

**COUNSELLING? NO, THANKS!:**  
**AN INTERPRETIVE DESCRIPTION OF STREET-INVOLVED YOUTH**

by

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## **Abstract**

This thesis is an interpretive description of street-involved youth refusing counselling; it has two primary research questions. The first research question asked why street-involved youth refused counselling, and the second research question investigated research participants' advice to counsellors who want to work with this population. Data collection comprised of semi-structured interviews with seven people. These seven people were recruited as they have current or past experiences of being street-involved youth who refused counselling. This interpretive description was informed by thematic analysis. Findings of this study suggested that street-involved youth's reasons for refusing counselling are embedded in their perception of counselling, their experiences of counselling, and their desire to protect themselves. Research participants' advice to counsellors who would like to work with this population also emerged in three layers: increasing counselling's accessibility for street-involved youth, building connections with street-involved youth, and using street-involved youth friendly interventions. Findings emphasized the significance of counsellor-youth relations and the time and patience such relations may require. Findings also demonstrated a need to re-evaluate forced counselling and suggested to give youth more control over their counselling experiences.

## **Preface**

Ethical approval for this study was obtained from the University of British Columbia Behavioural Research Ethics Board on January 15<sup>th</sup>, 2014. The certificate number of the Ethics Certificate is H13-03402. This research project was also approved by the Abbotsford Community Services and the Cyrus Centre.

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## **Dedication**

In loving memory of my cousin Ayse Ciftcioglu who was a remarkable role model, and my friend Lenami Godinez Avila who was my rock. Who they were, the lives they have enriched, the positive impact they have made during their brief time here, inspire me to live each day fully and meaningfully. Despite years passing without you, I still feel your void, love, and presence in my heart.

## **Chapter One: Introduction**

This document concerns a qualitative research project about street-involved youth refusing counselling services. This chapter will introduce this thesis with a background on the problem and followed by the rationale for the study, the purpose of the study and the research questions.

### **Background to the Problem**

In 2012, the Canadian Mental Health Association declared that 10 to 20 percent of Canadian youth experience mental health problems. That same year, the Canadian Pediatric Society (2012) reported that 14 percent of Canadian youth were affected by a mental health disorder. The later that counselling interventions are implemented, the higher the costs and the more serious the consequences (Waddell et al., 2002). Suicide completion may be a devastating example of such a consequence. The Canadian Mental Health Association (CMHA) reported that, each year in Canada, approximately 294 youth are lost to suicide (2013). Husky and his colleagues (2009) found that youth who do not receive mental health services are more likely to have suicidal ideations than the youth who choose to receive mental health services.

Despite the mental health needs, only a limited number of youth access counselling services. The Canadian Mental Health Association (2012) website reported that 80 percent of Canadian youth that need mental health support do not access mental health services. In addition to the youth who refuse counselling services, many of the youth who begin receiving counselling choose to terminate treatment prematurely. McLean (2012) reviewed the literature studying the dropout rates for youth accessing mental health services and recounted that the percentages ranged from 39% to 60% depending on the youth population.

Street-involved youth is one of the youth populations with a high rate of client refusal of counselling services. For the purposes of this thesis, the term “street-involved” youth not only refers to homeless youth, youth who are couch surfing, youth who are staying in group homes and youth accessing youth shelters, but will also include the street-involved youth who have homes. Youth with homes will be considered street-involved if they have been absent from their homes overnight without parental consent and are involved in the street culture or lifestyle. For the purposes of this paper, the term “counselling services” refers to the mental health counselling services offered by registered counsellors with graduate degrees in Counselling Psychology, Clinical Psychology or Social Work. Youth refers to teenagers between the ages of 13-18.

The number of homeless youth is growing (Norum, 1997); Brown and Amundson (2010) suggest that youth homelessness is common especially in large North American cities. In the 2011 Upper Fraser Valley homelessness count, 52 youth were reported homeless (VanWyk & VanWyk, 2011). In the 2011 Metro Vancouver Homelessness Count, 397 youth were reported homeless (Vancouver Foundation, 2013). I expect the actual number of homeless youth to be higher than the reported numbers as it would be difficult to capture the number of all homeless youth experiencing homelessness in a one day count. First of all, there could be some homeless youth who are not known to service providers that assisted with the homelessness count. Secondly, some of the transient homeless youth may be out of town on the day of the count. Thirdly, those youth who often get kicked out of family homes or government Youth Agreements may experience homelessness inconsistently and may not be homeless on the day of the count.

While working with street-involved youth as a youth and family worker, I often observed this population refuse counselling services. When my colleagues and I asked them about their

reasons for not utilizing counselling services, some of their recurring responses were: “I hate counsellors”, “it’s stupid”, “I don’t have time for it”, and “it wouldn’t help”. Their responses did not clarify their reasons for not accessing counselling services, but instead increased my curiosity about this population’s perception of counselling.

Many of the street-involved youth that I have worked with have experienced trauma including, but not limited to, childhood neglect and/or abuse. Robson’s (2005) and Brown and Amundson’s (2010) articles validate my experiences and suggest that young homeless people are likely to have gone through many significant losses such as loss of safety, family and/or identity. Despite such vulnerability, street-involved youth do not receive much attention from the research world (Brown & Amundson, 2010). Instead of labelling this population as resistant, we need to investigate this population’s reasons for declining counselling services and engage them accordingly. Brown and Amundson (2010) interviewed twenty homeless youth to see what helped them get off the streets, what hindered them from getting off the street, and what these youth wished they had. Professional support made it to the list of helpful incidences, while lack of support was listed as one of the hindering factors. One of three themes that were prominent in youth’s wish list was more services. A better understanding of street-involved youth’s reasons for refusing counselling services may lead us to offer more meaningful counselling services and allow us to engage more street-involved youth in counselling.

### **Rationale for the Study**

As discussed earlier in the first chapter, a high percentage of Canadian youth struggle with mental health problems. McLean (2012) claimed that youth receiving counseling services have better outcomes at home, school, and community in comparison to those that dropped out

from counselling prematurely. Despite such needs and these potential benefits of counselling, the level of engagement for youth in counselling services is quite low. There is limited research studying youth's reasons for not accessing counselling services and even less research studying street-involved youth's reasons for not accessing counselling. Furthermore, there are not many qualitative studies giving voice to this population. One qualitative study that looked at street-involved youth's perception of counselling was Cormack's (2009) study. However, Cormack's research method was limited to 2 focus groups and took place in Europe. Moreover, Cormack (2009) started his research with the assumption that homeless youth do not access counselling services due to their negative perceptions. My interest in providing meaningful counselling services for this population, and the knowledge gap identified in my literature review led me to formulate the following purpose statement and research questions.

### **Purpose Statement**

The *purpose* of this study is to explore and obtain descriptions of the reasons for street-involved youth refusing counselling, and consequently to offer appropriate counselling services tailored to this population's needs and preferences. My research purpose was informed by the literature review, my experiences as a Youth and Family Worker and my experiences as a counsellor.

### **Research Question One:**

Why do street-involved youth refuse counselling?

### **Research Question Two:**

How do we engage street-involved youth in counselling that is meaningful to this population?

## **Chapter Two: Literature Review**

In this literature review the following domains of knowledge will be presented: youth's help-seeking behaviours; youth's perceptions and/or experiences of counselling; and counselling youth. This chapter concludes with a summary on the highlights of this literature review.

### **Youth Help-Seeking Behaviours**

Canadian youth tend to access counselling services more as they get older (Del Mauro & Williams, 2013). Baruch, Vrouva and Fearon (2009) found that older youth with internalizing problems, such as anxiety and depression, are more inclined to continue with counselling services, while younger youth with externalizing problems, such as homelessness, school problems and/or diagnosis of a conduct disorder and/or ADHD, tend to discontinue counselling services. Del Mauro and Williams' (2013) literature review suggested that youth prefer seeking help from their natural support networks, such as family, friends and neighbours, as opposed to professional supports available, such as counsellors. In this literature review, Del Mauro and Williams (2013) found the following factors to discourage youth from participating in counselling: others finding out, shame around receiving counselling, not understanding what counselling offers, not believing in the potential benefits of counselling, not accepting the severity of their problem, and finally, structural barriers, such as lack of money and/or time. In their interviews with children and youth, Del Mauro and Williams (2013) found that both children and youth believed it is acceptable for others to receive counselling, but they preferred relying on themselves, their friends or parents for dealing with their own problems. Youth interviewed in their study talked about the difficulties of opening up to a stranger. Their responses also suggested a general lack of trust towards counsellors. Both the results of Del

Mauro and Williams (2013) study and the literature they reviewed suggest that youth are more likely to seek counselling if they perceive their problem to be severe. Del Mauro and Williams (2013) advised counsellors to spend more time with youth clientele outside of sessions to strengthen rapport and to provide psycho-education about mental health and the role of counselling.

Beutler and colleagues (2011) preferred the term 'reactance' to the term 'resistance' while studying clients' perception of counselling. They explained that the term reactance includes both counsellors' and clients' roles in clients' reluctance towards receiving counselling services. While studying adolescents between the ages of 14 and 18, Fitzpatrick and Irannejad (2008) found that their clients who were ready for change, had stronger alliances with their counsellors and overall were more invested in counselling. Fitzpatrick and Irannejad (2008) looked at Prochaska and DiClemente's transtheoretical model of change and claimed that clients in the earlier stages of this model, such as the pre-contemplation stage, would be less likely to engage in counselling than those clients in later stages of the model. Many adolescents believe that they do not need counselling; they report that they are referred to counselling against their wishes (Del Mauro & Williams, 2013; Fitzpatrick & Irannejad, 2008). Husky and colleagues (2009) discussed the importance of independence and autonomy in the choice of not accessing counselling services. Youth may not view accessing counselling services as a choice that offers the same level of independence and autonomy as choices such as suicide or substance use (Husky et al., 2009). Beutler and his fellow researchers (2011) found that clients with low levels of reactance respond favourably towards directive counselling, while clients with high levels of reactance respond favourably towards non-directive type of counselling. They advised counsellors to reflect on clients' concerns, to give clients control of the sessions, to avoid

homework assignments, and to co-create collaborative services while working with clients with high levels of reactance. Similar to Beutler and his colleagues (2011), Fitzpatrick and Irannejad (2008) found that collaborating with clients, especially during goal setting, increased clients' commitment to counselling and decreased their reluctance. As shown in this literature review, youth help seeking behaviours play an influential role in youth accessing counselling services.

### **Youth's Perceptions of Counselling**

There is limited research looking at youth's perceptions of counselling (McLean 2012; Smith, 2004). Some of the literature that does study youth's perceptions focuses on a different youth population than the one in this study. For instance, Smith (2004) studied male youth's perceptions of mental health services. His findings suggested that male youth prefer an action-oriented approach and enjoy hands-on activities in counselling. The youth interviewed for Smith's study were from the upper-middle class, which does not reflect the street entrenched population. Furthermore, his methodology does not address my research curiosity; its use of closed-ended and structured questions did not give much room for youth to communicate their unique perspectives. Orr-Brown and Siebert (2007) claimed that there was a limited number of research studies focusing on youth's resistance towards substance abuse treatment. Through a longitudinal study, Bluthenthal and colleagues (2006) studied youth's views on the treatment services they received. This two year study used semi-structured and open-ended interviews and studied youth on probation. Even though the population studied by Bluthenthal and colleagues was similar to the youth population of my study, their study did not satisfy my questions as it only focused on the effects of a specific treatment program. Bluthenthal and colleagues (2006) suggested youth's experiences of counselling varied depending on their individual characteristics and the type of treatment program they received. Participants in their study reported not



understanding the rules of the treatment centre, feeling judged, and having complicated peer relations as barriers. Many of the youth participants reported appreciating the family counselling component of the program. The follow-up interviews with former clients of the program suggested sustainable improvement in family communications post-treatment.

The study that is closest to my research interest is Cormack's (2009) study on homeless youth's negative thoughts and feelings about counselling. Like me, Cormack was a youth support worker who later became a counsellor. Cormack used focus groups and followed grounded theory as his methodology. Cormack's findings suggested that when homeless youth think of counselling, they think of Freudian couches and counsellors who take notes during sessions. Youth in Cormack's (2009) study, expressed that they wished counselling was more flexible, stimulating, fun and informal. Some of the youth in the focus groups associated receiving counselling as being insane. Many of the participants in Cormack's (2009) study, similar to the participants in Fitzpatrick and Irannejad's (2008) study, reported that they had been referred to counselling without their consent.

Cormack (2009) reported that many of the homeless youth in his study did not feel comfortable opening up to a stranger and did not see the point of counselling. The research participants in Cormack's study shared that talking about their situation did not change their situation, hence was not beneficial. One participant said counsellors were not there with her outside of the counselling room and would not understand her life. Cormack (2009) suggested that the homeless youth have been let down by their families and others and it is important to take the time to earn their trust. Cormack also underlined the importance of clients' autonomy and suggested that youth need to choose counselling and not be forced into it. Cormack advised counsellors to spend time in youth's environments prior to having counselling sessions with

them. Due to limited funds, this suggestion may not be feasible for all counsellors working with street-involved youth. However, some specialized programs working with higher risk populations may have the resources to familiarize themselves with youth and their environments prior to counselling.

Schroder and her colleagues (2009) studied the reasons for youth dropping out of alcohol and drug treatment programs through structured interviews. They found that over 30 percent of the youth who began outpatient treatment programs dropped out of the program prior to the third session and 16 percent dropped out during the first month of services. Results of Schroder and colleagues' (2009) study indicated that individual characteristics such as age, sex or race did not influence youth dropping out of treatment. However, clients' expectations from the treatment program, their motivation towards attending the program, their experiences of the program, and perception of the staff appeared to be relevant in clients' retention in the program. Staff's ability to build rapport with youth clientele and youth having a voice in their goals and service plans also appeared to play important roles in clients' retention in the program.

McLean (2012) studied youth's reasons for dropping out of counselling services offered by the Child and Youth Mental Health (CYMH) offices in British Columbia, Canada. McLean used the Enhanced Critical Incident Technique as her methodology. Research participants were asked what they found helpful and hindering in the counselling services they received.

Participants were also asked about their wishes around what would make counselling services more meaningful for them. Some of the helpful incidences reported by the youth were feeling understood, supported and heard by the therapist, receiving psycho-education, having opportunities to discuss the treatment process with the counsellor, and connecting with others during group services. Dependability, curiosity, non-judgemental stance and trustworthiness

were some of the counsellor characteristics that clients reported appreciating. Half of the research participants found perceiving the counsellor as experienced to be helpful. Not being understood by the counsellor was one of the hindering factors expressed by many of the participants. Some youth expressed being treated for something that was not what they wanted to work on during counselling as a hindering factor. One of the clients felt his/her culture was not understood or integrated into counselling. Similar to Cormack's (2009) study and Fitzpatrick and Irannejad's (2008) studies, many youth in McLean's (2012) study reported that they were forced to go to counselling by their parents. Some youth that participated in McLean's study found therapy boring. Similar to the male youth in Smith's (2004) study, some of the youth in McLean's (2012) study reported wishing for more hands-on activities during counselling. Half of the youth in McLean's study found counselling to be time consuming. Two participants reported feeling pushed too hard by their counsellors. Half of the youth expressed that their counsellors lacked empathy. Half of the participants in McLean's (2012) study reported that their counselling goals were not addressed in the way they would have preferred them to be. The wish list highlighted youth's desires to learn tangible skills during counselling services. McLean's study focused on a similar clientele as my study; however, it only focused on the youth who dropped out of counselling offered by Child and Youth Mental Health. In my study, I included all street-involved youth who refused counselling services. Overall, there is a lack of studies giving voice to street-involved youth about their perceptions of counselling.

### **Counselling Adolescents**

Riele (2010) advised counsellors who work with youth to have expectations from their clients. Reality therapy is based on the principle of never giving up on a client and reminding client of his/her choices (Sapp, 2006). Riele (2010) also talked about the importance of taking

clients' level of hopelessness and hopefulness into consideration and spending some of the counselling time promoting clients' well-being. Both Sapp (2006) and Riele (2010) emphasized the importance of highlighting clients' strengths. Street-involved youth often hear about their limitations and challenges, but do not hear much about their strengths. According to Sapp and Riele, it would also be wise for the counsellor to incorporate client's strengths during goal setting and service planning.

Cochran and his colleagues (2010) studied an application of play therapy to counselling aggressive male youth. The counsellor involved in this research project believed that aggressive boys have difficulties engaging in the counselling process due to their low levels of language abilities, their lack of trust for adults, and their experiences of being forced into counselling. She used a National Institute for Relationship Enhancement Approach and Child-Centered Play Therapy in her sessions. Counselling sessions in this program were brief, approximately 35 minutes each. The counsellor that participated in Cochran and colleagues' (2010) research suggested that play therapy allowed the boys to express their feelings. Toys may have stimulated the youth while they were engaged in counselling services and the toys may have led the counselling experience to be less awkward and rigid (Cochran et al., 2010). Out of the eight participants, seven of these youth clients graduated from high school in a timely manner and one of them completed his education through obtaining his GED. Despite the behaviours that led them to an alternative school for aggressive boys, none of the research participants were arrested while receiving counselling or during the two years following the termination of counselling.

Hanna and Hunt (1999) also offered advice to counsellors working with aggressive youth. They divided their suggestions into the categories of establishing a relationship with youth, countertransference issues, motivation strategies and techniques for addressing violence.

The role of empathy is quite significant in therapeutic relationships between a counsellor and a client. Hanna and Hunt (1999) suggested that its significance is even more crucial while counselling youth. Empathy, respect for clients' autonomy, being able to apologize to the client, sharing genuine laughter with a client, and the therapist's ability to laugh at her/himself are the concepts Hanna and Hunt (1999) talked about in the category of establishing a relationship with a client. Hanna and Hunt (1999) advised us to rely on reciprocal, natural and on the spot sense of humour and to avoid jokes and humour that may be hurtful or offensive. As many of the above studies suggested, many youth view therapists as rigid. Hanna and Hunt (1999) believed that the counsellor's ability to laugh at self when appropriate and not self-deprecating may challenge that perspective.

Hanna and Hunt (1999) also suggested being concise with aggressive youth, as they tend to have shorter attention spans. For countertransference issues, Hanna and Hunt (1999) suggested being aware of counsellors' feelings attached to countertransference and using it therapeutically by identifying client's behaviour that led to countertransference, processing it with the client, asking the client if this behaviour works for him/her in his/her current relations, and acknowledging the past need for such behaviour. According to Hanna and Hunt (1999) exploring the advantages of such behaviour in the streets, as well as exploring its disadvantages for social and professional relations may lead the client to gain insights. For motivational strategies, Hanna and Hunt (1999) suggested that counsellors talk with clients about their clients' indifference towards counselling and the reasons for such indifference. Hanna and Hunt believed that counsellors should accept this indifference and ask the client if there was a part of them that cared about counselling. Hanna and Hunt (1999) advised counsellors to talk to the part of their clients that does care about counselling. In the "real self" versus "fake self technique", the client

creates a column about what they want others to believe about them and another column about what they want to hide from others. This exercise allows clients to be aware of the thoughts and feelings they want to portray to others and thoughts and feelings that are hidden. Clients are not required to change their behaviours, thoughts or feelings; this exercise is for clients to be more self-aware for addressing violence. For addressing violence, Hanna and Hunt suggested the following techniques: addressing the hurt, reviving client's ability to feel empathy for others, externalizing client's anger through using metaphors, therapeutic button-pushing and disengaging the motor controls. Hanna and Hunt advised counsellors to ask clients direct questions, such as: "if all your sadness disappeared, what would happen to your anger?", and to use metaphors representing client's pain to deepen client's understanding of his/her pain. For resurrecting clients' empathy, Hanna and Hunt suggested identifying the time that the client lost his/her ability to feel empathy and exploring the reasons behind this loss. Hanna and Hunt also suggested that counsellors create opportunities for clients to hear about their victims' perspectives through chair and roleplaying techniques during counselling. Clients' victims are not the only ones that Hanna and Hunt (1999) suggested we bring to the empty chair in our sessions; they also suggested externalizing clients' anger, addictions and/or aggression and bringing them to empty chair exercises. Such exercises may allow clients to see their anger, aggression and addictions as external to them, thus changeable and temporary (Hanna and Hunt, 1999). In therapeutic button-pushing exercises, the client identifies a trigger and the counsellor would act as that trigger. The counsellor would ask the client to watch the physical cues attached to that trigger, the images that may come to mind as well as thoughts and feelings attached to the trigger. The counsellor would repeat triggering the client to fully explore this trigger until the identified behaviour no longer triggers the client. Throughout this exercise, counsellor asks the

client if the counsellor is acting out the trigger accurately. Clients are also asked how they are doing and if they want to stop this exercise. In the third technique: “disengaging the motor controls”, clients’ buttons are pushed until anger turns into violence. In this exercise, violence comes to client’s awareness, making it less automatic and more conscious. Hanna and colleagues suggested that these techniques may not work as effectively with clients that have cognitive challenges. While working with clients that are not cognitively inclined, Hanna and Hunt (1999) suggested focusing more on behavioural changes and less on gaining insights. For accepting clients, Hanna and Hunt suggested the following: avoiding power struggles with clients, validating clients’ perceptions, accepting anger as part of clients’ lives, setting clear boundaries of acceptable behaviours in counselling sessions, while having realistic expectations, admitting when you are confused or unsure, being ready for crisis, normalizing clients’ experiences and giving them hope through stories of other adolescents who eventually overcame their struggles. Hanna and Hunt (1999) also advised us to let our clients know the impact they had in our practice and staying in touch with them to follow up on their progress.

Granello and Hanna (2003) studied evidence based counselling techniques to practice with court-involved youth. They found rebuilding empathy in youth, focusing on hurt as opposed to anger, recognizing external locus of control, therapeutic button pushing to build up frustration tolerance and connecting youth to community as some of the most useful interventions working with this population. Hanna, Hanna and Keys (1999) categorized their suggestions for counsellors working with aggressive youth into three categories of reaching, accepting and relating. Hanna, Hanna and Keys (1999) identified offering snacks to youth as acts of nurturance and icebreakers, having more collaborative and equitable positioning in the counselling room, being familiar with youth cultures, allowing the youth to keep his/her hands busy while talking,

not limiting counselling to a counselling room, being genuine, respecting the client, laughing at yourself, avoiding being an authority figure, being brief, concretely educating clients about counselling, using sense of humour, emphasizing the similarities between the counsellor and the youth, focusing on the hurt before addressing the anger, using media, encouraging and processing resistance and addressing positive personality aspects of a client as techniques for reaching the client. Unconditional acceptance, strength-identification, being aware of countertransference and counter resistance, being clear about boundaries, avoiding power struggles, having realistic expectations from the youth and accepting youth's anger were some of the suggestions Hanna, Hanna and Keys (1999) had for accepting the client. Admitting when confused, being ready for crisis, being in touch with own inner youth, being brief, using self-disclosure while being aware of the limits of self-disclosure, and paying attention to youth were suggestions they made for the relating stage.

In their (2012) article, Cohen and colleagues talked about how to use Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) with youth who suffered complex trauma. They explained that TF-CBT is offered through 25 to 30 sessions in three phases: teaching coping skills, telling and processing trauma, and the closure phase. The coping skills phase start by safety building, which includes advocating for the youth, helping youth identify adults he/she can be supported by and providing psycho-education about trauma and its potential effects to these adults. In this phase, parents are also taught parenting strategies such as paying attention to youth's behaviour when they are acting in a way that is desirable. If there are no stable caregivers in a youth's life, the counsellor assists youth in finding a pro-social adult that is consistently in the youth's life. During the teaching coping skills phase, youth learn about relaxation skills, affective modulation skills and cognitive coping skills, while caregivers gain



new parenting skills. Some of these coping skills include mindfulness, distraction, perceptual bias modification, replacing unhelpful thoughts, corrective perception exercises and self-awareness skills. Focusing on taste and touch sensations through mindful eating and touching different types of fabrics were some of the suggestions Cohen and colleagues (2012) had for mindfulness exercises. They also suggested yoga as an introduction to mindfulness for youth that are physically inclined. Furthermore, Cohen and colleagues (2012) advised that youth with complex trauma may not have an accurate perception of other people's experiences of them. In one of the self-awareness skill-building exercises, youth would be videotaped during a role-play of a negative interaction and would later watch this tape to see themselves during a negative interaction.

Cohen and colleagues (2012) advised us to help clients identify their trauma theme(s) and the impact rather than have the client tell us about their traumatic experiences in details. Second phase included telling and processing the trauma and learning to master the trauma reminders (triggers). In the case study Cohen and colleagues (2012) put forward, public criticism was a trauma reminder that disregulated a client. This client would react to any public criticism in the same way he reacted to the original trauma that he associated with the criticism. Cohen and colleagues (2012) emphasized the importance of therapeutic relationship when counselling youth with complex trauma, while warning us that the same therapeutic relationship can also be a trauma reminder. Murray, Cohen and Mannarino (2013) underlined the importance of teaching youth who have experienced complex trauma the difference between real danger and trauma reminders. In the closing phase, Trauma Focused- Cognitive Behavioural Therapy (TF-CBT) offers conjoint sessions for youth and their caregivers, as well as grief focused activities, such as making memory books, writing letters and releasing helium balloons.

Cary and McMillen (2012) conducted a systematic review on trauma-focused cognitive behavioural therapy (TF-CBT), claiming that although multiple research studies that have been conducted provide evidence towards TF-CBT, a systematic review of such studies had not been published. Out of the ten studies Cary and McMillen (2012) looked at, three of them studied the high fidelity TF-CBT programs, while the rest looked at evaluating TF-CBT interventions. Cary and McMillen (2012) found all studies to have high study quality and concluded that TF-CBT is more effective in reducing PTSD symptoms, depression symptoms and problem behaviours in adolescents who experienced trauma than control conditions, such as standard community care or waitlist groups.

Silverman, Pina and Viswesvaran (2008) evaluated 32 studies about phobic and anxiety disorders treatments for children and adolescents. Silverman and colleagues (2008) used Chambless' and colleagues' 1996 criteria for evaluating the treatments and Nathan and Gorman's 2002 criteria for evaluating the methodology of these studies. Silverman and colleagues' (2008) meta-analyses found Individual Cognitive Behaviour Therapy, Group Cognitive Behaviour Therapy, Group Cognitive Therapy with Parents, Group Cognitive Therapy for Social Phobia and Social Effectiveness Training for Children as probably efficacious.

The Individual Cognitive Behaviour Therapy Treatment Models that Silverman, Pina and Viswesvaran (2008) looked at included identifying and processing irrational thoughts, making coping plans, evaluating progress, practicing exposures, teaching relaxation techniques and reinforcement contingencies. One of the studies Silverman and colleagues looked at was Kendall's (1994) study that evaluated Individual Cognitive Behaviour Therapy for treating anxiety disorders in youth. Kendall (1994) found that, after receiving Individual Cognitive Behaviour Therapy, 64% of the youth no longer qualified for an anxiety disorder diagnosis,

while only 5% of the youth in the waitlist control condition were free of such diagnosis (Silverman, Pina, & Viswesvaran, 2008).

Silverman, Pina and Viswesvaran (2008) looked at Barrett's study that evaluated the Group Cognitive Behaviour Therapy (GCBT) Treatment Model. The GCBT that Barrett's (1998) study evaluated spent the first part of the session on teaching youth skills, while the latter half of the session on teaching parents how to respond to their children's frustrations and how to communicate with their children. In this study, 64.8 % of youth that participated in this treatment no longer qualified for the anxiety diagnosis that brought them to the group, while only 25.2 % of the youth in the waitlist condition were free of such diagnosis. Spence and colleagues (2000) studied Group Cognitive Behavioural Therapy for Social Phobia that focused on social skills training. They found that 87.5% youth who participated in the treatment with their parents and 58% of the youth who participated in the treatment on their own no longer met the criteria for an anxiety disorder, while only 7% of the youth in the waitlist were anxiety free. Silverman and colleagues (2008) also talked about studies that looked at the evidence for social effectiveness training for children while talking about probably efficacious treatments. Silverman and colleagues (2008) talked about Emotive Imagery for Darkness Phobia, Individual Cognitive Behaviour Therapy for School Phobia or School Refusal Behaviour, Group Cognitive Behavioural Therapy with Parental Anxiety Management for Anxious Parents, Graded in Vivo Behavioural Exposures, Graded Exposures Plus Either Contingency Management or Self-Control for Phobic Disorders, One- Session Behavioural Exposure Treatment for a Phobic Disorders, Family Cognitive Behavioural and Bibliotherapy while talking about possibly efficacious or experimental treatments for anxiety and phobic disorders. Silverman and colleagues' 2008 articles warned us that most of the studies, with the exception of four, were conducted at

university research centres. Silverman and colleagues questioned the generalizability of these findings to community settings. However, in the practice guidelines section, Silverman, Pina and Viswesvaran (2008) encouraged therapists to use the treatments that were found to be efficacious.

Miller, Rathus and Linehan (2007) found Dialectical Behaviour Therapy (DBT) to be the only treatment that consistently showed clinical effectiveness in reducing suicide attempts and self-injury behaviours; however, they recognized that CBT was effective in reducing risk for future suicidal behaviours. Miller and colleagues explained that DBT aims to reduce life-threatening and therapy interfering behaviours while assessing skills and environmental capacity. Miller and colleagues (2007) explained that suicidal youth may continuously experience emotional dysregulation, have low coping skills, and live in an environment that does not allow the youth to learn and/or practice coping or self-regulation skills. DBT not only teaches emotional regulation, distress tolerance, problem solving, communication and mindfulness skills, but also gives youth opportunities to practice these learned skills. Mindfulness focuses on here and now teaching us to observe and describe our experiences without judgement. For emotional regulation skills, youth learn to be more aware of their emotions and learn to increase the amount of time they experience positive emotions. In the interpersonal effectiveness skills module, youth learn to describe, express and assert what they want while appearing confident, empathic and gentle. Phone conversations between youth and the therapist and parents and the therapist are common in DBT. DBT values clients having structured and supportive environments and aims to ensure that clients have such environments through interventions and contacts with the youth's family members and other youth service providers.

Cox, Robinson, Williamson, Lockley, Cheung and Pirkis (2012) studied the effectiveness of postvention strategies following completed youth suicides to prevent suicide clusters. Their literature review found the following six common postvention strategies: creating a community response plan, community debriefings, responsible media coverage, assessing who may be at high risk for suicide, offering counselling to those affected and promoting health.

Accordino, Keat II, and Guerney Jr. (2003) talked about Relationship Enhancement Therapy (RET) and its application to counselling youth with comorbidity of mental illness and substance dependence. They used a case study to explain how RET coaches youth and their families. Accordino and colleagues (2003) explained RET as a model that focuses on strengthening family relations through enhancing self-differentiation and self-esteem in clients and teaching them empathy, communication, problem solving, conflict resolution, expressive and negotiation skills. The therapist also teaches family facilitation skills, which refers to family members reminding each other of the skills learned in the sessions during family conflicts. Counsellors also teach generalization and maintenance skills to the family to give them the opportunity to transfer the skills learned in various situations. When the family is stuck or not able to support one another, the therapist troubleshoots. Troubleshooting may involve the therapist empathizing with one of the clients who is not able to support his/her family with practicing a skill. The therapist aims to assist the client to be at a better place to follow the skills learned in relationship enhancement therapy by hearing and supporting the client. Another technique Accordino and colleagues (2003) mentioned was the becoming technique. In the “becoming” technique the therapist talks on behalf of the clients who are overcome with emotions and cannot express themselves. Accordino (2003) and colleagues warned their readers about using this technique only when the therapist has enough of an understanding of the family.

Finally, Accordino and colleagues (2003) talked about “laundering,” a technique that allows the family members to say directly to the counsellor what they would say to each other and the counsellor would use the becoming technique and would respond as the family member that is being spoken to. In RE therapy, the counsellor adopts the role of a coach or an instructor.

Anxiety, suicidal ideation, suicidal behaviours, self-injury behaviours, trauma, addictions and family conflicts are common struggles for street-involved youth. In summary, there are many factors that affect treatment decisions when working with street involved youth.

### **Summary of Literature Review**

The field of counselling is moving to the direction of evidence based approaches. For evidence based treatments, the reviewed literature selected CBT for anxiety (Silverman, Pina, & Visweswaran, 2008), DBT for self-harm and suicidality (Miller, Rathus, & Linehan, 2007), TF-CBT for trauma (Murray, Cohen, & Mannarino, 2013) and RET for youth with dual diagnosis of substance dependence and mental illness (Accordino, Keat II, and Guerney Jr., 2003). If the street-involved youth are not entering the counselling room, our knowledge about effective treatments cannot help us in treating them. As the selection of literature points out (Cormack, 2009; Del Mauro & Williams, 2013; Schroder et al., 2009), rapport building is very important for all clientele, but especially for youth. A large part of building rapport is gaining the trust of youth. It may be a good idea to spend some time in the youth’s environments prior to counselling to build that rapport and trust (Cormack, 2009; Del Mauro, & Williams, 2013). Based on the literature reviewed, respecting youth’s autonomy is also crucial in engaging them in counselling (Beutler et al., 2011; Fitzpatrick & Irannejad, 2008; Husky et al., 2009). As part of respecting youth’s autonomy, counsellors should work with clients’ resistance (Hanna & Hunt, 1999) and

focus on clients' goals to offer collaborative services (Beutler et al., 2011). Multiple research studies suggested that youth may view counselling as rigid and may wish for more hands on activities in counselling (Cochran et al, 2010; Cormack, 2009; McLean, 2012; Smith, 2004). Furthermore, both Cochran and colleagues (2010) and Hanna & Hunt (1999) believed that counsellors should be aware of the developmental age of the youth and create environments that are developmentally appropriate for youth. Offering shorter sessions and providing them brief responses were a couple of the suggestions that Hanna and Hunt (1999) had for counsellors in being developmentally appropriate.

According to the Canadian Mental Health Association (2012) website, 80 percent of Canadian youth that need mental health support do not access mental health services. Although, such high percentages of the youth that may benefit from counselling do not access counselling, there is limited research looking at youth's perception of counselling. From the studies that look at youth's perception, there is a lack of qualitative studies looking at street-involved youth. Furthermore, many of such studies focused on youth who terminated prematurely, but not many studies focused on youth refusing counselling. The only qualitative study encountered that looked at street-involved youth's perception of counselling and reasons for refusing counselling, was limited to 2 focus groups and was conducted in Europe. Moreover, in that study, Cormack (2009) assumed that homeless youth do not access counselling services due to their negative perceptions of counselling. I would like to deepen my understanding of all reasons for street-involved youth not engaging in counselling. Furthermore, I would not only like to understand this predicament, but would also like to start an academic dialogue on how to solve this clinical problem. I believe in the importance of starting the conversation with the voice of street-involved youth. As a result, I asked them their opinions and advice in my study.

**Rationale for the Study**

Street-involved youth have much to teach researchers about their perception of counselling and their reasons for refusing counselling services. Street-involved youth's insights and suggestions can enhance our ability to counsel this population. Yet, not much research gives voice to them. This study aimed to bridge street-involved youth's voices to practitioners working with this population.

**Purpose**

The *purpose* of this study is to understand why many street-involved youth do not access counselling services and to learn from street-involved youth how to offer insightful services.

**Research Question One:**

Why do street-involved youth refuse counselling?

**Research Question Two:**

How can we engage street-involved youth in counselling that is meaningful to this population?



## **Chapter Three: Method**

### **Methodology**

Interpretive description suggests that we cannot attain a fully objective truth with empirical methods; truth is within the person who perceives it. The researcher and the research participants together co-create the truth (Thorne, 2008). Furthermore, interpretive description as a research method gives the researchers the freedom to follow epistemology and research questions of their choice (Thorne, 2008). Interpretive description provides researchers with the flexibility to adopt/create their research methods as long as these methods answer researchers' clinical questions and provide their field with practical insights. Interpretive description emphasizes the importance of both the theoretical background and the value of field experiences. In this study, I incorporated what I learned in the field as a youth and family worker and as a child, youth and family counsellor with what I learned from the literature review and from my research participants. This research project has a practical goal of uncovering knowledge that may enhance our ability to counsel street-involved youth.

Through an enhanced understanding of street-involved youth, counsellors may be able to offer more meaningful services to this population. This study asked street-involved youth what made them refuse counselling and how counsellors could offer meaningful counselling services to this population. Their feedback could lead to more effective provision of services and resources. Interpretive Description aims to put the research findings back into practice and to gain new practical insights (Thorne, 2008). In addition to having practical goals, it offers a great level of flexibility in research questions and methods. Thorne (2008) believed in using the design elements best suited to answering researchers' questions. Due to my interest in translating my

research findings to my practice of counselling and my hope of finding a meaningful clinical response to difficulties around engaging street-involved youth in counselling, I chose Interpretive Description as my methodology. I am also drawn to Interpretive Description for the flexibility it provides and for its focus on pragmatic research questions.

### **Sources of Data**

My primary sources of data are the interviews that I conducted with people who have experienced being street-involved youth who refused counselling. I used semi-structured open-ended questions during my interviews (please see the interviews attached in Appendix VI). All the interviews were audio-recorded with participants' consent. The consent forms for research participants included information about audiotaping the interviews. Please see all the forms attached in appendices that involve letters of invitation, recruitment procedures, informed consent forms, letters of approval and the interview script protocols. My secondary source of data was a discussion about my findings with a peer expert. My peer expert is Beverly Shields, a Registered Clinical Counsellor, who has worked with this population for over a decade in different capacities.

### **Biases**

According to Thorne (2008), in addition to the literature review, another critical element of scaffolding one's study is the knowledge that one brings to the study. In her book, *Interpretive Description*, Thorne (2008) advised researchers to be aware of their biases including pre-research attitudes and beliefs in order to have a successful reflective clinical reasoning process. She also emphasized the importance of knowing who the researcher is, what she/he brings to the

study and what the researcher wants to accomplish with the study. I explored who I am, what I bring to the table, my biases and goals in this section prior to collecting data.

I have worked at a not-for-profit agency for over seven years. I started out as a Youth and Family Worker and recently switched to a counselling role. As a Youth and Family Worker, I worked very closely with street-involved youth and built strong working alliances with several youth. It was heartbreaking to hear some of the traumas they have experienced and very disappointing to see them refusing counselling services. Having worked with several street-involved youth who refused counselling services, I feel passionate about increasing our field's understanding of counselling street-involved youth. In the years of working with this population, I also gained some biases that are important to point out prior to data collection and data analysis. First of all, I may be inclined to favour youth counselling programs offered by not-for-profit agencies. My pre-research attitudes about not-for-profit agencies include my thoughts about their facilities. Typically, not-for-profit agencies have limited budgets and have older furniture and casual environments. I believe that street-involved youth may find the older facilities of not-for-profits agencies less intimidating and more comfortable than the more polished government offices and private practice offices that offer youth counselling services.

In addition to the environmental differences, youth service providing agencies have different mandates. Unlike not-for-profit agencies and private practice offices, some of the governmental agencies offering counselling services are associated with child protection investigations and youth probation offices. For instance, some of the Child and Youth Mental Health programs are located in the same building as the child protection and youth probation offices of the Ministry of Child and Family Development. In this example of the Ministry of Child and Family Development, the multi-faceted services meant not only for the therapeutic

benefits of the youth, but also may be associated with the youth being removed from family's care and/or being on probation for previous criminal involvement. Thus, street-involved youth may already have a negative perception of the facilities and the agency due to past experiences. Such associations may be one of the reasons why street-involved youth may not want to receive counselling services offered by governmental agencies.

Also, street-involved youth are transient so requiring pre-scheduled appointments may make counselling services less accessible for this population. It is important to be flexible around the duration of services; limiting the youth to 50 minutes a session may be too rigid. Some youth may prefer the sessions to be half an hour while others may like it to be longer than 50 minutes. The rigidity of the scheduling and duration may lead the youth to believe that they have little control over the counselling process, which may discourage the youth from participating in counselling. Offering drop-in counselling services, would promote youth accessing services when they feel they need it most, thus giving them a greater sense of ownership and control of the counselling services.

I need to be careful about these beliefs interfering with my research objectivity. It will be crucial for me to stick to the role of a curious researcher and not to act as a counsellor or a youth and family worker.

## **Procedures**

**Participant descriptions.** Research participants were people who have past or present experiences of being a street-involved youth that refused counselling. Two of the research participants were male, while five were female. Four of the youth were street-involved youth who refused counselling, while three were young adults who used to be street-involved youth

who had refused counselling. Exclusion criteria are street-involved youth that I have worked with and street-involved youth who do not speak English fluently. By excluding those youth who cannot communicate fluently in English, I am missing the voices of street-involved youth who are newcomers and who cannot speak English fluently. However, due to the limited budget, an interpreter could not be hired making this population inaccessible to the researcher. For the purposes of this research study, the term “street-involved” youth not only refers to homeless youth, youth who are couch surfing and/or youth accessing youth shelters, but also included the street-involved youth who have homes. Youth with homes were considered street-involved if they have been absent from their homes overnight without parental consent. For the purposes of this paper, the term “counselling services” refers to the mental health counselling services offered by registered counsellors with graduate degrees in Counselling Psychology, Clinical Psychology or Social Work, and youth refers to teenagers between the ages of 13-18.

**Recruitment.** In order to recruit research participants, I put recruitment posters up at different Abbotsford Community Services offices. Abbotsford Community Services is a not-for-profit, multi-service agency in Abbotsford, BC. Furthermore, I sent my initial letter and recruitment poster to several professionals working with this population. I was asked to attend a staff meeting at the Cyrus Centre, a youth shelter in Abbotsford, BC. This visit allowed me to discuss my research project with the Cyrus Centre Staff. Furthermore, I heard back from the Abbotsford Youth Health Centre, which is a community initiative supported by the Abbotsford Community Services, allowing me to conduct some of my research at their facilities

Word of mouth and snowball sampling were used to recruit youth participants. I recruited and interviewed eight participants. However, one of the participants was not coherent and his interview had to be excluded from the data due to the incoherence.

**Pre-interviews.** Prior to scheduling the interviews, participants were provided with consent forms. Prior to data collection, the researcher made the decision to not exclude the street-involved youth who could not obtain parental consent from the study if they did not live with their parents. Excluding those street-involved youth who were not able to ask their parents for consent would skew the data by limiting the study to look at only street-involved youth who could obtain parental consent. Also, such exclusion may further isolate this population by excluding their voice from this study. Three of the participants in this study were adults who did not require parental consent. Four of the youth participants did not live with their parents and could not provide parental consent.

In each interview, I passed the participants envelopes that had \$25 and a list of relevant community resources. I also advised the youth that they could withdraw from the study at any time. In my experience as a Youth and Family Worker, \$25 is a common compensation rate for research that include youth as research participants. The \$25 was paid in cash. Some researchers provide street-involved research participants with gift cards as they believe that research participants may use the cash for substances such as drugs or alcohol. My previous experiences connecting street-involved youth with research showed me that youth prefer cash over gift cards and that youth tend to sell their gift cards for cash in the streets. Trying to sell their gift cards to strangers in the streets to obtain cash may lead youth to dangerous situations. Due to such danger, youth's preference of cash over gift cards and due to the fact that giving gift cards instead of cash do not stop youth from consuming drugs or alcohol, I gave cash to my research participants.

The list of community resources included the contact information of local community service agencies, child and youth mental health offices, the after-hours phone line for children in

care and the regional crisis line. The recruitment materials included my student email address, as well as my thesis supervisor Dr. Marla Buchanan's e-mail address, in case participants wished to ask us questions about the study or wanted to hear about the findings of the study.

**Interviews.** Semi-structured interviews consisted of open-ended questions conducted with research participants. My main interview questions were:

1. Tell me about your experiences of being a street-involved youth who refuse counselling.
2. When do you think counselling is useful for people in your circumstances?
3. What do you think about counselling?
4. What are your reasons for refusing counselling services?
5. If there was an alternate universe, in which counselling could be meaningful, what would that look like?
6. What would your advice be to counsellors who would like to work with youth?

In addition to the above, I asked research participants follow up questions as needed to clarify and/or elaborate on their answers.

Interviews, including the informed consent process, were between 30 to 60 minutes in length. The interviews occurred in places that were familiar to and comfortable for this population. The researcher asked the research participants where each research participant would like to be interviewed. As a result, interviews were conducted in several locations including Abbotsford Community Services Old Courthouse building, Abbotsford Community Services George Ferguson location, Abbotsford Youth Health Centre, Cyrus Centre and a local coffee shop that had a private meeting room. External approvals were received from Abbotsford Community Services, and the Cyrus Centre.

## **Data Analysis**

Data analysis began with writing down my initial reactions at the end of each interview. Thorne (2008) advised those using Interpretive Description (ID) to spend as much time with their data as possible. She encouraged researchers using ID to be responsible for their own data transcriptions. Following Thorne's advice, I transcribed my own data; I included the silences in my transcriptions. I listened to my audio-tapes of the interviews three times upon the completion of my transcriptions to ensure that the transcriptions were accurate. I also took notes of my initial impressions of the transcriptions (Thorne, 2008).

The coding process required patience, and thus gave the data the time to create the stories that evolved. Analysis continued with the printing of the transcriptions. Research questions were written at the top of each page of the transcriptions to maintain the focus of the analysis. Parts of the transcriptions that were meaningful to the research questions were underlined throughout the transcriptions. Later, each underlined part was read and tentatively grouped according to similarity. Thorne (2008) emphasized the importance of careful coding as she compared coding to doing laundry. She warns us that once we put our clothes in the washer and start doing laundry, it may be too late to reverse the process. Thus, the initial categorization of data was flexible. These broad categories did not have labels that had presupposing meanings. Instead data were categorized by highlighting them in different colors and the name of the color was used as the category name. The data corresponding to the category was copied and pasted under the name of the category. Later in the data analysis, time was spent with these broad categories. Data analysis looked at how each participant's quotes related to and differed from one another. At this point, re-reading the initial impressions of each interview, interviewer's reactions to the transcriptions, and the data in each category informed further analysis. I looked at my data and



continued changing the location of quotes until categories became stronger and more meaningful. When the categories became clear, the themes and subthemes were labelled and the index page for both research questions was created. Thorne (2008) explained that the data analysis is completed when one can present the themes and subthemes in a meaningful order and write an introduction section to the list of themes and subthemes. Data analysis was then forwarded to Dr. Marla Buchanan and Dr. Sally Thorne to obtain further feedback. Later a clinician, who has worked with street-involved youth, looked at my findings and gave me feedback, thus acting as the peer expert for this study. The peer expert in this study was Beverly Shields, who holds a master's degree in Counselling Psychology and who is a Child and Youth Counsellor.

### **Representation of Data**

Data were presented in written accounts of themes and sub-themes. In the findings section, these themes were outlined; participant numbers were used to identify the research participants while using their quotes. Hence, the anonymity of each participant was protected.

### **Trustworthiness of Findings**

The interviews were conducted and transcribed by the researcher. Dr. Marla Buchanan and Dr. Sally Thorne were also consulted during the data analysis stage. Furthermore, this research study did not depend solely on the interviews with research participants for sources of data, but also included an expert peer review with a youth counsellor working with street-involved youth.

The peer expert review was done with Beverly Shields, who is a Registered Clinical Counsellor. She has worked with youth, including street-involved youth, at different capacities

for over a decade. Researcher shared the list of themes and sub-themes with the peer expert, and asked her if they contained the ideas that she might have expected one to find about this population. Peer expert suggested that the findings of this study reflect the diversity and complexity of this population. When asked if she finds any of the findings to be self-evident or inaccurate, she answered no. She expressed that she was surprised by researcher participants' desire and hope to have a therapeutic relationship. She also reported that she was reminded that "we as practitioners change our expectations of what counselling does or should do".

### **Ethical Considerations**

I am known by the street-involved youth in Abbotsford due to my past and present roles in Abbotsford Community Services. To avoid dual relationships, I excluded any youth that I had previously worked with directly from this study. Third parties helping with recruitment were other professionals working with street-involved youth. These professionals were asked to invite the street-involved youth participants to this study. This allowed the youth to learn about the study from someone who is not attached to the study. It may be easier for youth to say no to these professionals than to say no to the researcher conducting the study. Thus, participants were not directly invited by the researcher. They were invited through posters and third parties in order to ensure that youth did not feel pressured to participate in the study.

Participants were also informed that they could leave the interview if it became uncomfortable at any point. Not being able to obtain parental consent created an ethical dilemma. Unfortunately, it is difficult to reach street involved youth's parents to get such consent from them. Excluding the street-involved youth who cannot get parental consent could have skewed the data and further exclude and isolate this population. Youth who do not live with

their parents were able to give their own consent. Every attempt was made to keep the research participants anonymous. Numbers were used to identify research participants in this document and the quotes were carefully selected to avoid disclosing identifying information of the participants.

Research participants were informed about the purpose of this research, thus giving the study full transparency. Emotional safety of the research participants were vigilantly considered throughout the research study. The interviewer was aware of the sensitive topics that may come up while talking about counselling. To address this possibility, each youth was debriefed at the end of each interview about their experience of the interview. Research participants were also provided with a list of relevant community resources including, but not limited to, the contact information of local crisis lines and agencies providing free counselling services to street-involved youth. The interviews took place in locations where street-involved youth hang out to make sure that the locations of the interviews did not compromise the data. The audiotapes and the notes taken during the interviews are password protected. The hard copies of the interviews did not have any identifying information and were numbered for identification. The data that is stored in a password protected USB drive will be stored in a locked cabinet for five years following the interviews and then will be destroyed. Another ethical consideration was interviewer's duty to report those research participants who are at risk of harm to self or others and/or child abuse and/or neglect. To address this possibility, the informed consent process included a discussion on the limits of confidentiality at the beginning of each interview. Another possible ethical dilemma that was identified prior to data collection was the possibility of a research participant arriving to the interview under the influence of drugs and/or alcohol. It was decided that in such situations interviews would be rescheduled. Such a situation never occurred

during data collection. However, one of the research participants was incoherent during the interview for unknown reasons. The writer still listened to this participant, thanked him for his time and provided him with a list of community resources and the \$25 honorarium. However, as the audiotaped research was incoherent, that interview was excluded from the data.

### **Dissemination Plan**

An attempt will be made to publish an article outlining the findings of this study in a scholarly peer-reviewed journal such as such as *the Counselling Psychologist*, *Journal of Counselling Psychology*, *Journal of Consulting and Clinical Psychology*, *Professional Psychology: Research and Practice*, *Child and Adolescent Research* and *Journal of Youth Studies* to reach counsellors interested in counselling street-involved youth; however, publishing such articles would only reach a limited number of practitioners. In order to reach more service providers and a wider audience overall, presentations will be made at staff meetings of youth service providers. Furthermore, findings will be shared with the local Ministry of Child and Family Development (MCFD) and Aboriginal Child and Family Development (XYOL) offices. My findings may be presented as information leading to more insightful questions rather than absolute answers.

### **Limitations**

Even though being an insider in the field gave the researcher an advantage with the recruitment, it had its own challenges. The pre-research beliefs and attitudes outlined in the bias section of this paper may have influenced how the research was conducted and analyzed. In order to minimize the effects of such biases, the interviews were audio recorded and the data analysis was reviewed by a peer expert as well as the thesis supervisor as well as one of the

committee members. Furthermore, the section of the biases has reminded the researcher of the pre-interview pre-conceptions to avoid such pre-research beliefs to contaminate the data. In addition to the challenge of such biases, the possibility of dual relations needed to be considered. In order to avoid such dual relations, previous or current clients of the researcher were excluded from this study. Moreover, recruitment was done through posters and through other professionals as well as through word of mouth. The researcher avoided recruiting participants directly.

## **Chapter Four: Findings**

As discussed in the introduction section of this paper, street-involved youth's street-entrenchment, life experiences and worldviews are quite diverse. Research participants' opinions and suggestions paint a meaningful picture. In the findings section, I will present this picture by outlining the themes that emerged from both the first research question, "Why do street-involved youth refuse counselling?" and the second research question, "How do we engage street-involved youth in counselling that is meaningful to this population?" There are three distinct layers in which street-involved youth refuse counselling. These three layers are the following: a) perception of counselling b) experiences of counselling and c) self-protection. In regards to the second research question, "How do we engage street-involved youth in meaningful counselling services?", research participants' advice to counsellors is organized into three levels: accessibility, relationship, and intervention.

The ways in which research participants refused counselling can be organized into three layers: perception of counselling, experiences of counselling and self-protection. Stigma, system, and control are the sub-themes that emerged from the first layer, perception of counselling. The sub-theme of stigma included research participants' opinions of what counselling is, their opinions of what counsellors do and their fears of being judged. In addition to the general negative perception of counselling, two of the research participants talked about their negative perception of the overall system and how it fails street-involved youth. The sub-theme of system had the following messages: the system does not work, research participants distrust the system, and research participants associate counselling with the system. Lack of control also emerged as a sub-theme within this layer. This sub-theme was present while youth was talking about forced

counselling and the number of professionals who have access to youth's private selves. Some of the research participants talked about how professionals talk to each other while transferring files and making referrals. Such communication amongst professionals and the number of professionals youth tell their stories to over the years lead many youth to feel vulnerable. Experience of counselling is the next layer that was discussed in depth during many of the interviews. Experiential reasons for refusing counselling may be categorized in two sub-themes: relevance and valence. Most of the research participants shared that counselling was not practical or relevant to them, and that it was not fun or useful. They reported not wanting to spend their time on counselling. Research participants' experiences of counselling also included negative valence towards counselling. Research participants did not feel heard, understood, cared about or respected during their experiences of counselling. Unappreciated, disregarded, upset, judged, awkward, tense and accused were also reported as negative feelings associated with research participants' experiences of counselling. A more complex layer that research participants reported as a reason for street-involved youth to refuse counselling is self-protection. Research participants suggested that street-involved youth refuse counselling to protect themselves from the above mentioned difficult feelings. One research participant also talked about the difficulties of putting these feelings and some of the difficult experiences into words. In addition to protecting themselves from the difficulties associated with counselling, research participants suggested that youth protect their identities by refusing counselling because it may imply that they need to change and/or are not good enough.

## Findings: Research Question One

**Table 4.1** List of Themes and Subthemes for Research Question One

Why do street-involved youth refuse counselling?
<b>Perception of Counselling</b>
Stigma
System
Control
<b>Experiences of Counselling</b>
Relevance
Valence
<b>Self-Protection</b>
Identity
Difficulty

### Theme One: Perception of Counselling

*Stigma.* There are three ways stigma influenced research participants' perceptions of counselling: a) street-involved youth's opinions of what counselling is, b) their opinions of what counsellors do and c) the possibility of being judged by others for receiving counselling.

Examples of participants' perceptions are provided below:

*a) Opinions what counselling is.* While talking about their opinions of what counselling is, two research participants talked about how receiving counselling means something is wrong with the client receiving it. While talking about stigma attached to counselling, research participant #1



said: “I think they would probably have to come up with a different name ... to remove some of that stigma just because when people hear counselling they think somebody is trying to fix something that’s broken”. Research participant #2 communicated a similar message by saying that receiving counselling “implies that something is wrong with you.”

*b) Opinions of what counsellors do.* While discussing street-involved youth’s perception of counselling, four of the research participants talked about who counsellors are, and what they do. Research participants #6, #2 and #5 all talked about how counsellors see clients as numbers, not recognizing the diversity of clients’ stories and making assumptions about street-involved youth in different ways. Research participant #6 emphasized that counsellors do not see the diversity of street-involved youth and their reasons for counselling:

Some counsellors I am sure see people as patients or clients. They don’t look at them as individuals because everybody has a completely different story that got them there. Completely different ways they got there. Some people are court ordered; some people actually want to learn, actually looking for answers, looking to let go of stuff.

Research participant #5 suggested that counsellors judge you without knowing you. Research participant #2 warned counsellors that there could be an alternative story to the one that counsellors thought they figured out about their clients: “There could be something alternate... There could be like other situations, alternate things, besides what they think is wrong with them”.

Research participant #1 reflected on how, as a street-involved youth, she used to think that adults could not understand youth’s experiences:

You don’t even think some of your peers experiencing the same things let alone adults ... adults don’t know anything right...when you are a teenager you don’t, you really think that there is no one in the entire world that can possibly understand or ever had that experience before and that is what you do think ... Being a teenager you just have a different mindset you

have a you don't feel like anybody can ... understand what is happening to you. And, going into counselling, what is the point, they don't understand they never had this feeling.

*c) Fear of being judged.* Fear of being judged was identified as another perception of counselling for street-involved youth by two of the research participants. Research participant #4 suggested that fear of friends judging them could stop street-involved youth from receiving counselling. Research participant #1 not only talked extensively on street-involved youth's fears of being judged by their friends for receiving counselling, but also thought street-involved youth's friends would be worried about what the youth might say about them to their counsellors: "If you are going to go talk to a counsellor don't say anything about me".

**System.** In listening to participants' stories, I became aware of the three ways the system influences street-involved youth's decision to refuse counselling: the system does not work, they do not trust the system and they associate counselling with the system. When participants talked about the system they referred to the professionals working with this population. Some examples of such professionals include teachers, social workers, youth workers, counsellors and probation officers.

Two research participants shared their belief that the system does not work for street-involved youth. Research participant #1 believed that the scheduling of counselling appointments and the limits of confidentiality do not work for street-involved youth. While talking about the waitlists and the way counselling appointments are made, research participant#1 said: "You talk to somebody and they make appointments and appointments are four weeks later by that time you know you are already maybe in a new cycle of of everything right?"

She believed that such waitlists would not work with street-involved youth. She also talked about how limits of confidentiality restrict what the street-involved youth may speak to

counsellors about. Counsellors need to report any suspected child abuse and inform their clients of these limitations of confidentiality. Research participant #1 stated that such abuse is very likely to be done to street-involved youth by people that they love and would like to protect. According to research participant #1, street-involved youth on some occasions would like to talk about the abuse without having to report it:

If you tell me about this this or this, I have to report what do you think they are going to talk about ... those are the horrible things that are happening to street youth that's why they are on the street, is that their step dad, their mom, their person in their life, a lot of people were there because of abuse whether it was physical, emotional or sexual abuse.

While talking about how the system does not work for street-involved youth, research participant #6 focused on the number of people street-involved youth had to tell their stories to:

And people would be like now you are going to tell this person this week and this person next week and next week you have a social worker you have to ... to tell it to. Why would I want to talk to these people like I don't. You know?

Furthermore, research participant #6 claimed that the number of professionals street-involved youth have to speak to has a negative impact on their ability to build a connection with their counsellors:

soo ... like I am sure it's like being bounced from foster home to foster home and trying to look at somebody as a parental figure; it would be the same kinda thing. You would be like whoa ... I was only there for two weeks last time how is it gonna ...

Another way the system influences street-involved youth's refusal of counselling services is their lack of trust in the system, as articulated by research participants #1 and #6. Research participant #1 stated that street-involved youth do not trust the system because they do not trust authority figures: "They ... distrust authority the most because the authority figures in their lives have been the one mistreating them the whole time".

Research participant #6 suggested that she did not trust the system because it failed her before:

I had told people my story many times and it never got dealt with. There was nobody actually ... The system would not help me that's just the way it was ... hard to deal with and sometimes they care but they can't do anything ... because the system won't let them.

Research participant #6 also made clear associations between the system and counselling on a couple of occasions. She believed that street-involved youth may associate the system with counselling due to forced counselling: "I associated counsellors with authority figures and social services and stuff like that".

***Personal Control and Decision Making.*** Despite the diversity of participants' perspectives, the concept of forced counselling continued emerging from the data. Participant #2 talked about how the idea of receiving counselling was "thrown at" street-involved youth:

Yeah, it was thrown at you almost without really getting into it you know. The youth did not have much side to say if they wanted to be in counselling or not, it is just thrown at you kind of thing.

Participant #4 talked about how street-involved youth are told repetitively to seek counselling, saying that "[y]ou get nagged a lot". Participant #5 talked about how her boyfriend was forced to go to counselling if he wanted to go back to school. Participant #6 echoed the same message reporting that she was refused other services if she refused to go to counselling. A couple of the research participants talked about how youth on probation are forced to receive counselling by court orders.

Participant # 6 specifically addressed the impact of forced counselling on street-involved youth refusing counselling:

Forcing counselling on people does not help because it will make them see it (counselling) negatively ... it's like being pushed so obviously people are going to push back...that's kinda people's natural instinct. Especially in a sensitive situation that comes to their lives ... they'd like to feel in control of their lives and when you take that control away and force something on somebody and say we are gonna control your life now they are gonna push back like and it won't be a positive experience.

Later in the interview, research participant #6 further talked about forced counselling in the context of power as follows: "They are being forced. Their power is being taken away from them". Research participant #5 also claimed that forced counselling does not work.

*Privacy.* Four of the research participants talked about how all professionals know about street-involved youth's private experiences. Research participants # 3 and #5 specifically talked about all professionals knowing each other and hearing youth's stories from each other:

Cause a lot of workers, all the foster parents ... all the adults know things ... I did not want to spread all my shit around right? To like a lot of adults ... they knew, foster parents, foster worker and all these other people then it would just get out there ... I would like to keep to myself. I don't have family what not around so all that shit is personal but then again when you are older, you find out that they already knew... All these counsellors usually talked about all the social workers know, it's all written down in the books. (Research participant #3)

Talking about professionals, research participant # 5 said: "Everybody knows each other. They already know your story". Research participants #4 and #6 also discussed how several professionals would know about street-involved youth's private experiences. However, in contrast to the perspectives of participants #3 and #5, these participants focused on street-involved youth having to meet with several professionals with different mandates and tell each of them their stories: "Umm cause like they might have other youth workers and stuff. Like it (having a counsellor) is too much I guess". (Research participant #4)

And people would be like now you are going to tell this person this week and this person next week and next week you have a social worker you have to ... to tell it to. Why would I want to talk these people like I don't. (Research participant #6)

**Theme Two: Experiences of counselling.** While talking about their experiences of counselling, many of the research participants discussed the irrelevance of counselling in their lives and the negative valence it produces.

**Relevance.** Research participants claimed that counselling was not relevant in street-involved youth's lives as counselling is not useful, fun or timely. Talking about youth, research participant #3 said: "They don't think they can get anything out of it. Really, sometimes kids just want something out of everything".

Research participant #1 also talked about counselling not giving street-involved youth what they need:

Going to counselling ... would take the time I needed for panhandling so I can get the money for ... so I can go for partying ... that's it I didn't have time to go see counselling....won't put any money in your pocket. It's not giving you any of those things.

Research Participant #3 also reflected on not wanting to spend his time on counselling due to its lack of relevance in his life:

Back in the day, I used to steal a lot and do illegal things, doing that instead of doing counselling right. Ohh, I need to go chill with my friends outside or walk around what not or figure out where I am staying for the night instead of doing counselling.

Two of the research participants talked about how boring counselling was: "No. I am not gonna enjoy it. It's just gonna be sitting down talking to someone and it's gonna really (be) annoying ... pretty boring" (Research participant #3). "I know a lot that sit down in an office and talk ... That's what I was doing in (name of the agency) ... not fun" ( Research participant #5).

According to research participant #6, the lack of relevance originated from counselling's uselessness. She discussed how counselling had not helped her on a few occasions during the

interview: “I had told people my story many times and it never got dealt with ... nothing positive happened through it”.

I think it was just because nothing was ever done umm ... they asked a bunch of questions and never said anything back that I could hold on to or something that could help me. It wasn't helpful in that way ... It was more like I heard you but what do you want me to do about that? How do you feel about that? How do you feel about that? Well, I am very upset. Well what are you gonna do about that? Umm I don't know ... it felt like I was going in circles.

Two of the research participants talked about counselling not being relevant at the time it was offered to them. Research participant #2 talked about counselling being brought up as he was going through a rough time. He believed that counselling was forced on him at a time that did not allow him to think about counselling: “It was kinda brought up right in the middle of it ...there was no chance of elaboration.” (Research participant #2)

Research participant #5 reported that counselling was not available when she needed it and was offered when she did not need it:

I have such bad anxiety I had seizures. I had to go to the hospital and they wouldn't do anything about it. For two weeks. I asked for counselling. I asked to be put on meds. Kinda got better then they forced me to counselling again... It got better, so I didn't need it anymore, so the timing was off.

**Valence.** In addition to lack of relevance, research participants talked about the negative valence they experienced during counselling. Research participant #5 talked about finding counselling awkward and feeling tense about it: “Just the awkwardness of it, tension of not knowing”.

Research participant #7 explained that she did not feel understood or cared about while receiving counselling: “I think because they don't really care ... they don't really understand where you are coming from and they don't even know you that well”.

Research participant #4 also talked about not feeling understood: “They assume things that I need help with, that I don’t.” Research participant #2 and research participant #6 talked about feeling disregarded: “Upset, ... unappreciated maybe ... Not respected maybe ... disregarded” (Research participant #2). “I felt like I was treated like a number and they were only doing it just for money” (Research participant #6).

Research participants #5, #6 and #7 discussed the ways they felt judged while receiving counselling services. Research participant # 5 talked about how counsellors tended to judge and stereotype:

They think like they know you. They already know your story, they are kind of like judgemental. I know a lot of people refuse counselling because of that reason ... Like when you walk in, their facial expression and stuff and cause like they already know you without you saying anything ... They already had their story figured out.

Research participant #5 and #7 talked about feeling accused by counsellors: “They all like they always think like it’s your fault you know they told me that, you are not doing this right ... and they would just accuse me ... of being a bad person”. Research Participant # 7

I don’t know what to say, I wasn’t there and she was like, no you were there you did this. Wow. That’s accusing. Also, I have seen other counsellors do that type of stuff too.  
(Research participant #5)

Research participant #6 also talked about feeling judged and mistreated: “People looked at me like I was the problem and I got very mistreated because of telling my story”. Research participant #7 articulated feeling judged and guilty specifically about past trauma during counselling: “was raped once and I kind of felt so guilty about what they said like they put so much guilt on you”.

**Theme Three: Self- Protection.** A more complex layer of street-involved youth’s refusal of counselling appears to lie in the theme of self- protection. Research participants suggested



that street-involved youth are protecting themselves from difficult feelings and conversations associated with counselling and protect their identities from changing and from being judged by refusing counselling.

**Identity.** According to research participant #2, street-involved youth are protective of who they are: “I don’t know, just protective of their own nature”. Research participants #1 and #7 discussed that counsellors wanted to change the street-involved youth. Research participant #1 talked about professionals wanting street-involved youth to be a certain way: “tell you to get a job and get a haircut ... it always kind of felt like that other people at the time trying to, at the time, trying to enforce, instill their values onto us ...”. Research participant #7 also believed that counsellors wanted to change her. She experienced counsellors’ desire to change her as an attack to her personhood: “They told me maybe you should change this... I can’t because I can’t really change who I am. Right. I am who I am”.

Research participants #1 further discussed what counsellors wanted to change in youth. She suggested that counsellors wanted to change things in her that she was happy with: “They wanted to change something about me that I did not want to have changed, I did not want those rules in place ... because I was doing what I wanted to do ...”

In addition to being asked to change who they are, some of the research participants believed that receiving counselling attacked their identity by implying that something was wrong with them. They discussed how counselling may be beneficial to some youth, but not to them as they do not need counselling. Research participant #4 also talked about not needing help on multiple occasions:

They assume things that I need help with that I don't... I don't know cause I don't have a lot of problems right now ...I did not really talk to her much. I was really quiet ... because I have nothing to talk about.

Research participants #3 and # 2 talked about others needing counselling but not themselves:

But then there is these people ... need counselling because they have huge things happening massive things in a short period of time right? But like when they are young, 10 or something ... like they remember everything that goes on. They talk about it ... to a counsellor within a week or two or a month, they have short time they can talk about it and then they feel a bit better right? (Research participant # 3).

It can be pretty helpful like you know in some cases, it can be a great thing, talk to someone about problems if you have them ... it could be umm nice to you know just to let someone know about other things, like not to keep all bottled up, in some cases. (Research participant #2)

Research participant # 4 associated receiving counselling with something being wrong with the person receiving it: "I don't like talking to many people ... Like there is something wrong with me or something". Furthermore, research participant #1 discussed street-involved youth's opposition to conforming in two different ways. First she talked about youth's fear to be like adults: "they are trying to make you ... try to make me into them and that is like every teenager's fears not be an adult like their parents right?"

Research participant #1 believed that for street-involved youth such opposition is even stronger. She suggested that to belong to a street-culture one has to act a certain way:

You are not gonna wear that suit and tie, you are not going to sit on that the man's couch ... there is definitely that mentality that you don't do those things because then you are not as punk, you are not as tough and you are not... that's the mentality ... and you don't keep that tough persona on the street then you get taken advantage of ... You need to keep up appearances.

**Difficulty.** As mentioned earlier, the theme self-protection also includes street-involved youth protecting themselves from the difficulties associated with receiving counselling. Research

participants #2, #6 and #1 talked about emotional difficulties attached to counselling. They claimed that talking about certain issues does not help street-involved youth, but makes them feel worse: “They try moving on by talking about it and it brings back memories again and it makes the whole situation just makes it worse because now for the next week that’s all they can think about right?” (Research participant #6).

Research participant #3 talked about the difficulties of articulating some of the issues during counselling sessions: “Have problems explaining things too. That’s a big thing... A lot of kids probably have problems explaining things”.

Research participants #1 and #3 claimed that it is harder for younger people to receive counselling as they may not understand what counselling can help them with and they may also not be able to explain difficult issues:

Younger kids would be probably hard, like really hard. ... When people get older, then they would be a lot easier to do counselling ... When they are older, they will probably stay until they are done, being able to explain things. (Research participant #3).

Research participant #1 also believed that as people get older, they would be more likely to realize their challenges and goals and to seek help to get off the streets:

in the mid twenties, they may be able to pull themselves up out of the streets and get umm get services to help them to get into an apartment and get a job and stuff like that and may be a little bit later all the stuff they went through they have to face it at some point right.

Research participant #7 talked about how she may consider counselling during adulthood:

Yeah that’s why I probably would never go back, a lot of people tell me to go back. But I was like no ... maybe when I am in my late 20s, could be different because you are not a youth.

Talking about street-involved youth’s reasons for refusing counselling, research participant #6 emphasized the importance of readiness: “Sometimes people just aren’t ready to deal with things

like that. If they are they don't know how...". Research participant #2 talked about the level of vulnerability that counselling requires:

Feeling insecure about safety of the matter, stuff like that... They may be self-conscious just ... about another person knowing things about them even though it may be confidential you know? They feel a little bit odd about saying it.. another person like just verbally saying outside of themselves, another person, about their own problems, venting right, someone else just knows it.

### **Findings: Research Question Two**

Research participants' advice for counsellors who want to work with street-involved youth is represented in three layers: a) accessibility, b) relationship and c) interventions. While answering the first research question of "Why do street-involved youth refuse counselling?" research participants talked about the system failing street-involved youth while one of the research participants made a clear association between counselling and the system. In answering "How can we engage street-involved youth in meaningful counselling?" research participants talked about the importance of making counselling accessible to street-involved youth. They suggested counsellors should be flexible around where and when they would see street-involved youth clients. Once they ensure that counselling is accessible, counsellors may work on building therapeutic relationships with their clients. The data in this study suggests that in order for such relationships to be built, counsellors need to develop positive associations through people, places and concepts that youth value. According to many of the research participants, the counselling relationship needs to follow the sequence and norms of non-counselling relations. Once a positive rapport is built, research participants advised counsellors to strengthen their relationship with the youth by being informal, friend-like and patient. Furthermore, one research participant claimed that counsellor's own experiences and self-disclosure of such experiences to street-involved youth may benefit the counsellor-youth relationship. In terms of interventions, research

participants' suggestions may be grouped into three categories: relational interventions, practical interventions and emotional interventions.

**Table 4.2 List of Themes and Sub-Themes for Research Question Two**

<b>How can we engage street-involved youth in meaningful counselling?</b>
<b>Accessibility</b>
Place
Time
<b>Relationship</b>
Association
Choice/Control
Natural
Strength/ Depth
<b>Interventions</b>
Relational
Practical
Emotional

**Accessibility.** According to the research participants, time and place are important concepts of accessibility. Research participant #5 suggested that counsellors “pop up out of nowhere” and expect the street-involved youth to visit their offices during the office hours to share their most private selves with the counsellors. Three of the research participants advised counsellors to go to places where youth hang out to increase familiarity between the youth and the counsellor before and between counselling sessions: “They would have to go to where the youth are, where the youth feel comfortable, especially street youth” (Research participant #1).

Research participant # 5 talked about a youth worker who reached out to youth in the streets. This research participant associated these outreach efforts as for that worker caring about youth: “She is not waiting in some office, waiting for somebody to come to her, just walk around cause she cares right? She shows that she cares came out and helped out and stuff.” Research participant # 4 also advised counsellors to visit youth where they are at: “at school, come and say hi”. As seen above, research participants recommended that counsellors make an effort to be around street-involved youth as opposed to waiting for street-involved youth to come to their offices.

Research participant #1 advised counsellors to also be flexible with time by offering flexible office hours and responding immediately when street-involved youth request counselling. Research participant # 1 suggested that counsellors work around street-involved youth’s schedules:

for street youth...its 2:00 am its ... you know 7 in the morning at dawn when you shaken of the frost right? Its its that kind of time... when you are they are gonna start and that connection can be made to continue.

Research participant # 1 believed that counsellors need to be ready for small windows of opportunities for connection with youth. She claimed that counsellors need to keep a pulse on youth and respond immediately when youth are in need.

### **Relationship.**

**Association.** The association of counselling with the system was one of the sub-themes that emerged from youth’s reasons for refusing counselling services. This theme of association also emerged in the sub-theme of relationship within the context of research participants’ advice to counsellors. Research participants suggested that counsellors should align themselves with

people that street involved youth like. Research participants believed that the counsellor-youth relationship may benefit if the youth and the counsellor were introduced by a professional that youth trust.

Research participant #1 also talked about the importance of having street-credibility:

You see your friend who is may be living on the street for two years and they are talking to this person so then you feel little bit more comfortable talking to that person too, you need to be the people who are out on the street.

Research participant #6 claimed that it was important for counsellors to distance themselves from the system especially when counselling is forced. She articulated the importance of being the youth's ally. Research participant # 6 advised counsellors to let the youth know that counsellors are not the ones that forced youth to counselling.

***Choice/Control.*** The data pertaining to the main research question suggested that forced counselling and lack of control are two of the reasons for street-involved youth refusing counselling. Giving youth choice and control over counselling, emerged as sub-themes within participants' advice to counsellors. Research participant #6 suggested that it is important for the counsellor to evaluate how much control youth have over receiving counselling: "I think that might be a question to start up with when you meet a client. Are you here by choice, do you want this?".

Research participant # 6 further advised counsellors to give choice to youth in regards to receiving counselling. Research participants #5 and #6 talked about the importance of letting youth seek counselling as opposed to forcing them: "If you look at the people who actually seek it, they take it to heart ... You have to want to have counselling"( Research participant #5). "If people are asking for it and they are asking you questions then it's a lot more productive than

you telling them...and them not wanting to listen. It's a whole different experience.”( Research participant #6).

Furthermore, research participant #6 suggested that counsellors allow street-involved youth to choose which counsellor to receive counselling from: “The youth has to have a connection maybe they'd see four or five different counsellors at first ... and have a choice like which counsellor to meet, kind of pick the one ...”.

Giving street-involved youth control over counselling sessions includes allowing them to be in charge of the topics of discussion. Research participant #5 claimed that counsellors should not push a topic rather let the youth decide on the topic of discussion: “If something comes up and it's fine to talk about then that's great but ... but let the youth bring it up if they want to”.

Research participant #6 also advised counsellors not to ask personal questions: “There are certain questions you shouldn't ask ... If they wanted to talk about it or if they wanted help with it, they will bring it up”. Research participants talked about the formality and awkwardness of counselling and suggested that counsellors think of the client-counsellor relationship as they do any other relationship and treat the youth like a person. Instead of treating them like a client, research participant #6 stated “look at them as a person, as a friend”. Research participant #5 stated: “Just like not as a counsellor but pretend that you just met that person”.

Research participant #5 emphasized the importance of counsellors finding out who the youth is beyond his or her problems: “Know the person instead of saying what issues is she dealing right now, what do you need right now”. As part of having a spontaneous, informal, and natural relationship, research participants suggested that counsellors get out of the counselling room and do regular things with youth. Research participant #4 talked about appreciating the



time she spends with her youth worker just hanging out. Research participant # 3 also talked about enjoying regular activities with professionals. He talked about enjoying going to fast food places, joking around, engaging in sports, having coffee, and talking about “simple things” with his youth worker. He advised counsellors to make counselling “simple” and more comfortable.

In addition to doing simple things, as in natural relationships, people would have equal air time during counselling interactions. One would not expect the other person to do all the talking. Research participants suggested counsellors do some of the talking during the sessions: “Be fairly I guess talkative towards the matter” (Research participant #2). “I would just say on the first day that the counsellor has to talk more ... Yeah, there is no silence, right? If the person is not talking, keep talking” (Research participant #3). “You are just listening, showing them maybe they can trust you as well when you open up to them a little bit” (Research participant #6).

Four of the research participants talked about the significance of the connection between the youth and the counsellor. Research participant # 1 recognized that counsellors do not have the same amount of time that youth outreach workers do; however, she suggested that counsellors spend as much time as possible to build rapport with the youth. She reminded counsellors that youth are being asked to tell counsellors, who are strangers, about their most private experiences. Research participants # 4, # 5, and # 6 advised counsellors to recognize how difficult it is for the youth to open up to strangers.

Research participants # 1 #,3 and #4 warned counsellors that such connections take time and require patience. Research participant # 1 advised counsellors to spend time in the streets and be patient with the time spent on building rapport. Research participant # 3 suggested that

counsellors start small with shorter sessions. He suggested that sessions can be expanded as the rapport and trust are built. Research participant # 5 also suggested that counsellors spend time on getting to know the youth, building rapport and trust.

Research participants #4 and #6 claimed that counsellors' self-disclosures may allow youth to relate to and trust the counsellor. Research participant #5 shared that she feels more comfortable with counsellors who had experienced hardships themselves: "I find that most counsellors had like like traumatic drastic change in their lives ...They give out good vibes".

Research participant # 5 found counsellors who may not have experiences of hardships to be judgemental and hard to relate to:

I don't know it's not their fault that they did not have a drastic change in their lives to motivate them but they give out the wrong kind of vibe. There is a lot of tension and you don't feel comfortable about them. Those are usually the ones I kind of find judgemental a little bit. Cause they haven't been they haven't really been through something harsh to understand. Research participant #5

### **Interventions.**

***Relational.*** Data suggests that counsellors need to understand the youth they are working with and the reasons that brought them to counselling before practicing any counselling interventions. Research participants # 6, # 2, and #5 suggested that counsellors start the therapy by trying to understand the youth. In addition to understanding youth, visibly caring about youth is another relational intervention suggested by research participant #2: "Like seem like you actually care, be caring".

***Practical.*** Lack of relevance of counselling was brought up as one of the reasons for street-involved youth refusing counselling. Hence, it was not surprising to receive suggestions from research participants on practical interventions. Research participants #2 and #7 suggested that

counsellors help street-involved youth sort things out: "...to kind of like dig through ... their... thoughts, emotions, situations, categorize it ... help the youth understand things more like probably just like accept certain aspect of things" (Research participant #2).

Research participant # 7 wished that her counsellor helped sort things out but her counsellor instead distracted her from her problems. Her advice for counsellors was to help youth face and deal with their problems. Research participant #6 suggested that counsellors give street-involved youth information and pamphlets. She also advised counsellors to explain the information on the pamphlet to the youth. This research participant believed that it would help the youth if the counsellor could talk about how this pamphlet or information helped other youth who may have similar struggles. Research participant #3 suggested keeping a balance between in-depth therapy and working on practical goals such as obtaining employment. He suggested that the counsellor and the youth should compromise on the goals of counselling: "Counsellors would make you talk about complete counselling but then they would also help you with something actually you need. Get a job or something, build a resume".

Research participant #5 suggested that once a relationship is built, counsellors should challenge their clients. She later warned the counsellors to challenge only as much as the youth can take: "Push a little bit but not overwhelm". Two of the research participants talked about the importance of emotional support. Research participant # 5 talked about being there for youth when they are going through difficult times. Research participant #7 talked about the need for counsellors to understand a youth's pain, holding the youth as he or she tries to figure things out: "For someone like to hold you, to understand your pain and umm they would talk to you about it and try to figure it out".

Research participant #7 also advised counsellors to work with street-involved youth to relieve some of the shame and guilt youth may feel regarding past trauma: “Yeah they are supposed to tell you like its not your fault, you shouldn’t feel bad and support you with that.”

Research participant #6 advised counsellors to help street-involved youth to focus on something positive when things get overwhelming for the youth:

And sometimes changing the subject is the better way. Lets talk about something positive. If that’s really bugging you and if the subject is too sensitive for you, lets change the subject. Have you had something happy happened today? (Research participant #6).

The findings point to significant issues for street-involved youth who have experienced counselling. I now turn to the final chapter to discuss these findings as well as their implications for counselling practice and future research needs.

## **Chapter Five: Discussion**

Each year 10 to 20 per cent of Canadian youth struggle with mental health challenges (Canadian Mental Health Association, 2012), and each year hundreds of Canadian youth complete suicide (Canadian Mental Health Association, 2013). Despite the high needs of the youth population and the severity of consequences, 80 % of Canadian youth who struggle with mental health problems still do not access counselling services (Canadian Mental Health, 2012). Street-involved youth are a particularly vulnerable population that is at high risk for trauma and mental health disorders (Brown and Amundson, 2010; Robson, 2005), and similarly, many of them do not access counselling services (Cormack, 2009). As a former youth and family worker involved with this population, I had many queries about why street-involved youth refuse counselling and how we can engage them in counselling that is meaningful to this population. I embarked on this research project with the hopes of asking these questions to street-involved youth themselves and to allow their voices to be heard amongst both practitioners and academics in the counselling field. In this chapter, I will consider this study's findings in the context of the literature on youth's perception of counselling, youth help-seeking behaviours, and counselling youth. Furthermore, I will discuss the recommendations that emerged from this study and their implication to the field of counselling. I will conclude by discussing suggestions for future researchers and outlining the limitations of this particular research project.

### **Considering Findings**

The purpose of this study is to understand why many street-involved youth do not access counselling services and to learn from street-involved youth how to offer counselling services that are meaningful to this population. A total of seven participants, with past or present

experiences of youth street-involvement coupled with counselling refusal, participated in this study. Data collection comprised of semi-structured interviews with research participants. Following an analysis of why street-involved youth refuse counselling, three themes emerged: perception of counselling, experiences of counselling, and self-protection. Research participants' advice to counsellors also came in three levels: accessibility, relationship and interventions.

### **Confirming Existing Knowledge**

In this section, I will cover the findings that are consistent with the literature reviewed and discuss how these findings may confirm and extend current knowledge.

#### **Why do street-involved youth refuse counselling?**

*Not developmentally ready.* Del Mauro and Williams (2013) and Baruch, Vrouva and Fearon (2009) suggested that youth are more likely to receive counselling as they get older. The findings of my study similarly suggested that youth are more likely to receive counselling when they are older and more developmentally ready. For instance, one of the research participants talked about her observations of her peers getting help in their twenties after an overdose or after having children. Another research participant suggested that it would be harder to identify and articulate feelings when younger. A third research participant claimed that she would not receive counselling but later added that she may consider it in her twenties.

*Negative perception of counselling.* Research participants of my study as well as the research participants of Del Mauro and William's (2013) study believed that counselling did not help. Furthermore, a research participant in Cormack's (2009) study suggested that talking does not change things in her life, thus, counselling does not help. A research participant in my study further reported that talking makes things worse as it reminds the person about the past.

Research participants in my study, similar to Del Mauro and Williams' participants, suggested that shame, attached to counselling, may be one of the reasons for street-involved youth to refuse counselling. In Cormack's study, research participants associated receiving counselling with being insane. A couple of the research participants in my study also associated receiving counselling with something being wrong with the person receiving it: "When people hear counselling, they think somebody is trying to fix something that is broken" (Research participant # 1), "counselling implies something is wrong with you" (Research participant # 2). Del Mauro and Williams (2013) talked about their research participants not accepting the severity of the problems that brought them to counselling. Three of the research participants of my study believed that they did not need counselling as their problems needed to be bigger to qualify for counselling. Furthermore, research participants in McLean's (2012) study found counselling to be boring. Research participants in my study also found counselling boring "sitting down in an office... not fun" (Research participant # 5). Del Mauro and Williams (2013) identified a lack of trust towards counsellors. Research participants in my study talked about distrusting the system and associating counselling with the system.

***Difficulties of opening up to a stranger.*** The difficulties of opening up to a stranger were discussed by research participants in my study as well as by the research participants in Del Mauro and Williams (2013) and Cormack's (2009) studies. Research participants in my study outlined the difficulties of going to an office they had never been to before as well as talking about very private matters to someone they had never met.

***Feeling judged.*** Both the research participants in McLean's (2012) study and the research participants in my research study shared that they felt misunderstood by counsellors. Research participants in Bluthenthal and colleagues' (2006) study as well as the research

participants in my study talked about feeling judged during counselling. Research participants in my study felt accused and stereotyped by their counsellors. Furthermore, one of the research participants in my study reported that she felt shamed by a counsellor about a past trauma. This youth was talking to her counsellor about a past experience of sexual assault and her counsellor prompted her to create a safety plan, which led this youth to think that her counsellor believed the assault was her fault.

***Forced Counselling.*** Research participants in Fitzpatrick and Irannejad (2008), Cormack (2009), and McLean (2012) studies talked about counselling being forced on youth. Comparably, research participants in my study talked about counselling being forced on street-involved youth. They discussed the idea of counselling being thrown at street-involved youth without much chance for consideration and youth being persistently urged to engage in therapy. One of the research participants shared that her boyfriend was told that if he wanted to come back to school, he had to receive counselling. Another research participant had a similar experience in that she was told she would have a better chance of receiving services if people knew she was in counselling. Furthermore, two of the research participants talked about court-ordered counselling. One of the research participants suggested that the more adults force counselling on youth, the more youth would push back and not go. Another participant said that she proved her power by not going, echoing a similar power struggle. Overall, forced counselling was a strong theme that both emerged in this research study and in the literature.

### **Advice to counsellors**

***Go to the places street-involved youth are at.*** Cormack (2009) suggested that counsellors spend more time with homeless youth in places that are familiar to that population prior to



counselling sessions. Hanna, Hanna and Keys (1999) advised counsellors against limiting counselling to the counselling room. Very similar advice came from my study's research participants. Research participant # 1 emphasized the importance of meeting street-involved youth at places where they feel comfortable. Research participant # 4 advised counsellors to visit youth at school and briefly come say "hi" even though they may not have an appointment scheduled on that day. Research participant # 5 talked about how much she appreciated her worker finding her in the streets and reaching out to her as she associated this outreach with the worker caring about her.

***Build Rapport.*** Schroder and colleagues (2009) found that the youth-counsellor rapport played an important role in program's retention of its clients. My study's research participants also talked about the importance of counsellor-client relationships. Research participants in my study advised counsellors to act naturally around the street-involved youth and to look at them as people rather than as clients or problems. Four of the research participants extensively discussed the significance of youth-counsellor relation while discussing street-involved youth's reasons for refusing counselling. They reminded the researcher of the difficulties of opening up to a stranger and the value of being seen and known by the counsellor. Furthermore, three research participants warned counsellors that the development of such relations take time.

***Respect Client's Autonomy.*** McLean (2012) found counsellors working on goals that were different than the ones youth had for themselves to be a hindering factor in counselling. Research participants in my study likewise advised counsellors not to force a topic or a question and let the youth bring things up themselves. Hanna and Hunt (1999) suggested counsellors respect clients' voices in goal setting and autonomy in counselling. In the same way, research participant # 6 in my study emphasized the importance of giving youth choice and control over

counselling. She advised counsellors to work with youth's resistance against counselling and to be their clients' allies. Hanna, Hanna and Keys (1999) advised counsellors to avoid being an authority figure in a youth's life. Research participants in my study had similar advice. For instance, research participant # 6 advised counsellors to give youth choices regarding counselling, and to distance themselves from those who forced the youth into counselling.

***Talk about other youth and what helped them.*** Hanna and Hunt (1999) advised counsellors to give hope to youth through positive stories of other youth's journeys and achievements. Very similarly, a research participant in my study recommended that counsellors give street-involved youth pamphlets and information that in the past had helped other street-involved youth. She suggested that the counsellor could let the youth know how this information and/or pamphlet helped other youth struggling with similar issues.

***Use of self-disclosure.*** Hanna, Hanna, and Keys (1999) advised counsellors to use self-disclosure. When talking about strength and depth of counsellor-youth relationships, research participants in my study also claimed that counsellors' self-disclosures may lead street-involved youth to relate to and trust the counsellor more fully. A research participant in my study shared that knowing something personal about the counsellor may lead her to see the counsellor more as a person and less as an authority figure.

## **New Contributions for Consideration**

***Privacy.*** In my study, research participants complained that one of the reasons for street-involved youth refusing counselling was due to the belief that many professionals knew about their private matters. Some of these participants believed that several professionals heard about their stories from other service providers through referrals and file transfers. Others believed that

numerous professionals heard their stories because of the way the system works, where the youth may be working with multiple professionals with different mandates (social workers, teachers, youth workers, counsellors, probation officers etc.). One of the research participants specifically talked about the impact of this perceived lack of privacy on youth's decision to refuse counselling. She found it to be counter-therapeutic, making it difficult for the youth to feel safe in counselling. In addition, she spoke of the challenges of forming an attachment with a single service provider in the face of receiving care from multiple professionals.

**Choice/ Control.** As outlined earlier, giving youth choice in counselling was a strong theme found in my study and in the literature. However, one of the research participants in my study had specific advice in this context that has not been found in the literature. She suggested that the system should allow the youth to choose their own counsellors. She thought it would be a similar process to picking a family doctor, where you would interview counsellors and find the one whose “energy” fits with you.

**Interventions.** One of the research participants in my study wished that counsellors could tell the youth that traumatic events, such as abuse or assault, were not their fault. Another research participant suggested that counsellors should assist youth in facing their problems. One youth believed that once a rapport is built that the counsellor could then start challenging the youth. She warned counsellors to challenge their clients only as much as they can handle. Another research participant suggested that counsellors should assess when youth are overwhelmed and make them focus on positive things when the youth are feeling flooded.

**Timelines.** Furthermore, research participants suggested that the waitlists of the current system do not work for street-involved youth. One of the research participants articulated this

failure in the following statement: “You talk to somebody and they make appointments and appointments are four weeks later by that time you know you are already maybe in a new cycle of ...everything ... ?”. This participant also suggested that counsellors respond immediately to street-involved youth when they ask for help. She believed that the moment of the youth’s act of help-seeking was the counsellor’s window of opportunity for connection.

**Limits of confidentiality.** One of the research participants brought up a unique perspective on the implications of limits of confidentiality in the counselling environment. She claimed that many street-involved youth are abused by people that they would like to protect, such as family members or partners. At times, these youth want to talk about the abuse without having to report it. Limits of confidentiality would not allow them to do so; hence, they are silenced and further isolated by such limits of confidentiality.

### **Implications of Counselling**

The findings of my study demonstrate a need to re-evaluate the way counselling is offered to and practiced with street-involved youth. Such evaluations may begin with the way counselling is presented to street-involved youth. It was evident both in the literature review and in the findings of my study that forced counselling is counterproductive, yet a common experience amongst youth. Strategies aimed at educating youth on the counselling process including its norms, risks and benefits would empower the youth to make more informed decisions when embarking upon a counselling journey. Also, allowing youth the time to consider counselling as an option may enhance this informed decision making process and reduce the reluctance that many street-involved youth may feel around being forced to counselling.

Lack of privacy was also discussed by the research participants in this study as a reason for street-involved youth refusing counselling. Some of the participants believed that due to the way the system works, street-involved youth need to tell their stories to many professionals. Staff turnover and having to work with different professionals with different mandates may lead the youth to have to tell their stories to numerous service providers. According to research participants in this study, street-involved youth also have access to limited privacy because youth service providers talk to each other about their clients. Integrated Case Management (ICM) model has been the driving philosophy behind providing services for children and youth to enhance the continuity of care. However, according to the research participants in my study this approach deepens their vulnerability. It may be time to begin a dialogue amongst youth service providers and the youth to address the vulnerability of Integrated Case Management model, and to perhaps to re-evaluate this model. When such re-evaluations are not possible, counsellors may benefit from distancing themselves from the “system” and allying with their clients instead.

Youth feeling judged during counselling was a strong theme identified in this study as well as in the literature. Counsellors may benefit from being shame-aware and vigilant especially while working with this population. A research participant in this study asked counsellors to tell the youth that past trauma was not their fault. Many of the research participants felt accused and not trusted by their counsellors. It is important for the counsellors to be shame-sensitive and to communicate to their street-involved youth clients that they are believed, trusted and supported.

Research participants in this study advised counsellors to be flexible in the time and place of counselling. Offering a drop-in evening once a week at a youth shelter or a youth health centre may offer such flexibility. The importance of rapport building and outreach were also evident for this population. Unfortunately, counsellors do not have the time, structure, or training to offer

outreach services. Effects of outreach programs specialized for this population could be studied to calculate cost and effects of such programs.

The theme of flexibility was also extended to the discussions of counselling goals in both this study's findings and in the literature. Discrepancy between counsellor's goals for therapy and youth's goals for therapy was identified in the findings. Youth may be more likely to engage and stay in counselling if the counselling goals reflected their own goals. Many of the research participants discussed their disappointment in counsellor's focus on issues that were not the issues that brought them to counselling. A lot of the times youth would like to find employment, find housing, and talk about peer relations as opposed to talking about past child abuse. Control is further taken away from street-involved youth by forcing them to face a vulnerable past during a time that they would like to focus on present problems.

Also, research participants talked about their desire for counsellor self-disclosure; suggesting such disclosures may help youth relate to and trust their counsellors. Another research participant also talked about youth's desire to relate to peers and suggested that counsellors talk about information or services that helped other youth struggling with similar issues.

## **Limitations**

The researcher, conducting the interviews, was transparent with the research participants regarding her occupation as a counsellor. Research participants' knowledge of the researcher's occupation could have affected participants' responses. Participants may have limited their disclosures to protect the researcher's feelings or participants may have withheld information

because they may have thought that the researcher, as a counsellor, would not understand their perspective.

The small number of research participants is one of the limitations of this study. Also, all the interviews were conducted in Abbotsford, BC. Abbotsford is a small city of approximately 150,000 residents. All, except one of the research participants, identified that their experiences of homelessness and counselling refusals occurred in Abbotsford. It would be interesting to see other studies focus on the research questions of this study in smaller, rural areas and larger cities. Furthermore, this research project does not include the voices of those street-involved that have accepted and benefitted from counselling, and is limited to the voices of street-involved youth that refuse counselling.

### **Future Research**

Future research could be conducted with young adults, who experienced street-involvement and who refused counselling services during their teenage years. Such young adults would have unique perspectives as they may be able to reflect back and may be at a developmental stage to better articulate their past reasons for refusing counselling. Furthermore, unlike youth who are currently street-involved and who refuse counselling, young adults with past experiences of counselling refusal and street-involvement, may be removed from that experience, hence, may be more objective.

Research conducted with non-counselling professionals working with this population, such as youth workers, teachers, social workers, shelter workers, foster parents, and probation officers, would be informative. Such research could focus on these professionals' suggestions for meaningful counselling for this population. A lot of times, these are the professionals who make

the referrals and who talk to the youth about counselling, hence, they have insights on this topic. They can talk about what they think helps and hinders this population and what they wish counselling offered to this population, which would expand our knowledge on how to reach street-involved youth more effectively.

Another interesting research topic could focus on counsellors and street-involved youth who reported to have meaningful counselling experiences. Both parties could be interviewed to discuss what led to such meaningful counselling experiences. These participants' sessions could be videotaped and be observed with youth and with the counsellor to see what each found to be meaningful. This type of interactive, reflexive research method would not only be useful for future development of counselling interventions but also could be beneficial to the counselling dyad involved in the research.

Further research could be conducted as an experiment evaluating the effects of outreach counselling for this population. In such a pilot project, counsellors would be trained in trauma counselling, outreach services, and, crisis intervention. The counsellors would also need to have experiences working with the street-involved population. Counsellors in this project would meet youth where they are at geographically, with their goals, and readiness for change. The experiences of such services could be described by both the counsellors and the street-involved youth. Additionally, some of their sessions could be videotaped. These videotapes could be analyzed by the researcher and the youth as well as separately by the researcher and the counsellor. The commonalities and disparities could be shared with both parties and further dialogue could enhance counselling practices.



Forced counselling was a strong theme that emerged in my study as well as within the literature. A future study could focus on this concept and study street-involved youth's experiences of forced counselling. A strong study in this area could shed light into this issue and inform the justice system and relevant government ministries making such referrals.

Overall, street-involved youth are a vulnerable client population that deserves to receive counselling that is meaningful to and effective for them. Increasing their control over their counselling experiences, respecting their privacy, building a strong rapport with them and offering shame-sensitive counselling may be a good beginning to such meaningful and effective services. A dialogue between street-involved youth and counsellors as well as the street-involved youth and academics need to continue for this population to be better engaged and served. The voice of this population need to be listened to and respected; they are the experts on their own lives.

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## Appendix I: Research Participant Consent Form



**a place of mind**  
THE UNIVERSITY OF BRITISH COLUMBIA

**Research Title:** Counselling? No, thanks!

**Principal Investigator:** Dr. Marla Buchanan, PHD, Department of Educational and Counselling Psychology, and Special Education, 604-xxx-xxxx.

**Co-Investigator:** Asli Kucukbumin, Master of Arts Student in Department of Educational and Counselling Psychology, and Special Education, 604-xxx-xxxx.

Dear Youth,

The purpose of this study is to understand why many youth who are street-involved do not access counselling services. We would like to learn from the youth how to offer meaningful counselling services to street-involved youth. Street-involvement includes but is not limited to experiences of homelessness and couch surfing. Please note that this research project is a part of a thesis requirement for a Master's Degree in Counselling Psychology at the University of British Columbia.

### Procedure

Prior to the interview, the researcher will explain the concepts of confidentiality and limits of confidentiality to you. During the interview, you will be asked questions about your perception of counselling. Questions will be open-ended. Interviews will be audiotaped and will take approximately an hour. These audiotapes will be stored in a locked cabinet to keep your confidentiality. The researcher will also ask you if you are willing to be contacted for a follow-up interview. In the follow-up interview, researcher will share the research findings with you and ask you if the findings are valuable and if they represent your experiences. The follow-up interview will also take up to an hour.

### Risks

Talking about counselling may bring up sensitive issues for you.

### Benefits

You will have an opportunity to contribute to the knowledge of the field of counselling. You will be recognized as the expert of your life and your choices.

### Confidentiality

Any information pertaining to this study will remain confidential. Documents related to this study will be identified through numbers and not through participants' names. All data will be stored in a locked filing cabinet. Raw data will be destroyed after five years. There are limits to confidentiality such as harm to self or others and suspected child abuse and neglect.

### **Study Results**

The findings from this research project will be reported in a master's thesis and may also be published in academic or newspaper articles. Furthermore, findings will be shared with research participants and counsellors working with youth. Your confidentiality will be kept as the findings of this study are shared.

### **Payment**

You will be paid \$25 in cash as an honorarium. You have a right to withdraw from this study at any time without requirement of returning the honorarium.

### **Contact Information for Inquiries**

Dr. Marla Buchanan would be happy to answer any of your questions and address any of your inquiries related to this study. Dr. Buchanan may be reached at 604-xxx-xxxx.

### **Complaints/ Concerns**

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, please contact the Research Complaint Line in the UBC Office of Research Services at (604) xxx-xxxx or if long distance e-mail [XXXX@xxx.ubc.ca](mailto:XXXX@xxx.ubc.ca) or call toll free 1-8xx-xxx-xxxx.

### **Participant Consent and Signature**

I consent to participate in this study.

---

Participant Signature

Date

I consent to be contacted for a follow-up interview.

---

Participant Signature

Date

-Your signature above indicates that you consent to participate in this study.

-Your signature above indicates that you have received a copy of this consent form for your own records.



## Appendix II: Parental/ Guardian Consent Form



**a place of mind**  
THE UNIVERSITY OF BRITISH COLUMBIA

**Research Title:** Counselling? No, thanks!

**Principal Investigator:** Dr. Marla Buchanan, PHD, Department of Educational and Counselling Psychology, and Special Education, 604-xxx-xxxx.

**Co-Investigator:** Asli Kucukbumin, Master of Arts Student in Department of Educational and Counselling Psychology, and Special Education, 604-xxx-xxxx.

Dear Parent/ Guardian,

The purposes of this study are to understand why many street-involved youth do not access counselling services and to learn from street-involved youth how to offer meaningful services to them. Street-involvement includes but is not limited to past or present experiences of homelessness and couch surfing. Your child's input can enhance counsellors' ability to work with this population. Please note that this research project is a part of a thesis of a graduate student.

### Procedure

The interview will start by researcher reviewing concepts of confidentiality and limits of confidentiality and going through the assent form with the youth. Then, youth will be asked questions about their perception of counselling. Questions will be open-ended and semi-structured. Interviews will be audiotaped and will take approximately an hour. The audiotapes will be stored in a locked cabinet. We will ask your child if she/he is willing to be contacted for a follow-up interview. In the follow-up interview, researcher will share the research findings with your child and ask your child if the findings represent his/her lived experiences and if the findings are comprehensive and valuable. The follow-up interview will also take up to an hour.

### Risks

Talking about counselling may bring up sensitive issues for the youth.

### Benefits

Youth will have an opportunity to contribute knowledge to the counselling field. Youth will be considered as the experts of their lives and their choices.

### Confidentiality

Any information pertaining to this study will remain confidential. Documents related to this study will be identified through code numbers and not through participants' names. All data will

be kept in a locked filing cabinet. Raw data will be destroyed after five years. There are limits of confidentiality such as harm to self or others and suspected child abuse and neglect.

### **Study Results**

The findings from this research project will be reported in a master's thesis and may also be published in academic journal and newspaper articles. Furthermore, findings will be shared with research participants and counsellors working with youth. Confidentiality of your child will be kept as the findings of this study are shared.

### **Payment**

Your child will be paid \$25 in cash as an honorarium for each interview he or she participates in.

### **Contact Information for Inquiries**

Dr. Marla Buchanan would be happy to answer any of your questions and address any of your inquiries related to this study. Dr. Buchanan may be reached at 604-xxx-xxxx.

### **Complaints/ Concerns**

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, please contact the Research Complaint Line in the UBC Office of Research Services at (604) xxx-xxxx or if long distance e-mail [XXXX@xxx.ubc.ca](mailto:XXXX@xxx.ubc.ca) or call toll free 1-8xx-xxx-xxxx.

### **Parent Consent and Signature**

I consent for my child to participate in this study.

---

Parent/ Guardian Signature

Date

I consent for my child to be contacted for a follow-up interview.

---

Parent/Guardian Signature

Date

-Your signature above indicates that you consent your child to participate in this study.

-Your signature above indicates that you have received a copy of this consent form for your own records.

### Appendix III: Assent Form



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**Research Title:** Counselling? No, thanks!

**Principal Investigator:** Dr. Marla Buchanan, PHD, Department of Educational and Counselling Psychology, and Special Education, 604-xxx-xxxx.

**Co-Investigator:** Asli Kucukbumin, Master of Arts Student in Department of Educational and Counselling Psychology, and Special Education, 604-xxx-xxxx.

Dear Youth,

The purpose of this study is to understand why many youth who are street-involved do not access counselling services. We would like to learn from the youth how to offer meaningful counselling services to street-involved youth. Street-involvement includes but is not limited to experiences of homelessness and couch surfing. Please note that this research project is a part of a thesis requirement for a Master's Degree in Counselling Psychology at the University of British Columbia.

#### **Procedure**

Prior to the interview, researcher will explain the concepts of confidentiality and limits of confidentiality to you and will go through this consent form with you. During the interview, you will be asked questions about your perception of counselling. Questions will be open-ended. Interviews will be audiotaped and will take approximately an hour. These audiotapes will be stored in a locked cabinet to keep your confidentiality. The researcher will also ask you if you are willing to be contacted for a follow-up interview. In the follow-up interview, researcher will share the research findings with you and ask you if the findings are valuable and if they represent your experiences. The follow-up interview will also take up to an hour.

#### **Risks**

Talking about counselling may bring up sensitive issues for you.

#### **Benefits**

You will have an opportunity to contribute knowledge to the field of counselling. You will be recognized as the expert of your life and your choices.

#### **Confidentiality**

Any information pertaining to this study will remain confidential. Documents related to this study will be identified through numbers and not through participants' names. All data will be stored in a locked filing cabinet. All raw data will be destroyed after five years. Please note that

there are limits to confidentiality such as harm to self or others and suspected child abuse and neglect.

### **Study Results**

Findings from this research project will be reported in a master's thesis and may also be published in academic or newspaper articles. Furthermore, findings will be shared with research participants and counsellors working with youth. Your confidentiality will be kept as the findings of this study are shared.

### **Payment**

You will be paid \$25 in cash as an honorarium. You have a right to withdraw from this study at any time without requirement of returning the honorarium.

### **Contact Information for Inquiries**

Dr. Marla Buchanan would be happy to answer any of your questions and address any of your inquiries related to this study. Dr. Buchanan may be reached at 604-xxx-xxxx.

### **Complaints/ Concerns**

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, please contact the Research Complaint Line in the UBC Office of Research Services at (604) xxx-xxxx or if long distance e-mail [XXXX@xxx.ubc.ca](mailto:XXXX@xxx.ubc.ca) or call toll free 1-8xx-xxx-xxxx.

### **Participant Assent and Signature**

I assent to participate in this study.

---

Participant Signature

Date

I assent to be contacted for a follow-up interview.

---

Participant Signature

Date

-Your signature above indicates that you assent to participate in this study.

-Your signature above indicates that you have received a copy of this assent form for your own records.

## Appendix IV: Recruitment Letter



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Dear Youth Service Providers,

We are conducting a research study to enhance our understanding of street-involved youth and their reasons for refusing counselling services. We aim to learn about street-involved youth from street-involved youth themselves and hope that such understanding could lead to a more insightful field for all of us. If you know of street-involved youth between the ages of 13 and 18 who refuse counselling services, please share this letter with them and encourage them to contact me at [xxxx@xxx.xxx.ca](mailto:xxxx@xxx.xxx.ca) to learn more about this research project.

Thank you for your collaboration,

Asli Kucukbumin

## Appendix V: Recruitment Poster



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# Counselling? No, thanks!

### Are you

- Between the ages of 13-18?

### Do you

- Refuse receiving counselling services?
  - Speak English fluently?
- Identify as being street-involved?

You may qualify to participate in this research project.

Participation in this study would include an hour long interview. An honorarium of 25 dollars will be given as a token of appreciation for your time.

If you are interested in participating in this study or want more information, please contact:

Asli Kucukbumin (Co-Investigator and the Primary Contact)

at [xxx@xxxxx.xxx.ca](mailto:xxx@xxxxx.xxx.ca) or at 604-xxx-xxxx

Dr. Marla Buchanan (Principal Investigator)

at [xxx.xxxxxxx@xxx.ca](mailto:xxx.xxxxxxx@xxx.ca) or at 604-xxx-xxxx

This research study is being conducted as part of the thesis requirement for a Master's degree in Counselling Psychology at the University of British Columbia.

## Appendix VI: Interview Script and Interview Questions



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### Beginning of Interview

Hi \_\_\_\_\_. Thank you for your participation in this study, I will ask you a few questions about your experiences of counselling in the next hour. As indicated in the consent form, the interviews will be audiotaped. Please know that you have a right to withdraw from this study at any time.

### Interview Questions

1. Tell me about your experiences of being a street-entrenched involved youth who refuse counselling.
2. When do you think counselling is useful for people in your circumstances?
3. What do you think about counselling?
4. What are your reasons for refusing counselling services?
5. If there was an alternate universe, in which counselling could be meaningful, what would that look like?
6. What would your advice be to counsellors who would like to work with youth?

### At the end of the interview

Thank you again for your time. I would like to remind you that I will call you again within the next few weeks to share my findings with you and to get your feedback on my findings. Also, I wanted to encourage you to contact me or my supervisor in the meanwhile if you have any questions. Here is a list of community resources for you, feel free to call them if you would like to talk to someone about things other than the study.

## **Appendix VII: Letter of Initial Contact**

Dear \_\_\_\_\_,

Thank you for your interest in the research study: Counselling? No, thanks!

The purpose of this study is to understand street-involved youths' reasons for refusing counselling services. Your expertise in street-involved youths' reasons for refusing counselling services may be able to help the field of counselling.

If you are interested in participating in this study, please email me back at [xxx@xxxx.xxx.ca](mailto:xxx@xxxx.xxx.ca) confirming your interest and we can set up a date, time and place for the interview. If you live with your parents or legal guardians, you will need your parents/guardians to sign the attached parental consent form in order to participate in this study. The \_\_\_\_\_ agency also has printed parental consent forms.

Thank you for your consideration,

Asli Kucukbumin



## **Appendix VIII: Letter of Approval from Abbotsford Community Services**



January 14, 2014

To Asli Kucukbumin

Regarding: Thesis research project

Dear Ms. Kucukbumin,

We are pleased to inform you that our Executive Director has reviewed and approved your request to conduct research for your thesis at Abbotsford Community Services and with Abbotsford Community Services clients.

You are approved to put recruitment materials in the Abbotsford Community Services facilities and conduct your interviews on our site.

We hope you are able to share the research results with us and are looking forward to furthering our knowledge.

If you require further information please contact me at 604-xxx-xxxx ext. xxx

Sincerely,

Simone Maassen

Manager, Youth Services

Abbotsford Community Services

## **Appendix IX: Proof of Permission for External Research Cyrus Centre**

January 17, 2014

University of British Columbia  
Faculty of Education  
Vancouver Campus  
Educational & Counselling Psychology, And Special Education  
2125 Main Mall, Vancouver, B.C. V6T 1Z4

To Whom It May Concern,

Re: Asli Kucukbumin Research for Master's Thesis on Youth Counselling

I have, on behalf of Cyrus Centre, reviewed the research request and recruitment materials provided by Asli Kucukbumin.

It is understood that the research being done will cover two topics:

- 1) Why do street-entrenched youth refuse counselling?
- 2) How to engage them in counselling in a meaningful way?

I give my permission to post recruitment materials for this research at Cyrus Centre. Interviews will be allowed to be conducted on-site with interested youth, with the understanding that the identities of all youth encountered at the Centre are kept strictly confidential.

It must also be understood that no personal identifiers, i.e., cell numbers, addresses, etc., of the youth are to be taken from Cyrus Centre, and no further meetings with Cyrus Centre youth are to occur off-site.

Cyrus Centre is happy to facilitate this particular study topic and we hope it will lead us all to better understand how to engage street-entrenched youth.

Xxx Xxx

Executive Director

## **Appendix X: List of Community Resources**

### **Abbotsford Addictions Center**

Phone | xxx-xxx-xxxx

Hours | Mon-Fri. 8.30 A.M – 4.30 P.M.

XXX XXX is the youth counselor.

### **Abbotsford Food Bank**

Xxxx Xxx Ave, Abbotsford, BC

Website | [www.xxxx.com/](http://www.xxxx.com/)

Phone | xxx-xxx-xxxx

**Service Hours:** Monday through Thursday

**Families with Children or Youth:** 9:30 am-12:00 pm

### **Abbotsford Youth Commission**

Location | Xxx Xxx Way Abbotsford BC

Phone | xxx-xxx-xxxx

Resource Guide Online | <http://www.xxxxx.com/xxx.html>

Provides drop in programs and activities for youth.

### **Abbotsford Youth Health Clinic**

Website | [www.xxxx.ca](http://www.xxxx.ca)

Email | [xxx@xxxx.ca](mailto:xxx@xxxx.ca)

Phone | xxx-xxx-xxxx

### **Child and Youth Mental Health**

Abbotsford Office | xxx-xxx-xxxx

### **Cyrus Center**

Xxx Xxx St. Abbotsford, B.C. XXX XXX

Website | <http://www.xxx.com/>

Phone | xxx-xxx-xxxx

### **Crisis Line**

Website | <http://www.xxx.bc.ca/xxx>

Phone | xxx-xxx-xxxx

1-800-xxxxxxx

### **Fraser Valley Youth Society**

Xxxx Xxxx Avenue, Abbotsford B.C.

Phone: xxx-xxx-xxxx

Website | <http://www.xxx.com/>

FVYS is a drop in center for gay, lesbian, bisexual, transgendered, two-spirited, transsexual, queer and questioning youth. Provides a safe environment where you can be ‘yourself’ and learn more about your orientation.

### **IMPACT**

(Addiction and Prevention Services)

Xxx Xxxx Avenue, Abbotsford, B.C.

Website | <http://www.xxx.com/home.html>

Phone | xxx-xxx-xxxx

Hours | Mon - Fri. 10:00 A.M. – 5:30 P.M.

### **Kids Line/ After Hours Line**

Website | <http://xxx.com/>

Email | [xxx@xxx.bc.ca](mailto:xxx@xxx.bc.ca)

Phone | xxx-xxx-xxxx or (free) 1 8xx xxx xxx

### **Youth Resource Centre**

Youth Resource Centre (YRC) offers a variety of programs including individual, family and group services to Abbotsford youth and their families.

[www.xxx.ca](http://www.xxx.ca)

Phone | 604-xxx-xxxx