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Better to bend than to break: Coping strategies utilized by substance-abusing homeless youth

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Abstract

This study investigated the relationship between coping styles and problem behaviors among a sample of substance-abusing homeless youth. Homeless youth ($n = 268$) were recruited through the only drop-in center in Albuquerque, New Mexico. Results revealed that youth with higher task-oriented coping reported less delinquent behaviors while those with higher emotion-oriented coping reported higher levels of anxiety/depression and higher delinquency. Contrary to expectations, youth utilizing higher avoidance-oriented coping skills showed fewer HIV risk behaviors, fewer anxiety/depressive symptoms, and less frequent alcohol use. Findings emphasize the need to examine coping strategies in the context that individuals are situated.

Keywords

- *coping*
- *homeless youth*
- *problem behaviors*

HOMELESS youth experience high levels of stress due to their exposure to crime, violence, sexual victimization, and criminal involvement while on the streets (Fitzpatrick, Irwin, Lagory, & Ritchey, 2007; Kelly & Caputo, 2007). The strategies utilized by youth to cope with stress provide an indication of their emotional and psychological well-being (Rector & Roger, 1996). Among youth selected from the general population, research has examined the relationship between coping strategies and problem behaviors (Windle & Windle, 1996). However, little is known about the relationship between coping strategies and problem behaviors among homeless youth, particularly among those who use alcohol and/or illicit drugs. To address this gap in the literature, this paper investigated the relationship between substance-abusing homeless youths' coping strategies and their problem behaviors.

Homeless youth and problem behaviors

Homeless youth are at an increased risk for depression, delinquency, substance abuse, and HIV risk behavior (Kelly & Caputo, 2007). Flick and Röhnsch (2007) suggest that among these youth, some problem behaviors, such as alcohol and drug use, might be considered functional (e.g., to keep oneself warm). In fact, substance abuse is one of the most frequently cited problem behaviors among homeless youth. Research indicates that substance use is the norm rather than the exception as studies consistently report that 69–71% of youth report problem alcohol or drug use (Kipke, Montgomery, Simon, & Iverson, 1997). Substance-abusing homeless youth are at an increased risk of human immunodeficiency virus (HIV) infection because of the prevalence of intravenous (IV) drug use and risky sexual behaviors (e.g., survival sex). In addition, substance use among these youth is related to other problem behaviors such as depression, suicide, physical victimization, and illegal activities (McCarthy & Hagan, 1992).

Coping: Conceptualization and empirical work

Lazarus and Folkman (1984) defined coping as behavioral and cognitive responses to manage specific external and internal demands that exceed the resources of the person. The current study utilized a

three-dimensional coping strategies classification provided by Endler and Parker (1999): task-oriented, emotion-oriented, and avoidance-oriented coping. Task-oriented coping, also referred to as engagement coping, is defined as individuals' efforts aimed at solving the problem through planning or cognitive restructuring with the emphasis on the task. Emotion-oriented coping is defined as individual's efforts aimed at reducing stress through emotional responses, for example, blaming oneself. Avoidance-oriented coping refers to activities and cognitive strategies used to avoid stressful situations, for example, distracting oneself by doing other tasks. Both emotion- and avoidance-oriented coping draw attention away from the stressor and hence are also referred to as disengagement coping strategies.

The literature on coping styles consistently suggests that task-oriented coping is negatively associated with depression, alcohol and drug use behaviors (Windle & Windle, 1996), delinquency, and HIV risk behaviors (Stein & Nyamathi, 1999). Emotion-oriented coping has been associated with increased risk of depressive symptoms and poor physical health (Windle & Windle, 1996). Regarding the use of avoidance-oriented coping, the literature is inconsistent. Typically, avoidant coping strategies have been associated with negative outcomes such as higher anxiety/depression and increased use of alcohol (Billings & Moos, 1982). However, some research suggests that avoidant coping is related to fewer problem behaviors specifically under those circumstances when the stressors are perceived to be uncontrollable. For example, Gonzales, Tein, Sandier, and Friedman (2001) found that among inner-city adolescents, avoidant coping was associated with less depression and better grades at higher levels of stress. According to Duncan (1996), avoidant strategies serve as a buffer for children exposed to chronic stressors by enabling them to focus their attention on positive and pleasant events.

Homeless youth and coping strategies

Research conducted with homeless adults suggests that coping strategies may buffer substance use behaviors and emotional distress (Stein & Nyamathi, 1999). An examination of the relationship between coping strategies and problem behaviors among substance-abusing homeless youth can provide insights into which coping strategies should be the target of intervention efforts. According to Flick

(2007), if these intervention or prevention efforts target youth at an early age, they can have a long-lasting impact on the life trajectory of youth. However, no studies have examined all three types of coping strategies (task-oriented, emotion-oriented, and avoidance-oriented coping) among homeless youth, particularly among substance-abusing homeless youth. The studies that have focused on homeless youth generally utilized an engagement-disengagement model of coping which is a two-dimensional model that does not specify the type of disengagement coping youth use (Unger et al., 1998; Votta & Farrell, 2009). The examination of the three dimensions of coping strategies simultaneously is lacking among homeless youth. Given the risky problem behaviors of substance-abusing homeless youth and the paucity of research examining their coping strategies, more research is needed to identify the relationship between coping strategies and health-compromising behaviors among these youth.

Current study

Using a cross-sectional design, the current study examined the relationship between coping strategies and HIV risk behavior, anxiety/depression, delinquency, and alcohol and drug use among substance-abusing homeless youth. The coping strategies of interest included task-oriented, avoidance-oriented, and emotion-oriented coping. Overall, prior research suggests that emotion- and avoidance-oriented coping are linked to problematic behaviors whereas task-oriented coping is linked to less problematic behaviors. However, it is of note that among homeless youth task-oriented coping was not linked to anxiety/depression (Unger et al., 1998). Extrapolating from prior research, it was hypothesized that (1) greater use of task-oriented coping strategies would predict lower HIV risk behavior, delinquency, and alcohol and drug use; however, it would not predict depression; (2) greater use of emotion-oriented or avoidance-oriented coping strategies would predict higher depressive symptoms, HIV risk behavior, delinquency, and alcohol and drug use.

Methods

Participants

Participants were recruited as part of a larger randomized clinical trial, testing efficacy of a substance-abuse treatment intervention among homeless youth.

Baseline data from that trial were utilized for the current study. All youth ($N = 268$) were engaged through the only drop-in center in Albuquerque, New Mexico. Due to the eligibility criteria of the original study, participants (1) were between the ages of 14 to 22 years, (2) had been living in the area for at least three months with plans to remain for at least six months, (3) met McKinney-Vento Act (2002) definition of homelessness as 'lacking a fixed, regular, and adequate nighttime residence' and (4) met DSM-IV (American Psychiatric Association, 2000) criteria for alcohol or other psychoactive substance use disorder. The average age of the youth was 18.6 years old ($SD = 2.2$) and 63% ($N = 168$) were male (Table 1). Of the sample, 47% were White, 31.8% were Hispanic, 10.6% were Native American, 7.2% were mixed in ethnicity, and 3.4% were African American. Youth reported 59% days of drug use ($SD = 34.8$) and 18% days of alcohol use ($SD = 26.2$) in the prior 90 days (Table 1).

Measures

A demographic questionnaire was used to assess basic demographic information, including age, gender, ethnicity, education, income sources, school information, and legal history of youth. The Computerized Diagnostic Interview Schedule (CDISC; Shaffer, 1992) was used to determine formal eligibility in the current study. Specifically, sections on alcohol and other psychoactive substance use disorders were administered to the youth during the initial screening.

The Coping Inventory for Stressful Situations-Adolescent version (CISS-A; Endler & Parker, 1999) is a self-report measure of an individual's coping styles consisting of 48 items. The scale includes three factor-analytically derived subscales, referring to distinctive coping styles: task-oriented, emotion-oriented, and avoidance-oriented coping. Each subscale consists of 16 items rated from 1 (not at all) to 5 (very much) on a 5-point Likert-type scale. The avoidance-oriented coping scale further divides into two subscales: distraction (eight items) and social diversion (five items) to address specific avoidant strategies. Sample items include 'when I encounter a difficult, stressful, or upsetting situations, I focus on the problem and see how I can solve it,' 'I think about how I solved similar problems,' (task-oriented), 'I blame myself for putting things off,' 'I focus on my general inadequacies,' (emotion-oriented), and 'I try to be with other people,' 'I buy myself something' (avoidance-oriented). Higher total scores

Table 1. Characteristics of the sample (n = 268)

Variables	n (%)	Mean (SD)	Range
Gender			
Male	168 (63.6%)		
Female	96 (36.4%)		
Ethnicity			
White, non-Hispanic	124 (47%)		
Hispanic	84 (31.8%)		
Native American	28 (10.6%)		
Mixed/other	19 (7.2%)		
African American	9 (3.4%)		
Age		18.7 (2.2)	14–22
CISS Avoidance-oriented coping score		51.0 (12.3)	20–80
CISS Emotion-oriented coping score		46.9 (13.4)	16–80
CISS Task-oriented coping score		52.5 (13.8)	16–80
Total HRQ HIV risk behaviors		1.9 (1.3)	0–6
Form 90 Percent days of alcohol use [†]		18.1 (26.2)	0–100
Form 90 Percent days of drug use [†]		58.9 (34.8)	0–100
YSR Delinquency score		9.7 (3.9)	0–23
YSR Anxiety/depression score		9.4 (6.3)	0–28

[†] This variable was log-transformed before the path analysis.

on any of the coping subscales indicate a greater degree of coping activity for the individual on that dimension. The current study utilized all three subscales (task-oriented, emotion-oriented, and avoidance-oriented coping) and the subscales showed high reliability with Cronbach alphas .92, .88, and .83, respectively.

The Health Risk Questionnaire (HRQ) incorporates items from the Health Risk Survey (Kann, Nelson, Jones, & Kolbe, 1989) and the Homeless Youth Questionnaire (Johnson, Aschkenasy, Herbers, & Gillenwater, 1996) addressing youths' HIV attitudes, HIV knowledge, and sexual risk behaviors. Only the HIV risk behavior scale was utilized in the current study. The HIV risk behavior scale includes seven items, each tapping into HIV risk factors, such as lifetime intravenous drug use, having multiple sexual partners, high-risk sexual partners (including prostitutes, IV drug users, and persons who are HIV-positive), irregular condom use, anal sex, prostitution, and ever having had a STD. The Cronbach alpha of the scale for this study sample was .64, which is similar to the reliability coefficient of .61 reported by Johnson et al. (1996).

The Form 90 (Miller, 1996) is an interviewer-administered, semi-structured instrument designed to assess frequency of alcohol and drug use in the 90 days prior to the last day of substance use. The measure is a detailed reconstruction of substance use and has shown good reliability and validity in studies with shelter-residing adolescents (Slesnick &

Tonigan, 2004). One of the components of the Form 90 is the calendar which documents the quantity and frequency of the substance consumed as well as the actual dates on which substance use occurred over a specified time period (Sobell & Sobell, 1992). Following the standard scoring manual (Miller, 1996), the current study utilized the calendar data to provide scores for the percent days of alcohol and the percent days of drug use in the prior 90 days.

The Youth Self-Report (YSR; Achenbach & Edelbrock, 1982) is a 113-item rating scale designed to measure problem behaviors among youth. For the current study, the YSR anxious/depressed subscale and the delinquency subscale were used, with higher scores indicating higher levels of those behaviors. Reliability coefficients for the anxiety/depression subscale and the delinquency subscale were .88 and .64, respectively. These reliability coefficients parallel prior research showing coefficients ranging from .54 to .76 for the delinquency subscale and ranging from .77 to .90 for the anxiety/depression subscale (Steinhausen & Metzke, 1998).

Procedure

Potentially eligible youth were engaged through a drop-in center in Albuquerque, New Mexico. During the initial screening, youth were administered the CDISC (Shaffer, 1992) sections on drug and alcohol dependence. Those not meeting the eligibility criteria continued with treatment as usual through the drop-in center. Those meeting the eligibility criteria

Table 2. Pearson correlation coefficients of the dependent and independent variables in the model

Variables	1	2	3	4	5	6	7	8
1. CISS Avoidance-oriented coping	1	.34***	.52***	-.19**	-.05	-.02	.01	.04
2. CISS Emotion-oriented coping		1	.02	.002	-.01	.06	.18**	.59**
3. CISS Task-oriented coping			1	-.12	.03	.04	-.20**	-.14*
4. HRQ HIV risk behaviors				1	.13*	.03	.13*	.19**
5. Form 90 Percent days of alcohol use [†]					1	.15*	.09	.08
6. Form 90 Percent days of drug use [†]						1	.19**	.09
7. YSR Delinquency score							1	.32***
8. YSR Anxiety/depression score								1

[†] This variable was log-transformed before the path analysis.

* $p < .05$; ** $p < .01$; *** $p < .001$.

continued with the assessment battery. The assessment required approximately two hours to complete and was conducted in offices within the drop-in center. Participants received a care package at the completion of the assessment which included toiletries, a blanket, socks, underwear, and food items.

Overview of the data analysis

Preliminary analyses focused on descriptive statistics (frequencies, means, and standard deviations) to examine the characteristics of the sample. The distribution of youth’s alcohol and drug use were highly skewed and kurtoid, violating the assumption of normality. Therefore, these variables were log-transformed. In addition, intercorrelations among all independent variables (task-oriented, emotion-oriented, and avoidance-oriented coping) and dependent variables (HIV risk behavior, alcohol use, drug use, delinquency, and anxiety/depression) were estimated (Table 2). Inter-item correlations between the coping scales were run to test for potential suppression effects. SPSS version 17 (SPSS, 2008) was utilized for the analysis.

The main research objective was to explore the relationship between youth’s coping styles and their problem behaviors. Path analysis using the full maximum likelihood estimation in Amos version 7.0 (Arbuckle, 2006) was utilized to estimate the proposed model and test the relationships. Path analysis, also referred to as structural equation modeling with observed variables (Grimm & Yarnold, 2006), is an extension of the regression analysis where multiple regression equations are run to estimate parameters for each hypothesized path in the model simultaneously. This type of analysis is more powerful than a traditional statistical approach (running a series of regression equations separately) because it considers the covariance between regression equations, provides fit indices, and controls for disturbance in the dependent variables.

The analysis focused on testing the hypothesized model with three factor-analytically derived coping strategies as predictors. Although the majority of studies have utilized the three-factor model of coping strategies (Rafnsson, Smari, Windle, Mears, & Endler, 2006), some studies have also utilized the four-factor model with social diversion and distraction as separate avoidant coping strategies (e.g., Beasley, Thompson, & Davidson, 2003). Research suggests that either the three- or four-factor model can be used depending upon the purpose of the study (Rafnsson et al., 2006). In the current study, the three-factor model was preferred for the analysis because the goal of the study was to examine coping styles among the homeless youth, rather than specific avoidant coping strategies employed under stressful situations. Therefore the final model included youth’s task-oriented, emotion-oriented, and avoidance-oriented coping which were set to predict youth HIV risk behavior, alcohol and drug use, delinquency, and anxiety/depression (Figure 1).

Results

Preliminary analyses

Intercorrelations between continuous variables are presented in Table 2. Results showed that anxiety and depression were positively correlated with emotion-oriented coping ($r = .59, p < .01$) and negatively correlated with task-oriented coping ($r = -.14, p < .05$). Higher delinquency was associated with lower task-oriented coping ($r = -.20, p < .01$) and higher emotion-oriented coping ($r = .18, p < .01$). It is important to note that none of the dependent variables was correlated with avoidance-oriented coping. However, task-oriented,

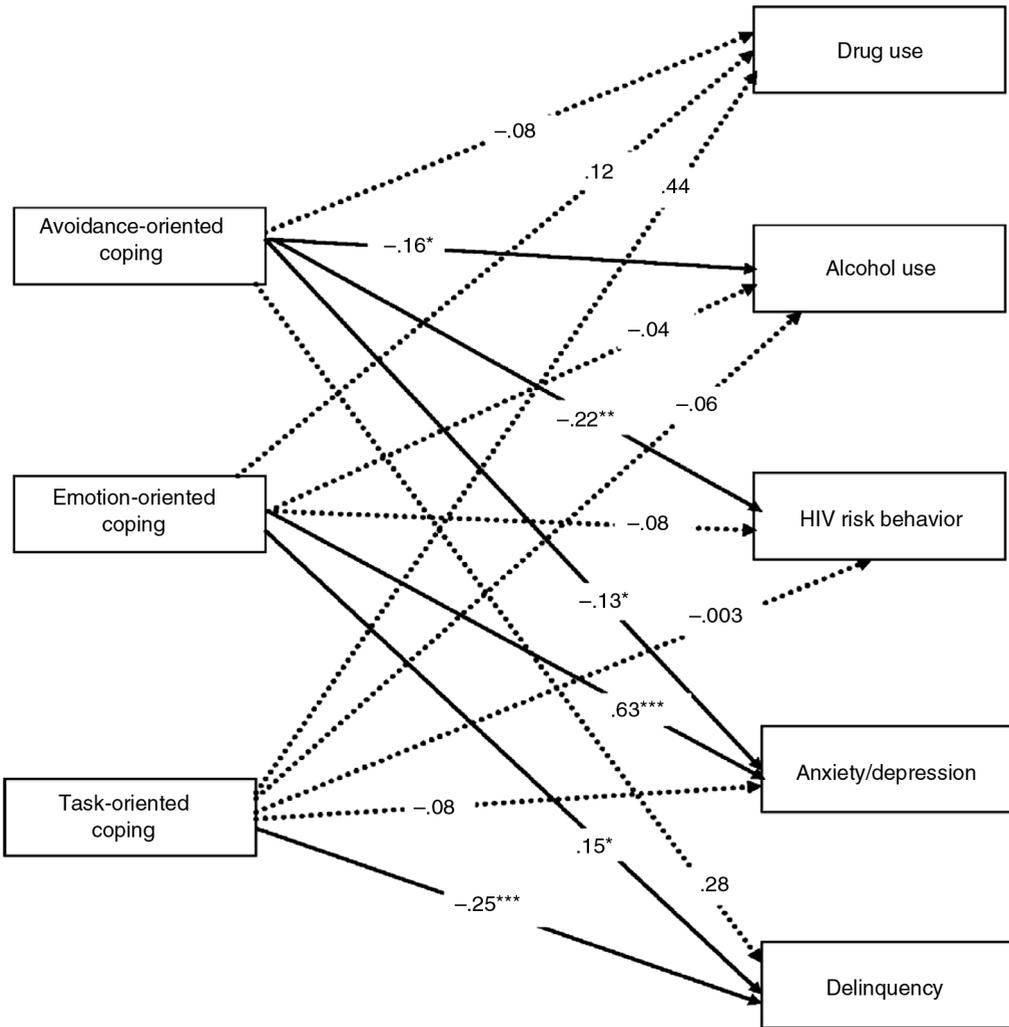


Figure 1. Results of maximum likelihood path analysis with standardized estimates.

$\chi^2(4) = 4.97; p = .29$

NFI = .98; CFI = .99; IFI = .99; RMSEA = .03

Note: Bold numbers and arrows indicate significant paths.

* $p < .05$; ** $p < .01$; *** $p < .001$.

emotion-oriented, and avoidance-oriented coping were highly correlated with each other. This relationship was further examined by running inter-item correlations between subscale items. It was found that 11 out of 16 items in the avoidance-oriented coping scale were highly correlated ($p < .001$) with all items in the task-oriented coping scale, showing an overlap between the two coping scales.¹ These significant preliminary findings

revealed that the more homeless youth utilize task-oriented coping, the more likely they are to use avoidance-oriented coping.

Path analysis: The relationship between youth's coping skills and emotional and behavioral problems.

The standardized estimates and significant paths are presented in Figure 1. The results revealed that

higher avoidance-oriented coping predicted lower levels of HIV risk behavior ($\beta = -.22, p < .01$), fewer anxiety/depressive symptoms ($\beta = -.13, p < .05$), and less frequent alcohol use ($\beta = -.16, p < .05$). This finding suggests that distracting oneself from stressful situations (via social interactions or engaging in other tasks) is associated with a decrease in sexual risk-taking, internalizing problems, and alcohol use. However, the relationship between avoidance-oriented coping and problem behaviors should be interpreted cautiously. Since avoidance-oriented coping was not correlated with the outcome measures, these significant findings may be inflated due to statistical suppression effects. Yet, path analysis accounted for the measurement error and potential multicollinearity problems and reveals reliable estimates of relationships between variables.

Utilization of emotion-oriented coping skills predicted higher anxiety/depression ($\beta = .63, p < .001$), and higher delinquency ($\beta = .15, p < .05$). That is, youth's emotional reactions to stress, such as anger and self-blame, were associated with higher levels of anxiety/depression and delinquency. Finally, task-oriented coping significantly and negatively predicted delinquent behaviors ($\beta = -.25, p < .001$) among youth. That is, youth who plan and generate alternative solutions to a stressor also engage in less delinquent behaviors. The chi square test was non-significant [$\chi^2(4) = 4.97; p > .29$], indicating that the model fit the data. The fit indices were high — NFI = .98, CFI = .99, and IFI = .99 — and showed good fit. The RMSEA was .03 [CI (.00; .10)] which is also an indicator of an adequate fit.

Discussion

Homelessness among youth is associated with an escalation of emotional and behavioral problems (Kelly & Caputo, 2007). Within this stressful context, it is important to develop a more thorough understanding of the factors that contribute to or reduce these problems. Towards this end, the primary objective of this study was to understand the role of coping strategies as predictors of problem behaviors among a sample of substance-abusing homeless youth.

As hypothesized, emotion-oriented coping strongly predicted anxiety/depression. Previous research suggests that both emotion-oriented coping and depression are characterized by internalizing tendencies such as rumination and self-blame

(Windle & Windle, 1996). Rumination, which is the tendency to passively and repeatedly focus on negative emotions, exacerbates the existing feelings of depression (Nolen-Hoeksema, 2000). Possibly, youth using emotion-oriented coping ruminate more about the stressful events in their lives, thereby also reporting the experience of higher levels of depressive/anxiety symptoms.

Consistent with the literature (Endler & Parker, 1999) and with this study's hypothesis, higher use of emotion-oriented coping predicted higher delinquency whereas higher use of task-oriented coping predicted lower delinquency. Task-oriented coping is often elicited in situations that are perceived as controllable or when a person feels competent to handle a stressful situation, while emotion-oriented coping is elicited when a situation is perceived as difficult to change (Lazarus & Folkman, 1984). Additionally, research suggests that individuals who perceive a lack of control over situations readily give in to antisocial conduct (Bandura, Barbaranelli, Caprara, & Pastorelli, 1996). Possibly, youth who used more task-oriented coping perceived their situation as controllable whereas those who used more emotion-oriented coping perceived it as unmanageable and engaged in more delinquent activities. Perhaps, engaging in delinquent activities is a way for homeless youth to bring control over their seemingly 'uncontrollable' life.

The use of task-oriented coping was expected to predict lower HIV risk behavior and less alcohol and drug use. However, it was not expected to predict anxiety/depression. Consistent with previous literature on homeless youths (Unger et al., 1998), task-oriented coping did not predict anxiety/depression. However, the hypothesis that task-oriented coping would predict lower HIV risk behavior and lower alcohol and drug use was not supported despite this finding in the literature (Windle & Windle, 1996). In other words, in this study, task-oriented coping was not related to health-risk behaviors among homeless youth. Surprisingly, avoidance-oriented coping predicted lower levels of HIV risk behavior, fewer anxiety/depressive symptoms, and less frequent alcohol use. In general, research conducted with adolescent populations suggests that task-oriented coping is associated with less problem behaviors whereas avoidance-oriented coping is associated with poorer adjustment and more problem behaviors (Windle & Windle, 1996). Compared to previous research on coping, findings from this study might be unique to homeless youth,

supporting the premise that whether a coping style exacerbates or alleviates problem behaviors depends upon the context in which a person is situated (Lazarus & Folkman, 1984).

Research conducted with low-income urban African-American youth corroborates our finding and suggests that, under uncontrollable situations, avoidant coping strategies may serve as a buffer against the stressors of daily life (Dempsey, 2002). Homelessness is a situation filled with chaos and unpredictability. Youth experiencing homelessness might perceive their situation as uncontrollable or unmanageable. Under these circumstances, avoiding stressful situations through the use of distraction (e.g., watching TV) or social diversion (e.g., phone a friend) might provide temporary relief from the stressors of daily life and reduce psychosocial distress. Given that avoidance-oriented coping predicted less anxiety/depression and fewer health-compromising behaviors (such as alcohol use and HIV risk behavior), this coping strategy seems to be linked to less negative consequences for homeless youth.

Limitations

Some limitations should be considered when interpreting the findings. First, the findings of this study might not generalize to non-substance-abusing homeless youth who might show different patterns of coping. Also, the sample consisted of homeless youth who utilized drop-in centers. It is possible that the coping strategies and problem behaviors among youth that utilize drop-in centers differs from those that do not utilize drop-in centers. Thus, whether these findings generalize to those youth who do not access drop-in centers is unknown. Another limitation comes from the cross-sectional design and statistical analysis of the study; whether emotion-oriented coping leads to depression or whether depression leads to the use of more emotion-oriented coping cannot be determined. In addition, findings of this study show that the relationships between avoidance-oriented coping and problem behaviors were significant in the path analysis; however, correlations between these variables were non-significant. The significant relationships between avoidance-oriented coping and problem behaviors may be due to high correlation between task-oriented and avoidant-oriented coping in the current sample. In other words, the high overlap between these two coping strategies may have suppressed the effect of avoidance-oriented coping on problem behaviors. Given that this study

utilized path analysis, it was not possible to tease out the unique contribution of each coping strategy through potential mediating or moderating variables. Research also notes that coping strategies change over time and in different contexts (Lazarus & Folkman, 1984). Hence, a longitudinal research design with careful consideration of moderating and mediating variables may provide a better understanding of what coping strategies work for homeless youth over time. Finally, the current study operationalized coping strategies as youths' dispositional characteristics without controlling for the specific stressors that homeless youth experienced. Identification of these stressors can help to gain a broader understanding of how coping strategies function under differing circumstances.

Directions for future research and interventions

The current study sought to address a gap in the literature by examining the coping strategies used by a sample of substance-abusing homeless youths. Research on coping has primarily focused on youth recruited from the general population. Significantly fewer studies have focused on marginalized samples and none has examined coping strategies of substance-abusing homeless youth. The stressful experiences of homelessness can exacerbate substance use and co-occurring problem behaviors among these youth (Robertson & Toro, 1999). Hence, these youth need interventions that address their unique needs (Rew, Fouladi, Land, & Wong, 2007) and can help them effectively cope with the stressful experiences of homelessness. Findings of this study indicate that a 'one size fits all' conceptualization of coping might not be useful for prevention or intervention efforts. Coping strategies considered to exacerbate problem behaviors among the non-homeless population, such as avoidance-oriented coping, appear to be associated with fewer problem behaviors among this sample of homeless youths.

A primary component of cognitive-behavioral treatment includes enhancing an individual's coping strategies with a primary focus on task-oriented or problem-solving coping strategies (Kadden, 1995). This study emphasizes the need to examine coping strategies within the context in which the individual is embedded. In particular, emotion-focused coping appeared to have little utility in alleviating problem behaviors among homeless youth and was associated with more negative outcomes. Interventionists might need to assess the use of this

strategy among substance-abusing homeless youths and intervene to teach and practice more effective coping strategies. Avoidance-oriented, as well as task-oriented, strategies predicted fewer problem behaviors. Enhancing avoidance- and task-oriented coping strategies might be useful for helping substance-abusing homeless youths effectively cope with anxiety/depression and other health-compromising and risky behaviors.

It is noteworthy that the current study investigated the relationship between coping skills and negative outcomes and provided information regarding how certain coping strategies may alleviate or exacerbate these outcomes. As frequently noted by prevention researchers (e.g., Masten, 2001), alleviating youths' problem behaviors does not necessarily translate into promoting positive development or well-being. Therefore, future research should focus more on the relationship between coping strategies and positive outcomes, such as emotional/physical health and prosocial behavior. Considering coping styles in relation to negative, as well as positive, outcomes might offer especially useful information for targeting intervention efforts for homeless youths.

Conclusions and implications for policy

Viewing homeless youth as vulnerable individuals trying to cope with the challenges of stressful situations has a number of implications for public policy and advocacy. The current study found that task-oriented and avoidance-oriented coping strategies alleviate problem behaviors among homeless youth and possibly buffer the impact of stress in their lives. This finding suggests that political advocacy is necessary for successful intervention in the lives of these youth. Additional resources must be allocated by policymakers to develop strategies that enhance the social resources (such as connections with peer network or memberships in organizations) of homeless youth and improve the conditions of shelters and drop-in centers. These resources may provide an opportunity for homeless youth to distract themselves from the uncontrollable stressors of daily survival. In addition, programs need to recognize the strengths of homeless youth (such as coping in the face of adversity), instead of focusing on their deficits. To that aim, interventions should be designed to reduce helplessness and increase a sense of personal control. Policy strategies that encourage homeless youth to have more initiative

on their lives can enhance their task-oriented coping skills and promote better adjustment.

Note

1. For further analysis, correlations were run between social diversion subscale, distraction subscale, and task-oriented coping scale. Both social diversion subscale ($r = .50, p < .001$) and distraction subscale ($r = .45, p < .001$) was significantly correlated with task-oriented coping scale. Taken together, analysis suggested that avoidance-oriented coping with its both dimensions was highly related to task-oriented coping among homeless youth.

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