

Barriers Encountered

Modifications

Evidence Based  
Treatments

Types of Trauma

Project Hope



# Adapting Evidence Based Treatments for use with **Homeless Children & Families**



**Mickie Heiter, LCSW**

**Stephanie O'Neal, LPC**

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**Our Mission:**  
To empower homeless mothers  
and their children to heal from their  
trauma and help them become  
self-sufficient.

### Transitional Housing

- Structured Residential Program
  - 10 hrs of services/wk
  - Housing (max 2 years)
- On-site
  - Mental Health Services
    - Groups, Therapy, Recovery
  - Case Management
  - Compensated Work Program

# Project Hope

## Children's Clinical Services:

- Individual & Family Therapy
- Children's Groups
- Therapeutic Childcare

## 2013 Numbers:

- 14 Families, 35 Children at a time
- Children ages 0-14, avg. fam size
- 11 hours/wk of services
- 5 month average stay
- 66 Families, 122 Children







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# Types of Trauma Experienced by Homeless Children

## Trauma

- Violence
  - Domestic (witness or target), Gang, Shooting, Assault, Drug Related
- Abuse and Neglect
  - Physical, Sexual, Emotional
  - Abandonment, Medical Neglect, Unsanitary Living Conditions
- Traumatic Loss
  - Protective Custody, Loss of Possessions, Death, Attachment Disruption
- Medical Trauma
  - Overdose, Suicide Attempt, Un-managed Parental Physical Illness

## Population Specific Complicating Factors

- Intergenerational
- Chronic/Complex
- Poor/impaired support system

## Results & Symptoms

- Behavioral
  - Inappropriate social behaviors/boundaries
  - Impulsivity
  - difficulty with transitions
  - School difficulty- academic/social
  - Need for Control- Maladaptive coping skills
    - Aggression
    - Oppositional behaviors
    - Food control/hoarding
- Trauma
  - Hypersensitivity, anxiety, trauma play,
  - Fight or Flight
  - Mood Disregulation
- Family Disorganization
  - Anxious Disorganized Attachment
  - Separation Anxiety
  - Parentification/Role Reversal



Our Mission:  
To empower homeless families  
and their children to reach their full  
potential using faith services

### Transitional Housing

- Structured Residential Program
  - 30 hrs of services/week
  - Housing (max 2 years)
- On-site
  - Mental Health Services
    - Groups, Therapy, Recovery
  - Case Management
  - Compensated Work Program

### 2013 Numbers:

- 14 Families, 35 Children at a time
- Children ages 0-14, avg. fam size 2.5
- 11 hours/wk of services
- 5 month average stay
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# A few EBTs...

**PCIT** Parent-Child Interaction Therapy  
INTERNATIONAL

**Child Directed Interaction**

- Warm relationship
- Sense of Control
- Consistency
- Positive Attention

**Parent Directed Interaction**

- Effective boundary setting
- Rigid timeout routine
- Generalize from play to real life





**Dialectical Behavior Therapy**

Dialectical approach that targets emotional dysregulation, suicidal behavior, self-harm, and treatment resistance.

**Core Components**





- Mindfulness
- Accept/Tolerate Powerful Emotions
- Distress Tolerance
- Emotion Regulation
- Interpersonal Effectiveness





**TF-CBT** Trauma Focused- Cognitive Behavioral Therapy

- Brief Treatment (12-16 sessions)
- Parallel and Conjoint Sessions
- Core Components PRACTICE Skills

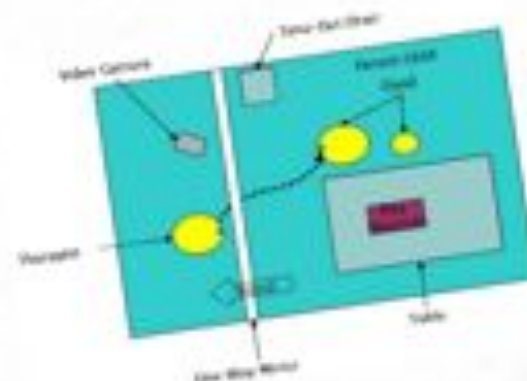







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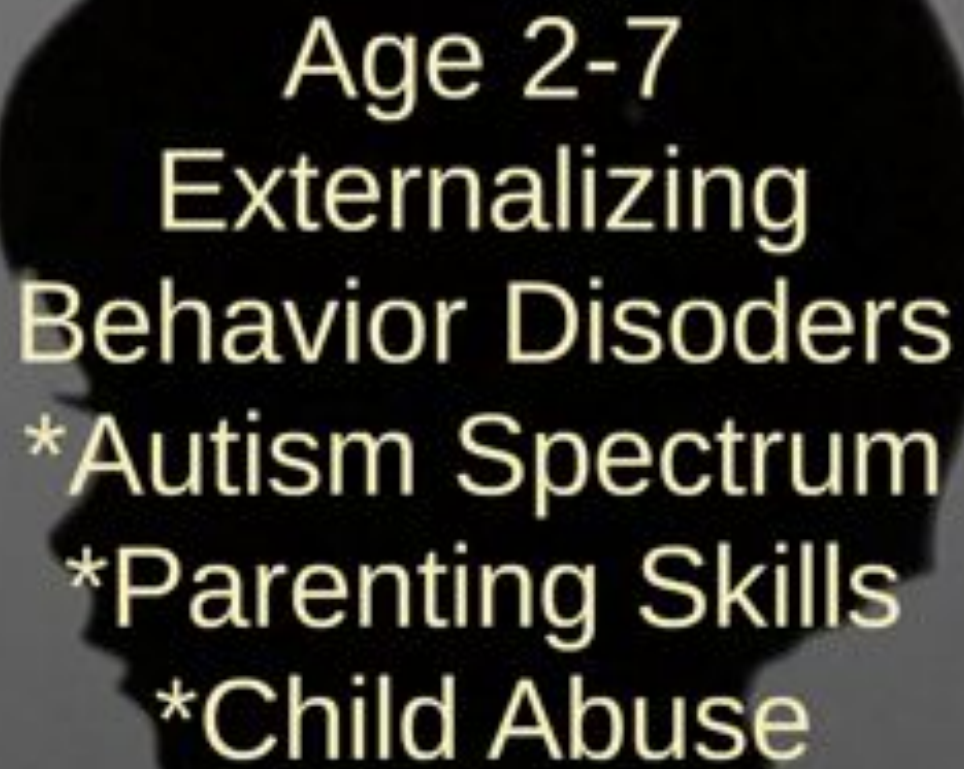


- Effective boundary setting
- Rigid timeout routine
- Generalize from play to real life

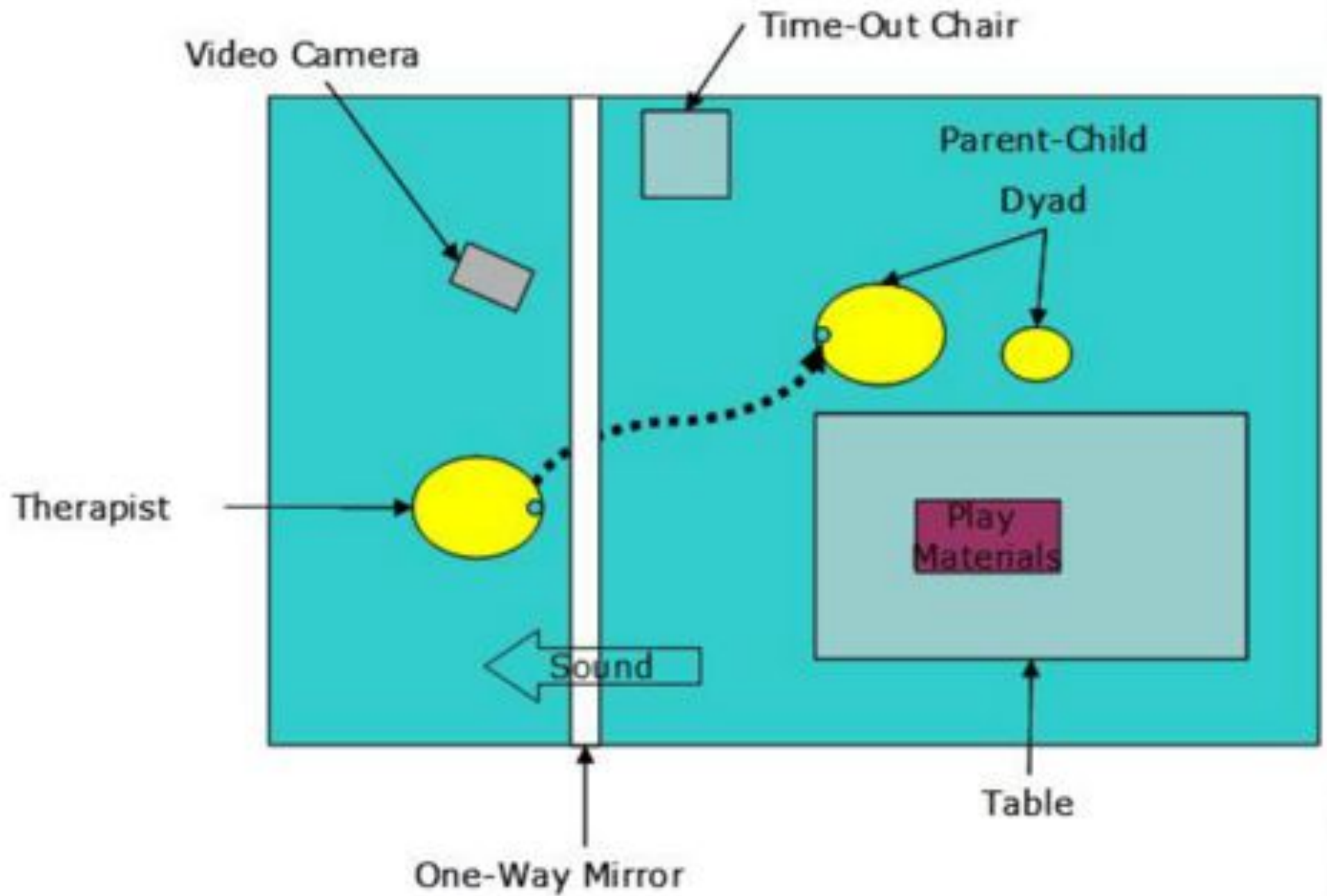




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A black silhouette of a child's head and shoulders, facing left, is centered within a light gray rounded square. The text is overlaid on the silhouette.

Age 2-7  
Externalizing  
Behavior Disorders  
\*Autism Spectrum  
\*Parenting Skills  
\*Child Abuse





# Parent-Child Interaction Therapy

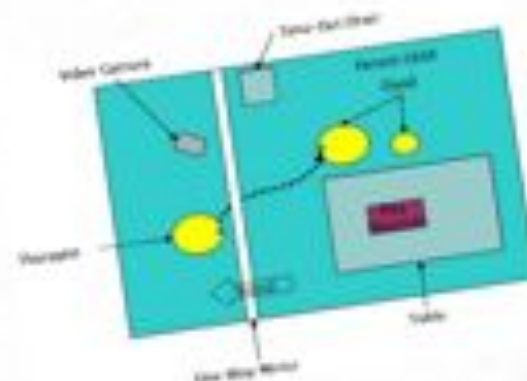
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Skills-based approach that targets emotional dysregulation, suicidal behavior, self-harm, and treatment resistance.

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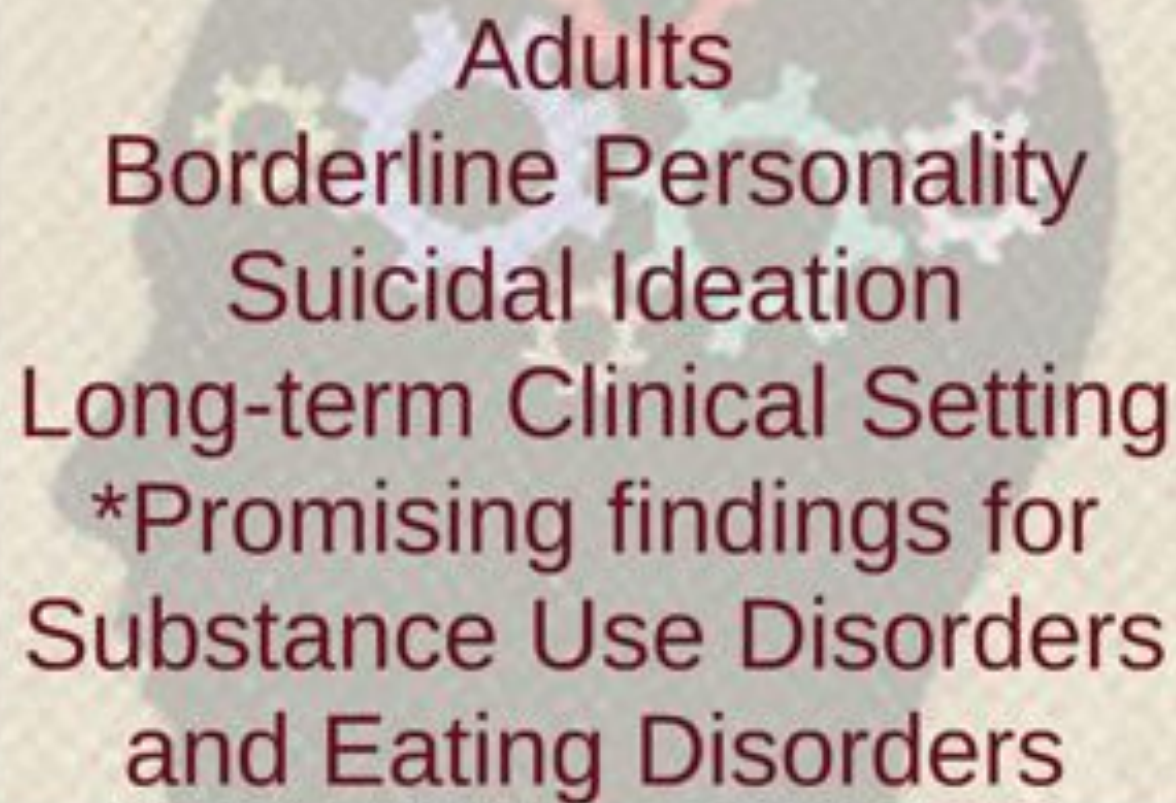
Skills-based approach that targets emotional dysregulation, suicidal behavior, interpersonal deficits, and treatment resistance.



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Adults  
Borderline Personality  
Suicidal Ideation  
Long-term Clinical Setting  
\*Promising findings for  
Substance Use Disorders  
and Eating Disorders



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A black silhouette of a child's head in profile, facing right. The head is filled with white text. The text is centered and reads: "Children and Adolescents", "Treat Post-Traumatic Stress and Emotional/Behavioral Problems after Child Sexual Abuse", and a bulleted list: "\*Domestic Violence", "\*Traumatic Loss", and "\*Abuse and Neglect".

Children and Adolescents

Treat Post-Traumatic Stress and  
Emotional/Behavioral Problems  
after Child Sexual Abuse

- \*Domestic Violence
- \*Traumatic Loss
- \*Abuse and Neglect

THO

P

**Psychoeducation and Parenting**

Psychoeducation about childhood trauma and PTSD  
Parenting component, including parent management skills

R

**Relaxation**

Relaxation skills individualized to the child and parent

A

**Affect Modulation**

Affective modulation skills adapted to the child, family, and culture

C

**Cognitive Coping**

Connecting thoughts, feelings, and behaviors related to the trauma

T

**Trauma Narrative**

Assisting the child in sharing a verbal, written or artistic narrative about the  
trauma(s) and related experiences  
Including cognitive and affective processing of the trauma experiences

I

**InVivo Exposure**

Mastery of trauma reminders

C

**Conjoint Parent-Child Sessions**

Practice skills and enhance trauma-related discussions

E

**Enhancing Safety and Development**

Enhancing future personal safety and optimal developmental trajectory by  
providing safety planning and social skills training



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# Case Study

**Kids**

*Distrust*

Medication

Treatment History

Stabilization

Trauma  
History

Complex  
Trauma

Family Dynamic

**Parents**

Mental Health

Cognitive Functioning

Buy-In

Time

Stabilization

Distrust

Management



gement

## What's briefer than brief?

Length of Stay

*Termination*

Resources

End of the Day

small

steps



Trauma



immediate exposure



Practice in Play



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