate practices and procedures which use autonomy support to affirm self-determination, autonomy,

competence, relatedness in their clients. Not only should they *incorporate* these practices and procedures, they should *design* complete components of their programs based on these concepts.

Policy

This does not mean that everybody should be free to do what they want whenever they want. Rather, it means that clients should be provided choices, and in situations where they cannot make choices, they should be explanations as to why they cannot make those choices. It means that clients should be provided opportunities to belong and connect, not only to one another, but to the program, the purpose of the program, and those in positions authority in the program, especial in higher ranks. It means that clients should have jobs, activities, goals, and responsibilities that they coauthor, and which they are supported in doing. It means that they should have the opportunity to make decisions and experience the feeling that comes from both exercising that right and being responsible for that decision.

Research

The last recommendation is related to research. Much of it has already been discussed in the section on limitations. Much care should be taken in designing the research instrument. The answer being sought after, first and foremost, must be clear to the researcher. Without this, the proper tests, which will sufficiently answer that question, cannot be identified. After a test, or a number of tests, is chosen, the social work researcher must be sure that the

research instrument is asking questions according to the proper levels of measurement required by the statistical tests. If not, no matter how much data is collected, it will be of limited use. Finally, even though a sample number of 32 is acceptable for almost any statistical test, it must be remembered that this is the *lowest* number that should be used. It would benefit the social work researcher to take greater pains to gather a larger sample, as significant results tend to arise from variability, and variability tends to arise from larger samples.

APPENDIX A
INFORMED CONSENT

INFORMED CONSENT

CLIENTS

My name is Samuel Hanna. I am trying to find out if people are happier and more successful when people make their own choices.

I want to help programs support the choices their clients make so that they can be happier and more successful.

You can help answer these important questions and MAKE THIS PROGRAM A BETTER PLACE to be, for you and those who come after you.

IT SHOULD ONLY TAKE ABOUT 5-10 MINUTES.

There is very little risk involved. YOUR NAME WILL NEVER LEAVE MY LIPS. No one will ever know what we have talked about. All your responses will be kept under lock and key. You have my word.

If you are tired of talking or don't feel comfortable, YOU CAN WALK AWAY AT ANY TIME without causing any trouble or getting into trouble.

If you want to know your rights, or if you get hurt, or if you just want to know more about what I am doing YOU CAN CONTACT MY SUPERVISOR, Cory Dennis at (909) 537-3501 or cdennis@csusb.edu.

This research has been approved by the School of Social Work Subcommittee of the California State University, San Bernardino Institutional Review Board. If you want to find the results of this study, they will be found in the Library at Cal State San Bernardino, 5500 University Parkway, San Bernardino, California, 92404.

I have read the information above and I AGREE TO PARTICIPATE in your study.

Signature (Mark "X" here): _____ Date: _____

INFORMED CONSENT

STAFF

You have been invited to participate in this important study. This study is designed to investigate the positive effects of self-determination on client outcomes among the homeless. It is being conducted by Samuel M. Hanna, under the supervision of Professor Cory Dennis, Assistant Professor of Social Work, California State University, San Bernardino. It has been approved by the School of Social Work Subcommittee of the California State University, San Bernardino Institutional Review Board.

PURPOSE: There are three intentions of this study:

- (1) It is meant to explore the concept of self-determination as it relates to human dignity, the homeless population, and social work practice.
- (2) It is meant to explore the effects that increased self-determination has on client outcomes among the homeless population.
- (3) It is meant to it is to provide insight and recommendation for the refinement of current homeless service practices local to the City of San Bernardino.

DESCRIPTION AND DURATION: Respondents will be asked to answer a series of questions regarding homelessness, self-determination, and certain client outcomes. These questions will be divided into two categories:

- (1) For clients, they will be asked to fill out a brief survey, which should take no more than 5-10 minutes.
- (2) For staff, they will be asked to fill out a brief survey, which should take no more than 10-15 minutes, and will be asked to participated in a brief focused interview, which should take no more than 30-45 minutes

PARTICIPATION: Participants are encouraged to participate only insofar as the objective of this study is in line with their own values, interests, and motivations. In line with respecting each individual's right to self-determine, participation in this study is wholly voluntary. Respondents may withdraw from the study at any time or may refuse to participate altogether, with no penalty or loss of benefits to which they are entitled.

CONFIDENTIALITY: In an effort to protect the rights and dignity of those human subjects and agencies involved in this study a number of precautionary steps will be taken. First, all data will remain confidential. Hard copies of client and agency data will be kept either on the person of the primary researcher, or under lock and key in a secured location. Furthermore, data in the final manuscript will

be reported in such a way that client, staff, or agency identities cannot be deduced by specific program characteristics or personal demographics.

RISKS: Risks to the participant are minimal, though not entirely absent. The greatest risk may be the uneasy feelings that answering such questions might raise both in the clients and agency staff. This may be due to fear of reprisal or penalty. To help participants overcome these uneasy feelings, great efforts have been taken to ensure the confidentiality of everyone involved. All names and identifying information, of both staff, client, and agency, will be destroyed at the conclusion of the study.

BENEFITS: There are no foreseen immediate benefits to this study. However, there may be benefits that arise in the future. For example, whether or not a link is discovered between self-determination and client outcomes, the knowledge produced by this study may be used improve the services delivered by the participating agencies and thus improve the lives of both clients that receive those services and the personnel who deliver them.

CONTACT: Should you have any questions about this study, your rights, or should you experience any injury, either physical or psychological, you may contact my supervisor, Professor Cory Dennis, at (909) 537-3501, cdennis@csusb.edu.

RESULTS: After the research has been completed and the results have been disseminated for publishing, it will be housed in the Thesis Room, on the third floor of the Pfau Library, at California State University, San Bernardino, 5500 University Parkway, San Bernardino, California, 92404.

I have read the information above and agree to participate in your study.

Signature: (Mark "X" here) _____ Date: _____

APPENDIX B
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT:

A STUDY ON THE EFFECT OF SELF-DETERMINATION ON CLIENT OUTCOMES AMONG THE HOMELESS

The study you have just completed was designed to investigate the positive effects of increased self-determination on client outcomes among the homeless population. It was conducted by Samuel M. Hanna, under the supervision of Doctor Cory B. Dennis, Professor of Social Work, California State University, San Bernardino and was approved by the School of Social Work Subcommittee of the California State University, San Bernardino Institutional Review Board.

The primary independent variable under investigation was client self-determination. The dependent variables were multiple outcomes across numerous personal, financial and housing domains.

Your support in this valuable study is greatly appreciated, not only in terms of your time, resources, support and guidance, but most importantly, the insight you have offered into this important facet of human behavior.

If you would like to obtain a copy of this study, it will be located in the Thesis Room on the third floor of the Pfau Library, at California State University, San Bernardino, 5500 University Parkway, San Bernardino, California, 92404. It will be shelved under the heading "The Effect of Self-Determination on Client Outcomes among the Homeless" and will be available Fall 2015.

If you have any questions about the study please feel free to contact Samuel M. Hanna or Professor Cory B. Dennis, at (909) 537-3501 or cdennis@csusb.edu.

APPENDIX C
SURVEY AND PRELIMINARY INTERVIEW GUIDE

PRELIMINARY INTERVIEW GUIDE

Agency and Client Demographics

1. Can you tell me a little bit about the services you provide here at _____?
 - a. And what kinds of services do you dream about of one day providing
2. Can you tell me a little bit about the people you serve here at _____?
 - a. And what would you say their motivation is like?

Assessment of Goodness-of-Fit

3. From what I've told you so far, can you think of any ways your agency might benefit from the study?
4. What kinds of things would you need from me, personally, in order to feel comfortable participating in this study?
5. Is there anything about this study that conflicts with the mission of the agency or your values as a professional?
6. Given my total and unwavering professional commitment to the confidentiality of both clients and agencies, both by name and by identifying information, how comfortable would you be in allowing me to:
 - a. Administer questionnaires to staff?
 - b. Administer questionnaires to clients?
 - c. Interview staff?
 - d. Interview clients?
 - e. Using existing data to determine client outcomes?
 - f. Using existing data to determine client demographics?

Boundaries

7. Other than ethical boundaries, what types of individual boundaries, such as time limits on interviews, types of questions asked, and levels of interaction with clients, would you expect me to maintain as a guest in this agency?

Participatory Research

8. In the spirit of participatory research, can you tell me your thoughts on this study and how we can improve it together so that it not only satisfies my curiosity but actually provides a benefit to your agency and the community it serves?

Respondent Guided Questions

9. Do you have any questions or concerns about the study?
10. Is there anything essential piece of information that I should have asked that I didn't?

CLIENT SURVEY

CLIENT SURVEY

What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female
What is your age?	_____
Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your race or ethnicity?	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other
What is the highest level of education you have completed?	<input type="checkbox"/> None <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> G.E.D. <input type="checkbox"/> Master's Degree <input type="checkbox"/> High-School Diploma <input type="checkbox"/> Doctorate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Other
Are you going to school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a steady income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have all your legal paperwork, including your California ID, Social Security Card, and Birth Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any legal issues, such as court cases, court fines or court orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
If so, are you working on resolving them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat
Do you have a physical disability or chronic health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
If yes, are you receiving treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat
Do you have any mental health issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
If yes, are you receiving treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat
Do you have a drug or alcohol problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
If yes, are you receiving treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat

MY CASE-MANAGER

(15 questions)

This section will ask you questions about your most immediate supervisor. This may be your house-manager, case-manager or other supervisor. In this section we simply refer to them as a "case-manager." Please feel safe to answer honestly. Your answers will not be shared with ANYONE.

1. I feel that my case-manager provides me choices and options.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Strongly Disagree		Neutral		Strongly Agree

2. I feel understood by my case-manager.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Strongly Disagree		Neutral		Strongly Agree

3. I am able to be open with my case-manager during sessions.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Strongly Disagree		Neutral		Strongly Agree

4. My case-manager conveyed confidence in my ability to do well at my job.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Strongly Disagree		Neutral		Strongly Agree

5. I feel that my case-manager accepts me.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Strongly Disagree		Neutral		Strongly Agree

6. My case-manager made sure I really understood the goals of the program and what I need to do.

1 2 3 4 5

Strongly Disagree Neutral Strongly Agree

7. My case-manager encouraged me to ask questions.

1 2 3 4 5

Strongly Disagree Neutral Strongly Agree

8. I feel a lot of trust in my case-manager.

1 2 3 4 5

Strongly Disagree Neutral Strongly Agree

9. My case-manager answers my questions fully and carefully.

1 2 3 4 5

Strongly Disagree Neutral Strongly Agree

10. My case-manager listens to how I would like to do things.

1 2 3 4 5

Strongly Disagree Neutral Strongly Agree

11. My case-manager handles people's emotions very well.

1 2 3 4 5

Strongly Disagree Neutral Strongly Agree

12. I feel that my case-manager cares about me as a person.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Strongly Disagree		Neutral		Strongly Agree

13. I don't feel very good about the way my manager talks to me.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Strongly Disagree		Neutral		Strongly Agree

14. My case-manager tries to understand how I see things before suggesting a new way to do things.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Strongly Disagree		Neutral		Strongly Agree

15. I feel able to share my feelings with my case-manager.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Strongly Disagree		Neutral		Strongly Agree

MY DUTIES

(21 questions)

This section will ask you how you feel about your duties in your current program. Please feel safe to answer honestly. Your answers will not be shared with ANYONE.

1. I feel like I can give a lot of input when it comes to deciding how my job gets done.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Not At All True		Somewhat True		Very True

2. I really like the people I do my duties with.

1 2 3 4 5

Not At All True Somewhat True Very True

3. I do not feel very competent when I do my duties.

1 2 3 4 5

Not At All True Somewhat True Very True

4. When I perform my duties, people tell me I am good at what I do.

1 2 3 4 5

Not At All True Somewhat True Very True

5. I feel pressured when I perform my duties.

1 2 3 4 5

Not At All True Somewhat True Very True

6. I get along with people when I am doing my duties.

1 2 3 4 5

Not At All True Somewhat True Very True

7. I pretty much keep to myself when I am working.

1 2 3 4 5

Not At All True Somewhat True Very True

8. I am free to express my ideas and opinions when working.

1 2 3 4 5

Not At All True Somewhat True Very True

9. I consider the people I do my jobs with to be my friends.

1 2 3 4 5

Not At All True Somewhat True Very True

10. I have been able to learn interesting new skills while I perform my duties.

1 2 3 4 5

Not At All True Somewhat True Very True

11. When I am working, I have to do what I am told.

1 2 3 4 5

Not At All True Somewhat True Very True

12. Most days I feel a sense of accomplishment from working.

1 2 3 4 5

Not At All True Somewhat True Very True

13. My feelings are taken into consideration when it comes to program duties.

1 2 3 4 5

Not At All True Somewhat True Very True

14. In doing my program duties, I do not get much of a chance to show how capable I am.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Not At All True		Somewhat True		Very True

15. People that I do my duties with care about me.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Not At All True		Somewhat True		Very True

16. There are not many people that I am close to when I do my duties.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Not At All True		Somewhat True		Very True

17. I feel like I can pretty much be myself when I am doing my duties.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Not At All True		Somewhat True		Very True

18. The people I do my job with with do not seem to like me much.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Not At All True		Somewhat True		Very True

19. When I am working I often do not feel very capable.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Not At All True		Somewhat True		Very True

20. There is not much opportunity for me to decide for myself how to go about doing my duties.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Not At All True		Somewhat True		Very True

21. People who I do my duties with are pretty friendly towards me.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Not At All True		Somewhat True		Very True

Scoring the “My Case Manager Questionnaire”

To score the “My Case Manager Questionnaire”, simply reverse the score for statement 13, add the scores from all 15 questions, and average. The higher the score, the higher the autonomy support. To reverse the score for item 13 subtract it from the number 6. If the score is a 5, for example, it can be reversed by subtracting it from 6 ($6-5 = 1$); 1 is the reversed score of 5.

Based on: The Work Climate Questionnaire. (n.d.) *Self-Determination Theory: An approach to human motivation and personality*. Retrieved from <http://selfdeterminationtheory.org/questionnaires/10questionnaires/83>

Scoring the “My Duties Questionnaire”

There is a specific way to score the “My Duties Questionnaire”. Before anything can be scored, each of the statements that is followed by an (R) must be reversed. This can be done by subtracting the initial score from the number 6. If the score is a 5, for example, it can be reversed by subtracting it from 6 ($6-5 = 1$); 1 is the reversed score of 5. Once the appropriate scores are reversed, the overall self-determination score can be calculated by adding together all 21 scores and averaging them out. The higher the score the higher the overall self-determination. The same process can be used for the scores that make up each of the following subscales.

Autonomy: 1, 5(R), 8, 11(R), 13, 17, 20(R)

Competence: 3(R), 4, 10, 12, 14(R), 19(R)

Relatedness: 2, 6, 7(R), 9, 15, 16(R), 18(R), 21

Based on: Basic Psychological Needs Scale. (n.d.) *Self-Determination Theory:*

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