



Implementing Family Interventions for Youth Experiencing or at Risk of Homelessness

Michael Pergamit, Julia Gelatt, Charmaine Runes

URBAN INSTITUTE

Brandon Stratford

CHILD TRENDS

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Youth homelessness is often rooted in family conflict, so effective solutions to youth homelessness should be rooted in family intervention. Most programs serving youth experiencing homelessness use some form of family intervention to address conflict and help reconnect youth with families when such an approach is deemed appropriate. This brief highlights the evidence on family intervention strategies, with a focus on barriers to and facilitators of implementing such programs.

This brief includes a summary of the existing evidence on the effectiveness of family intervention strategies for youth experiencing or at risk of homelessness gathered through a literature review and conversations with a small set of key informants. It discusses common elements of effective interventions, gaps in the evidence base, implementation lessons, and implementation challenges. The brief is based on a larger report (Pergamit et al. 2016).

Research has uncovered a few effective family intervention strategies that provide insight into what makes these strategies successful, but more research is needed to evaluate strategies targeted to youth experiencing or at risk of homelessness and those that are cost-effective. More research is also needed on how to target family interventions to key subgroups, such as youth who are racial and ethnic minorities or lesbian, gay, bisexual, transgender, or questioning (LGBTQ).

Overview of Family Interventions

To learn about effective family interventions that may be of interest to practitioners, we conducted a thorough review of 1,300 research articles and identified 49 family-focused interventions. These interventions may have been implemented in the runaway and homeless youth (RHY)¹ system or a related system, such as child welfare or juvenile justice. We examined each intervention for evidence on their effectiveness at reducing youth homelessness. We classified 34 of the 49 interventions as targeting the *prevention* of homelessness because they address risk factors for homelessness among youth, such as substance use, family functioning, or mental health. We classified 6 of the 49 interventions as *reunification* strategies, designed to support youth and their families as youth transition back into the family home after a separation. We classified another nine as *reconnection* strategies, focused on improving family relationships after a separation with or without physical reunification.

Findings on Evidence-Based and Evidence-Informed Interventions

We evaluated the level of evidence on the efficacy of each intervention, and classified them into five tiers of evidence reflecting the rigor of the evaluation method used (table 1).

TABLE 1

Intervention Type by Evidence Level

	Evidence-based	Evidence-informed	Promising	Emerging	Of interest	Total
Prevention	0	2	7	13	12	34
Reunification	0	0	0	3	3	6
Reconnection	2	2	3	0	2	9
Total	2	4	10	16	17	49

Note: *Promising* models are those that have been evaluated, but evidence of their effectiveness has not yet been established. *Emerging* models represent approaches for delivering family-focused interventions that either lack rigorous evaluation or have inconsistent results across rigorous evaluations, but provided data indicating possible improvement in outcomes. Models of *interest* represent potential approaches to delivering interventions, but have not been evaluated with at least a pre-post comparison study. More detailed definitions of the criteria used to categorize the evidence level appear in the Methodology section of the full report (Pergamit et al. 2016), and appendix C in the full report includes more details about each of the interventions.

We identified six interventions that had the best evidence behind them—those that fell into our “evidence-based” or “evidence-informed” categories. A more complete description of the criteria used to categorize the evidence level appears in the Methodology section of the full report (Pergamit et al. 2016). Appendix C of the full report includes more details on each of these interventions.

EVIDENCE-BASED INTERVENTIONS

These interventions have been evaluated using multiple high-quality randomized controlled trials (RCTs)² with consistent positive findings, including at least one study conducted with youth experiencing homelessness.

- **Ecologically Based Family Therapy:** Family systems therapy designed to support positive family connections as well as communication and problem-solving skills.
- **Functional Family Therapy:** Therapy designed to change maladaptive patterns within and around the family by enhancing family interactions and communication.

EVIDENCE-INFORMED INTERVENTIONS

These interventions have been evaluated with either multiple high-quality RCTs with at-risk, but not homeless, youth; multiple RCTs of lower quality; a single high-quality RCT with youth experiencing homelessness; or multiple high-quality, quasi-experimental studies³ with youth experiencing homelessness.

- **Multidimensional Family Therapy:** A family-based therapy approach that aims to reduce adolescent substance abuse.
- **Multisystemic Therapy:** An individualized treatment approach for youth demonstrating antisocial behavior that incorporates interventions targeting several areas that may influence problem behaviors.
- **Treatment Foster Care Oregon:** An intensive system of treatment for children and adolescents delivered by trained therapists, foster parents, biological family members, and case managers.
- **Support to Reunite, Involve, and Value Each Other:** A family-based therapy approach for youth who are newly homeless and their families.

Core Components of Evidence-Based and Evidence-Informed Interventions

These six interventions have certain core components in common. All include the following:

HOME-BASED SERVICES

All six evidence-based or evidence-informed interventions include a home-based component, and most deliver services in a second setting, either community-based (three) or clinic-based (three). Only STRIVE provides services almost exclusively in the home. No program was implemented primarily in a school-based setting.

CLINICAL SERVICES AND PARENT TRAINING

All six interventions include a clinical services and parent training component, and two also provide case management.

MULTIPLE INTENSIVE SESSIONS

Interventions typically last between three and six months. The number of sessions range from 5 to 16, although most include 12 to 16 sessions. Three of our six interventions of focus reported frequency and

session length, and sessions typically occur weekly. Ecologically Based Family Therapy sessions range from 50 to 90 minutes, Multidimensional Family Therapy sessions range from 60 to 90 minutes, and Support to Reunite, Involve, and Value Each Other sessions range from 90 to 120 minutes.

GRADUATE-LEVEL THERAPISTS

Interventions are mostly delivered by master's- or doctoral-level therapists with prior clinical experience. Most programs include formal training for professionals, although some studies noted that staff already had experience delivering the intervention. Clinicians are often supervised by advanced therapists, usually experts in delivering the specific treatment.

Gaps in the Evidence

Our review of the literature highlighted several areas where more information is needed to inform policy and practice.

- ***There are few well-developed family-focused interventions for youth experiencing homelessness.*** Although most RHY providers include family engagement or counseling as part of their service model, we found very few documented interventions designed for youth experiencing homelessness and their families. Most well-documented and rigorously evaluated family interventions we encountered were developed for other systems, notably child welfare and juvenile justice.
- ***Cross-sector learning and collaboration with child welfare and juvenile justice systems could strengthen services for youth experiencing homelessness and their families.*** Of the interventions we identified, nearly half were assessed with youth and families involved in the child welfare system, and several were developed for youth in juvenile justice. The runaway and homeless youth, child welfare, and juvenile justice systems would benefit from sharing resources and collaborating to develop and adapt programming for youth at risk of homelessness, given that many such youth are served by more than one of these systems.
- ***Few interventions track housing stability or homelessness as an outcome, making it difficult to assess effectiveness.*** Only 6 of the 49 interventions focus on housing stability as an outcome, most notably the Runaway Intervention Program and Eva's Initiative Family Reconnect Program. Instead, most interventions, including those that we classified as evidence-based and evidence-informed, focus instead on behaviors and family interactions that contribute to youth homelessness.
- ***More interventions are needed that address the specific needs of LGBTQ youth.*** Research suggests that youth who identify as LGBTQ are overrepresented among youth experiencing homelessness, yet we identified few interventions with evidence behind them that focus on their needs or address family conflict related to sexual orientation. Although program staff may be sensitive to the particular needs of the LGBTQ youth and their families, without formal

training or tailored program components, youth may not consistently receive appropriate or adequate support from general family interventions.

- **More interventions are needed that have been designed for racial and ethnic minority youth.** Among the interventions identified in this review, only one specifically addresses the needs of minority youth (classified as emerging), and few evaluations examined outcomes for racial and ethnic subgroups. Given that family values and expectations are largely influenced by cultural norms, family-focused interventions must consider the cultural norms of the youth and families they serve.
- **Closer links to schools could create additional opportunities to identify stressed families.** Schools are a key place to identify youth at risk of homelessness who could benefit from family intervention programming. Although schools increasingly recognize the benefit of meeting the broader health and well-being needs of students, and the McKinney-Vento Act requires schools to identify youth experiencing homelessness, we found very few school-based family interventions. Only 7 of the 49 interventions explicitly contain a school-based component, either by including schools in tailoring an intervention plan or by helping families engage with schools to support a youth's education.
- **More work is needed on design and assessment of screening tools to determine what type of family intervention is appropriate.** The field lacks adequate screening tools to select the appropriate intervention for a given youth or family. Some interventions use assessment tools to identify need, target services, and gauge progress. But most key informants who served at-risk youth did not use screening tools to triage for appropriate interventions and services, including the appropriate type of family intervention services to provide. Validated screening tools could help providers better target interventions.

Key Implementation Lessons

Our review of the literature and conversations with key informants highlighted several factors shaping the implementation of family intervention strategies:

- **Think carefully about how to engage parents.** Parents in stressed families are often overwhelmed and may perceive involvement from public systems and service providers as intrusive or judgmental. As a result, it can be difficult for parents to trust providers enough to engage in the services being offered. Parental engagement is important, as it helps facilitate youth participation in clinical services (Slesnick et al. 2011). Service providers also noted the importance of gaining parents' trust, working with—not against—parents, and recognizing and addressing parents' barriers to engagement (e.g., stress, multiple responsibilities).
- **Make team decisions that involve both the youth and their families.** Youth experiencing homelessness often come from stressed families with multiple needs. Case management plans can be more effective when they represent the multiple perspectives of youth and family

members (Quinn and Van Dyke 2004). Key informants also noted that case plans should be driven by goals set by youth and their families, and developed in collaboration with the various service providers in their lives (e.g., education, child welfare, juvenile justice). Furthermore, service providers noted the importance of considering a wider definition of family to include others in the youth's social network.

- **Consider multiple service delivery options in various settings for youth and families with complex needs.** Effective interventions identified through this review often combined several types of services, such as clinical services, case management, and parent training, all tailored to a youth's needs. Many allow parents and youth to choose the setting, which can increase the chances that they can access services in a space that is comfortable for them.
- **Consider strategies to successfully implement programs with multiple and frequent sessions.** Although most rigorously evaluated interventions are intended to be delivered over several months, a few interventions included more-frequent coaching or check-ins via telephone, which can make it easier to keep families engaged (Salomon et al. 2014; Chamberlain, Leve, and DeGarmo 2007). Providing sessions in the family home may also facilitate youth and family participation even if the youth is no longer living there.
- **Provide support for and continue building relationships with families after reunification.** Providers noted that successful family reunification and reconnection require supportive services even after youth and families reconnect. Several of the most rigorously evaluated interventions include frequent coaching and check-in calls with parents after reunification and continued services for youth.

Challenges of Implementing Family Intervention Models

Both the literature and our key informants made clear that there are several challenges to implementation of family intervention strategies within RHY settings.

- **Family interventions may not work well in some RHY settings.** A challenge for many RHY providers, particularly Basic Center Programs, is the need to house youth quickly. Some RHY providers may start family intervention work, but unless they are part of a bigger, multiservice agency, they often must collaborate with other providers to continue those services.
- **Lack of an evidence base leaves providers without a basis for choosing an intervention.** The lack of models developed specifically for RHY settings means programs must assess their own needs and select a model accordingly. With their heavy workloads, this can be a difficult process. However, the Runaway and Homeless Youth Training and Technical Assistant Center offers assistance identifying and assessing evidence-based interventions for RHY providers.
- **Evidence-based and evidence-informed strategies may be too costly for most providers.** The most proven models involve hiring highly trained staff, providing intervention-specific training, and

conducting ongoing monitoring. These requirements can be particularly costly given that RHY programs experience high staff turnover and must repeat trainings. Providers with creative lower-cost strategies can partner with researchers to evaluate their strategy's effectiveness.

- ***Improving family functioning is often not the entire solution.*** Family intervention strategies may not fully address other family challenges, such as severe mental health, the ability to meet basic needs, or the need for stable housing. Where such needs exist, family intervention alone may not ensure that a young person has a place to call home, and providers may need to partner to provide supports that can address these barriers.

What Comes Next?

Although we found few evidence-based or evidence-informed family interventions, we did find a large number of promising, emerging, and of-interest interventions. The field could benefit substantially from resources targeted toward evaluation of these strategies. Important next steps include

- partnerships between providers and researchers to conduct process studies and formative evaluations to identify RHY family intervention strategies ripe for evaluation, with a focus on programs that explicitly target reducing youth homelessness and programs that serve LGBTQ and racial and ethnic minority youth, as well as low-cost interventions;
- working with researchers to conduct high-quality, rigorous evaluations of these programs;
- facilitation of cross-sector learning with RHY, juvenile justice, child welfare, and education providers; and
- identification or development of validated assessments to triage youth's needs and match them to the most appropriate services.

These steps will give service providers the tools they need to work effectively with youth and their families to help prevent and end youth homelessness.

Notes

1. The RHY system includes the Family and Youth Services Bureau's Basic Center Program, which provides shelter and services to youth under age 18 for up to 21 days, and the Transitional Living Program, which provides residential services to homeless youth ages 16 to 22 for up to 18 months. Other settings include drop-in centers, adult shelters, transitional housing, and rapid rehousing.
2. RCTs randomly assign eligible participants to receive an intervention (the treatment group) or to not receive the intervention (or receive a different intervention) and serve as a comparison or control. Through randomization, the treatment and control groups should be the same in all other characteristics except whether they get the treatment, assuring that any difference in outcomes can be attributed to the intervention being tested.
3. Quasi-experimental designs compare a group receiving an intervention with a comparable group not receiving the intervention. Usually, statistical techniques are used to net out factors that differ between the group receiving the intervention and the control group, but these techniques are imperfect. Quasi-experimental

designs require more scrutiny because they cannot ensure that the treatment and control groups are equivalent as well as can be done through random assignment in RCTs.

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About the Authors

Michael Pergamit, a senior fellow in the Center on Labor, Human Services, and Population at the Urban Institute, is a labor economist whose research is focused on vulnerable youth at the transition to adulthood and on provision of supports such as housing, matched savings accounts, and multiple public benefits to low-income families. His research includes several randomized controlled trials as well as quasi-experimental and nonexperimental analyses.

Julia Gelatt is a research associate in the Center on Labor, Human Services, and Population, where her research focuses on children and youth in vulnerable families, with a particular focus on immigrant families. Her work uses mixed methods, including secondary data analysis, original survey development, administrative data analysis, and qualitative interviews.

Brandon Stratford is a research scientist in the Youth Development program area at Child Trends. He brings a strong background in youth mental health and experience with evidence-based interventions to improve outcomes for vulnerable youth. He has worked as a licensed independent clinical social worker in community and school settings in the District of Columbia since 2005. As a clinician, he has provided therapy and case management services to youth living in congregate care settings. Since joining Child Trends, Stratford has worked on a range of projects, including comprehensive literature reviews related to children's mental health, youth violence prevention, and school-based interventions to address nonacademic barriers to learning.

Charmaine Runes is a research assistant in the Center on Labor, Human Services, and Population, where she supports a range of mixed-methods projects through primary and secondary data analysis.

Her research interests include supports for low-income and immigrant families; and racial and ethnic disparities in the labor market.

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Washington, DC 20037
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