

A Literature Review
of Therapeutic Interventions and Assessments
with a REDI Lens



Background

During Spring 2021, Lotus House performed an intensive literary review of the cultural competence and sensitivity of clinical assessments and evidence based therapies for a new proposed service driven research project to implement and evaluate evidence-based practices that support early childhood development, well-being and school readiness within a high need community of children and families disproportionately affected by racial, ethnic, gender and social inequities and further marginalized by homelessness.

Methodology

Lotus House conducted the literature review by scouring scholarly publications, including journal articles and academic papers, on the selected assessments and interventions. After exploring selected publications, the sources were analyzed and synthesized to provide a clear synopsis on the optimal assessments and interventions to implement with our sheltered children and families.

Assessments and interventions were chosen because they are well-documented as evidence-based and appropriate for the families we serve. Assessments were selected that have a proven track record of capturing the effects of the therapeutic modalities chosen, with the ultimate goal of using the information gathered to advance the needs of sheltered families by addressing socio-emotional and behavioral challenges, identifying developmental concerns thereby increasing school readiness. The results of our literature review are as follows:

Assessments

Keys to Interactive Parenting Scales (KIPS) is a structured observation tool used to assess the quality of parenting behaviors during a free play session with their children. In addition to its cultural sensitivity, KIPS was selected because it is a practicable and reliable assessment tool that is specifically designed to evaluate parenting outcomes and enhance parenting, consequently promoting children's development. Not only does KIPS document program outcomes, it can improve clinical services as the tool assesses and identifies the specific needs and strengths of the parenting, allowing the parenting services to be tailored to the needs of each family.¹ KIPS

¹ *Nurturing Insights*. KIPS. (n.d.) <https://www.kipscoaching.com/about/>.

assesses the quality of parenting behavior for families with young children, with a specific focus on 12 behaviors (sensitivity of responses; supports emotions; physical interactions; involvement in child's activities; open to child's agenda; engagement in language experiences; reasonable expectations; adapts strategies to child; limits and consequences; supportive directions; encouragement; and promotes exploration and curiosity) related to effective parenting that research has shown to promote children's development.² In a study performed between African American, White and Latinx families, KIPS demonstrated impartiality between different racial and ethnic groups resulting in no significant differences among the groups.³ In fact, the results of the study suggest that "KIPS detects similar parenting qualities for African American, White and Latino families"—further illustrating the neutrality of the observational tool.⁴ Results of the literature review support KIPS use and appropriateness in the assessment of parenting across diverse racial and ethnic groups, further supporting its use in a culturally diverse setting like Lotus House.

The **Child Behavioral Checklist** (CBCL 1.5-5) is an assessment tool used to detect behavioral and emotional problems in adolescents. In addition to its cultural sensitivity, the assessment provides information of the strengths of the child, has been well researched and widely used, and it is one of the few measures for early childhood that includes a system of assessments through age 18, allowing "for consistency in outcome measurements."⁵ CBCL is used to assess both internalizing symptoms, like anxiety and mood as well as externalizing symptoms.⁶ The assessment has been translated into 69 languages and administered to children from over 60 different cultures.⁷ In a study done with African American, Latinx and non-Latinx White

² CEBC. CEBC " Assessment Tool ' Keys To Interactive Parenting Scale. (n.d.)

<https://www.cebc4cw.org/assessment-tool/keys-to-interactive-parenting-scale/#:~:text=KIPS%20mean%20scores%20were%20positively,correlation%20of%20KIPS%20mean%20scores>.

³ Comfort, Marilee, Philip Gordon, and Denise Naples. Rep. KIPS: An Evidence-Based Tool for Assessing Parenting Strengths and Needs in Diverse Families. *Infants & Young Children: An Interdisciplinary Journal of Early Childhood Intervention* , 2011. <https://cdn2.hubspot.net/hub/194074/file-29026281-pdf/docs/kips-infantsandyoungchildren2011.pdf>

⁴ Ibid.

⁵ Wu, J. (2017, November 30). *Child Behavior Checklist for Ages 1.5-5*. The National Child Traumatic Stress Network. <https://www.nctsn.org/measures/child-behavior-checklist-ages-15-5>.

⁶ Ibid.

⁷ Ridge, Alison, Julia Muennich, Reginald Richardson , and Abigail Sivan. The Equivalence of the Child Behavior Checklist/11/2-5 Across Parent Race/Ethnicity, Income Level, and Language. American Psychological Association , 2006. *See also* Sivan, Abigail B, Alison Ridge, Deborah Gross, Reginald Richardson, and Julia Cowell. "Analysis of Two Measures of Child Behavior Problems by African American, Latino, and Non-Hispanic CAUCASIAN Parents of Young Children: A Focus Group Study," February 2008. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2249759/> (demonstrating that CBCL proved to be an unbiased and culturally sensitive tool, supporting its validity and reliability across with African American, Latino, and Non-Hispanic Caucasian parents of young children.)

families, the results of the study indicated that externalizing and internalizing scales of the assessment are “largely equivalent across African American, Latino, and non-Latino White parents”, demonstrating the impartiality of the assessments. Notably, the Child Behavioral Checklist proved to be well suited for its use with African American, Latinx and non-Latinx White participants who represented low income groups, like the marginalized women and children served at Lotus House.⁸

The **Parenting Stress Index v.4 Short Form (PSI-4 SF)** measures parental stress focusing on three major domains: parental distress, difficult child, and parent-child dysfunctional interaction. These domains measure anxiety due to personal factors related to parenting, assess how parents perceive their interactions with their children and the characteristics of child behavior and how difficult it can be to deal with such behavior.⁹ This assessment was primarily chosen because it is the gold standard and it captures parental stress, rather than general stress that is captured with the use of other assessments. A literary review examining the use of PSI-4 SF with a lower socioeconomic group, primarily African American mothers, demonstrated that the assessment “appeared to retain its desirable psychometric qualities (e.g., high internal consistency, factor structure)”.¹⁰ Alternatively, a study of infants with high levels of behavioral problems plus their mothers, predominantly from Hispanic, low-income backgrounds, revealed that the “current results provide psychometric support for the PSI-SF as an effective and appropriate measure for use with high-risk families that have been underrepresented in previous research...”¹¹ Given the effectiveness and cultural sensitivity of PSI-4 SF in demographically diverse populations, this

⁸ Ibid.

⁹ Aracena, Marcela & Gómez Muzzio, Esteban & Undurraga, Consuelo & Leiva, Loreto & Marinkovic, Katitza & Molina, Yerko. (2016). Validity and Reliability of the Parenting Stress Index Short Form (PSI-SF) Applied to a Chilean Sample. *Journal of Child and Family Studies*. 25. 10.1007/s10826-016-0520-8.

¹⁰ Reitman, David, Rebecca O Currier, and Timothy R Stickle. “A Critical Evaluation of the Parenting Stress Index–Short Form (PSI–SF) in a Head Start Population.” *Journal of Clinical Child and Adolescent Psychology*. Lawrence Erlbaum Associates, Inc., 2002.

https://d1wqtxts1xzle7.cloudfront.net/41931111/Reitman_D_Currier_RO_Stickle_TR_A_criti20160203-22221-12tmnx.pdf?1454490004=&response-content-disposition=inline%3B+filename%3DA_Critical_Evaluation_of_the_Parenting_S.pdf&Expires=1619562142&Signature=CinY~SFBaakm9dqt05q6CbIjrj5DnnLbGZw39p4hPz9ftfFBOGPinvnYJjEebGjVZc37yaKqrxT4uyfPG7iy5feF-QCE6aqvrHITGoWTX-GHaBL2twQ3DgNDxQ~uPGHB18~oBAg9fQ4~6fnss4~7uQf1ub~iZNAiiop515GpUP1nXTE9wlQIlxcwY-aVmL8R4DgYTOzovv4yJVejtn6TMZTLkvOZtCnuh6Q9A-jy5Uax0MxGSYJEbw2yrsTjQd60BW9DLSFH9tcqvpbE7CIET~IYJqlX6k6m2p4zSELYfh3IP3xVPJf0ZmJrNQBPkK~TM7~qUK0vPhpRvuAe5isPQ__&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA.

¹¹ Barroso, Nicole E, Gabriela M Hungerford, Dainelys Garcia, Paulo A Graziano, and Daniel M Bagner. “Psychometric Properties of the Parenting Stress Index-Short Form (PSI-SF) in a High-Risk Sample of Mothers and Their Infants.” *Psychological assessment*. U.S. National Library of Medicine, October 2016. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4877285/>.

assessment is an appropriate screening measure to implement with the marginalized mothers and children served at Lotus House.

The **Battelle Development Inventory Screener** (BDI) is an assessment for infants and children through age 7 and 11 months and assesses the following domains: adaptive behavior; personal and social skills; motor skills; communication skills; and cognitive skills. The BDI was carefully developed with a standardization sample that had the same distribution of ethnicity as reported in the U.S. census.¹² Furthermore, the BDI examiner's manual also pays explicit attention to cultural sensitivity and accommodations for children with diverse disabilities.¹³ In a study of 800 children from ages 1 to 8 it was determined that BDI can be administered to a wide range of children as there was no difference in the data collected when taking race and gender into account.¹⁴ In addition to its holistic nature and it being the only assessment that measures comprehensive domains of children within this age range,¹⁵ Lotus House has chosen the BDI screener to help identify children at risk for developmental delays or disabilities because of its effectiveness in culturally diverse populations, administration consistency, and child friendliness.

The **Infant Care Questionnaire** (ICQ) assesses the mother's perceptions of her own abilities and competence in caring for her infant. In determining the compatibility of ICQ with the marginalized mothers who participate in the Lotus House programming, the Research Team explored a literature review on a study performed with low-income African American mothers with infants 3 to 6 months of age.¹⁶ The results of the study suggested that “black mothers are as in tune with their infants as has been demonstrated with mothers of other racial, ethnic or

¹² Elbaum, Batya, Karina Gattamorta, and Randall Penfield. Rep. Evaluation of the Battelle Developmental Inventory, 2nd Edition, Screening Test for Use in States' Child Outcomes Measurement Systems Under the Individuals With Disabilities Education Act. Journal of Early Intervention, 2010.

<https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.881.6000&rep=rep1&type=pdf>

¹³ Ibid.

¹⁴ “Home.” Tests Measures A Resource for Pediatric Physical Therapy Practitioners Battelle Developmental Inventory Comments. Accessed March 2, 2021. <https://blogs.elon.edu/ptkids/2015/03/16/battelle-developmental-inventory/>.

¹⁵ Insights, Riverside. BDI-3: The Battelle Developmental Inventory, Third Edition. Accessed April 29, 2021.

<https://info.riversideinsights.com/bdi-3>.

¹⁶ Worobey, John, and Maria Islas-Lopez. “Temperament Measures of African-American Infants: Change and Convergence with Age.” Early child development and care. U.S. National Library of Medicine, January 1, 2009. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2743403/#R8>.

socioeconomic backgrounds” – underpinning the assessment’s neutrality and cultural sensitivity on this subgroup of women.¹⁷

The **Adult Adolescent Parenting Inventory (AAPI)** was designed to assess the parenting and child rearing attitudes of adult and adolescent parent and pre-parent populations for the following constructs: expectations of children; empathy towards children’s needs; use of corporal punishment as a means of discipline; parent-child role responsibilities; and children’s power and independence. Responses to the inventory provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect - as such, participating parents must complete information on employment, education level, income, military experience and whether they felt they were abused or neglected in their childhood by someone inside or outside their family.¹⁸ In a study conducted of over 2,000 low-income, culturally diverse parents (99% female) - African American, Hispanics, White, and Other (i.e. Asian, Pacific Islander, Eastern European) - with children ages 0-5, AAPI demonstrated strong internal consistency reliability as well as acceptable construct/factorial validity.¹⁹ When selecting AAPI, the above-mentioned factors were contemplated considering the data collected parallels that of our target population.

The **PTSD Checklist for DSM-5 (PCL-5)** is a 20-item measure that monitors symptom change during and after treatment; screens individuals for PTSD; and makes a provisional PTSD diagnosis.²⁰ There are four domains consistent with the DSM-5 which the assessment measures: re-experiencing; avoidance; negative alterations in cognition and mood; and hyper-arousal to screen for PTSD, or to make a provisional PTSD diagnosis.²¹ Although more research must be performed to support its cross culture applicability, PCL has been applied in ethnically diverse studies where it has demonstrated high specificity and sensitivity as a screening instrument. One of the studies conducted assessed PTSD with 51 trauma-exposed African Americans²² while

¹⁷ Ibid.

¹⁸ “Adult Adolescent Parenting Inventory AAPI Description - Nurturing Parenting Programs.” Nurturing Parenting. Accessed April 29, 2021. <https://www.nurturingparenting.com/ValidationStudiesAAPIDescription.html>.

¹⁹ Lawson, Michael A, Tania Alameda-Lawson, and Edward Byrnes. “Analyzing the Validity of the Adult Adolescent Parenting Inventory for Low Income Populations,” 2015. <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.1012.8946&rep=re>

²⁰ “PTSD Checklist for DSM-5 (PCL-5).” ISTSS. Accessed April 29, 2021.

<https://istss.org/clinical-resources/assessing-trauma/ptsd-checklist-dsm-5>.

²¹ “PTSD Checklist 5 (PCL-5).” NovoPsych Psychometrics. Accessed April 29, 2021.

<https://novopsych.com.au/assessments/symptoms/ptsd-checklist-5-pcl-5/>.

²² Malcoun, Emily, Monnica Williams, and Leyla Nouri. “Assessment of Posttraumatic Stress Disorder with African Americans.” Research Gate, November 2015.

another study assessed almost 200 patients where the majority were female (76.8%) with a demographic distribution of white or Caucasian, African-American or Black, Hispanic or Latinx and others.²³ As a result, we found the nature of the assessment and its sensitivity across demographically diverse populations to be applicable in a Lotus House setting.

The **Symptom Checklist** (SCL-27) is a selection of items from the SCL-90-R and is designed to screen for psychiatric symptoms in persons presenting somatic complaints. The screening tool contains 6 subscales: depressive, dysthymia, vegetative, agoraphobic, sociophobic symptoms and symptoms of mistrust. This tool has demonstrated “considerably better psychometric properties than the SCL-90-R”²⁴, as well as better reliability and sensitivity and has been deemed a “suitable short assessment instrument for psychological health”.²⁵ The SCL-27 assessment has been prominently used throughout international institutions (i.e. Germany²⁶; Ukraine; Poland, etc.) and has been deemed an efficient, reliable, and multidimensional assessment tool for psychological health.²⁷ The results of the literature review presented a lack of available data collected in the United States. Consequently, the research conducted in the Children First - Lotus House Prenatal and Early Childhood Development Research Project, with the use of this assessment, will determine the cultural sensitivity among marginalized and demographically diverse women and children experiencing homelessness. Noting the difference in length between the assessments, the application of the SCL-27 may be better suited for the women and children as it contains fewer questions and is less taxing, positively affecting their participation.²⁸

²³ Lang, Ariel J, Kendall Wilkins, Peter P Roy-Byrne, Daniela Golinelli, Denise Chavira, Cathy Sherbourne, Raphael D Rose, et al. “Abbreviated PTSD Checklist (PCL) as a Guide to Clinical Response.” *General hospital psychiatry*. U.S. National Library of Medicine, 2012.

²⁴ Hardt, Jochen. “The Symptom Checklist-27-plus (SCL-27-plus): a Modern Conceptualization of a Traditional Screening Instrument.” *Psycho-social medicine*. German Medical Science GMS Publishing House, July 8, 2008. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2736518/>.

²⁵ Kuhl, Hans C, Isabel Hartwig, Silvie PetitJean, Franz Muller-Spahn, Jurgen Margraf, and Klaus Bader. “Validation of the Symptom Checklist SCL-27 in Psychiatric Patients: Psychometric Testing of a Multidimensional Short Form.” *International Journal of Psychiatry in Clinical Practice*. University of Basel, n.d. [https://www.kli.psy.ruhr-uni-bochum.de/klipsy/public/margraf%20Journals%20with%20Peer-Review/Kuhl%20et%20al.%20\(2010\).%20Validation%20of%20the%20symptom%20checklist%20SCL-27%20in%20psychiatric%20patients_Psychometric%20testing%20of%20a%20multidimensional%20short%20form.pdf](https://www.kli.psy.ruhr-uni-bochum.de/klipsy/public/margraf%20Journals%20with%20Peer-Review/Kuhl%20et%20al.%20(2010).%20Validation%20of%20the%20symptom%20checklist%20SCL-27%20in%20psychiatric%20patients_Psychometric%20testing%20of%20a%20multidimensional%20short%20form.pdf).

²⁶ Hardt, Jochen. “The Symptom Checklist-27-plus (SCL-27-plus): a Modern Conceptualization of a Traditional Screening Instrument.” *Psycho-social medicine*. German Medical Science GMS Publishing House, July 8, 2008. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2736518/>.

²⁷ Kuhl, Hans C, Isabel Hartwig, Silvie PetitJean, Franz Muller-Spahn, Jurgen Margraf, and Klaus Bader. “Validation of the Symptom Checklist SCL-27 in Psychiatric Patients: Psychometric Testing of a Multidimensional Short Form.” *International Journal of Psychiatry in Clinical Practice*. University of Basel, n.d. [https://www.kli.psy.ruhr-uni-bochum.de/klipsy/public/margraf%20Journals%20with%20Peer-Review/Kuhl%20et%20al.%20\(2010\).%20Validation%20of%20the%20symptom%20checklist%20SCL-27%20in%20psychiatric%20patients_Psychometric%20testing%20of%20a%20multidimensional%20short%20form.pdf](https://www.kli.psy.ruhr-uni-bochum.de/klipsy/public/margraf%20Journals%20with%20Peer-Review/Kuhl%20et%20al.%20(2010).%20Validation%20of%20the%20symptom%20checklist%20SCL-27%20in%20psychiatric%20patients_Psychometric%20testing%20of%20a%20multidimensional%20short%20form.pdf).

²⁸ Ibid

The **Child and Adolescent Trauma Screener (CATS-Caregiver)** is administered on children to determine whether he or she has experienced trauma; displays symptoms related to trauma exposure; and/or should be referred for a comprehensive trauma-informed mental health assessment.²⁹ CATS evaluates the presence of two critical elements: (1) exposure to potentially traumatic events and/or experiences, including traumatic loss, and (2) traumatic stress symptoms and/or reactions.³⁰ Compared to other PTSD screeners, “CATS includes both a trauma exposure list and a PTSD inventory [whereas] [m]ost self-rating scales focus on one or the other.”³¹ The use of this assessment is straightforward as the trauma measures track the diagnostic criteria for PTSD in the DSM - the diagnostic manual used by clinicians. Although more research must be performed to support its cross culture applicability, a study conducted in Uganda administered CATS in order to collect data on adolescent trauma and their psychosocial wellbeing.³² The study found that adolescent trauma is caused by physical causes and poverty, among other factors, with “more adolescent females requiring psychotherapeutic attention”.³³ In a study done in South Africa, on PTSD in adolescents, where the majority of participants were females of color, 91% of the participants reported exposure to a traumatic event using the CATS assessment and 38% reported symptoms severe enough to be classified as PTSD.³⁴ Notably, the results of the study suggested that CATS discriminates well between those with and without PTSD, and further showing excellent internal and test-retest reliability.³⁵ The screener’s feasible application and demonstrated efficiency in adolescent females who have experienced trauma were important considerations to Lotus House when choosing CATS as a tool in the Children First - Lotus House Prenatal and Early Childhood Development Research Project.

The **Brief Infant Toddler Social and Emotional Assessment (BITSEA)** is a screener, derived from the longer version ITSEA, designed to assess the social and emotional problems and

²⁹ Peterson, Sarah. “Trauma Screening.” The National Child Traumatic Stress Network, March 27, 2018. <https://www.nctsn.org/treatments-and-practices/screening-and-assessments/trauma-screening>.

³⁰ Ibid

³¹ Suliman, S., Kaminer, D., Seedat, S., & Stein, D. J. (2005). Assessing post-traumatic stress disorder in South African adolescents: using the child and adolescent trauma survey (CATS) as a screening tool. *Annals of general psychiatry*, 4(1), 1-10.

³² Ankwasizi, E. (2018). Adolescent trauma and psychosocial wellbeing in Entebbe-Uganda. *Universal Journal of Psychology*, 6(3), 67-79.

³³ Ibid; see also Stevens SJ, Murphy BS, McKnight K (2003). Traumatic stress and gender differences in relationship to substance abuse, mental health, physical health, and HIV risk behavior in a sample of adolescents enrolled in drug treatment. *Child Maltreat*. Feb; 8(1):46-57

³⁴ Suliman, S., Kaminer, D., Seedat, S., & Stein, D. J. (2005). Assessing post-traumatic stress disorder in South African adolescents: using the child and adolescent trauma survey (CATS) as a screening tool. *Annals of general psychiatry*, 4(1), 1-10.

³⁵ Ibid.

competencies of children ages 12 to 35 months 30 days. The assessment can be used in diverse settings, including early intervention, as a first or second stage screening measure, allowing professionals to provide additional assessments, referrals and supportive services. Demonstrating the impartiality of the assessment, the BITSEA has been used with both culturally and socioeconomically diverse groups. Notably, the BITSEA proved to be well suited, in a study with over 200 children, for its use with African American, Latinx, multi-ethnic minorities and non-Latinx White participants who represented low income groups³⁶, like the marginalized women and children served at Lotus House. “Evidence of validity in [this] ethnically and socioeconomically heterogeneous sample, further supports the use of the BITSEA with children from diverse backgrounds.”³⁷ Another study utilizing BITSEA was conducted to examine the psychometric properties of 144 infants of families with primarily Hispanic, low-income backgrounds.³⁸ From the mothers participating in the study, close to half completed the screening and subsequent assessments in Spanish. The results of the study suggest that the BITSEA is an “effective screening tool for use with young infants, Hispanic and Spanish-speaking populations, and low-income families in both the Problems and Competence scales.”³⁹ When used in an international study, the Turkish and Dutch versions of BITSEA also proved to be valid and reliable, further supporting its cultural inclusivity. Results of the literature review support the implementation of the BITSEA with both culturally and socioeconomically diverse groups, demonstrating its use as appropriate in a diverse setting such as Lotus House.

Interventions

In our first early childhood research study, Child-Parent Psychotherapy (CPP) and Parent Child Interaction Therapy (PCIT) demonstrated effectiveness in a homeless shelter setting, particularly in the improvement of processing child trauma and challenging behavior resulting in improved early childhood development. Namely, the results of the PCIT intervention have demonstrated improvement in the quality of parent-child relationships and CPP has demonstrated positive

³⁶ Briggs-Gowan, M. J., Carter, A. S., McCarthy, K., Augustyn, M., Caronna, E., & Clark, R. (2013, June). *Clinical validity of a brief measure of early childhood social-emotional/behavioral problems*. Journal of pediatric psychology. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3666122/>.

³⁷ Ibid.

³⁸ Hungerford, G. M., Garcia, D., & Bagner, D. M. (2015, September). *Psychometric evaluation of the Brief INFANT-TODDLER social and EMOTIONAL ASSESSMENT (bitsea) in a predominately hispanic, Low-Income Sample*. Journal of psychopathology and behavioral assessment. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4569136/>.

³⁹ Ibid.

effects on maternal stress. Interventions were selected because of their significant results in multicultural and trauma-informed settings. The following are brief descriptions of the selected interventions:

The **Child-Parent Psychotherapy** (CPP) intervention “targets the child-parent relationship to promote optimal developmental outcomes for the child, and is based in attachment, cognitive-behavioral, social-learning, and psychodynamic theories”.⁴⁰ CPP targets infants with a history of trauma (i.e. exposure to domestic violence) and has been examined in various studies across diverse sample populations, with one study in particular proving to be equally effective across racial and ethnic groups in reducing trauma symptomology.⁴¹ According to the literature review, CPP has been “effective in reducing child trauma symptoms and clinical severity of depression and behavior problems for children ages 3-5”.⁴² Given the history of trauma experienced by the families served at Lotus House, this intervention will be useful in elimination and/or reduction of child trauma symptoms.

In addition, a byproduct of CPP, the **Perinatal Child-Parent Psychotherapy** (P-CPP) will be utilized by Lotus House as an intervention tool for expecting mothers “who have experienced trauma or significant stress. P-CPP engages the mother-baby dyad to repair trauma, promote attachment, and address the unique challenges and opportunities of pregnancy and the perinatal period”.⁴³ Recognizing the severe trauma experienced by the women served at Lotus House and the potential impacts it may have on the mother-child relationship, we found that it is important to provide early intervention to expecting mothers to help reduce the impacts of trauma on the unborn child and to help promote healthy attachment. As such, P-CPP was chosen to provide mothers with the support they need when their adverse life circumstances and their emotional

⁴⁰ Landis, Taylor D, Megan M Hare, and Paulo A Graziano. “Infant Mental Health Prevention and Treatment: A Systematic Review Examining the Role of Homelessness.” Center, for Children and Families, Department of Psychology Florida International University , 2020. <https://www.medrxiv.org/content/medrxiv/early/2020/12/11/2020.12.09.20246553.full.pdf>.

⁴¹ Ibid; see also Weiner, Schneidr, & Lyons, 2009

⁴² Ibid

⁴³“Treatments.” Treatments | Child Trauma Research Program. Accessed March 4, 2021. [https://childtrauma.ucsf.edu/treatments.](https://childtrauma.ucsf.edu/treatments;); See also Lavi, I., Arianna M Gard, M.

Hagan, P. Horn, and A. Lieberman. “[PDF] Child-Parent Psychotherapy Examined in a Perinatal Sample: Depression, Posttraumatic Stress Symptoms and Child-Rearing Attitudes: Semantic Scholar.” undefined, January 1, 1970. <https://www.semanticscholar.org/paper/Child-Parent-Psychotherapy-Examined-in-a-Perinatal-Lavi-Gard/024134f22cc734a2d5f4c05be518e5b58b6588c7>.

and interpersonal difficulties interfere with their ability to give their baby the love, care, and protection needed to promote healthy development”⁴⁴.

The **Parent Child Interaction Therapy** (PCIT), based on developmental and attachment theories, is a “behavioral parent training program originally designed to improve caregiver warmth and limit setting, in addition to firm, clear limit-setting, as a treatment for children with clinically elevated behavior problems.⁴⁵ PCIT has been employed with trauma survivors, child maltreatment, physical abuse, and in self-contained domestic violence shelters and has demonstrated effectiveness across demographically diverse settings.⁴⁶ Notably, PCIT has undergone adaptation in its use with various populations including, but not limited to: families in which child abuse has occurred; trauma victims and/or survivors; children with developmental delays; African-American families; and Latino and Spanish-speaking families.⁴⁷ The intervention has resulted in the “significant decreases in child disruptive behaviors and parental stress, while showing significant improvements in positive parenting and the quality of the parent-child relationship.⁴⁸ Additional benefits of PCIT include its usefulness in treating multiple issues (ie: separation anxiety, depression, self-injurious behavior, etc.), its adaptability and benefits for various populations and its lasting effectiveness— further supporting its use with the marginalized families served at Lotus House.⁴⁹

Developed in the Netherlands and implemented in more than 15 countries, **Video-feedback Intervention to Promote Positive Parenting and/or Sensitive Discipline** (collectively “VIPP”) is an intervention based on an attachment theory.⁵⁰ The intervention is designed to improve the

⁴⁴ “Treatments.” Treatments | Child Trauma Research Program. Accessed March 4, 2021. <https://childtrauma.ucsf.edu/treatments>.; See also Lavi, I., Arianna M Gard, M.

Hagan, P. Horn, and A. Lieberman. “[PDF] Child-Parent Psychotherapy Examined in a Perinatal Sample: Depression, Posttraumatic Stress Symptoms and Child-Rearing Attitudes: Semantic Scholar.” undefined, January 1, 1970. <https://www.semanticscholar.org/paper/Child-Parent-Psychotherapy-Examined-in-a-Perinatal-Lavi-Gard/024134f22cc734a2d5f4c05be518e5b58b6588c7>.

⁴⁵ Landis, Taylor D, Megan M Hare, and Paulo A Graziano. “Infant Mental Health Prevention and Treatment: A Systematic Review Examining the Role of Homelessness.” Center for Children and Families, Department of Psychology Florida International University, 2020.

⁴⁶ Ibid

⁴⁷ “Parent-Child Interaction Therapy With At-Risk Families.” Child Welfare Information Gateway. Children's Bureau, January 2013. https://www.childwelfare.gov/pubPDFs/f_interactbulletin.pdf.

⁴⁸ Ibid; see also Cooley, Veldorale-Griffin, Petren, & Mullis, 2014; Thomas, Abell, Webb, Avdagic, & Zimmer-Gembeck, 2017; Ward, Theule, & Cheung, 2016

⁴⁹ “Parent-Child Interaction Therapy With At-Risk Families.” Child Welfare Information Gateway. Children's Bureau, January 2013. https://www.childwelfare.gov/pubPDFs/f_interactbulletin.pdf.

⁵⁰ Implementing Video-Feedback Intervention to Promote Positive Parenting-Sensitive Discipline® (VIPP-SD). Home Visiting Evidence of Effectiveness. (n.d.). <https://homvee.acf.hhs.gov/implementation/Video-Feedback%20Intervention%20to%20Promote%20Positive%20Parenting-Sensi>

parent-child relationship by helping to enhance parental sensitivity and positive child interaction. Although the intervention has not been implemented in the United States, a randomized control study with Turkish ethnic minority mothers “proved to be effective in increasing maternal sensitivity and non intrusiveness in these minority families with toddlers at risk for externalizing problems.⁵¹” The outcomes of the study supports “the notion that interventions aimed at enhancing maternal sensitivity are relevant across cultural groups.”⁵² With the results of the literature review guiding the framework for VIPP’s use in a homeless shelter setting, the implementation of the intervention illustrates promising benefits for the marginalized mothers and children served at Lotus House. Specifically, the intervention will be useful in improving the familial relationships of those served at Lotus House by enhancing the mother’s parental sensitivity and sensitive discipline, consequently improving early childhood development by the promotion of children’s attachment security and the prevention or reduction of child behavioral problems.⁵³

Conclusion

The research conducted during our new proposed service driven research project will determine the effectiveness and cultural competence of assessments where there is no literature supporting its cross-culture application.⁵⁴ Acknowledging the dearth of literature, this project will implement these assessments and interventions within a demographically diverse and marginalized group of predominantly African American and Latinx women and children experiencing homelessness.

tive%20Discipline%C2%AE%20(VIPP-SD)/Model%20Overview#:~:text=VIPP%2DSD%20aims%20to%20promote,use%20of%20appropriate%20discipline%20strategies.

⁵¹ Yagmur, Sengul & Mesman, Judi & Malda, Maïke & bakermans-kranenburg, Marian & Ekmekci, Hatice. (2014). Video-feedback intervention increases sensitive parenting in ethnic minority mothers: A randomized control trial. *Attachment & human development*. 16. 371-86. 10.1080/14616734.2014.912489.

⁵² Ibid.

⁵³ Schoemaker, N.K., Jagersma, G., Stoltenborgh, M. *et al.* The effectiveness of Video-feedback Intervention to promote Positive Parenting for Foster Care (VIPP-FC): study protocol for a randomized controlled trial. *BMC Psychol* 6, 38 (2018). <https://doi.org/10.1186/s40359-018-0246-z>

⁵⁴ Following a vast amount of research, Lotus House found there to be limited literature reviews on the application of certain assessments in a demographically diverse setting.