

2.5 ECOLOGICALLY BASED TREATMENT FOR MOTHERS EXPERIENCING HOMELESSNESS WHO HAVE CHILDREN IN THEIR CARE

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CONTEXT & EVIDENCE

The majority of families that are homeless are headed by single mothers who have an average of two young children in their care. These mothers are especially vulnerable because they struggle to meet the basic needs of their children and themselves. In addition to the stress of homelessness, they also often struggle with substance use, and physical and mental health problems (Slesnick, Glassman, Katafiasz, & Collins, 2012). Moreover, the harshness of homelessness creates parenting difficulties. Mothers stressed by hunger, threats to safety, and lack of social support are challenged to respond effectively to their children's needs (David, Gelberg, & Suchman, 2012). Despite the great need for acquiring intervention services, mothers who are homeless may be reluctant to access substance use treatment due to fear of having their children removed from their care (National Alliance to End Homelessness, 2006). In most cases, however, housing is the primary and most immediate need of these mothers.

Taking a Housing First approach, ecologically based treatment (EBT, Slesnick et al., 2012) is one of the first integrative treatments for mothers who are homeless and use substances and have young children in their care that combines housing with supportive services (including case management and substance use / mental health counselling). The Housing First approach acknowledges housing as a basic human right and argues that housing support should be offered to people who are homeless independent of adherence to mental health treatment and sobriety (Tsemberis & Asmussen, 1999). Tsemberis, Gulcur, and Nakae (2004) found that compared with the continuum of care approach, in which housing has prerequisites of treatment or sobriety, the Housing First approach leads to superior housing outcomes; for example, individuals obtained housing earlier and were able to maintain it without compromising substance use and psychiatric symptoms. Moreover, research shows that housing is associated with improvement around substance use issues (Padgett, Stanhope, Henwood, & Stefancic, 2011) and improved subjective quality of life (Patterson et al., 2013). As such, by integrating housing and supportive services, EBT is likely to improve individual and family outcomes of mothers who are homeless and have young children in their care.

EBT focuses on increasing successful experiences, which is expected to lead to an increased sense of personal control, and subsequently, improved individual and family outcomes (Slesnick et al., 2012). A treatment development study funded through the National Institute on Drug Abuse provides evidence for the effectiveness of EBT in addressing mothers' substance use and children's problem behaviours, as well as improving housing stability. The study involved 60 mothers experiencing homelessness who had a biological child aged 2–6 in their care. Mothers ranged in age from 18 to 41, with an average age of 26. Of the mothers, 75% were African American, and 75% were single and had never been married. The average child age was 3.7 years, and 48% of the children were female. The study found that compared with mothers receiving services as usual through a crisis shelter, those receiving EBT exhibited a faster decline in the frequency of alcohol use and a quicker increase in housing stability (Slesnick & Erdem, 2013), as well as significant reductions in the child's problem behaviours (Guo, Slesnick, & Feng, 2016). These findings support the effectiveness of EBT in improving housing stability, as well as other outcomes.

A Housing First philosophy does not require individuals to access shelters prior to housing. Research shows that youth who are homeless do not access resources meant for them, including shelters (Kelly & Caputo, 2007). With shelters as the primary avenue for exiting street life, alternatives that work for those who refuse to access shelters, and for those communities in which shelters are not available, are needed. Therefore, EBT has the potential to be replicated and generalized to those communities that do not have shelters, and to those youth who are unlikely to access them.

INTERVENTION COMPONENTS

Based on the treatment development study described above, EBT, which is our version of housing plus supportive services, includes three primary components: rental assistance, strengths-based case management (SBOA), and the community reinforcement approach (CRA) to addressing substance use and mental health issues (Meyers & Smith, 1995). Once housing is obtained, women receive at least one case management session and one CRA session each week. These two components of intervention are integrated and inform each other. Case management aims to support women as they traverse the system of care to secure needed resources and services. The purpose of case management has been described in this way: “to assist consumers in identifying, securing, and sustaining the

range of resources, both environmental and personal, needed to live, plan, and work in a normally independent way in the community” (Rapp & Goscha, 2006, p. 44). In particular, case management sessions focus on helping women meet their basic needs and the needs of their children, including obtaining government assistance and engaging with needed supports that foster financial independence. Without the provision of transportation, it is unlikely women will successfully engage with service providers; therefore, therapists offer transportation to various appointments. Alternatively, CRA helps clients identify and engage in alternative reinforcing activities that compete with maladaptive behaviours such as substance use. CRA complements case management; for example, a CRA goal of reducing substance use can be supported when a client obtains health insurance through case management. One master’s level counsellor conducts all three components of the intervention in order to promote a strong therapeutic relationship and reduce the confusion and inefficiency associated with coordinating between multiple providers.

SESSION LOGISTICS

EBT includes up to 20 therapy sessions and 28 case management sessions provided over a period of six months. Additionally, the program pays the security deposit and three months of rent directly to the landlord, as well as three months of utilities. Leases are signed by the tenant, with efforts taken to obtain month-to-month or three-month leases to avoid a potential eviction on the client’s record. Frequent meetings in the initial stages of intervention are encouraged to capitalize on women’s motivation to exit homelessness. On average, women in the evaluation study met with their therapist 23 times. Meetings can be held in nontraditional settings, including parks, libraries, or wherever the client is staying. Flexibility in meeting location removes barriers associated with transportation and better accommodates women’s needs.

HOUSING

In the early stages of EBT, therapists spend a significant amount of time helping mothers identify affordable housing options and providing transportation to view the rentals. Rental considerations should include proximity of the apartment to bus lines and employment opportunities, as well as neighbourhood safety. In addition, therapists need to ensure certain barriers are addressed prior to the housing search, as described here:

- Landlords require valid identification to complete a lease, and most women will not have government-issued identification. Failure to assist women in obtaining identification quickly can result in the loss of housing opportunities because most landlords will not hold properties while women acquire these documents.
- Some women hold unrealistic expectations for the condition of the apartments. Apartments in the \$400 to \$600 range are typically very basic, old, and small, and may be located in a low-income neighbourhood. This disappointment can be addressed by reframing the apartment as a “stepping stone” and an opportunity for women to “get back on their feet.” Once the client has income stability and has established herself as a reliable tenant, she will be able to find better housing options.
- Women’s rental choices will be limited by past evictions, a criminal record, and lack of current employment. To address these barriers, therapists should identify several landlords who are open to providing women with a “second chance” by being flexible on their housing requirements. The creation of this list of landlords can save time in the search process and reduce women’s experiences of rejection and disappointment.

SUPPORTIVE SERVICES FOR MAINTAINING HOUSING

Once women and their children have moved into their apartment, the intervention focus shifts toward developing strategies to maintain housing beyond project support. Women’s ability to secure financial support is critical. Employment, education, and government assistance (e.g., cash assistance, subsidized child care) are options that can increase success. While rental assistance is offered for three months, supportive services continue for six months to help ensure mothers’ success.

Employment

Most women will state that they want employment. They may require assistance with transportation to pursue employment opportunities, completing employment applications, and preparing for interviews. Some women will be anxious or intimidated by the interview process. Therapists can alleviate this anxiety by practising the interview through role play. Women will develop confidence through practice, and will be prepared to respond to difficult questions regarding their lack of previous work experience or criminal history. Women should always be encouraged to disclose their criminal/arrest record on applications with prospective employers. Some women will not disclose this information, which can lead to losing their employment later. In addition, women’s substance use can

manifest as a lack of motivation and poor follow-through. Because of this, substance use treatment may need to take priority, if the woman is willing. Similarly, for women with criminal records, temporary agencies and local felon re-entry employment programs offer employment options, as these agencies regularly place individuals with employers who are willing to overlook criminal records. Women will likely require assistance from their therapist in navigating these challenges and processing related frustrations and anxieties.

Education

While most women will choose employment, some may prefer to attend a local community college, high-school equivalency program, or vocational training program. Many of these educational options provide adequate funding through stipends, grants, or loans, which may provide enough income for women to become self-sufficient. Women will likely need assistance navigating the admissions process, enrolling in classes, and completing applications for school and federal student aid (in the United States, through the Free Application for Federal Student Aid). Once in school, women may also want assistance with developing time management and organizational skills. Therapists should be prepared to offer assistance in helping women achieve any and all tasks that promote their ability to progress toward their goals and maintain housing.

Government assistance

Regardless of whether women select employment or education, for some, their initial wage or stipend may not cover their expenses. Therefore, women are also encouraged to enrol in government assistance programs for low-income families that offer resources such as cash/utility assistance, rental assistance, subsidized medical care, food assistance, and subsidized child care. In many cases, enrolment in government assistance goes hand-in-hand with successfully balancing the responsibilities of working and being a single mother. For example, acquiring affordable child care prevents women from losing their job as a result of not coming to work due to unreliable babysitters. Employment wages or educational stipends in conjunction with government assistance further promote women's self-sufficiency beyond treatment.

SUPPORTIVE SERVICES FOR ADDRESSING SUBSTANCE USE & MENTAL HEALTH ISSUES

Addressing problems with substance use and mental health is also critical because unaddressed problems can undermine success. For many mothers who are homeless, substance use may be their only means to cope with the stress associated with homelessness, parenting, and problems with mental health, such as anxiety or depression. However, substance use can be a major obstacle to many of the women's goals because it can interfere with motivation, and the ability to maintain employment or stay in school. Drug use is also a barrier for positions that require drug testing. CRA helps women develop alternative coping strategies and process feelings about previous victimization experiences and trauma that may be linked to substance use. Many women have not fully processed these experiences, and the opportunity to discuss these topics in a safe and non-judgemental environment is often a new experience. Therapists can offer alternative perspectives on substance use and trauma experiences, as well as offering insight into how these experiences may have impacted the woman's life.

Some women may not be interested in seeking substance use treatment and may have little motivation to change their substance use behaviours. When women are uninterested in discussing their alcohol or drug use, therapists should address other goals that are more salient to the women. Once a therapeutic relationship has been established, the therapist should offer gentle connections between substance use and the client's identified goals. For example, the therapist can help the client identify the impact of substance use on her struggle to obtain employment, as well as processing anxiety about the interview or the job itself, as substance use may help her cope with these emotions.

Many mothers who are homeless have untreated psychiatric problems that interfere with successful employment, education, or reductions in substance use behaviours. Psychiatric evaluations are often difficult to schedule at locations that offer reduced-cost services. These facilities are typically over-burdened and have long waits. Also, many women are reluctant to attend psychiatric appointments out of fear ("I am not crazy!" or "What if they lock me away?") or unwillingness to wait for an extended period of time. Therapists are encouraged to transport women to the appointments and wait with them. At times, therapists may need to advocate for women to ensure they receive adequate attention and the requested service.

SUPPORTING THE CHILDREN

The children in our project ranged in age from 2 to 6 years. These children are too young to participate in talk therapy with their mothers, but therapists focus on helping mothers reduce parenting stress and improve their parenting skills if they indicate they need this assistance. Parenting intervention can include strategies for discipline and cognitive intervention for understanding or reframing the intentions of children. Therapists often help find appropriate child care so the mother can attend school or work. It is important to counsel mothers not to leave their children with parents or significant others who mistreated the mother in the past because people who were abusive to the mother may also be abusive to her children.

The welfare of the children improves as mothers engage in EBT. Mothers learn to better meet the basic needs of their children (e.g., shelter, food, clothing, safety), which are largely unmet prior to intervention. Ensuring that basic needs are addressed can also reduce the likelihood of children being removed from their mother's care and placed into the foster care system. Once housed, mothers are able to better regulate their children's exposure to high-risk situations for abuse. Furthermore, as mothers learn to manage their substance use and better cope with parenting stress, they are better able to meet the emotional needs of their children. In addition to the improved mother-child relationship, children often become more connected with other nurturing environments, such as school and child care programs, which may facilitate improved growth and development.

TERMINATING THERAPY

Reaching the end of therapy can be particularly challenging for women because they have developed a therapeutic bond with the therapist. To prepare women for this time, the therapist should remind them throughout the intervention when treatment will end. Termination can elicit strong feelings of sadness. In many cases, the therapist may be one of few supportive people in the woman's life and the first who has provided unconditional positive regard. Women should be encouraged to process these feelings in session with their therapist. Also, as the day approaches, therapists should work with women to develop a plan for addressing ongoing needs after treatment ends. If it is determined that women need additional support to meet their goals, they should be connected to other services prior to termination. Therapists should seek to overlap services with new service providers to facilitate the transition.

IMPLEMENTATION CONSIDERATIONS

The themes below describe strategies for commonly observed challenges associated with intervention approaches for mothers who are homeless.

BUILDING TRUST

Initially, many women will be reluctant to engage with their therapist at all, largely due to prior negative experiences with service providers. Focusing on housing and other case management activities (e.g., obtaining identification) at the early stages of the intervention aids the development of trust. As trust develops, women will be more likely to divulge sensitive information and engage in therapy. Once a strong therapeutic relationship is established, women often allow their therapist to initiate conversations about more sensitive topics, such as trauma, parenting, mental health, or substance use.

BALANCING TIME SPENT WITH WOMEN

Therapists may question how much assistance is too much and may believe that women are not learning to do things on their own. It is important to consider the temporary nature of the therapeutic relationship and that therapists ultimately need to help women become self-sufficient. That is, a balance must be achieved in which the therapist offers assistance and support as needed, but that over time, the client is able to process and address events independently. At the early stages of the intervention, therapists should devote more time and provide more assistance to women; otherwise, many women will miss appointments and fail to complete important tasks. For example, therapists can make phone calls with women, provide transportation to appointments and interviews, and in some cases, attend appointments with women. Therapists should withhold judgement about perceived dependence and focus instead on ensuring women experience success, which is expected to bolster their confidence and self-efficacy. Once women experience success, they will be more willing to complete other tasks with less help from the therapist. Therapists can gradually reduce the amount of assistance they offer as women develop greater confidence and skills.

CRISIS MANAGEMENT

Crises frequently occur throughout the course of intervention with mothers who are homeless. Given that homelessness is itself a crisis and usually the culmination of several related crises, continued crises should be expected. Common crises include domestic violence, open warrants for arrest and the consequent arrest, inability to pay rent, utilities being shut off, and losing custody of children. Women may feel completely helpless and overwhelmed in these moments, and the therapist must help the client regain a sense of self-efficacy. Breaking down the steps that are under the client's control can help make a seemingly overwhelming situation manageable.

CONCLUSION

EBT offers mothers who are homeless and who have children in their care a unique opportunity to get back on their feet. Women develop skills to meet their basic needs as well as the needs of their children, and receive assistance in connecting with other services offered within the community. This approach engages women in therapeutic dialogue they otherwise would not experience. Women have the opportunity to process previous trauma and victimization, sometimes for the first time. Additionally, supportive services offer an opportunity to receive assistance for mental health issues or substance use that can otherwise undermine women's attempts to improve their quality of life. Intervening with mothers who are homeless poses unique and difficult challenges for treatment providers'; however, EBT has shown great promise in meeting the immediate and longer-term needs of these families.

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