Early Intervention for Families Experiencing Homelessness: A Pilot Randomized Trial Comparing Two Parenting Programs

Paulo A. Graziano, Ph.D.,[1] Jamie A. Spiegel, Ph.D.,[2] Timothy Hayes, Ph.D.,[1] Emily Arcia, Ph.D., [3] and Sundari Foundatio

Florida International University[1] University of South Alabama[2] Emily Arcia Consulting Company[3] Lotus House[4]

BACKGROUND

- As of January 2020, the Department of Education reported that 1,508,265 children, enrolled in public schools, experienced homelessness (U.S. Interagency Council on Homelessness, 2020). In the U.S., one in every 30 children, or 2.5 million, experience homelessness annually (Bassuk et al., 2014).
- Limited past research has documented that the majority of children experiencing homelessness (78%) suffer from at least one mental health issue (e.g., depression, behavior problems) along with academic/developmental delays (Zina et al., 1994).
- Given that over half of all homeless children in the U.S. are under the age of 6 (Samuels et al., 2010), it is particularly important to investigate the feasibility and initial promise of delivering evidence-based parenting programs within a shelter setting.
- Homelessness is associated with increased parental frustration and decreased confidence in parenting (Lee et al., 2010), decreased parental warmth, decreased positive parent-child interactions (Koblinsky et al., 1997), increased incidence of negative parenting behaviors including violence or aggression (Lindsey, 1998; Torquati, 2002), and consequently increased involvement with child protective services and foster care placement (Fantuzzo & Perlman, 2007; McChesney, 1995).
- The numerous risk factors faced by children and parents experiencing homelessness coupled with the influence that parent-child relationships have on children's well-being highlights the importance of promoting positive parenting strategies in shelter environments.
- Two evidence-based parenting interventions that have shown success in addressing children's externalizing behavior problems and trauma symptoms are Parent-Child Interaction Therapy (PCIT) and Child Parent Psychotherapy (CPP).
- However, no study to our knowledge has examined the feasibility and initial promise of time-limited versions of PCIT and CPP for sheltered families delivered by shelter clinicians onsite.

RESEARCH QUESTIONS

As part of a larger community-based service driven research project, the current study sought to:

(1) Examine the feasibility and acceptability of having two established parenting programs being delivered within a time-limited format by shelter's clinicians onsite to support sheltered children and mothers experiencing homelessness.

(2) Examine the initial promise of both interventions in terms of improving child and maternal outcomes.

CONTACT INFORMATION

FIU: Paulo Graziano, Ph.D.
E-mail: pgrazian@fiu.edu
Lab Website: http://self-regulationlab.fiu.edu
Twitter: @GrazianoLabFIU
Instagram: @selfregulationlab

@SELFREGULATIONLAB

Lotus House: Constance Collins, J.D.
E-mail: constance@lotushouse.org research@lotushouse.org
Website: http://lotushouse.org
Twitter: @LotusHouse1
Instagram: @lotushouseshelter

METHOD

Participants

- The present study was part of a larger service driven, community-based, research project conducted at the Lotus House, the largest women's shelter in the state of Florida and one of the largest in the nation, with a nightly capacity to shelter over 500 women and youth.
- To qualify for the current study, families were required to (a) have a child between the ages of 18 months and 5-years-of-age and (b) have a mother who spoke English or Spanish.
- Exclusionary criteria: children a) not being in the target age range, b) already receiving therapy services elsewhere, or c) requiring referral for other services (e.g., applied behavior analysis due to suspected ASD).
- 144 young children whose mothers provided consent participated in the study.
- Children had a mean age of 3.48 yrs. (range: 18 months-5.75 years of age, SD = 1.09 yrs.) with 43.1% being females.
- Children were predominately Black/African American (78.5%) and Hispanic (27.1%).

Study Design and Procedure

- Families (mom and child) were randomized to time-limited PCIT (n = 70) or time-limited CPP (n = 74) without stratification using a randomly generated number table following their pre-intervention assessment.
- Clinicians at the homeless shelter who delivered the interventions, in the mother's preferred language, were master's level licensed clinical staff or therapists in training who were certified or in the process of receiving their certification in PCIT or CPP.

Intervention

- Parent-Child Interaction Therapy (PCIT; Eyberg & Robinson, 1982) . PCIT is a manualized evidence-based BPT program that integrates social learning and attachment theories. In PCIT, parents proceed through two distinct phases: Child-Directed Interaction (CDI),which resembles traditional play therapy, and Parent-Directed Interaction (PDI), which resembles clinical behavior therapy. During CDI, parents follow their child's lead in play by using the non-directive PRIDE (i.e., do skills): Praising the child, Reflecting the child's statements, Imitating the child's play, Describing the child's behavior, and using Enjoyment. Parents learn to apply PRIDE skills to the child's appropriate play and ignore undesirable behaviors and are taught to avoid verbalizations that take the lead away from the child during the play (i.e., don't skills), including questions, commands, and negative statements (e.g., criticism). During PDI, parents set limits to reduce child noncompliance and negative behavior. They learn to use effective commands and consistently follow through with timeout for noncompliance. All families randomized to time-limited PCIT were offered 12 total weekly sessions (6 sessions of CDI & 6 sessions of PDI).
- Child-Parent Psychotherapy (CPP; Lieberman et al., 2005). CPP is a relationship-based treatment that was originally developed to improve the psychological and relational functioning of young children exposed to trauma. CPP integrates attachment, cognitive-behavioral, social-learning, and psychodynamic theories and focuses on the child-parent relationship as a way to improve the child's adaptive functioning. Various intervention strategies are flexibly employed in CPP including a) joint construction of a trauma narrative, use of play and language to identify and address traumatic triggers, and building of an emotional vocabulary; b) unstructured, supportive developmental guidance to provide psychoeducation regarding children's safety and developmental needs, c) modeling protective behavior, d) insight-oriented interpretations to increase self-understanding in parent and child e) emotional support and affect regulation, and f) assistance with daily living issues, including crisis intervention, case management, and service referrals. CPP is conducted with the parent-child dyad in unstructured weekly hour-long sessions which allows therapists to flexibly tailor each session to the needs of the individual family. CPP was originally designed as a yearlong intervention in which therapists move through three phases: assessment and engagement, core intervention, and recapitulation and termination (see Lakatos et al., 2019 for a full description of each of the phases of CPP). The only adaptions to CPP made in the current study were to a) limit the number of sessions to 12 (to equate the intervention dose to that of PCIT) and b) make sure that therapists progressed families across all phases of CPP prior to termination. The flexibility of CPP was maintained in terms of no imposed number of sessions per phase.

Outcome Measures

Parenting Stress. Mothers completed the *Parenting Stress Index-Short Form (PSI-SF)*, a widely used 36 item self-report instrument for parents of children ages 1 month to 12 years measuring parental stress (Abidin, 1983).

- For the purpose of the current study, the *total stress* raw score was examined.

Quality of Parent-Child Interactions. The *Dyadic Parent-Child Interaction Coding System-4th Edition (DPICS-IV, Eyberg et al., 2013*) was used to measure the quality of parent-child interactions during a 5-minute child-led play session.

- Consistent with prior parenting research, we coded and created a composite of *Positive parenting verbalizations* and *Negative parenting verbalizations.*

Externalizing Behavior Problems. Mothers completed the Eyberg Child Behavior Inventory (ECBI; Eyberg & Ross, 1978), a 36-item questionnaire that is designed to assess the presence of externalizing problems in children ages 2-16 yrs.

- The total intensity scale raw score was used as the main measure of externalizing behavior problems.

Post-Traumatic Stress Symptoms (PTSS). Mothers of children ages 3 and older completed the Child and Adolescent Trauma Screen-Caregiver (CATS-C; Sachser et al., 2017), which consists of an event checklist of 15 potentially traumatic events, as well as the frequency of each of the 20 PTSS, based on DSM 5 criteria (American Psychiatric Association, 2013). Responses are provided based on a 4-point Likert- scale ranging from 0 ('never') to 3 ('almost always') with higher scores indicative of greater PTSS.

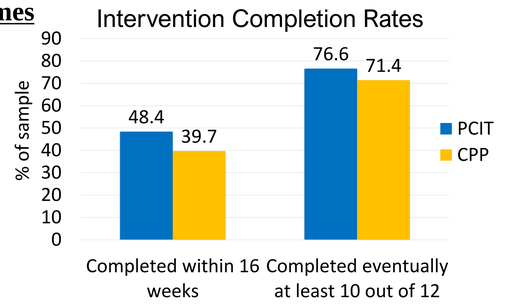
- The total severity score of PTSS was used in the current study.

RESULTS

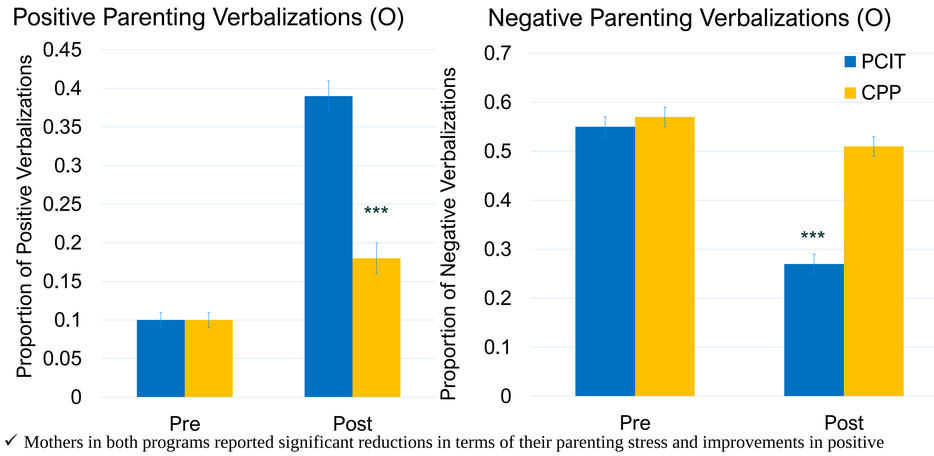
Feasibility and Acceptability Outcomes

✓ High levels of fidelity across both interventions
- *Mean* = 92-96%

✓ High levels of mother satisfaction across both interventions
- *Overall Mean* = 4.24 out of 5
- *Likely to recommend* Mean = 4.21 out of 5

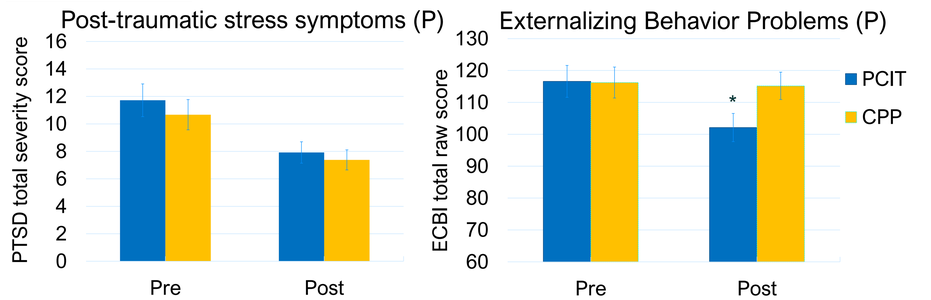


Parenting Outcomes



✓ Mothers in both programs reported significant reductions in terms of their parenting stress and improvements in positive parenting verbalizations.
✓ Only mothers in time-limited PCIT; however, experienced significant reductions in negative parenting verbalizations.
✓ PCIT outperformed CPP in terms of the magnitude of improvements across all parenting outcomes (including parenting stress)

Child Outcomes



✓ Mothers in both programs reported significant reductions in their children's post-traumatic stress symptoms.
✓ Only mothers in time-limited PCIT; however, reported significant reductions in their children's externalizing behavior problems.
P = Parent report, O = observed

DISCUSSION & IMPLICATIONS

- This study shows the feasibility and initial promise of embedding evidence-based parenting programs for early intervention within a homeless or domestic violence shelter.
- Overall, it shows that children and families within a shelter can benefit from time-limited CPP and time-limited PCIT in terms of not only reducing parenting stress but learning new parenting strategies that within a short period of time have significant benefits for children's behavioral and emotional functioning.
- Our initial results also indicate that PCIT seems to offer a more promising intervention for targeting externalizing behavior problems and parenting for this sheltered age group. There is a growing consensus on the importance of addressing mental health needs within homeless shelters, particularly of vulnerable children (Bussuk & Friedman, 2005). This study shows how a service driven, community-university partnership can play a large role in addressing the mental health needs of sheltered children and families with the potential to transform the trauma of homelessness into a window of opportunity.

Full Paper Citation: Graziano, P. A., Spiegel, J. A., Hayes, T., Arcia, E., & Sundari Foundation (2023). Early intervention for families experiencing homelessness: A pilot randomized trial comparing two parenting programs. *Journal of Consulting and Clinical Psychology*, *91*, 192.