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Risk and Resilience in Homeless Children

CHILDREN'S MENTAL HEALTH eREVIEW

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The Children's Mental Health eReview summarizes children's mental health research and implications for practice and policy.

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RESEARCH SUMMARY

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Introduction

Families and children are the fastest growing segment of the homeless population in Minnesota, having tripled in prevalence from 1991 to 2009.[1] Every night in Minnesota approximately 3,900 children stay in a homeless shelter.[1] Throughout the course of an entire year, this estimate reaches 14,120 children.[1] Children are the most common type of resident at homeless shelters, representing over 59 percent of the shelter population. Nationwide, the number of individuals in families experiencing homelessness has risen 20 percent from 2007 to 2010[2], suggesting that children's exposure to the chronic stress associated with homelessness is also increasing.

Although percentages of mental health problems and school failure are higher in this population, many children experiencing the stress of homelessness continue to grow and thrive. How do we make sense of this range in developmental outcomes? Why do some children facing the multiple struggles associated with homelessness develop and perform similarly to their peers while others continue to struggle? The concepts of risk and resilience help to clarify our thinking on these complex questions and lead toward a clearer understanding of the impact of homelessness on child development and well-being.

Risk and Homelessness

Risk is defined as the increased likelihood of problems in development. A *risk factor* is a characteristic of an individual or group that is consistently linked with children failing to achieve normal development. Thus, a particular risk factor may increase the probability of a child failing to meet academic standards, developing a mental health or behavioral disorder, or failing to form friendships. Child development researchers have identified a large number of risks to child well-being, including:

- child characteristics, such as low birth weight or minority race/ethnicity;
- family risk factors, including being raised by a single parent, family income, parent education, parent mental health problems, or high number of siblings under age of 5;
- adverse life experiences, which might include divorce, exposure to violence, child abuse, or the death of a loved one;
- community factors such as community violence or poor quality schools.[3]

Each of these risk factors alone may increase a child's likelihood for negative outcomes. However, risk factors rarely occur in isolation but tend to co-occur or "pile up." Thus, child development researchers often focus on the combined effect of multiple risks or cumulative risk. *Cumulative risk* is typically measured by creating a *risk index*, where the number of risk factors experienced by a child are added together to provide a single count. Because risk factors often overlap and interact with one another, combining these risks into a single index allows for a more accurate portrayal of how

risk naturally occurs.[3] Risk indexes are also a better predictor of a child's developmental outcome than individual risk factors considered in isolation. For instance, knowing a child's parents are divorced actually gives very little information about the child's future development. There are too many additional factors involved to paint an accurate picture of the child's life. However, by obtaining a count of the number of risk factors experienced by an individual child, a more accurate estimate can be made regarding the child's risk for problems in development and need for intervention.

> Risk factors rarely occur in isolation but tend to co-occur or "pile up."

Homelessness is an indicator of high cumulative risk; it is unlikely that homelessness is the only risk experienced by a child. Homeless caregivers and their children are typically characterized by chronic poverty (the average income of a homeless family is at 46% of the poverty level[4]) which entails a host of additional risk factors. Families at risk for homelessness frequently experience traumatic events prior to becoming homeless, which may contribute directly or indirectly to their loss of housing. Children who become homeless have often been exposed to a staggering amount of violence. By age twelve, 83 percent of these children have witnessed at least one incident of serious violence, and 25 percent have witnessed intimate partner violence.[5] Additional traumatic events which may contribute to homelessness include parental incarceration, eviction from an apartment or house, and natural disasters.[6] In addition to experiencing traumatic events, rates of other risk factors are also quite high in homeless children. As detailed in Table 1, homeless children are more likely to be raised by a single parent or a parent with less than a high school education[7], experience hunger[8], be placed in foster care[9], suffer from health problems[10, 11], and/or change schools in the middle of a school year.[12] Of course, none of these risk factors on its own guarantees poor outcomes for a child, but as they accumulate, the child's potential for healthy development decreases.[3]

Table 1

Risk Factors Associated with Homelessness in Children

- Poverty: The average income of a homeless family is at 46% of the poverty level[4]
- Traumatic Experiences: By age twelve, 83 percent of homeless children have witnessed at least one incident of serious violence, and 25 percent have witnessed intimate partner violence[5]
- Hunger: Homeless children are twice as likely to have experienced hunger as their housed peers[8]
- Health Problems: Homeless children are four times more likely to have asthma[10] and five times more likely to have gastrointestinal problems[11]
- Foster Care: Twelve percent of homeless children have been placed in foster care in comparison with 1% of other children[9]
- School Mobility: Forty-two percent of homeless children change schools at least once per year, and fifty-one percent of these children transferred twice or more[12]

Risk Factors Associated with Homelessness in Parents

- Education: Fifty-three percent of parents in homeless families have less than a high school education[7]
- Single Parenthood: Seventy-seven percent of homeless parents are unmarried[7]
- Difficult Childhoods: As children and adolescents, 32.8 percent of homeless adults experienced physical abuse, 24 percent spent time in foster care, a group home, or other

institution, 35.7 percent ran away from home, 11.4 percent spent time in the juvenile justice system, and 27.2 were homeless[14]

- Adulthood Trauma: Approximately 18.1 percent of homeless parents have been physically assaulted and 11.3 percent have been raped[15]
- Mental Health Problems: Approximately 45 percent of homeless parents meet criteria for major depressive disorder, 19.6 percent meet criteria for an anxiety disorder, 36.1 percent meet criteria for post-traumatic stress disorder, and 41.1 percent meet criteria for a substance use disorder[16]

Caregivers in homeless families must carry the additional burden of meeting the needs of their children, including diapers, clothing, medical care, and school supplies

Homelessness is also a marker of risk in homeless parents. Many of these parents are under tremendous amounts of stress. The loss of a stable home results in increased anxiety about obtaining the material resources such as food, diapers, and clothing needed to sustain a family. Unlike homeless adults living on their own, caregivers in homeless families must carry the additional burden of meeting the needs of their children, including diapers, clothing, medical care, and school supplies.[13] Homeless women, many of whom are parents, are more likely to have lived in a foster home, group home, or institution during their childhood, and more likely to have run away from home, been kicked out of their home by a caregiver, and/or been involved in the juvenile justice system.[14] As adults, mothers who experience homelessness also report high rates of rape, incarceration, and domestic violence.[15] Perhaps as a result of these experiences, rates of mental health problems including depression, post-traumatic stress disorder, and substance abuse are higher than the national average in homeless mothers.[16]

The combination of these risk factors likely make it incredibly challenging to parent well. Parenting in homeless families has been referred to as "a double crisis" [13]; not only do homeless parents have to cope with urgent survival issues related to losing home, but their parenting capacities may be undermined as well. Interviews with homeless parents suggest that they struggle with disruption of family routines, increased psychological stress, social stigma, and decreased social support.[17] Research shows that homeless mothers have particular difficulty providing their children with warmth and affection, as well as the learning and academic stimulation children require to succeed in school. [18]

The Relationship Between Homelessness and Child Well-Being

Homeless children experience higher rates of mental health problems compared to the general population. The prevalence of psychiatric disorders in homeless children may be as high 32 percent, compared to a rate of 19 percent in the general population.[19] In terms of their mental health, homeless children look fairly similar to low-income, housed children.[19] This is somewhat surprising given the stressful nature of homelessness. However, it is possible that many of the stressors experienced are a symptom of poverty in general, and not necessarily linked specifically to homelessness. Scientists who study homelessness discuss the difficulties of parsing out specific effects of homelessness from the plethora of other risk factors experienced by these children.[20] They emphasize the importance of the concept of *cumulative* risk exposure when considering homeless children, where homelessness is one of a variety of stressors related to poverty.[20]

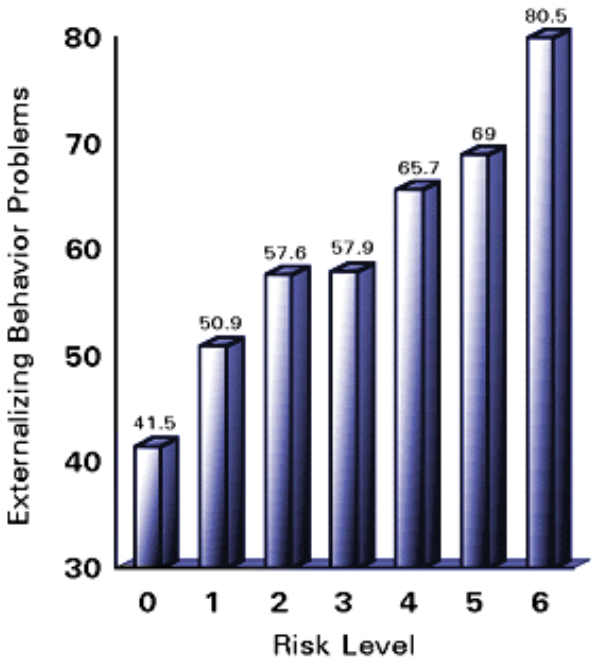
The area where homeless children most clearly suffer, even in comparison to low-income housed children, is in academic performance. For instance,

the majority of homeless children in Minneapolis in grades two through eight fall below the national norm for both reading and math.[21, 22] These children are also performing more poorly than low-income children who have not experienced homelessness. The research suggest that children who experience homelessness begin school with reading and math skills that are low in comparison to their peers, and then continue to show a restricted rate of improvement over the elementary and middle school years, falling further and further behind even their low-income housed peers. Thus, the experience of homelessness appears to be especially damaging in the area of educational success.

Homeless families are not a homogenous group. As unemployment levels have increased and low-income housing has been less available[23], more and more individual families are at increasing risk for homelessness. Because of this trend, a more diverse group of families may be entering emergency shelters, including families with fewer cumulative risk factors.[19] Researchers have identified "high-functioning" and "low-functioning" homeless families that differ by parenting stress and mental illness, as well as in child behavior problems and academic competence.[24] While the typical homeless child lags behind their peers in academics, approximately 45 percent of homeless children in one research study met or exceeded the national norm in math and reading.[21, 22] These results suggest there is wide variability in the academic outcomes of homeless children, and that research and public policies should reflect this.

Several factors may play a role in this variation in functioning. One factor may be that not all homeless children are exposed to the same levels of cumulative risk. Indeed, varying levels of risk have been found to predict externalizing behavior problems in homeless children. Figure 1 reflects a *risk gradient* for a sample of 98 children ages 8 to 10 living in an emergency shelter. Each child was assigned a risk index number based on a count of risks experienced. Examples of risk included having a mother with less than a high school education, living with just one parent, a history of divorce in the family, death of a parent, foster care placement, child abuse and/or neglect, and having witnessed violence. As the figure shows, the number of risk factors experienced by these children can vary substantially. The risk gradient shows the relationship between risk and child behavior problems. As risk increases, child behavior problems increase correspondingly. Thus, part of the reason we see differences in homeless children is because, despite having experienced the same risk factor of homelessness, they have experienced varying amounts of cumulative risk.

Figure 1



What is Resilience?

Resilience is defined as the adaptive systems within the child, family, and community that function to help children achieve appropriate development despite risk and adversity.[26] It has also been referred to as "ordinary magic" because it does not typically involve rare or exceptional qualities, but rather ordinary protective systems that most children naturally possess. Although often described as a trait (i.e. "the resilient child"), resilience is better characterized as this process of "ordinary magic", where relatively common protective factors serve to buffer the child from stress.[26] These *protective factors* can include characteristics of the child, family, and community:

- child characteristics such as good intellectual skills, high self-efficacy, a sense of humor, or good self-regulatory skills;
- family characteristics such as competent parents, faith or religious affiliation, or socioeconomic advantages;
- community characteristics such as good schools, access to caring and competent adults, or social policies targeting high-risk youth.

It should be noted that many protective factors can also be risk factors. Often, a factor can convey risk at one end of the spectrum (e.g. low IQ or poor parenting) but foster resilience at the other end of the spectrum (e.g. high IQ, competent parenting).[25]

Resilience in Homeless Children

Many if not all the protective factors listed above likely play a role in resilience in homeless children. However, research is still somewhat sparse in this area. One major protective factor that has been identified for homeless children is the child's self-regulatory skills. *Self-regulation* refers to the ability to control or regulate thoughts, actions, and emotions.[27] Self-regulatory skills have been shown to be extremely important for socio-emotional and academic functioning in children from all socioeconomic backgrounds, and recent research demonstrates that these skills are an excellent predictor of resilience in homeless children. For instance, one study found that self-regulatory skills predicted school success in homeless children even after controlling for family and adversity variables.[28] Additional recent evidence has shown that homeless children's self-regulation skills predict higher levels of academic achievement and peer acceptance as well as lower levels of ADHD and externalizing symptoms.[29] It is important to note that recent research has found self-regulatory abilities to be responsive to intervention in low-income children, suggesting an important target area for prevention and intervention efforts.[30] For instance, a preschool program designed to improve children's self-regulatory skills has been shown to be effective in promoting school readiness in low-income preschoolers.[31]

In the broader literature, parenting is consistently identified as one of the most important protective factors implicated in the development of resilience. Although a few studies have linked sensitive, involved parenting to success in school[32, 33], the literature linking parenting to child outcomes in homeless families is still limited, and the role of parenting in protecting homeless children's mental health has not yet been investigated. Caregivers in homeless families may play an especially important role in helping children cope after traumatic experiences through warm and sensitive parenting, modeling appropriate coping behavior, and helping the child process the traumatic experience. However, this is challenging given that homeless parents are an extremely vulnerable population, burdened by the many pressures associated with homelessness and their own traumatic experiences. This vulnerability means the needs of the parent must be considered in any effort to help homeless children.

Social policy measures can help to promote protective factors for homeless children. The McKinney-Vento Act was passed into law in 1987 [see description and history at the National Coalition for the Homeless]. As originally legislated, the act consists of a variety of programs

that provide services to homeless individuals and families ranging from education to transitional housing to health care. The original legislation was amended in 1994 to include further protection for homeless children and their academic needs. Specifically, the Act now ensures that homeless children receive transportation free of cost to and from their school of origin regardless of where the family now resides. In other words, homeless children are guaranteed transportation to attend the last school at which they were registered before becoming homeless. This policy provides academic stability in the lives of children who are facing extreme residential instability, and represents an important step toward eliminating the poor academic functioning seen in homeless children. In addition to providing school transportation, the amended act also requires schools to admit homeless children regardless of whether their parents provide the normally required documents such as proof of residence in the district or immunization records. Evaluation of changes precipitated by the McKinney-Vento Act are generally positive and reflect that homeless children's access to school (measured by attendance and children's ability to remain in the same school despite changes in home location) has indeed improved since the Act's passage.[34]

Fostering Resilience in Homeless Children

Masten[35] describes two forms of intervention suggested by resilience research. First, interventions can focus on reducing risk. In the case of homeless children, this would include policies that prevent homelessness from occurring in the first place, such as increased public housing. Other examples include programs designed to reduce parent stress in order to help prevent child abuse and hunger relief programs that reach homeless families. Second, interventions can focus on improving the amount or quality of protective factors in the lives of high-risk children. Examples include mentorship programs, school curricula designed to foster self-regulatory skills, interventions focused on increasing parent warmth and sensitivity, and improving schools in low-income areas.

In summary, to understand the experiences and development of homeless children, we must understand the risk and protective factors in each child's life. This knowledge helps explain why some children show resilience in the face of homelessness and how this resilience can be fostered in other high-risk children. Some important points to remember are:

- Homeless children tend to experience high cumulative risk; the risk factors in their lives tend to "pile up";
- Homeless caregivers also typically have experienced high rates of risk;
- Many homeless children have behavioral and emotional problems and/or academic difficulties;
- A child who is homeless is not necessarily doing poorly – many show resilience;
- Homeless children can be helped both by addressing risk factors and capitalizing on strengths.

IMPLICATIONS FOR PRACTICE AND POLICY

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People Serving People

This research tells us the importance of putting a focus on homeless children's success through early interventions that foster resilience and are on track for a stable future. One concern is the lack of access at-risk children have to high quality early learning experiences to prepare them for success in kindergarten. I see this need in my work with homeless children at People Serving People (PSP). Many children come to our program having never been in a learning center before. At People Serving People we see children thrive in our Early Childhood Development Program once in a classroom with supportive teachers and consistent structure and routines. However, once families leave PSP they must now seek out other early learning opportunities for their children. With long Child Care Assistance Program waiting lists, reimbursement rates that are lower than center fees, and transportation barriers, it is tremendously difficult for parents to access programming. These programs have the opportunity to offer children a safe and stimulating environment with supportive teachers who provide consistent routines, structure and opportunities to thrive. Without these programs, children are often in settings that offer little stability, structure or routine, and lack preparation for success in a school setting. Policies and procedures for giving all at-risk children the opportunity to participate in programming that can vastly improve their readiness for kindergarten should be evaluated and improved.

The research mentioned in this article discusses the importance of 'cumulative risk'. Teachers working with children who have experienced a high cumulative risk must be aware of each child's needs and required supports to help make these children successful. Knowing that self-regulatory skills are a protective factor and increase resiliency, teachers must be trained to understand the importance of these skills and how to teach them. This is a huge step toward assuring the children's success and readiness for kindergarten. Teachers must also be able to foster these skills in children by incorporating activities that allow children to practice self-regulation strategies. It is crucial for teachers to be in tune with the children and assist them as needed in working through individual experiences. Children must be taught to recognize their emotions and to respond appropriately to their feelings. Skills such as working memory, inhibitory control, planning, sustaining attention, and mental flexibility are essential in school success. Teaching these skills should be a priority for teachers working with at-risk populations.

Learning these tasks can be daunting for a child who has experienced events that are difficult for them to understand. Family therapy resources should be available for families working through very difficult experiences, especially when many risk factors have been experienced and cumulative risk is high. The research in this review explores the extreme stress faced by homeless parents. With high levels of chronic stress contributing to many negative outcomes, it is important that parents as well as children are given opportunities to gain skills and utilize coping mechanisms to manage their feelings. Another important factor is to ensure the parent, the most important influence in a child□s life, has the support, resources, and skills to be their child□s first and best teacher. Parents need to be given opportunities to participate in positive activities with their children. This can be accomplished by ensuring families are aware of and have access to programs such as Early Childhood Family Education (ECFE).

Feedback from parents lets us know that some are unsure how to play with their children and how to discipline without yelling, and also lack knowledge of child development and age appropriate behaviors. This review tells us how important parents are in being a protective factor for children, but often parents are unaware of or unable to access the community resources they

need to be the strong positive influence their children desperately need. To accomplish positive outcomes for the children, organizations working with homeless families must connect parents with resources and services that give them needed support. In order to gain stability, families must have ongoing support to meet their various needs, both material and emotional. In addition, organizations working with this population should be aware of the needs of the families and resources available for support. Individual organizations should also collaborate to connect families to the services that can provide consistency and stability.

With all of this in mind it is essential to consider the wishes the parent has for the family. While we know from this and other published research that high quality early childhood programs, supportive parenting, and the ability to use stress-reducing techniques have positive outcomes for children, we must also realize that parents must be the decision makers for their lives. Research should be conducted to discover which services parents would be interested in utilizing. Even if it is known that yoga will reduce stress and yield a positive result for the family, investing largely in this service will not benefit the community if it will not be utilized. We must be careful about assuming what will be desired by the population we are serving. We can do a lot to end homelessness for children and their families by discovering the desires of the parents and incorporating services to address the areas we know to provide benefits and increase long term stability and positive outcomes.

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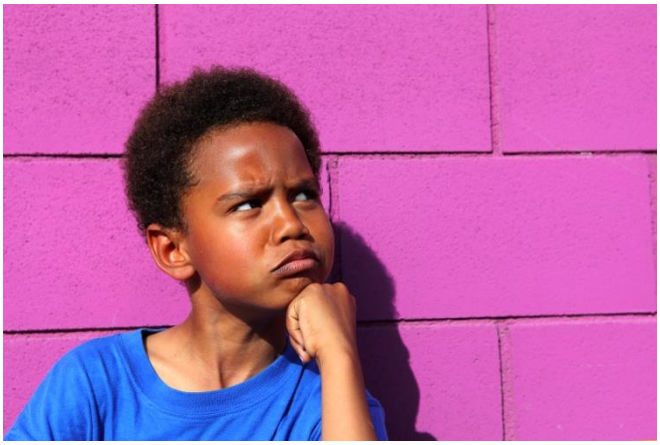
Director
Hennepin County Mental Health Center

My first job in the mental health field was as a therapist for adolescents in an emergency shelter program. Like many people embarking on a new career, I was excited and idealistic, determined to use all of my training to truly make a difference. Unfortunately, my enthusiasm greatly surpassed my competence. I quickly found that having knowledge did not mean you knew what you were doing.

I worked with adolescent youth who had experienced abuse, neglect and homelessness. Because counseling services were optional in the program, the children were under no obligation to see me. Many gladly exercised this prerogative. Looking back, I really couldn't blame them for their choice. I was coming to work wielding tools that had little relevance to them. My golden hammer was cognitive-behavioral therapy, an approach that people much more learned than me claimed to be effective. I assumed I must have been doing something wrong because the more cognitive-behavioral therapy I attempted, the worse results I seemed to be getting with the few kids who were willing to give me a chance. I recognize now that I was working with children who were drowning in despair and disillusionment as I alternately described the color of the water or tossed out lead life preservers. It simply wasn't working. They knew it, I knew it, and there didn't seem to be a way out.



At a point when my belief had almost bottomed out, happenstance, or what I would now regard as grace, interceded. I encountered some of the research that is referenced in the "What is Resilience?" section of this article, including Dr. Ann Masten's writings on resilience. In terms that somehow combined scholarly elegance with what

seemed like homespun wisdom, Dr. Masten offered penetrating insights into the confusion I was confronting. Surely the children I was seeing were being bludgeoned by these risk factors she delineated. The concept of cumulative risk mentioned in this section seemed particularly salient. Risks had indeed been piling up for these children since before they were born and now they were being expected to play on an uneven field for the foreseeable future. Actually, the playing field analogy is too pat. The path in life for these children was not merely uphill. It was riddled with land mines. And yet some of these kids must have been artful dodgers, wickedly talented, incredibly tough, and/or just plain lucky because they were managing to do quite well socially and academically in spite of the traumas, both acute and chronic, that they had experienced. At the same time, other kids who seemed to experience relatively fewer or less intense stressors were crumbling before my eyes. The resiliency research helped me to make sense of this paradox. As counterintuitive as it seemed, maybe those kids who appeared to rise from the ashes were excelling because of adversity and not just in spite of it.

Formal knowledge and the clinical lenses gained from my training sometimes prevented me from appreciating the positive attributes possessed by the kids I was charged with helping.

The research in this article and others, however, does not provide all of the answers. I found that it was most useful to the extent that it became integrated into lessons I derived from practice. I began to realize, ironically, that formal knowledge and the clinical lenses gained from my training sometimes prevented me from appreciating the positive attributes possessed by the kids I was charged with helping. I was so preoccupied with diagnostic formulation and selecting the right intervention that I was neglecting to engage. Once I began joining with the kids in the shelter on their terms, remarkable things began to occur. A girl who never wanted to talk to me one day let me hear her sing. The voice I heard carried a melancholic tone with such intensity that it shook my bone marrow, forget giving me goose bumps. That sound she was able to produce had to have been burnished by the adversity she had faced. She was tapping into a reservoir of pain that thousands of dollars of vocal lessons couldn't replicate. Her talent was a vivid example of a protective factor, and has served as a reminder throughout my career to be flexible and constantly search for what is working when people seek my assistance.

As the resiliency research prompts us to consider how risk and protective factors shape the lives of the clients we serve, I think it also offers an important complementary benefit. It compels us to examine our own stories. As I became more familiar with the resilience research referenced in this article, I began to think more deliberately about what allowed me to survive the threats that were present throughout my own upbringing. To be clear, I had never experienced the kind of gut-wrenching deprivation or abject abuse that had so unjustly entered the lives of the children I met in the shelter. But in many respects, the intricate interplay of risk and protective factors were core elements of my biography.

I grew up in a caring community but also one that was punctured at times by crime and violence. From a young age, I witnessed the ravages of substance abuse and dependence. The suicide of a classmate when I was 11-years-old turned my world upside down. This tragedy was perhaps the most formative event of my life and probably the main reason why I ended up working in the mental health profession. Throughout it all, I had a mother whose unconditional love insulated me from every insult and instilled hope where dejection could have easily taken hold. I had teachers and coaches who nurtured whatever nascent talents I possessed and believed in me so strongly that I couldn't help but to believe in myself. Awareness of these dynamics cast my

clinical work in a new light. Treatment, I began to see, boiled down to giving others the gifts I had been fortunate enough to receive.

So here, in summary, are the critical lessons I have learned in attempting to apply resiliency research to my clinical work with children:

1. **Techniques are only as good as the people delivering them**. Children, especially ones who have been maltreated, have finely tuned garbage detectors. They have been lied to, patronized, and disregarded so often that they smell phoniness from a mile away. They need us to be authentic and humble, to acknowledge that we don't know everything, to honor their notions of what will be helpful, and to integrate the wisdom of their families and their cultural traditions into our work.

2. **Know thyself**. Working with children who have been maltreated elicits powerful emotions. On a conscious level, many of us feel the inherent injustice of harm done to those who are most vulnerable. What makes the suffering of children even more poignant, however, is its tendency to evoke our own unconscious pain. Getting in touch with the sources of this pain can be scary but I believe it is a necessary component of working effectively with children who have been maltreated. Awareness is a precondition of empathy, empathy is the cornerstone of trusting relationships, and trusting relationships are fundamental to healing.

3. **Avoid the "relentless pursuit of pathology."** If you're on the hunt for deficits and problems, you are bound to find them. Fortunately, the same holds true in searching for strengths. This resiliency research reminds us that human beings are geared to thrive. Even behaviors we view as pathological can actually be quite adaptive in the sense that they are often the only means a child has to cope with extraordinary or overwhelming circumstances. Moreover, behavior that is maladaptive in one setting might be perfectly adaptive in another. The challenge lies in helping a child apply the right strategy at the right time. Much like practitioners, children often have an array of problem solving skills at their disposal. The key is to teach them how to use their existing skills effectively and add new ones when necessary.

4. **Find opportunities for kids to shine**. Effective therapy sometimes requires thought and action outside of clinic walls. In order to identify and leverage protective factors as this research suggests, clinicians must access the broad contexts in which children learn and develop. Working with community centers and schools to locate opportunities for kids to engage in performance-based activities like dance, instrumental music, and sports should thus be considered an essential piece of therapeutic intervention. Involvement in these activities, which a large portion of kids dealing with mental health issues embrace, can keep their spirits high, buying time for social and emotional skills to catch up. It is also important to remember that performance-based activities themselves build the self-soothing and self-control capacities that we generally target in therapy. In this regard, they can be a useful adjunct to clinic-based services and for some kids a viable alternative to them.

5. **Keep the child's mind in your mind**. One of the greatest contributions of developmental science is its emphasis on placing behavior into context. It prevents us from treating children as empty vessels. We are indeed learning more and more about the social and emotional sophistication of young children every day.

Within 40 minutes of their birth, for example, newborns are associating certain smells, sights, and sensations with their mothers. Emerging research is suggesting that the underpinnings of morality are present during infancy. We therefore need to be cautious about using short-hand terms like impulsive, reactive, and aggressive when describing children and be mindful of the reasons and explanations for these behavior. If we start with the assumption that complex factors, many of which are mingling outside our immediate understanding, account for the behaviors we find so puzzling or frustrating, we are far more likely to uncover durable solutions.

6. **Be shamelessly optimistic**. I think optimism sometimes gets a bad rap in our society. It's associated with being a Pollyanna or the passive practice of "positive thinking." The kind of optimism that is central to effective child therapy features realistic appraisal and a willingness to be a positive energizer. Realistic appraisal refers to a careful examination of facts. A careful examination of facts informs practitioners and their clients that the psychic injuries inflicted by trauma are indeed treatable and not necessarily "permanent." There's simply no logical reason, to borrow a metaphor from Dr. Brenda Jones Harden, to leave any child in the wastebasket. Positive energizers are the people who create and support vitality in others[1]. Our children depend on these positive energizers, and it is incumbent upon the mental health field to identify, reward, and sustain them.

1. Cameron, K. (2008). Positive Leadership: Strategies for Extraordinary Performance. San Francisco: Berrett-Koehler.

Elizabeth Hinz
District Liaison
Homeless and Highly Mobile Students
Minneapolis Public Schools

This research and the concepts of risk and resilience can be used across a very broad range of activities directed at supporting homeless children and youth: changing service delivery methods, training providers, changing policy development and/or implementation, educating clients, and educating the public about the high incidence rate and the impact of homelessness. This research and our experience and research on academic outcomes tells us that children and youth from homeless families have a wide range of needs and strengths, so it's important to individualize our responses to these students. They need support from staff and volunteers who are able to use a range of strategies and can select from a variety of programs.

There is also reason for caution. Because the

definition of risk and resilience is so broad and so dependent upon context, the "risk" or note of caution is that both can sometimes be minimized to avoid making changes that are uncomfortable or unacceptable to others. It is important to be intentional about this. The what, how and when is what makes an activity one that helps a child build resilience or not. When working within an organization resistant to change or under severe budget constraints, referring to a child's resilience can be dismissive if the context of the intervention is not appropriate or the quality and the quantity is

not substantial enough to be effective. Referring to a child as resilient but expecting a hungry child to be "OK" with a light lunch or noting the child is not making friends while not providing assistance dismisses the child's real needs. Another note of caution is related to the high incidence of homelessness among children and youth. Public school districts are required by federal law to identify and report the number of homeless children and youth in their district; these unduplicated counts are available by school district and through state departments of education. This research summary cites sources that use a minimal count; the reported numbers of homeless children and youth are considerably higher in most all communities throughout the country.

> The what, how and when is what makes an activity one that helps a child build resilience or not.

A wide range of those interested in supporting the futures of homeless children and youth would find this summary of recent research useful. Risk and resilience are key factors to consider as the community examines goals and effectiveness of service delivery for homeless families and unaccompanied youth. It is an important step for a community or an individual service organization to acknowledge the reality of children and youth who are homeless. To create effective interventions that minimize risk and maximize opportunities to promote resilience, policy makers and program developers must have knowledge that goes beyond anecdotal examples of homelessness among children, youth and families. It is difficult to comprehend the extent of this type of homelessness in many communities and throughout our country, but it is critical for policies and programs to be designed based upon the reality of children's homeless situations rather than a stereotyped idea of homelessness. One of the important realities is that homeless situations are often very fluid and unlikely to be clearly resolved in a brief time frame.

Understanding the scale and urgency of needs for homeless children and youth is a necessary step. Risk and resilience are experienced along very broad continuums, with homeless children and youth having experiences that stand out from the more general discussion of risk and resilience among children and youth throughout the community, particularly in the areas of basic human needs. The simple unpredictability to meet basic human needs causes much anxiety. Different locations and conditions for sleeping cause disturbed sleep patterns; the unpredictability of basic materials to keep clean and maintain hygiene impact a sense of self worth and social interactions; uncertain times to eat and unusual foods or a constant limited diet are both physically and emotionally unsettling. Many of our daily experiences are so commonplace we do not think they are worth mentioning, but these are the very conditions necessary to build a stable emotional, physical and intellectual life.

An example of applying the concepts of risk and resilience to practice is reflected in the increase in stronger, more intentional educational services for preschool and school age children staying in shelters or supportive housing programs. Many of these programs are incorporating different supports for children and families in their daily operations. Staff training about children's issues, parenting information programs, and specialized staff for children's support are all becoming more common among the housing programs in the Twin Cities metropolitan area. The Visible Child Initiative seeks to end homelessness by investing in the healthy development and academic success of children. This organization has been very successful in informing housing program staff and decision makers about child development concerns and effective strategies for parents and staff to address these concerns. The research on resilience among homeless children highlights early literacy and executive functioning skills as significant

protective factors, demonstrated by stronger reading and math assessment outcomes. This information from recent resiliency research should be significant for intervention design and program planning by housing and shelter programs as well as preschool and school districts wanting to reach these preschoolers.

The concept of risk and resilience among homeless children and youth is universal when applied in context to the culture, but it is critical to identify that cultural context. Culture is always at play, even within the same community. Homelessness is defined in one way by a state or federal agency and very differently by other groups: by racial or ethnic groups, by economic background, and other self-identified groups. The McKinney Vento Education legislation (see the National Center for Homeless Education, a primary support resource for this law) has a prescriptive and inclusive definition of homelessness: basically, "lacking fixed, adequate and regular nighttime residence." People who are staying doubled up (or more, tripled up) with others do not always identify themselves as homeless even when they expect that these living conditions will be temporary. Using specific descriptive language as a definition is often helpful; avoiding labels and categories is necessary when providing rights or services to others.

It would be helpful for next steps for research in this area to look at more specifics of the combination of related risk factors - the length of exposure, level of quality, length of time, any measure of the degree of a protective factor. It would be useful to learn to what extent homelessness is an additional factor in a risk gradient. The experience of homelessness is in many ways very individualized and a better understanding of impacts along a continuum would be helpful for all staff and decision makers who are working to mitigate the impact of homelessness on children and youth.

Two helpful research reports regarding homeless children, youth and families are:

- Masten AS. Executive function skills and school success in young children experiencing homelessness. *Educational researcher*. 2012;41(9):375. Online at: http://edr.sagepub.com/content/41/9/375.full.pdf+html. Accessed April 1, 2013.
- Herbers JE. Early reading skills and academic achievement trajectories of students facing poverty, homelessness, and high residential mobility. *Educational researcher*. 2012;41(9):366. Online at: http://works.bepress.com/jj_cutuli/12/. Accessed April 1, 2013.

REFERENCES

1. Amherst H. Wilder Foundation. *Homeless children and their families*. http://www.wilder.org/Wilder-Research/Publications/Studies/Homelessness in Minnesota, 2009 Study/Homeless Children and Their Families, Full Report.pdf. Accessed November 1, 2012
2. United States Department of Housing and Urban Development: Office of Community Planning and Development. *The 2010 annual homeless assessment report to Congress.* Washington, DC: United States Department of Housing and Urban Development; 2011.
3. Obradović J, Shaffer AE, Masten AS. Adversity and risk in developmental psychopathology: Progress and future directions. In Mayes LC, Lewis M, editors. *The Environment of Human Development: A Handbook of Theory and Measurement*. New York (NY): Cambridge University Press;2012.
4. Bravve E, Bolton M, Couch L, Crowley S. *Out of Reach: 2012.* Washington DC: National Low Income Housing Coalition; 2012.
5. National Center on Family Homelessness. *The characteristics and needs of families experiencing homelessness.* Newton, MA: http://www.familyhomelessness.org/media/147.pdf. Accessed April 1, 2013.
6. Kilmer, RP, Cook, JR, Crusto, C, Strater, KP, & Haber, MG. Understanding the ecology and development of children and families experiencing homelessness: Implications for practice, supportive services, and policy. *Am J Orthopsychiatry*. 2012:82:389– 401.
7. US Department of Housing and Urban Development. *Homelessness: Programs and the people they serve*. http://www.huduser.org/publications/homeless/homelessness/ch_2b.html. Accessed April 1, 2013.
8. U.S. Conference of Mayors. *A status report on hunger and homelessness in America's Cities: 2004, 2005, 2007 reports.* www.usmayors.org. Accessed April 1, 2013
9. Zlotnick C, Kronstadt D, Klee L. Foster care children and family homelessness. *Am J Public Health.* 1998;88:1368-1370.
10. Grant R, Bowen S, McLean DE, Berman D, Redlener K, Redlener I. Asthma among homeless children in New York City: An update. *Am J Public Health.* 2007;97:448.
11. The National Center on Family Homelessness. *Homeless Children: American's New Outcasts.* Newton, MA: 1999. http://www.colorado.edu/cye/sites/default/files/attached-files/outcasts.pdf. Accessed April 1, 2013.
12. Institute for Children and Poverty. *Miles to go: The flip side of the McKinney Vento Homeless Assistance Act.* 2003. http://www.citylimits.org/images_pdfs/pdfs/Homeless%20students%20study.pdf. Accessed April 1, 2013.
13. Hausman B, Hammen C. Parenting in homeless families: The double crisis. *Am J Orthopsychiatry.* 1993;63:358-369.
14. Schuster J, Park CL, Frisman LK. Trauma exposure and PTSD symptoms among homeless mothers: Predicting coping and mental health outcomes. *J Soc Clin Psychol,* 2011;30:887–904.
15. Zlotnick, C, Tam, T, Bradley, K. Impact of adulthood trauma on homeless mothers. *Community Ment Health J.* 2007:43:13-32.
16. Bassuk, EL, Buckner, JC, Perloff, JN, Bassuck, SS. Prevalence of mental health and substance use disorders among homeless and low-income housed mothers. *Am J Psychiatry.* 1998;155:1561-1564.
17. Lindsey EW. The impact of homelessness and shelter life on family relationships. *Fam Relat*. 1998;47:243-252.
18. Koblinsky, SA, Morgan, KM, Anderson, EA. African American homeless and low-income mothers: Comparison of parenting practices. *Am J Orthopsychiatry* 2010:67: 37-47.
19. Rog, DJ, Buckner, JC. *Homeless families and children*. The 2007 National Symposium on Homelessness Research. 2007. http://aspe.hhs.gov/hsp/homelessness/symposium07/rog/. Accessed April 1, 2013.
20. Masten, AS, Miliotis, D, Graham-Bermann SA, et al. Children in homeless families: Risks to mental health and development. *J Consult Clin Psychol.* 1993;61:335-343.
21. Obradovic, J, Long, J, Cutuli, JJ, et al. "Academic achievement of homeless and highly mobile children in an urban school district: Longitudinal evidence on risk, growth, and resilience." *Dev Psychopathol* 2009:21: 493.
22. Cutuli, JJ, Desjardins CD, Herbers JE, et al. Academic achievement trajectories of homeless and highly mobile students: Resilience in the context of chronic and acute risk. *Child Dev.* 2012.
23. Center on Budget and Policy Priorities. *A home by any other name: Enhancing shelters addresses the gap in low-income housing.* ICPH analysis of the U.S. Department of Housing and Urban Development's Housing Affordability Data System, 2010.
24. Huntington N, Buckner JC, Bassuk EL. Adaptation in homeless children: An empirical examination using cluster analysis. *Am Behav Sci*. 2008;51:737-755.
25. Masten AS, Cutuli JJ, Herbers, JE, Reed MG. Resilience in Development. In Lopez SH, Snyder CR, eds. *Oxford Handbook of Positive Psychology.* New York: Oxford University Press: 2009.
26. Masten, AS. Ordinary magic: Resilience processes in development. *Am Psychol.* 2001;56:227-238.
27. Vohs JD, Baumeister RF, eds. *Handbook of Self-Regulation: Research, Theory, and Applications.* New York, NY: The Guilford Press; 2007.
28. Obradović, J. Effortful control and adaptive functioning of homeless children: Variable-focused and person-focused analyses. *J Appl Dev Psychol.* 2010;31:109-117.
29. Masten, AS, Herbers, JE, Desjardins, CD, et al. Executive functioning skills and school success in young children experiencing homelessness. *Educ Res,* in press.

30. Diamond, A, Lee, K. Interventions shown to aid executive function development in children 4 to 12 years old. *Science.* 2011*:* 333: 959-964.

31. Diamond A, Barnett WS, Thomas J, Munro S. Preschool program improves cognitive control. *Science.* 318:2007:1387.

32. Herbers, JE, Cutuli JJ, Lafavor TL, et al. Direct and indirect effects of parenting on the academic functioning of young homeless children. *Early Educ Dev.* 2011;22:77-104.

33. Miliotis D, Sesma A, Masten AS. Parenting as a protective process for school success in children from homeless families. *Early Educ Dev.* 1999;10:111-133.

34. Anderson LM, Janger MI, Panton KLM. *An evaluation of state and local efforts to serve the educational needs of homeless children and youth*. Washington, DC: U.S. Department of Education; 1995.

35. Masten, AS. Children who overcome adversity to succeed in life. *Just in Time Research: Resilient Communities.* 2000. http://www.extension.umn.edu/distribution/familydevelopment/components/7565_06.html. Accessed April 1, 2013.