FAMILY PROCESS

Adapting and Pilot Testing a Parenting Intervention for Homeless Families in Transitional Housing

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Intervention adaptation is a promising approach for extending the reach of evidence-based interventions to underserved families. One highly relevant population in need of services are homeless families. In particular, homeless families with children constitute more than one third of the total homeless population in the United States and face several unique challenges to parenting. The purpose of this study was to adapt and pilot test a parenting intervention for homeless families in transitional housing. An established adaptation model was used to guide this process. The systematic adaptation efforts included: (a) examining the theory of change in the original intervention, (b) identifying population differences relevant to homeless families in transitional housing, (c) adapting the content of the intervention, and (d) adapting the evaluation strategy. Next, a pilot test of the adapted intervention was conducted to examine implementation feasibility and acceptability. Feasibility data indicate an intervention spanning several weeks may be difficult to implement in the context of transitional housing. Yet, acceptability of the adapted intervention among participants was consistently high. The findings of this pilot work suggest several implications for informing continued parenting intervention research and practice with homeless families in transitional housing.

Keywords: Parenting/Parenthood; Intervention Adaptation; Evidence-Based Parenting Intervention; Transitional Housing; Family Homelessness; Homeless Parents

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Evidence-based interventions have been developed to prevent and treat a variety of public health problems; yet, their impact has been constrained by challenges in disseminating and implementing these programs among diverse target populations. A promising method for extending the reach of evidence-based interventions is through intervention adaptation (Krivitsky et al., 2012; McKleroy, Galbraith, Cummings, & Jones, 2006). Intervention adaptation is defined as, "the process of altering a program to reduce mismatches between its characteristics and those of the new context in which it is to be implemented" (Card, Solomon, & Cunningham, 2011, p. 25). This may include adding or

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omitting components, changing content to match a cultural context, or adjusting delivery in response to the capacity of a service agency; however, the core components essential for intervention effectiveness must be preserved (Backer, 2001; McKleroy et al., 2006). Recent studies confirm the value of intervention adaptation by demonstrating favorable engagement and retention (Domenech Rodríguez, Baumann, & Schwartz, 2011; Wieling et al., 2015), high acceptability from the target population (Holtrop et al., in press; Wieling et al., 2015), and evidence of effectiveness (van Mourik, Crone, de Wolff, & Reis, 2017; Parra-Cardona et al., 2017) when targeting diverse cultural groups. Overall, programs of intervention adaptation research offer a critical opportunity for family therapists to combat existing mental health and service disparities by increasing access to evidence-based interventions among underserved families (Parra-Cardona et al., 2014).

The Current Context: Homeless Families in Transitional Housing

Families with children represent 35% of the U.S. homeless population (U.S. Department of Housing and Urban Development [HUD], 2016), with as many as 2.5 million children experiencing homelessness each year (Bassuk, DeCandia, Beach, & Berman, 2014). This places them at risk for a number of negative outcomes. Homeless children often experience negative life events (e.g., parental imprisonment, separation from parents, witnessing violence), which have been associated with symptoms of traumatic stress and emotional/behavioral problems (Herbers, Cutuli, Monn, Narayan, & Masten, 2014). Compared to low-income housed children, school-aged homeless children are significantly more likely to have mental health problems (Bassuk, Richard, & Tsertsvadze, 2015). Homeless mothers report high rates of physical and sexual assault (Arangua, Andersen, & Gelberg, 2005) and depression (Bassuk & Beardslee, 2014). Homeless families are also at an increased risk for child welfare involvement (Park, Metraux, Broadbar, & Culhane, 2004).

Adapting effective parenting programs for homeless families is an important component of providing necessary services to this population (Bassuk, DeCandia, & Richard, 2015). As many as 90% of homeless people in families stay in shelter settings (HUD 2016), so parenting programs must be responsive to this context. Although shelters provide important supports and stability, they also pose unique challenges to parenting. These challenges include interfering with family rules and routines, increased scrutiny aimed at parenting practices, undermining parental authority, limiting available discipline strategies, and exposing children to deviant peers (Holtrop, McNeil, & McWey, 2015; Mayberry, Shinn, Benton, & Wise, 2014; Schultz-Krohn, 2004). Even once families enter supportive housing, parenting needs remain. Lee et al. (2010) surveyed 134 families in supportive housing and found that self-reported parenting practices were below normative means for attachment, communication, involvement, and parenting confidence. These families also evidenced increased risk for child socioemotional, behavioral, and academic problems (Lee et al., 2010). In response, scholars have called for continued efforts to conduct intervention research with homeless families, particularly utilizing evidence-based parenting programs in shelter settings (Gewirtz, Burkhart, Loehman, & Haukebo, 2014; Haskett, Loehman, & Burkhart, 2016).

Parenting Intervention Efforts with Homeless Families

Recent reviews of parenting interventions for families exposed to homelessness conclude this body of research is underdeveloped and further work is needed (Gewirtz et al., 2014; Haskett et al., 2016). Initial efforts to develop and pilot such programs have been reported (e.g., Burns et al., 2013; Davey, 2004), although further evaluation is needed. An example of more developed work in this area is reported by Melley et al. (2010) in their study evaluating a therapeutic nursery program for families with young children (ages

0–3) living in a shelter. Mothers with low initial scores showed significant increases in parent–child interaction quality; program dosage was also positively correlated with parenting improvements. In addition, Haskett et al. (2017) used a quasi-experimental design to evaluate a peer support intervention among homeless parents. Parents reported high satisfaction with the program; however, quantitative analyses did not indicate the intervention was more effective than the control group.

Fewer studies have used evidence-based parenting interventions to target homeless families. Ferguson and Morley (2011) evaluated a housing program to improve engagement of noncustodial, homeless fathers, which included an evidence-based parent education component. Five of the seven fathers enrolled completed the program, and focus group results showed support for the program. Beharie et al. (2010) adapted curricula from multiple evidence-based programs to design a family-based intervention to prevent HIV and substance use among youth in homeless shelters. Families in the intervention group, compared to the control condition, reported more frequent communication about difficult topics over time. Several other outcomes, however, were not reported as significant.

An evidence-based parenting intervention has also been adapted and implemented in a battered women's shelter (Gewirtz & Taylor, 2009). The intervention was adapted from the Oregon model of Parent Management Training (PMTO; Forgatch & DeGarmo, 1999), the same model informing this study. A specific adaptation framework was not cited, although adaptations targeting program delivery, illustrations, and topics related to family violence and homelessness were described as taking place with input from community providers. Ten women participated in the intervention; each was a recent or current shelter resident with a history of domestic violence and very low income. The results showed high retention, and participant satisfaction is reported. In later work, Gewirtz, DeGarmo, Lee, Morrell, and August (2015) evaluated the Early Risers intervention among formerly homeless families in supportive housing. Early Risers is a multicomponent intervention meant to improve child and family functioning; an adapted version of the PMTO Parenting Through Change program, developed in the earlier study (Gewirtz & Taylor, 2009), was offered during year 2. This rigorous study included data from 161 parents at 15 supportive housing sites over 2 years. No main effect of the intervention on observed parenting practices was found. However, the intervention group had greater improvements in parental self-efficacy over time, which were associated with more effective observed parenting (Gewirtz et al., 2015). Subsequent analyses supported a moderation effect, where families with higher levels of child behavior problems or maternal depression at baseline showed greater parenting improvements in the intervention group (Holtrop et al., 2017).

The Current Study

This project sought to expand the reach of evidence-based parenting interventions to homeless families in a unique shelter context: transitional housing. Transitional housing is a temporary, service-intensive form of shelter support for individuals experiencing homelessness that provides up to 24 months of housing, often in a group setting (Bassuk et al., 2014; HUD, 2016). The transitional housing site in this study offered accommodations to families for a maximum of 6 months in dormitory-style rooms with communal living and dining space. Transitional housing programs commonly offer services such as case management, tenant education, and access to food and clothing (Burt, 2006). These services may also include parenting classes (Burt, 2006), but they are unlikely to be evidence-based programs. This study had two primary aims: (a) to systematically adapt an existing evidence-based parenting intervention for use with homeless families in transitional housing, and (b) to conduct a small pilot test of the adapted intervention to examine implementation feasibility and acceptability.

This study adds to the literature in a number of ways. It advances a program of intervention research responsive to calls to investigate the delivery of evidence-based parenting programs to homeless families in shelter settings (Gewirtz et al., 2014; Haskett et al., 2016). It also moves intervention research forward by applying an established adaptation framework and describing the process of intervention adaptation, helping to build "practice-based evidence" for this line of work (Allen, Linnan, & Emmons, 2012, p. 296; van Mourik et al., 2017). In addition, it relies on data generated from the transitional housing context to guide the adaptation. This is significant because scholars have emphasized parenting interventions for homeless families must be informed by an understanding of the realities of transitional housing (Perlman, Sheller, Hudson, & Wilson, 2014).

ADAPTATION OF THE INTERVENTION

Overview of the Planned Adaptation Approach

The Planned Adaptation approach (Lee, Altschul, & Mowbray, 2008) guided this project. This well-established model specifies a procedure for making modifications to an evidence-based program to increase fit with a specific population. A key strength of Planned Adaptation is its focus on preserving the core program components necessary for maintaining effectiveness while targeting nonessential elements (i.e., secondary program elements not related to core mechanisms of change) for modification. The adaptation process takes place through four steps: (1) examine the theory of change in the evidence-based program, (2) identify population differences, (3) adapt the program content, and (4) adapt the evaluation strategy (Lee et al., 2008).

Step 1: Examine Theory of Change

The first step in the Planned Adaptation approach involves selecting an evidence-based program that targets the outcome of interest and identifying its theory of change. This includes discerning causal mechanisms and recognizing core change components (Lee et al., 2008).

The evidence-based intervention selected to inform this project is Parent Management Training—the Oregon Model (PMTO). PMTO has established effectiveness for preventing child behavior problems, with positive effects lasting years after participation (Forgatch & Patterson, 2010). Program benefits have also been found to extend to other family members in ways highly relevant to homeless parents. For example, mothers receiving PMTO have shown significant reductions in depression; moreover, at 9-year follow-up, mothers exposed to PMTO had a higher standard of living than mothers in the control group (Patterson, Forgatch, & DeGarmo, 2010). The choice of PMTO for this project was further supported by positive prior findings offering PMTO-based programs to other homeless populations (Holtrop et al., 2017; Gewirtz & Taylor, 2009).

We began by consulting the literature to review the theory of change for PMTO. PMTO is based on the Social Interaction Learning model, in which parenting practices are thought to mediate the effect of adverse contexts on child outcomes (Forgatch & Patterson, 2010). When contextual challenges strain parenting resources and lead to punitive parent–child interactions, negative child outcomes result. However, when parents are empowered to maintain positive parenting practices in the midst of adversity, children can be buffered from adverse conditions like homelessness. Thus, the goal of PMTO is to bolster positive parenting practices while reducing coercive interactions. This is accomplished by promoting five positive parenting practices: skill encouragement, limit setting, monitoring, problem solving, and positive involvement. PMTO is also characterized by several supporting components, including a focus on strengths, role play, effective

directions, and emotion regulation (Forgatch & Patterson, 2010; Knutson, Forgatch, Rains, & Sigmarsdóttir, 2009).

Step 2: Identify Population Differences

The second step of the Planned Adaptation approach is determining if there are differences in the new target population that may influence how the original evidence-based program functions. This process should consider both empirical evidence as well as practice knowledge (Lee et al., 2008). Although not required by the Planned Adaptation approach, we proceeded by conducting a set of studies with parents and service providers at the transitional housing site to generate empirically based data to guide our adaptation efforts with this understudied population.

Preliminary studies

To gain a better understanding of our target population, we conducted two preliminary studies among the homeless families at the transitional housing community. These efforts were guided by the tenets of community-based participatory research (CBPR), emphasizing the importance of involving community members in a collaborative manner that values their unique knowledge and seeks to promote positive change (Israel, Schulz, Parker, & Becker, 1998). While a participatory approach is not specified within the Planned Adaptation framework, it is considered particularly important when working with homeless families and other marginalized populations because it can increase research quality and validity, improve outcomes, and advance social justice (Barrow, McMullin, Tripp, & Tsemberis, 2007; Israel et al., 1998). Therefore, we were committed to guiding our adaptation efforts according to the life experiences and parenting needs identified *by parents experiencing homelessness*. This preliminary work was reported in earlier publications (Holtrop, Chaviano, Scott, & McNeil, 2015; Holtrop, McNeil, & McWey, 2015). The main findings are summarized here as they pertain to this study.

The first study (Holtrop, McNeil, & McWey, 2015) examined the psychosocial characteristics and life experiences of homeless parents in transitional housing. A sample of 69 parents/primary caregivers completed quantitative measures. On average, parents reported high levels of depressive symptoms and elevated parenting stress. While scores for positive parenting practices (i.e., appropriate discipline, clear expectations, positive verbal discipline, and praise and incentives) were in the nonclinical range, clinical levels of physical punishment and harsh and inconsistent discipline were reported. Approximately one quarter of participants also reported child behavioral problems in the clinical range. Semistructured, qualitative interviews with 24 parents/primary caregivers further elucidated important experiences for these families. Despite the challenges of homelessness, participants expressed dedication to their role and responsibility as parents. They thought transitional housing offered significant benefits and was a better option than their alternatives. Participants described the transitional housing community as operating like a family in many ways and identified sources of both support and stress. They also shared how parenting in transitional housing subjected them to unwanted scrutiny and unsolicited parenting advice. Finally, participants articulated a strong sense of perseverance and wanted to create a better life for their families.

In another study (Holtrop, Chaviano, Scott, & McNeil, 2015), we sought to discern relevant components to include in an intervention for homeless parents in transitional housing. Using qualitative data from 40 parents/primary caregivers, we identified 15 components endorsed by the majority of participants. Seven components related to intervention topics: improving child compliance, parenting effectively under stress, promoting parent–child communication, addressing risky behaviors, disciplining, monitoring and

supervision, and discussing violence and bullying. Five components addressed factors to inform intervention delivery: understanding past experiences affect parenting, parenting in the context of transitional housing, recognizing children are different, empowering parents as teachers, and providing the opportunity for support. The final three components suggested relevant intervention activities: learning from other parents, watching videos, and offering written materials.

Service provider interviews

The Planned Adaptation approach specifies the importance of practice knowledge in identifying population differences (Lee et al., 2008). To complement the parent data from the preliminary studies, for this study we conducted interviews with service providers. To be included, participants had to be service providers working directly with families at the transitional housing community. Data were gathered from six service providers, ranging from administrators to case managers to cafeteria staff. Participants had been working at the transitional housing community an average of 2.4 years (SD = 2.17). Half had prior experience working with homeless families. Participants were mostly female (83%) and identified as White (50%) or Black (50%). The interviews were audio recorded and transcribed. Participants were offered a $15 gift card as compensation. All study procedures received institutional review board (IRB) approval.

Each interview transcript was read by the two research team members and coded for relevant themes. The themes were then aggregated and the interviews reexamined to determine the number of participants addressing each theme. Themes were retained if they were identified by the majority of service providers. The resulting themes were organized into three categories: (a) observations on the transitional housing experience, (b) relevant parenting topics, and (c) suggestions for intervention delivery. A summary of these findings is presented in Table S1.

Observations on the transitional housing experience

Service providers frequently noted the stressors faced by homeless parents and the stress of parenting in transitional housing. One participant shared, "It's stressful, really stressful. I mean . . . they got displaced from the home. They've got to uproot their children, the whole family. And they come into a place where there's 15 rooms and there's 20 different families." Service providers recognized being homeless with children added extra responsibility. They also described how the transitional housing community establishes rules that affect parenting practices, and that sharing a living space could exacerbate feelings of stress and provoke conflict among parents. Another important observation was how parents may struggle with insecurities and guilt associated with becoming homeless. As one service provider explained, "They don't say this, but you kind of know working with them, they feel like a failure because they end up in the shelter and that effects them as a parent and it effects their children to."

Relevant parenting topics

Service providers recommended talking with parents about discipline, emotion regulation, parent–child communication, and child compliance. One provider explained, "A lot of people believe in corporal punishment, and they can't do that here. And so they don't really have the skills to deal with their children in any other way." Another provider advised, "When you're in that heated moment, you might say something that you'll really regret, and it will stick with that child . . . tearing down your bonds. It starts tearing down that trust." Service providers also thought it was important to discuss how substance abuse affects parenting and to be responsive to the residual effects of domestic violence. As one participant shared, "A lot of the people have undergone domestic violence—which is another thing, when we talk about interactions between families. You have a mother

who smacks her child in front of a child who has been in domestic violence. That is very detrimental." In addition, service providers identified the importance of establishing daily routines with children, particularly in this uncertain context.

Suggestions for intervention delivery

Service providers thought parents could benefit from receiving support from other parents and suggested facilitating a group process where participants could learn from one another. One service provider explained, "Each parent has a different story to share. And there are positive things, that, if one parent will just pay attention to, they can benefit from another parent." They agreed watching short videos could be helpful, as long as the material was relevant to parents. They also discussed the importance of addressing confidentiality in the group, as gossip could be a problem at the housing site. Service providers suggested the intervention should offer parent–child activities to allow families to spend positive time together. As one service provider said, "Parents in this environment, I'm noticing that the bonding aspect of parent and child, it's like a gap. . . . They need to really make sure they keep that focus on the bond." Service providers also endorsed the value of role plays but cautioned that handouts may have limited utility.

Step 3: Adapt Program Content

The third step in the Planned Adaptation approach involves making adaptations to the intervention. According to this approach, adaptations may include actions such as adding, omitting, or altering program components or changing implementation processes to respond to the local context, as long as the core intervention components are preserved (Lee et al., 2008). We used the data gathered from parents and service providers in Step 2 to inform our adaptation process. Through careful examination of the data, we applied an inductive process to identify key thematic areas (e.g., managing high parenting stress, parenting unique to transitional housing, discipline). Then, we aggregated the data according to these themes to discern key population differences (and areas of correspondence). This process is visually depicted as part of Table S2.

Our first task was to evaluate whether our data suggested that PMTO core components were well-aligned with the expressed needs of the transitional housing parents and service providers. The data were in support of retaining elements promoting child compliance, discipline, monitoring, problem solving, and positive parent–child relationships, which are consonant with PMTO core components. Thus, we proceeded to target adaptations only to nonessential intervention elements.

A variety of intervention adaptations were carried out. For instance, consideration was given to how each parenting strategy (e.g., monitoring, limit setting, incentives) could be realistically applied in transitional housing. The standard content on emotion regulation was augmented to include group discussion on the stressors of homelessness and increased attention to mindfulness and other coping strategies. Another example included modifying the communication module to add an activity where parents plan and role play a family discussion on drugs, alcohol, or bullying. In general, adaptations can be conceptualized to occur at different levels. Surface level adaptations involve matching elements to observable features of a target population (Resnicow, Soler, Braithwaite, Ahluwalia, & Butler, 2000). Examples from this study include developing program materials illustrating recognizable locations at the transitional housing site and discussing how time out could be accomplished within shared living space. Deep structure adaptations reflect how various factors (e.g., social, cultural) influence a target behavior (Resnicow et al., 2000). In this study, salient considerations included how participants believe homelessness affects their parenting and how they perceive others to judge them as parents because they are in transitional housing. One adaptation at the deep structure level involved

adding an audiovisual presentation to give voice to the experiences of homeless parents and foster a nonblaming atmosphere. Another example is how the strength-based approach already used in the parenting intervention was amplified to help mitigate insecurities and guilt associated with parenting while homeless.

An impetus for this study was to develop a brief version of the parenting program. Scholars have called attention to the need for more relevant means of service delivery to homeless families due to their high mobility (Beharie et al., 2010; Davey, 2004; Perlman et al., 2014). For example, Perlman et al. (2014) has noted, "Most effective parenting interventions are likely to be too lengthy and/or intensive to be successfully implemented in shelters, especially when families are encouraged to move through the EH/TH [emergency/transitional housing] system within weeks or months" (p. 65). Thus, the intervention was also shortened from 14 sessions down to 8.

Step 4: Adapt Evaluation Strategy

The fourth and final step of the Planned Adaptation approach is to adapt the evaluation strategy (Lee et al., 2008). Our main concern in this step was ensuring the language used in the assessments did not reflect a bias toward housed populations. We went through each measure item-by-item and made minor changes in wording as needed. For example, an item originally referring to a child helping out "around the house" could be modified to ask about helping out "with certain tasks." Despite such efforts, we were only successful in collecting pre- and postintervention data from four participants. These quantitative data, therefore, are not analyzed in this study due to the inadequate sample size. In addition, our modified evaluation strategy included adding weekly satisfaction surveys and an overall program evaluation measure to the assessment protocol. This allowed us to gather detailed data on participation satisfaction to investigate acceptability outcomes.

PILOT TEST

The second aim of this project was to conduct a pilot test of the adapted intervention to examine implementation feasibility and acceptability. Feasibility considers if an intervention can be successfully carried out in a given setting; acceptability refers to whether stakeholders believe an intervention is agreeable or satisfactory (Proctor et al., 2011). This study utilized input from homeless parents to evaluate implementation of the adapted intervention in transitional housing.

Method

Participants

To be eligible for the pilot test, participants were required to: (a) reside at the transitional housing community, (b) be a parent or primary caregiver, and (c) have a child under the age of 18. While no additional exclusion criteria were applied for this study, individuals with a severe mental illness (e.g., schizophrenia), active substance abuse problem, or history of sexual offense are regularly referred elsewhere to more appropriate services by the housing program; such a prescreening process is typical of transitional housing programs in the United States (Burt, 2006).

A total of 12 parents representing nine families participated in the pilot test. Nine parents (75%) were female and three (25%) were male. Parents reported an average age of 34.2 years (SD = 4.5). The racial composition of the sample was 75% Black and 25% White. Two parents (16.7%) reported a Hispanic/Latino identity. Participants had an average of three children (M = 3.18; SD = 1.66); two to three children (M = 2.55) typically

resided with the parent at the transitional housing community. Participants had been living in transitional housing for a median of 3–4 months. The majority of participants had at least a high school diploma or GED (90.9%).

Procedures

Parents were recruited with the help of service providers at the transitional housing community. Researchers met with potential participants to provide information about the research study and parenting group, screen for eligibility, and obtain informed consent. Parents then completed a demographics questionnaire and psychosocial survey instrument. Afterward, they were given a small incentive and a save-the-date flyer with dates for the parenting group.

The parenting intervention was delivered weekly at the transitional housing community. The adapted intervention included the following sessions: (1) introduction; (2) encouraging cooperation; (3) teaching positive behavior; (4) coping with stress as a parent; (5) setting limits I; (6) setting limits II; (7) communication, problem solving, and monitoring; and (8) review and graduation. Each session was co-led by two interventionists. The first was a White female, a PhD-level marriage and family therapist, and a parent. The second was a Black female and master's level marriage and family therapist. Sessions lasted approximately 2 hours, beginning with a brief period of unstructured time for refreshments and rapport building. Interventionists then checked in with participants about the practice assignment from the prior week, reviewing and troubleshooting as necessary. Next, new material was introduced via didactic instruction, role plays, and group discussion. Sessions concluded with a practice assignment for participants to carry out during the week. A session satisfaction survey was then administered. Participants received $5 each week for study participation. Childcare was provided during the intervention.

The final session of the parenting group concluded with a short graduation ceremony in which each participant completing the program received a certificate and small gift. The parents were then invited to complete an overall program satisfaction survey and take part in a focus group interview. Each person received $10 for participating in this stage of data collection. All study procedures were approved by the appropriate IRB.

Measures

Engagement and retention

Attendance was recorded every week by having each participant sign his or her name on a sign-in sheet at the beginning of the parenting group.

Weekly session satisfaction

Anonymous surveys were administered at the end of each weekly parenting group. Surveys asked participants to respond to 20 statements indicating their level of satisfaction with various aspects of the session, from *not at all* (1) to *very much* (5). Sample items include "The material was relevant to my situation", "I liked the group leaders", and "The practice activity was useful". Relevant items were reverse coded and average satisfaction scores were calculated for each session; higher scores indicate greater satisfaction.

Overall program satisfaction

After the last session, participants completed an anonymous evaluation of the overall program. Areas of evaluation included utility of the topics, materials, and activities, satisfaction with the group format and leaders, and changes in child behavior. Responses were rated on a 5-point scale with higher values indicating more favorable evaluations. Sample items include "I am using the tools I was taught in the group" and "I have noticed positive changes in my child's behavior since I started group." The survey also included

open-ended questions, such as "What recommendations do you have to make this group more useful for parents?"

Posttest focus group

After the last session, a focus group was also conducted with parents to gather more in-depth feedback regarding the adapted intervention. Focus group questions were directed at learning about participants' experiences with the parenting group, what was helpful and not helpful, and gathering suggestions for improving future groups. The focus group lasted approximately 45 minutes and was audio recorded and transcribed for analysis.

Results

Engagement and retention

A total of 12 parents enrolled in the study. All participants attended at least one parenting group; 3 participants (25%) attended 1–2 sessions, 3 (25%) attended 3–4 sessions, 4 (33%) attended 5–6 sessions, and 2 (17%) attended 7–8 sessions. Average attendance was 4 sessions (SD = 2.21). Field observations, following discussion with agency service providers and group participants, noted many absences were due to positive life circumstances such as parents getting a job, having a baby, or moving out of transitional housing.

Weekly session satisfaction

A total of 44 weekly session satisfaction assessments were completed. Participant session satisfaction scores were high, with a mean satisfaction level across all sessions of M = 4.61 (SD = 0.20) on a 5-point scale. Weekly satisfaction ranged from a low of 4.28 (SD = 0.42) reported for Session 2 to a high of 4.88 (SD = 0.17) for Session 6. Overall, participants reported high levels of satisfaction during each week of the adapted intervention.

Overall program satisfaction

Participant (n = 5) overall satisfaction scores were high. The mean satisfaction for the overall usefulness of the group was M = 4.4 (SD = 0.89) on a 5-point scale. Each program topic was also found to be useful, with average scores ranging from 4.0 to 4.6 on a 5-point scale. Participants expressed willingness to attend future parenting groups (M = 4.6; SD = 0.55) and would recommend this program to other parents (M = 4.4; SD = 0.89). They also liked receiving the information in a group format (M = 4.0; SD = 0.71) and appreciated the incentives for attendance (M = 4.6; SD = 0.55). In addition, parents reported using the tools they learned from the intervention (M = 3.8; SD = 0.84).

Participants described some positive changes. One parent wrote, "I speak in a more calming manner and the response from my child is more calm. He listens more now." Other reports indicated, "I can more easily calm my son down when he is having a tantrum" and "[son] helps out more knowing that there is a prize at the end". Participants did report struggling with child crying and tantrums. Additional data indicated participants enjoyed topics such as "how to calm both myself and my son", "addressing negative behavior such as temper tantrums", and "trying to find the best way to do timeout". For future recommendations, participants suggested more group interaction and better emphasizing the importance of modeling emotion regulation with children.

Posttest focus group

A total of five parents participated in the posttest focus group. The majority were female (n = 4) and African American (n = 3). Average attendance among focus group participants was approximately six sessions (M = 5.8), so they had thorough exposure to the adapted intervention. The focus group was audio recorded, transcribed, and then reviewed

by both researchers. Themes in the data were reflective of: (a) participant experiences with the intervention, (b) areas of satisfaction and dissatisfaction, and (c) suggestions for improvement. A summary of the posttest focus group findings is also included in the last column of Table S2.

Participant experiences with the intervention

Parents reported positive overall experiences with the adapted intervention, such as, "The group in all—I liked it. It was cool" and "I liked the class overall". While some reported initial reluctance to attend, parents described sessions as better than expected because of less lecturing and more group interaction. Participants described learning strategies they could use with their children, both in and out of transitional housing. A father shared, "The good directions, the practice with that, that's what was good for me." Another parent talked about visiting a participant who had moved out of transitional housing: "I went to her house and she actually has a chart and I asked her, I said, 'Your kids follow that?' . . . She said, 'It really works!'"

Areas of satisfaction and dissatisfaction

Parents discussed a number of intervention features they liked. Giving good directions, using incentives, establishing a token system, and parent–child communication were mentioned as useful topics. Parents also appreciated the group interaction and talking with other parents. In addition, the monetary incentive was appreciated.

Parents also reported on aspects of the program they did not like. The intervention curriculum targets parents of school-age children, so participants with younger children or teenagers found the material less relevant. In addition, some participants did not feel engaged for the duration of the 2-hour group, letting us know that, "After the first hour it does get like really boring." Participants also had mixed feedback regarding the usefulness of the practice assignment handouts: while some found them to be a helpful source of accountability, other perceived them more negatively because "It felt like I was in school."

Suggestions for improvement

The focus group also generated useful data for improving future parenting programs in transitional housing. Participants were interested in learning about a wider range of parenting topics (e.g., teething, ear infections, eating healthy, picking out schools, finding a nanny, budgeting). They suggested ideas ranging from simply providing informational pamphlets to dividing up sessions so that a portion covers curriculum content while time is also set aside each week to foster group discussion on current topics affecting group participants.

Parents provided suggestions for further adapting the group to boost attendance. One salient idea was to make the group more active and hands-on. Participants said, for example, the practice assignments could be converted into in-session activities that would make group more fun and remove the burden of needing to devote time for the assignments outside of session. One mother explained, "Living at [the transitional housing community] you forget a lot of stuff. And that week goes by so fast and before you know it you're either rushing to do it . . . or you just didn't do it at all." Participants also suggested some sessions could include children. Another idea was to enhance incentives. Participants suggested a number of low-cost incentives (e.g., hand sanitizer, manicure sets, laundry detergent, lotion, body wash, combs, brushes, pens, notepads, earphones) that could be used as door prizes. They also wanted an incentive system where parents earn participation points that can be redeemed at the end of the program for a larger prize. In addition, participants suggested increasing group material relevant to fathers, primarily by addressing basic parenting skills. Finally, participants suggested that working to find a time of day when more parents were at the transitional housing community could be an important means of increasing engagement and retention.

Lastly, parents suggested areas in need of further emphasis in the adapted intervention. Participants wanted more help dealing with temper tantrums, effectively using time out, and handling emotion regulation at the transitional housing community. As one mother shared, "It might be a day where [son] is acting up and I have to send him to the room, but I might start feeling weak or just not wanting to be outside . . . now I gotta choose between whether or not he's still going to be punished or if I am going to be able to relax." A final suggestion was to allocate additional effort to rapport building by talking generally with parents about how they are doing.

DISCUSSION

This study sought to adapt and pilot test a parenting intervention for homeless families in transitional housing. It contributes to the literature by responding to calls to investigate the delivery of evidence-based parenting programs to this population (Gewirtz et al., 2014; Haskett et al., 2016) while describing the application of existing adaptation models (Allen et al., 2012; van Mourik et al., 2017) and being informed by the realities of transitional housing (Perlman et al., 2014). Adapting interventions for diverse populations is an important research area for family therapists that can provide underserved families increased access to evidence-based interventions (Parra-Cardona et al., 2014). Data from this pilot work indicate consistent attendance may present a challenge to feasibility; yet, acceptability of the adapted intervention among participants was consistently high.

Implications for Future Parenting Intervention Efforts with Homeless Families

Research examining the feasibility and acceptability of parenting interventions for homeless parents is important in advocating for meaningful service provision to families in shelters and temporary housing contexts (Gewirtz & Taylor, 2009; Gewirtz et al., 2014). While we are hesitant to state definitive recommendations based on a single pilot study, this research has generated a number of important implications to investigate through continued parenting intervention work.

Intervention delivery

A guiding aim of this project was to develop a brief version of a parenting intervention. Extant literature commonly cites challenges delivering and evaluating parenting programs for homeless families due to their high mobility and inconsistent attendance (e.g., Beharie et al., 2010; Haskett et al., 2017; Perlman et al., 2014). Feasibility data from this pilot study suggest an intervention spanning several weeks may be difficult to implement in transitional housing. Yet, data also indicate parents were not in favor of a reduced curriculum; in fact, they requested more information and additional time with program topics. Future studies could consider an intervention delivered twice weekly to families (see Wieling et al., 2015). This would allow core components to be retained while including more fun activities, group discussions, and additional parenting information, but without extending the calendar time needed to deliver the intervention. It may also be useful to explore alternative modes of intervention delivery, such as pairing an evidence-based parenting intervention with a peer support program to meet the needs expressed by parents. Such programs have shown promise with homeless families (Haskett et al., 2017).

Relevance of core components

The findings from this pilot work support the utility of retaining core intervention components (i.e., skill encouragement, limit setting, monitoring, problem solving, and positive involvement) in an adapted parenting intervention for families in transitional

housing. Participants reported high satisfaction with core component-focused sessions and indicated the usefulness of those topics. For example, parents described content related to good directions, incentives (e.g., token system), time out, parent–child communication strategies, and problem solving as useful. Parents also reported they would benefit from further time devoted to the topic of limit setting, particularly the effective use of time out. This aligns with prior research indicating parents may find discipline a particularly challenging task in the context of transitional housing (Mayberry et al., 2014; see Perlman et al., 2014). Based on these data, this study shows support for the relevance of retaining core components when adapting parenting interventions for homeless families (Gewirtz et al., 2014). A parallel result has been observed in parenting intervention work among other underserved populations (e.g., Parra-Cardona et al., 2009).

Parenting intervention adaptations

Overall, the adapted parenting program was well received by participants. Participants were receptive to the steps taken to tailor the intervention to their unique parenting environment; they were pleased to see their housing community depicted on program materials and reported high satisfaction with the introductory session featuring a presentation about homelessness and parenting in transitional housing. Participants also continued to emphasize all parenting strategies in the intervention must be applicable to the rules and context of transitional housing. This was a critical consideration and key challenge, as others have noted how navigating within shelter policies and expectations can be a difficult task causing facilitators to feel caught between the needs of parents and the rules of the housing program (Haskett et al., 2017).

Many intervention adaptations in the pilot study align with prior research on homeless populations. These include an enhanced focus on emotion regulation (see also Burns et al., 2013), efforts to increase social support among parents (see also Ferguson & Morley, 2011), and parent–child communication about substance use and other risky behaviors (see also Beharie et al., 2010). In this way, there is mounting evidence such program components are important to consider in parenting interventions for homeless families. At the same time, our data also suggest important areas to extend future intervention work with homeless parents. Future intervention studies could draw on the work of Ferguson and Morley (2011) to include program elements meant to better promote father engagement. Subsequent work may also benefit from better attention to the role of prior experiences with intimate partner violence through group content (Beharie et al., 2010) and explicitly adopting a trauma-informed perspective with homeless families (Perlman et al., 2014).

Additional practice-based implications

Parenting interventions for homeless families have shown favorable retention in programs offering incentives, suggesting further work is needed to determine effective incentives (Haskett et al., 2016). In our pilot study, parents suggested that enhancing incentives might bolster attendance in future parenting groups and identified a number of incentives appealing to homeless families in transitional housing. While offering incentives may be considered controversial, they have been used wisely and effectively in a variety of interventions for low-income populations (e.g., Devaney & Dion, 2010; Gewirtz & Taylor, 2009; Heinrichs, 2006).

Lastly, intervention work with homeless families can highlight issues of discrimination and oppression. While socioeconomic and housing status distinguish this population, sheltered homeless families are disproportionately comprised of females and individuals of color (HUD, 2016). Therefore, issues of gender, race, ethnicity, and SES should be considered when working with this population. Care must be taken to ensure parenting programs for homeless families are culturally competent (Perlman et al.,

2014). In this study, we sought to privilege the experiences of parents rather than taking an expert stance on homelessness, present parenting strategies as ideas rather than prescriptive instructions, and acknowledge our identities in relation to participants (including intersections of race, gender, parenting status, and perceived expertise). Future work may also benefit from including culture-based parenting practices, such as ethnic-racial socialization (Coard, Foy-Watson, Zimmer, & Wallace, 2007; Coard, Wallace, Stevenson, & Brotman, 2004).

Limitations and Directions for Future Research

Conducting intervention research with homeless families is a challenging endeavor (Haskett et al., 2016; Herbers & Cutuli, 2014), and limitations of this study must be noted. This study constitutes an initial attempt to adapt and pilot test a parenting intervention for homeless families in transitional housing. Study findings are based on a small sample, may not be generalizable, and do not constitute evidence of effectiveness of the adapted intervention. This study is also not a formal evaluation of the PMTO intervention. The process to become certified in PMTO involves workshop-based training in combination with extensive coaching, consultation, and observation of work with practice families; while familiar with the intervention, the researchers were not certified in PMTO at the time of the project. Instead, the adaptations and pilot work conducted in this project should inform hypotheses for future research that extends this work with other transitional housing samples, continues to refine and manualize an adapted intervention, and examines effectiveness.

The challenge of retaining parents was a significant limitation in this study. Unfortunately, parenting intervention studies are often characterized by low attendance and high attrition rates, especially in research with low-income populations and families of color (Gross, Julion, & Fogg, 2001). We were aware of the high mobility of families experiencing homelessness (e.g., Beharie et al., 2010; Perlman et al., 2014), and developed a brief version of a parenting intervention in response. Still, only 50% of our sample attended more than half of the sessions. Future studies should systematically discern best practices for engaging and retaining homeless families through reviewing successful efforts (e.g., Gewirtz & Taylor, 2009) and empirically testing different strategies. Alternative means of implementation could also be explored, such as digital delivery of parenting interventions (Breitenstein, Gross, & Christophersen, 2014).

On a related note, although we intended to collect quantitative pre- and posttest data, these efforts were hampered by low response rates. In line with Step 4 of the Planned Adaptation approach (Lee et al., 2008), further modifications to the evaluation strategy are necessary. For example, Haskett et al. (2016) suggest novel assessment strategies may be better suited for this transient population.

Finally, the service providers in our study averaged only 2.4 years of experience at the transitional housing site. Yet, it must be noted that burnout is high among workers in this field; in fact, a Canadian study found that half of workers in the homeless sector had been employed there for less than 2 years (Schiff & Lane, 2016); problems with high staff turnover among homeless sector service providers have also been noted in the United States (e.g., Nandi et al., 2016).

CONCLUSION

During our early efforts to deliver and evaluate parenting intervention services at this transitional housing community, one participant expressed, “Do it more geared toward parents in our situation: homeless and in shelters or dorms situations. Kids’ behaviors are

totally different than when in a stable home, our own space." The salience of this comment was influential in prompting this study. Given the number of families who experience homelessness each year and the challenges to parenting these families encounter, continued efforts to expand the reach of evidence-based interventions among this underserved population are warranted.

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SUPPORTING INFORMATION

Additional Supporting Information may be found in the online version of this article:

Table S1 Service provider results: Experiences and needs of parents in transitional housing.

Table S2 Summary of parent and service provider input, pilot study adaptations, and evaluation data synthesized across thematic intervention areas.