



# Understanding & Healing Our Children & Youth



# MEET THE PRESENTERS



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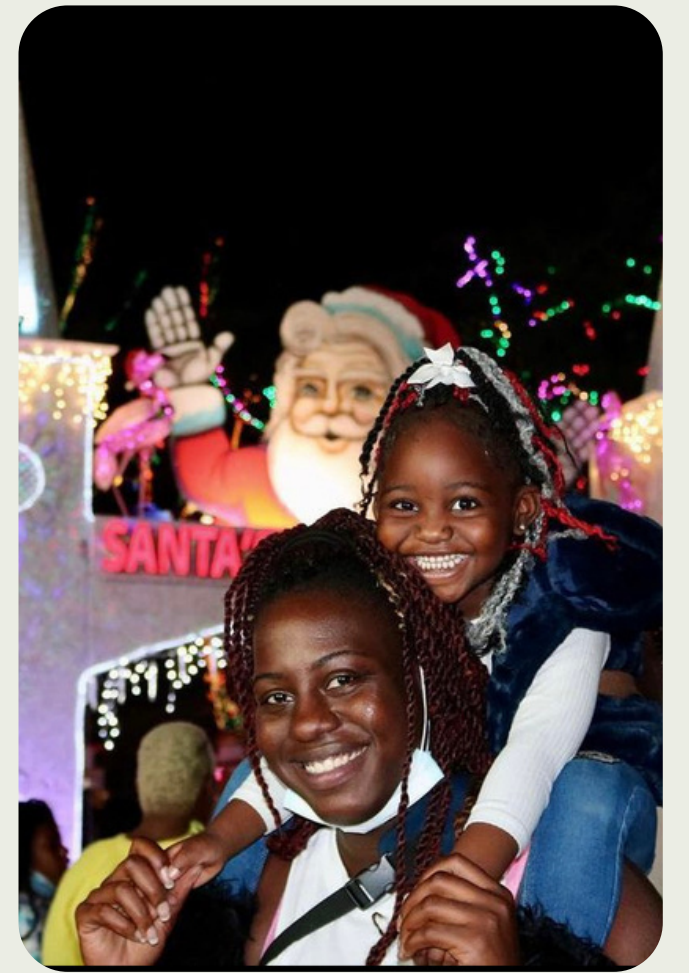
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# Our Inspiration



# The Need for Service-Driven, Community-Based Research

- 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 delays (Zina et al., 1994).
  - Lack of research regarding their needs and which evidence based therapies are most effective in meeting their needs.



# What will we find if we look deeper?



- Evidence Based Assessments
- Evidence Based Interventions

## Goals:

- Provide critical linkages that can change the course of development (school support, speech & occupational therapy)
- Disrupt the intergenerational transmission of trauma by introducing protecting factors
- Extend scientific knowledge base
- Inspire positive social change

# The Lotus House Early Childhood Research Projects

In 2017, Lotus House, funded by The Children's Trust, began a novel research project in an effort to identify and address the unmet needs of sheltered children everywhere.

The collaborative research has been particularly successful because Lotus House has ownership.

- Was the initiator
- Leads the research efforts
- Manages its funds and service delivery
- Keeps and controls its data and dissemination

Conceptual Framework for evaluation: Drahota et al. (2016) Community-Academic Partnerships: A Systemic Review of the State of the Literature and Recommendations for Future Research. *The Millbank Quarterly*, 94,1 (163-214).

# Successful Partnerships

1. Lotus House sought and received grants to develop a service driven research project aligned with its mission and programs
2. Local dedicated, knowledgeable, and respected researchers/evaluator provide support
3. Trainers in Evidence Based Interventions



# Capacity Building

- In following areas:
  - Clinical training
  - Research methodology
  - IRB certification
  - Valid interpretation of results
  - Data entry & management
- Research, policy and public education department to advance social justice on a national level
- Replicable model for community based organizations to scale



# Facilitating Factors

- Shared belief in mission
- Trust, respect for each other's expertise
- Frequent communications
- Clearly differentiated roles
- Leadership commitment
- Skilled, dedicated staff
- Positive program effects
- Benefit for all partners
- Flexibility and openness



# Aims of the Projects

Leveraging 2 **service driven** grants (Early Childhood Research and Family Strengthening) by The Children's Trust obtained over the last 5 years, our goals were to:

1. Develop a portrayal of developmental, mental health and trauma related needs of children and mother-child interactions and
2. Examine the feasibility and effectiveness of delivering evidence-based interventions within a sheltered setting
  - a. Trauma-Focused Cognitive Behavior Therapy (TF-CBT)-ages 5 and up
  - b. Parent-Child Interaction Therapy (PCIT) and Child Parent Psychotherapy (CPP)-ages 5 and under

# Setting: Lotus House

- Lotus House offers trauma informed shelter and wrap around support services to children and their mothers experiencing homelessness, so they can heal, strengthen and successfully transition to permanent housing.
- Nightly capacity to shelter over 500 women and youth
  - 75% of mothers report history of domestic violence, sexual assault or violent crime
  - 82% of mothers have one or more diagnosed disabilities
  - 20% of mothers report child welfare involvement
- Average stay = 6.4 months for families and 88% exited successfully outside the shelter system from 8/1/2017-7/31/2021.

# Methods - Assessment Upon Intake



## Children:

- Battelle **Developmental** Inventory Screening Test 2nd Ed. (BDIST) (Glascoe, F., 2007)
- Eyberg **Child Behavior** Inventory (ECBI) (Eyberg, S. & Pincus, D., 1999)
- Child and Adolescent **Trauma** Screen – Caregiver and above age 6, Child/Youth (CATS) (Sachser, C. 2016)

## Mothers-child interactions:

- **Parenting Stress** Index 4–SF (PSI) (Abidin, R. R., 2012)
- Dyadic **Parent-Child** Coding System (DPICS) (Eyberg, S., Nelson, M., Duke, M., & Boggs, S., 2004)
- **Parent Relationship Questionnaire** (PRQ)
- Lotus House Standard Child-Focused Clinical Assessment and Interview

# Battelle Developmental Inventory Screening (BDI-3, Screener)

What developmental areas were we screening?

1. **Adaptive Domain**- Assesses the child's ability to use information & skills in daily life activities.
2. **Personal-Social Domain**- Assesses the child's adult & peer interaction.
3. **Communication Domain**- Assesses how the child receives & expresses information through verbal & non-verbal cues.
4. **Motor Domain**- Assesses the child's ability to control & use all body muscles.
5. **Cognitive Domain**- Assesses the child's mental & intellectual abilities, including attending to, perceiving, & processing information as well as memory.

- If the child scores above the average age cut off- pass
- If the child scores below/at the average age cut off – refer
- Review results with the mother & discuss options
- Adaptive & personal-social skills can be addressed in counseling
- Communication/Motor/Cognitive skills – need to be referred out

# Eyberg Child Behavior Inventory (ECBI)

- This tool is administered to the mother for the child.
- The measure specifically assesses the frequency & severity of any behavioral problems.
- It also assesses the extent to which the mother identified the behavior as a problem.
- This questionnaire is administered to children ages 2-16.

# Child & Adolescent Trauma Screening (CATS)

- The measure identifies any traumatic events the child may have experienced & assesses for any trauma symptoms.
- This tool measures the severity of trauma symptoms & if the symptoms interfere with the child's overall functioning.
- The caregiver CATS is administered to the mother for the child & this is for children over the age of 3.
- The youth CATS is administered to the child & this is for children over the age of 8.

# Parenting Stress Index, Short Form (PSI-IV, SF)

- This measure assesses the mother's stress level through 4 different domains:
  1. Parental Distress
  2. Parent-Child Dysfunctional Interaction
  3. Difficult Child
  4. Total Stress
- The tool is specifically administered to the mothers with children ages 0-12.
- The clinician utilizes a visual chart when administering.



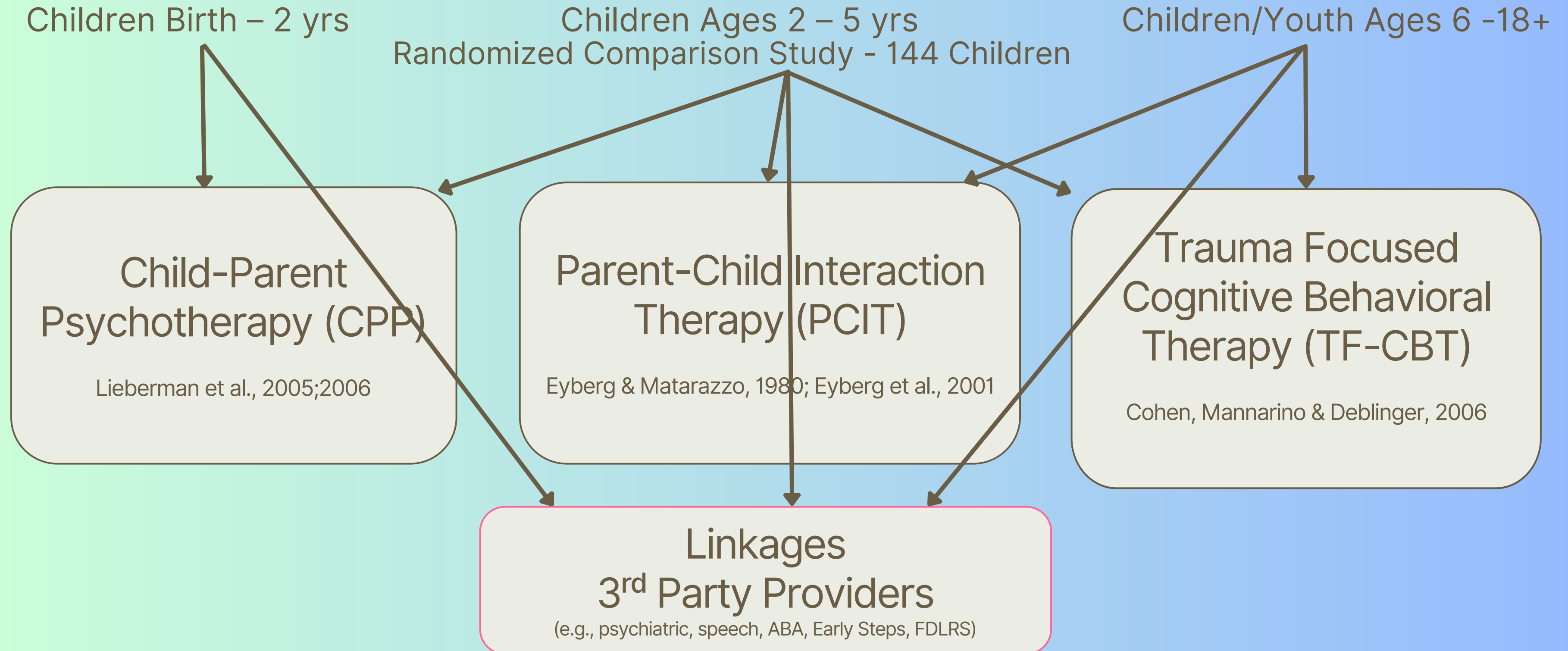
# Dyadic Parent-Child Coding System (DPICS)

- This is a video recorded parent-child 15 minute play interaction.
- The first 5 minutes focuses on child-led play.
- Second 5 minutes is parent-led play.
- The last 5 minutes is clean up.
- The coder codes the mother's behaviors towards the child during each interaction.

# Parent Relationship Questionnaire (PRQ)

- This measure assesses the parent-child relationship.
- The questionnaire was administered to children ages 6-22.
- This tool specifically assessment the parent-child relationship in the following domains:
  - Attachment, communication, discipline practices, involvement, parenting confidence, satisfaction with school, & relational frustration.

# Methods- Based on Assessment Outcomes, Assignment of Evidence Based Interventions



# Research Results



# Needs Assessment: Aim 1

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Lotus House Therapeutic Mother-Child Program: Year IV Report

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Emily Arcia, Ph.D.

September, 2021

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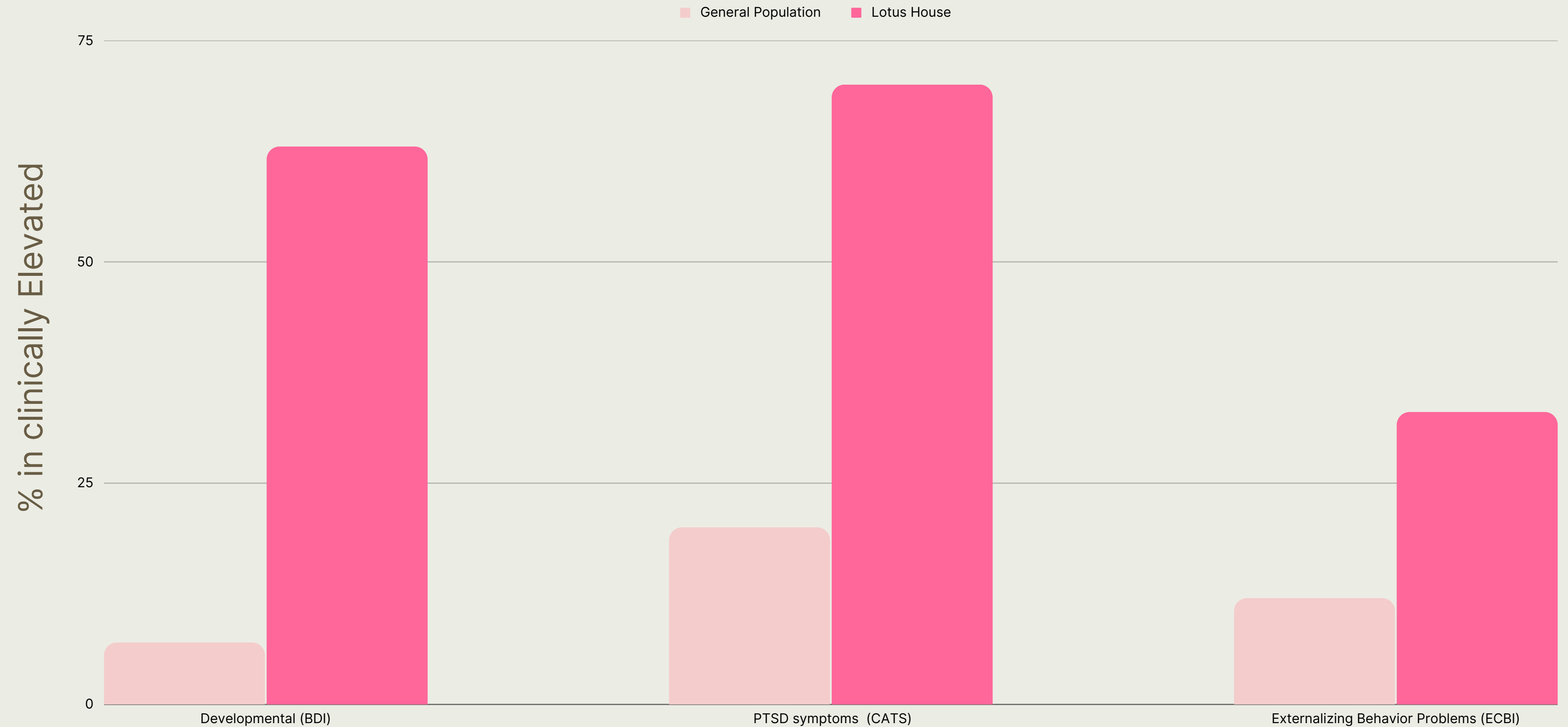
## LOTUS HOUSE SERVICE DRIVEN CHILDRENS RESEARCH PROJECT EXECUTIVE SUMMARY

### Introduction

Sheltering up to 500 women, youth and children on a nightly basis from across Miami-Dade County, the Lotus House Women’s Shelter (Lotus House) is the largest women’s homeless shelter in the nation. On any given night, the number of children sheltered at Lotus House is likely to exceed adults. Most are between the tender ages of birth to 5 but with no upper age limit, many are teenagers. Homelessness is traumatic for everyone, but especially so for children facing the loss of home, a bed of their own, the stability of family and social networks and support systems, possessions, including precious toys, and food insecurity. Homelessness layered atop poverty, disabilities, medical and/or mental health issues, and other complex needs in addition to the traumatic events leading up to homelessness compounds the challenges faced by vulnerable children. Recognizing their special needs, Lotus House utilizes “children first” principles in its trauma informed operations, programming and support services, welcoming children and families with enriched resources and supportive services, a special intake sanctuary, residential rooms tailored to meet their needs, pint size furnishings and play spaces throughout, an arts and activities lab, children’s play room, children’s science lab in the hydroponic Farm (a TCT Innovations Project), creative arts programming in the Lotus Village Voices recording studio

# Results: Aim 1. Needs Assessment

Sample size = 1,551 children; 48% female, 73% Black, 54% under 4




# Published Paper #1 on TF-CBT

Administration and Policy in Mental Health and Mental Health Services Research (2022) 49:881–898  
<https://doi.org/10.1007/s10488-022-01207-0>

ORIGINAL ARTICLE



## Addressing Mental Health and Trauma-Related Needs of Sheltered Children and Families with Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)

Jamie A. Spiegel<sup>1</sup>  · Paulo A. Graziano<sup>1</sup> · Emily Arcia<sup>2</sup> · Shana K. Cox<sup>3</sup> · Muriel Ayala<sup>3</sup> · Nicole A. Carnero<sup>3</sup> · Noelle L. O'Mara<sup>3</sup> · Sundari Foundation<sup>3</sup>

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### Abstract

Children and adolescents (“youth”) experiencing homelessness are at a disproportionately high risk of exposure to potentially traumatic events (PTE). However, limited evidence exists as to what interventions are effective when implemented with this high-risk population. The purpose of this study was to (1) document the mental health and trauma-related needs of sheltered youth and their mothers, and (2) examine the feasibility/effectiveness of Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) administered within the context of a homeless shelter. Three hundred and twenty-one youth ( $M_{age} = 10.06$  years,  $SD = 3.24$  years, 56.4% male, 70.1% Black/African American, 34.6% Hispanic/Latinx) and their mothers were recruited from a homeless shelter and provided 10 weeks of TF-CBT, with the option for up to eight additional weeks of therapy based

# Results: Aim 2a. TF-CBT Outcomes

**Sample size = 321**

**Demographics =** ages 5 to 17 (mean age = 10.06, SD = 3.24), 56% males, 70.1% Black/African Americans

**Intervention:** Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

- 10-12 sessions was considered completed

## **Feasibility and Acceptability**

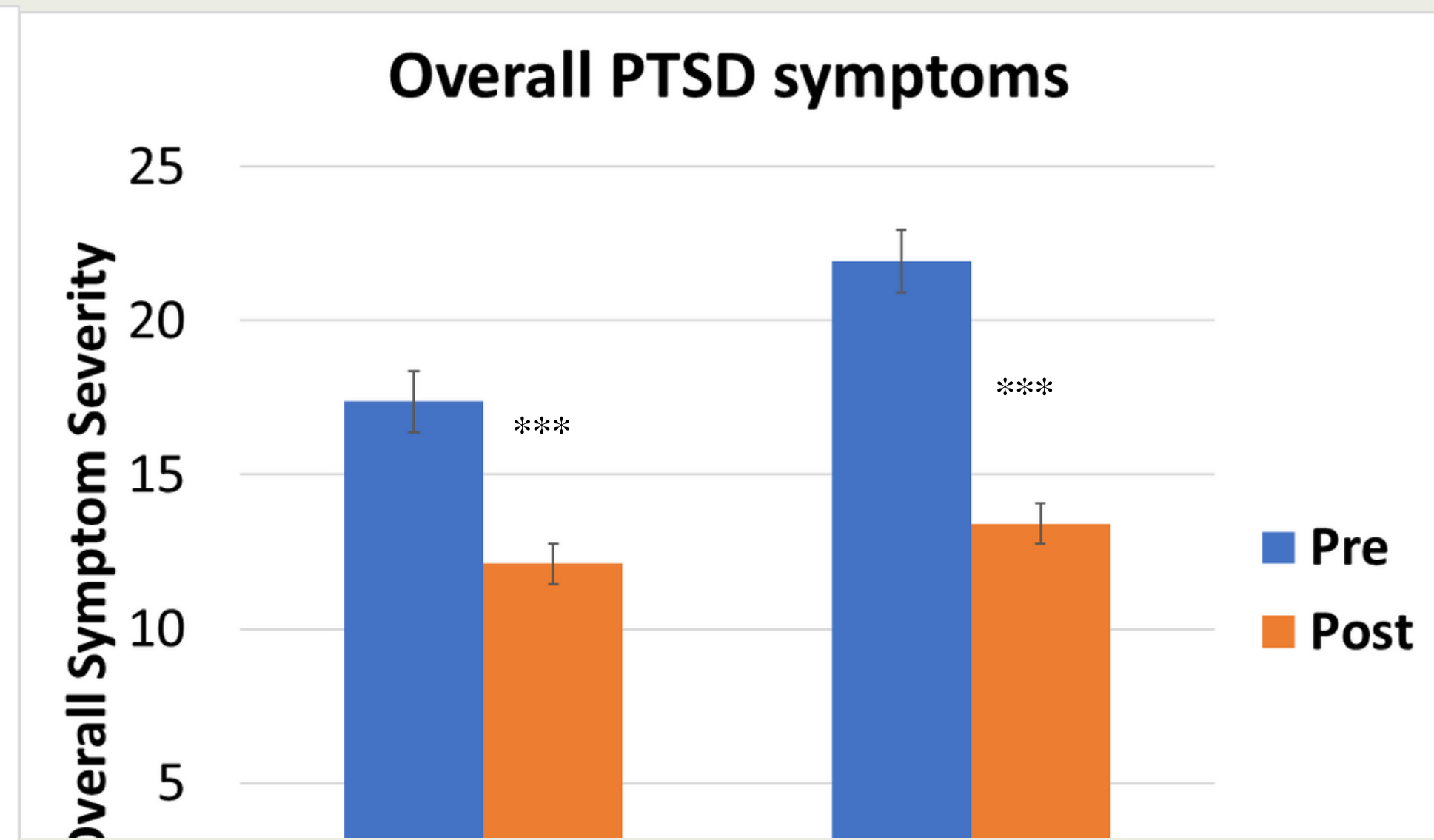
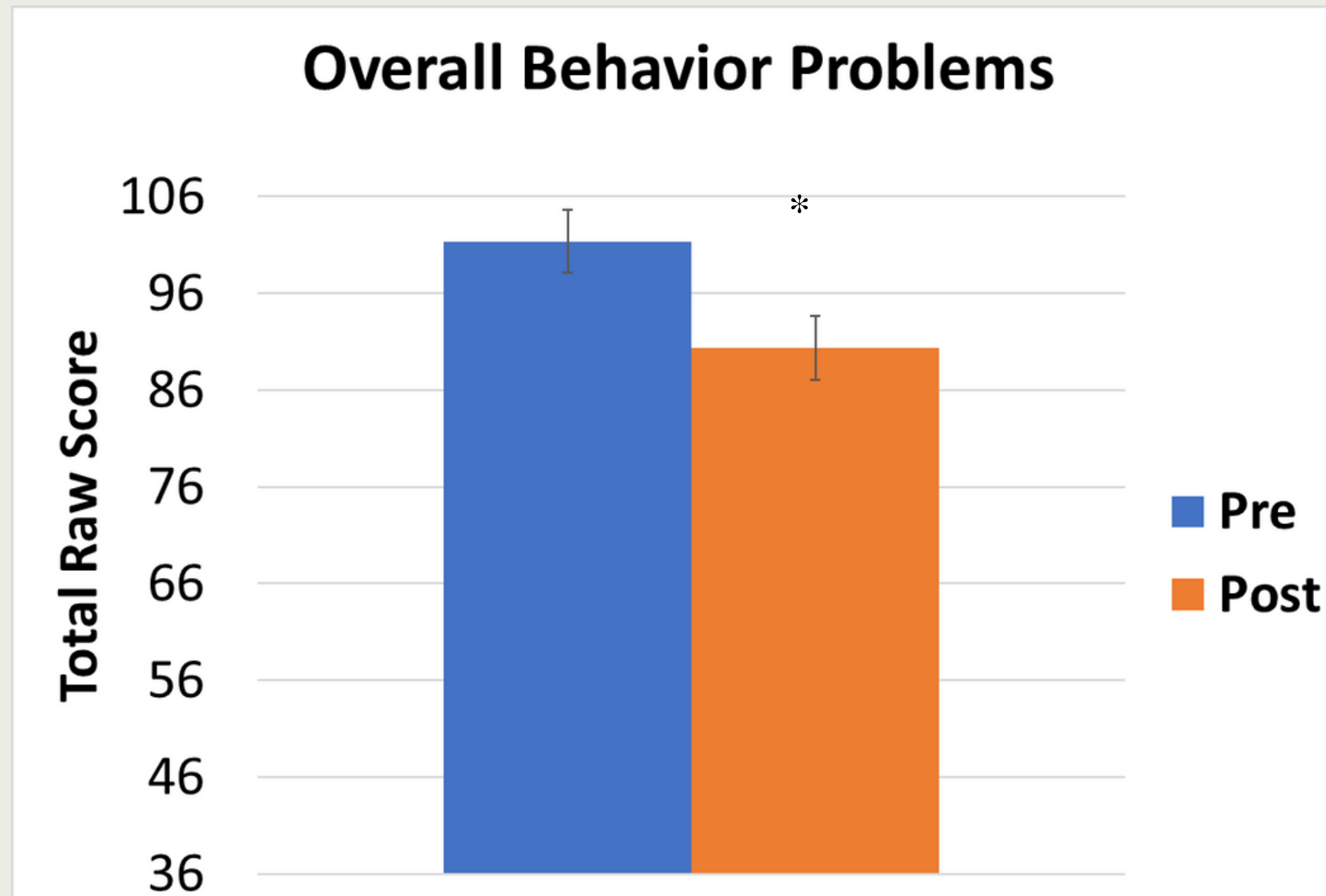
- 7.5% never initiated the intervention
- From those that started the intervention, **72.05%** of families completed
- Therapists adherence to the protocol: **96%**
- Overall high treatment satisfaction: **Mean 4.27 out of 5**



# Results: Aim 2a. TF-CBT Outcomes

*TF-CBT (10-12 sessions) resulted in significant reductions:*

- Severity of overall PTSD-related symptoms (maternal and self-report)
- Externalizing Behaviors (ECBI maternal report)



## Moderation Findings:

- Reductions in behavior problems were greater in younger children (elementary vs. high school age)
- Reductions in PTSD symptoms were greater among children who experienced 4 or more potentially traumatic events

# Published Paper #2 on PCIT and CPP



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ISSN: 0022-006X

Journal of Consulting and Clinical Psychology

2023, Vol. 91, No. 4, 192–207  
<https://doi.org/10.1037/ccp0000810>

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

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<sup>4</sup> Sundari Foundation, Inc. dba Lotus House Women's Shelter, Miami, Florida, United States

**Objective:** As part of a larger community-based, service-driven research project, the primary purpose of this pilot randomized study was to examine the feasibility and acceptability of delivering time-limited adaptations of parent–child interaction therapy (PCIT) and child–parent psychotherapy (CPP) within a sample of children experiencing homelessness. The secondary goal was to examine the promise of both interventions in improving parent/child outcomes. **Method:** One hundred forty-four young children (18 month–5 years old;  $M_{age} = 3.48$ ,  $SD = 1.09$ ; 43.1% female; 78.5% Black/African American; 27.1% Hispanic) and their mothers were recruited from a women's homeless shelter and randomly assigned to 12 weeks of either PCIT or CPP delivered by shelter clinicians on-site. Attendance, fidelity, and program satisfaction were obtained. Families completed pre- and postintervention assessments, including observational data on maternal verbalizations during a child-led play session. **Results:** Both time-limited PCIT and time-limited CPP were successfully implemented with similarly high levels of intervention fidelity (>90%) and satisfaction by mothers (85%). Completion rates were similar across both time-limited PCIT (76.6%) and time-limited CPP (71.4%). Both time-limited CPP and PCIT resulted in decreases in children's posttraumatic stress, parental stress, and increases in maternal positive verbaliza-

# Results: Aim 2b. Parenting Outcomes

- **144** young children ( $M^{\text{age}}$  of 3.48 years,  $SD = 1.09$  years; 57% boys; 79% Black/African American) and their mothers were randomly assigned to a 12-week course of either PCIT or CPP delivered by shelter clinicians on site.
- Families completed pre and post intervention assessments including mother-reported measures of child EBP and trauma symptoms, and parenting stress.
- Observational data on maternal verbalizations during a child-led play session were also collected.

Baseline  
Assessment

12 sessions of  
PCIT or CPP

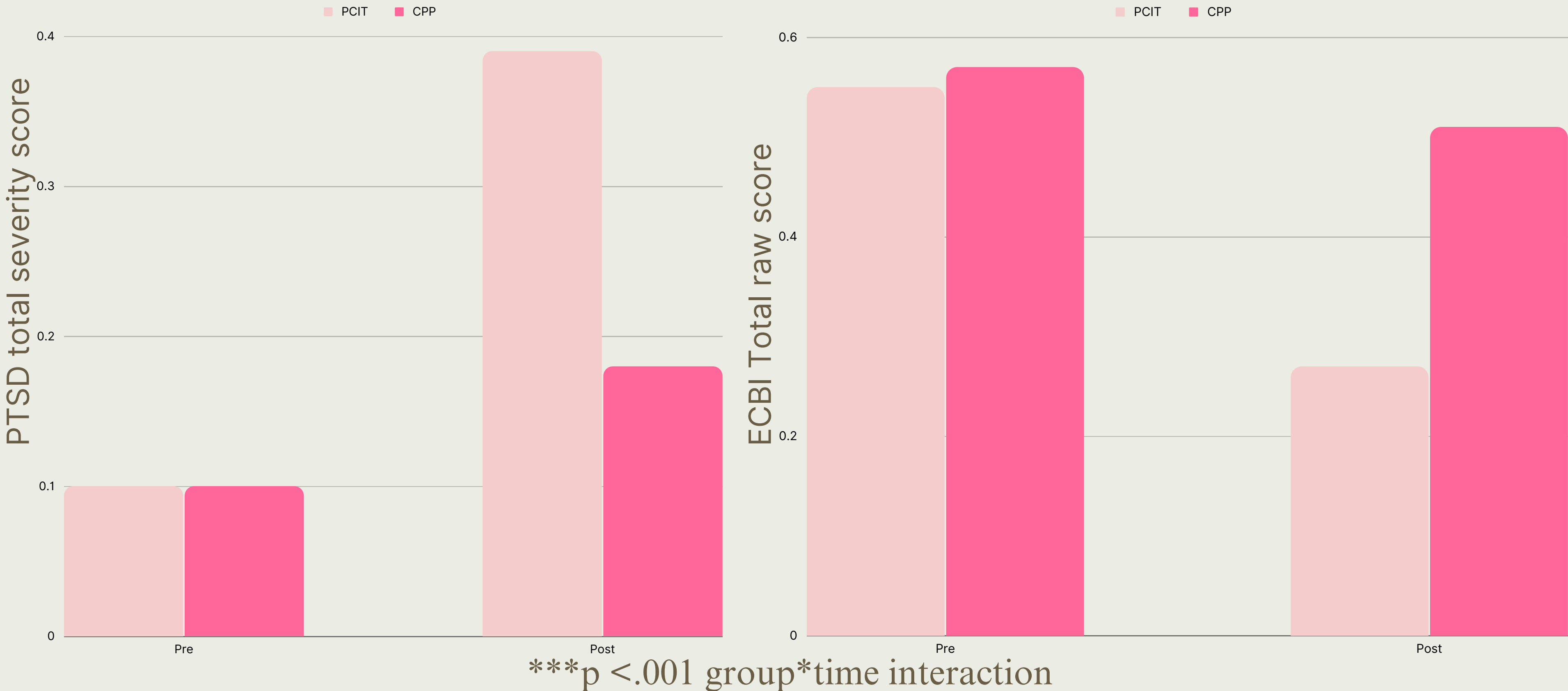
Post-treatment  
(4 months)

# Results: Aim 2b. Parenting Outcomes

- Completed Treatment (at least 10 out of 12 sessions)
  - 77% time-limited PCIT
  - 71% time-limited CPP
- The average number of intervention sessions attended between groups
  - PCIT = 9.62 sessions,  $SE = .48$
  - CPP = 9.23 sessions,  $SE = .48$
- High fidelity across both interventions (procedural and content  $M = 92-96\%$ )
- Mothers reported high levels of satisfaction across both interventions ( $M = 4.23-4.26$  out of 5,  $SD = .67-.69$ )

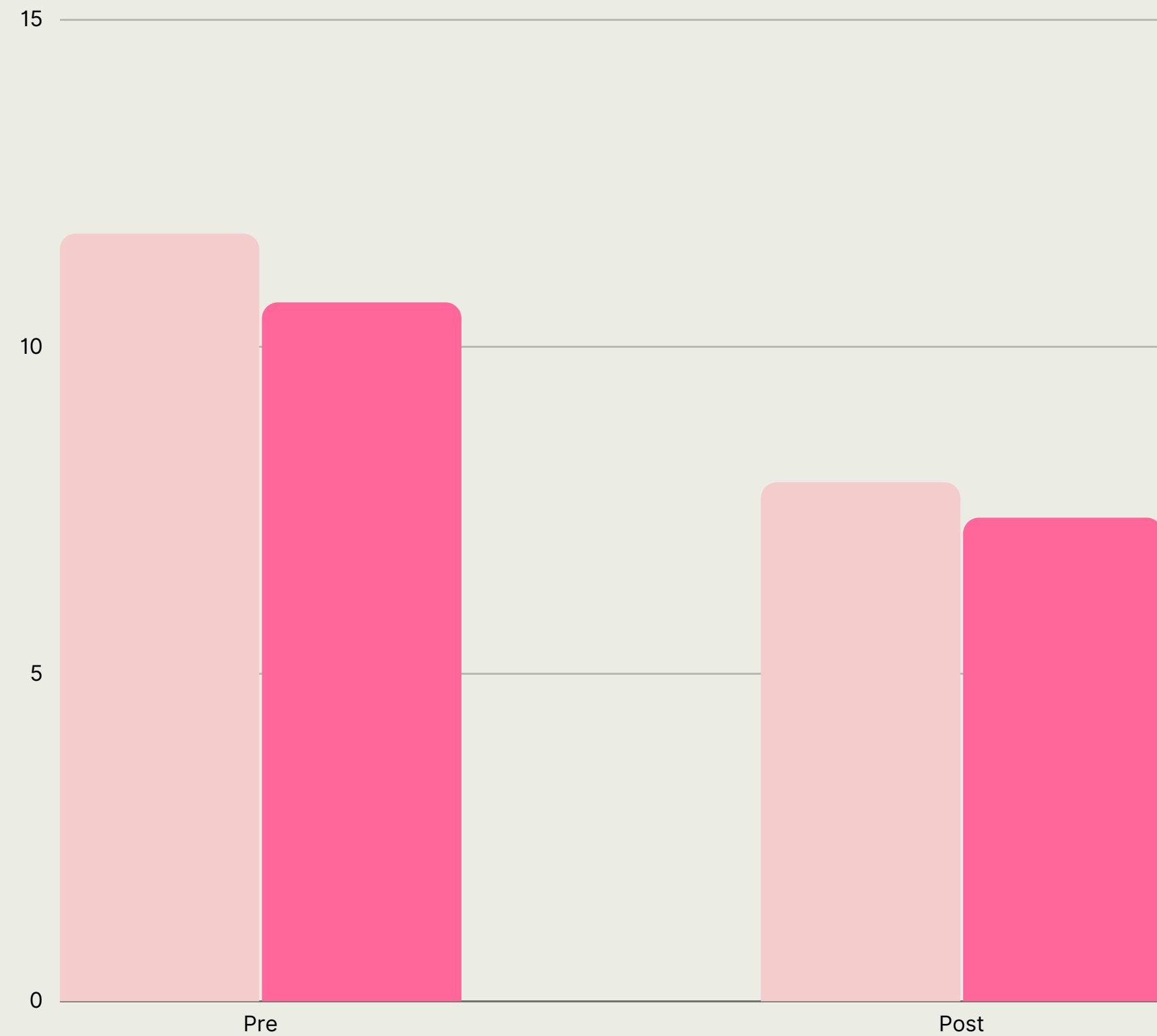
# Results: Aim 2b. Parenting Outcomes

- PCIT outperformed CPP across all parenting outcomes (including parenting stress)

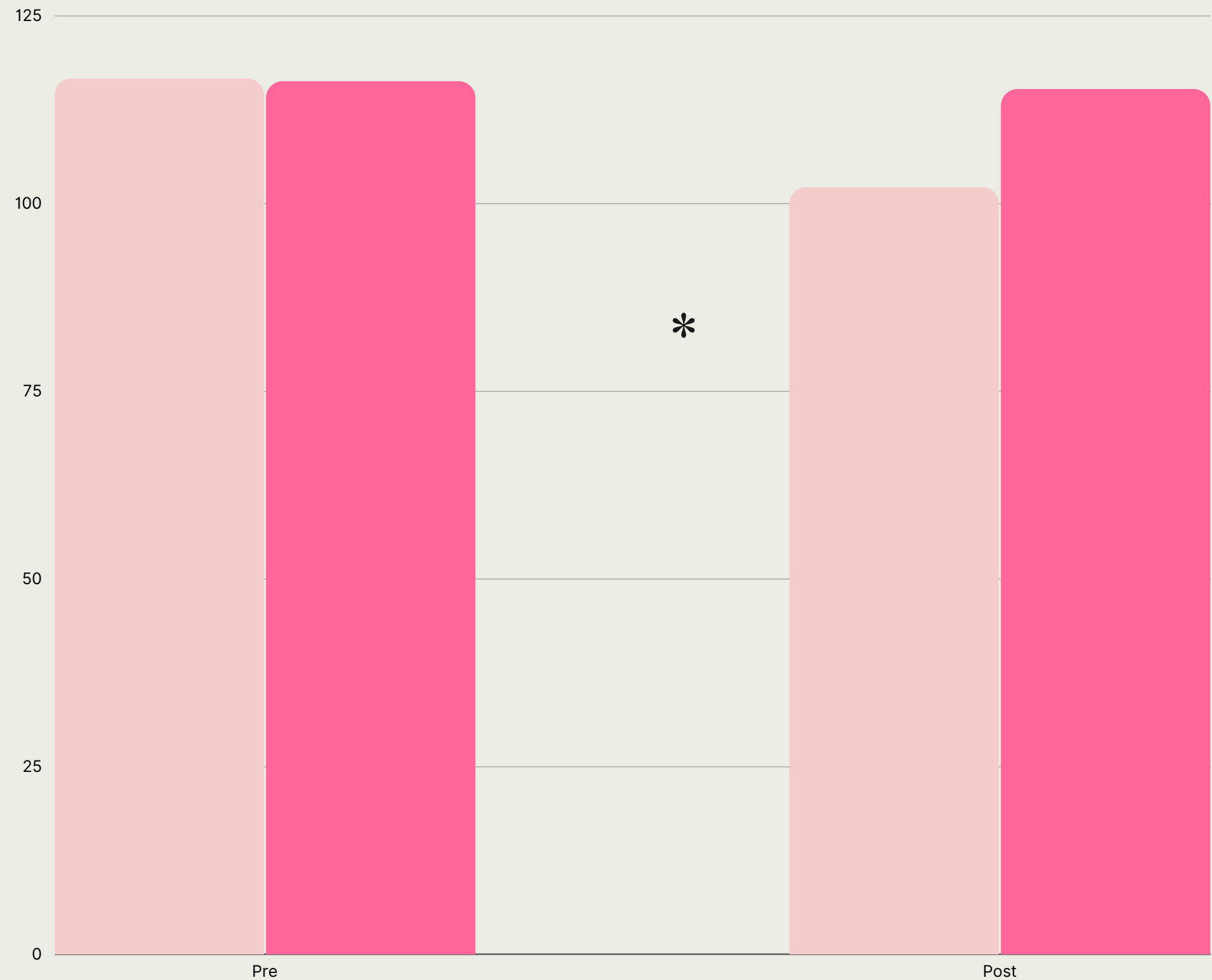


# Results: Child Outcomes

PCIT CPP



PCIT CPP



\*p <.05 group\*time interaction

# Paper #3 in progress: Time limited CPP for infants

## Research objectives:

1. Feasibility of providing time-limited (10 to 12 sessions) Child Parent-Psychotherapy (CPP) to mothers with infants
2. Examine the extent to which CPP was effective in improving postpartum depression (Edinburgh Postnatal Depression Scale; EPDS) and parenting stress (Parenting Stress Index; PSI)

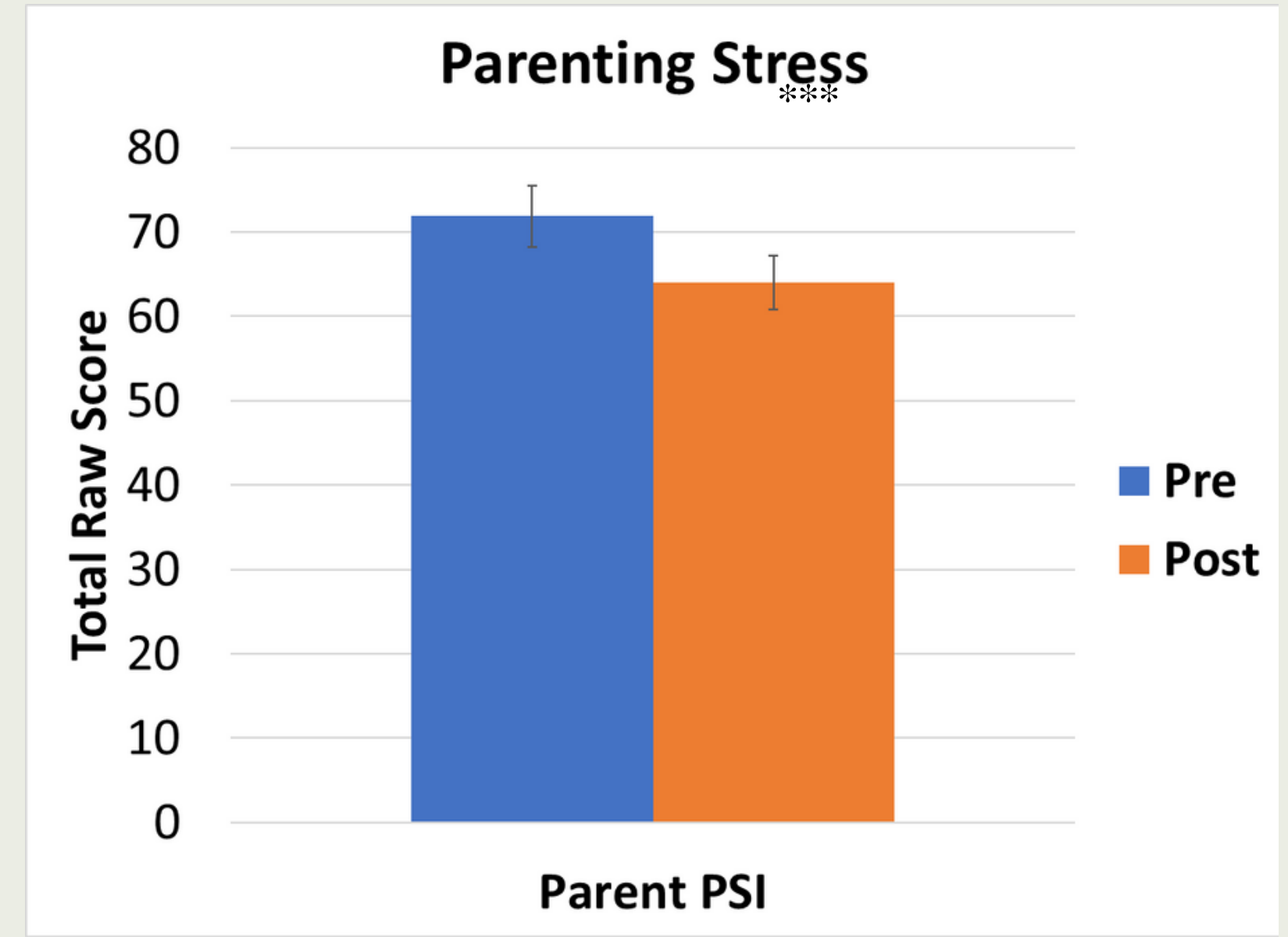
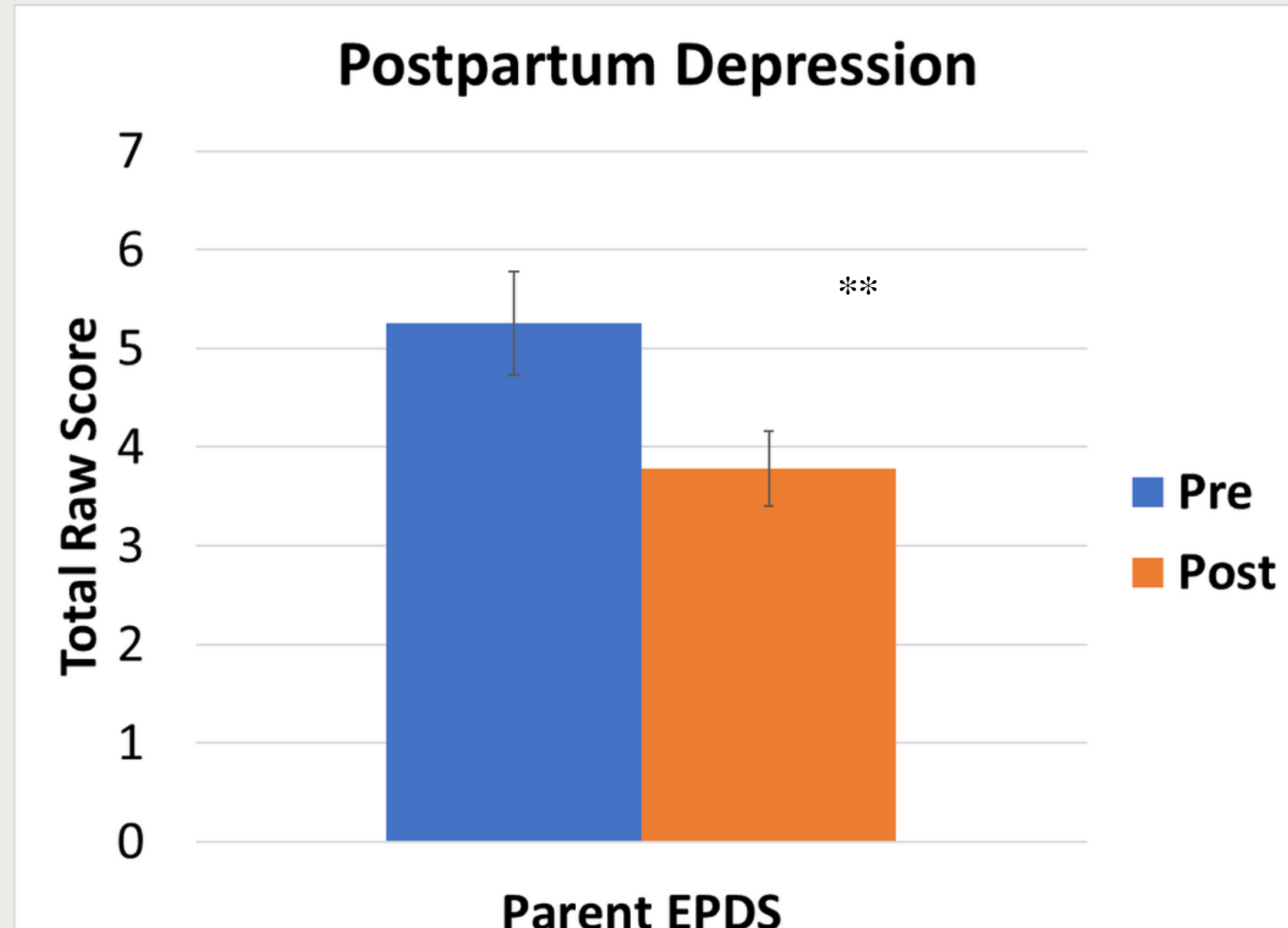
**Sample size** = 186 mothers with infants that were 7 months or younger

## Feasibility

- 11.3% never initiated the intervention (moved out of the shelter)
- From those that started the intervention, **56.4%** of families completed
- Average number of sessions = **8.29** (SD = 4.57)

# Paper #3 in progress: Time limited CPP for infants

## Preliminary Results



% of mothers with clinically significant postpartum depression levels:

Pre = 14.9% and Post = 6.7%

\*\*\*p <.001, \*\*p <.01



# Conclusions/Implications

Our findings demonstrate:

- The high special needs of children and families experiencing homelessness (developmental, emotional, and behavioral)
- The feasibility and effectiveness for embedding evidence-based interventions targeting trauma (i.e., TF-CBT) along with parenting programs (i.e., CPP and PCIT) within the shelter setting delivered by shelter staff

# Future Directions: Phase Two - Children First

- Deepen understanding of the needs of marginalized children and families with wider range of assessments tools focused on parent-child attachment/relationship and behavioral concerns
- Add additional evidence based supportive interventions, including Video-feedback Intervention for Positive Parenting (VIPP) and Perinatal Child Parent Psychotherapy (PCPP)
- Results have broad implications for the standard of care that should be afforded to sheltered children nationally, the importance of universal screening, and ways to better serve and support the mental health and wellbeing of all marginalized children and families



# Acknowledgements

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*No conflict of interest*

## **Collaborators**

- Paulo A. Graziano, Ph.D., Florida International University
- Emily Arcia, Ph.D. Arcia Consulting

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- Angela Whitman and Family Foundation

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# Resources

PCIT : <https://www.pcit.org/>

CPP: <https://childparentpsychotherapy.com/>

TF-CBT: <https://tfcbt.org/>

For the full version of the research articles presented go to:



**On Behalf of the Children and Families  
of Lotus House**



**Thank You!**