



# HIV prevention Outreach for Parents and Early adolescents

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# Homeless Families in New York City

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- › New York City is facing levels of homelessness among families that has not been seen since the Great Depression.
- › Families represent 80% of all homeless people residing each night in the NYC municipal shelter system.
- › In February 2015, an average of 14,386 homeless families (25,105 children and 22,357 adults) slept in municipal shelters each night.
- › Average stay is now 435 days, which represents an increase of 25% over the past decade.

# Pilot Findings

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- Families were highly impacted by poverty along with other barriers such as drug abuse, mental health and violence.
- These issues were not addressed by our original intervention CHAMP.
- The population is highly transient; therefore any intervention must be timed accordingly
- Child care and dinner was needed in order for families to participate

# Modified Social Action Theory

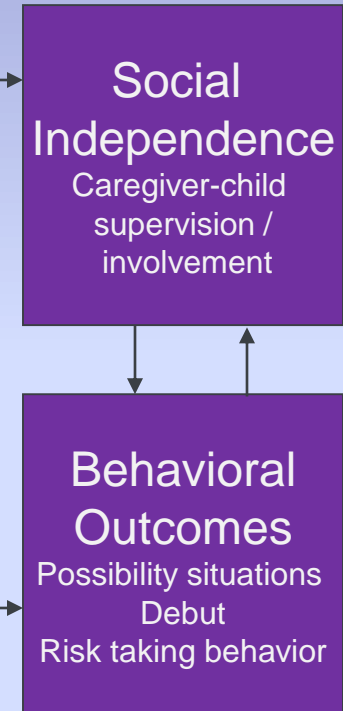
## Contextual influences



## Self regulation processes



## Behavioral outcomes



# **HIV prevention Outreach for Parents and Early adolescents (HOPE)**

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- › **10 participating shelter sites in Bronx and Manhattan (i.e. all supportive shelter sites run by non-profits)**
- › **Community Collaborative Participatory Research approach (CBPR)**
  - **Bronx Community Collaborative Board**
- › **452 caregivers and youth**
  - **209 caregivers**
  - **243 youth (ages 11 – 14)**

# Experimental Group: HOPE Family

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## › Process of Adaptation from three evidence-based curricula

- **SISTA Project** – HIV Prevention focused on women of color
- **Strengthening Families** - Family life skills training program specifically designed for high-risk families.
- **CHAMP** - Collaborative HIV Prevention and Adolescent Mental Health Program (CHAMP)

## › Multifamily Group Approach

# Control/Comparison Group: HOPE Health

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- **3 Sessions**
  1. HIV/AIDS Prevention Education
  2. STI's, Peer Pressure and Risk Factors
  3. Alcohol/Drug Abuse
- **Parent and Youth Groups Run Concurrently**
- **Included Condom demonstration**

# HOPE Family Program Sessions

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1. Introduction and Family Communication
2. Monitoring and Supervision
3. Self-Respect and Peer Pressure
4. Puberty
5. HIV/AIDS/STI's
6. Substance Use
7. Domestic Violence
8. HOPE Family Game



# Youth Participant Characteristics (N=243)

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|                             | <u>n</u> | <u>%</u> |
|-----------------------------|----------|----------|
| <u>Race/ethnicity</u>       |          |          |
| Latino                      | 94       | 40       |
| African American            | 109      | 44       |
| Mixed                       | 40       | 16       |
| <u>Child gender</u>         |          |          |
| Male                        | 127      | 52       |
| Female                      | 116      | 48       |
| <u>Average age of youth</u> |          |          |
| 12.87 years (s.d. 1.17)     |          |          |

# Risk Profile (youth)

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## Mental Health (Childhood Depression Inventory/Strengths & Difficulties Questionnaire)

- **57% of youth evidence elevated depressive symptoms**
  - **22% of youth reported suicidal ideation**
- **55% of youth were described by their adult caregivers as having noteworthy conduct difficulties or difficulties with peers**
- **27% of youth were described by their adult caregivers as being “unhappy, depressed, or tearful”**

# Risk Profile (youth)

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## Sexual Risk (Sexual Risk Interview)

- 54% of youth thought that their friends are having sex
- 26% of youth had spent significant time in situations of sexual possibility where gateway sexual behaviors have occurred
- <10% report sexual activity
- 32% of youth did not believe that they will abstain from sex by 8<sup>th</sup> grade

## Substance use (Monitoring the Future)

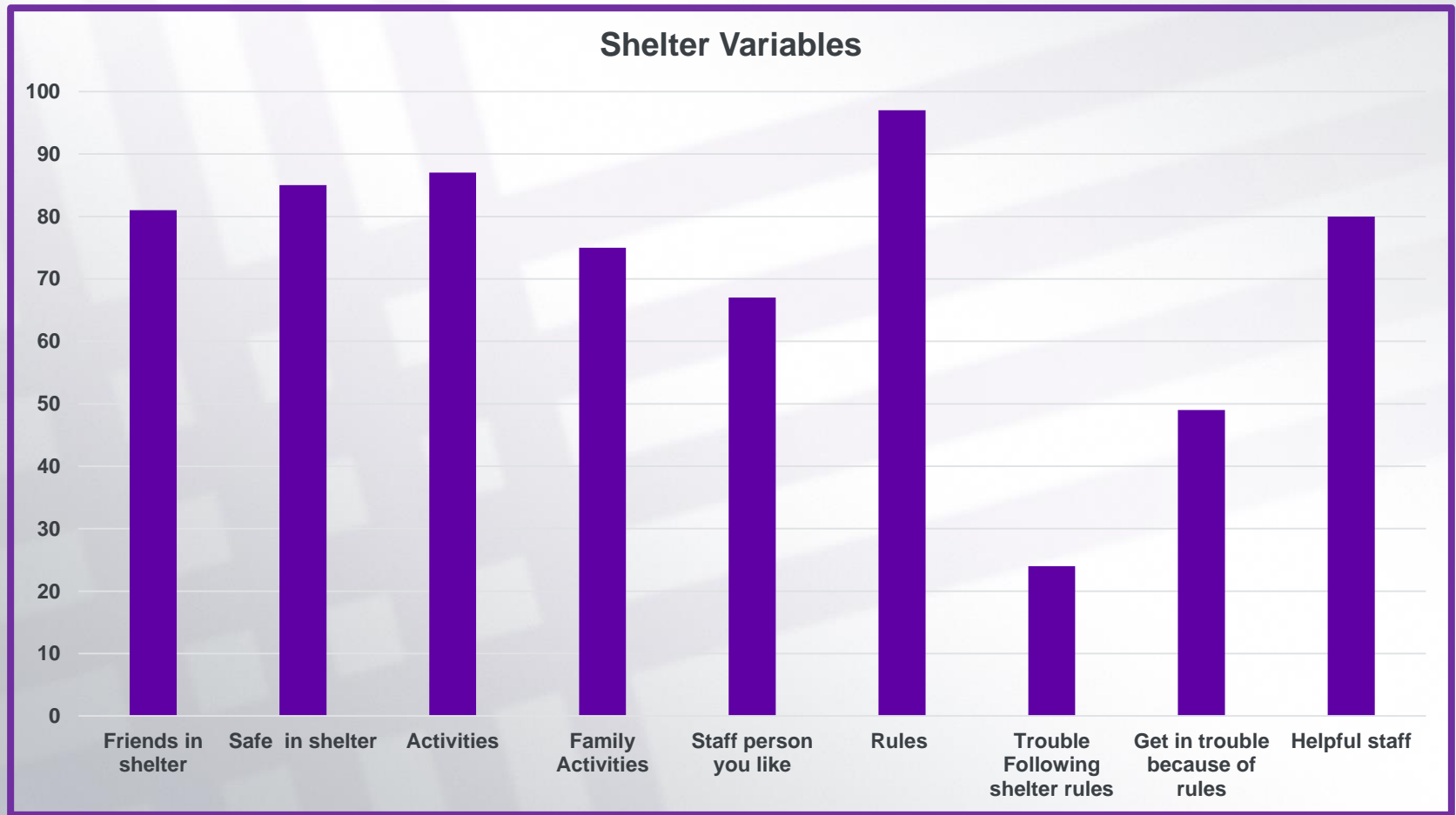
- Tobacco (13%); Alcohol (23%); Marijuana (7%)

# Shelter Experience

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|                                      | <u>n</u> | <u>%</u> |
|--------------------------------------|----------|----------|
| <u>Length in shelter (past year)</u> |          |          |
| <5 mo.                               | 129      | 61       |
| >=5 mos.                             | 79       | 39       |
| <u>First time staying in shelter</u> |          |          |
| yes                                  | 87       | 42       |
| no                                   | 119      | 58       |

# Shelter Variable Frequencies (“YES” Responses)



# Youth Mental Health and Alcohol Use

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- Youth who reported higher levels of depressive symptoms were 5 times more likely to have used alcohol, controlling for age and grade in school (OR=5.0;  $p < 0.001$ )
- Children who reported having friends at the shelter were 70% more likely to have used alcohol when compared to youth who reported having no friends at the shelter (OR=1.7;  $p = 0.05$ )

# Family Processes and Youth Substance Use

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Family processes may be a particularly important intervention component when attempting to address substance use among youth residing in urban family homeless shelters.

- Youth of adult caretakers that reported low levels of the three family processes considered were almost four and a half times more likely (OR=4.4; 95% CI=1.2–16.5) to have made two to three substance use debuts

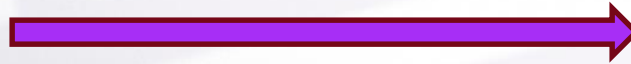
Bannon, W. M., Beharie, N., Olshtain-Mann, O., McKay, M. M., Goldstein, L., Cavaleri, M. A., ... & Paulino, A. (2012). Youth substance use in a context of family homelessness. *Children and youth services review*, 34(1), 1-7.

# Family Processes and Youth Substance Use

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Stronger Family  
Processes

(Caregiver Report)



Lower Youth  
Substance Use  
Debut

(Youth Report)



# Family Strengthening and Suicidality

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Health education programs integrating a family strengthening approach hold promise for positively impacting mental health outcomes for vulnerable youth.

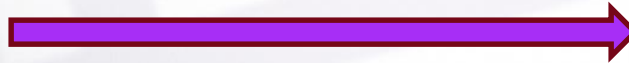
- HOPE Family Program were 13 times more likely to report a decrease of suicidal ideation

Lynn, C. J., Aciri, M. C., Goldstein, L., Bannon, W., Beharie, N., & McKay, M. M. (2014). Improving youth mental health through family-based prevention in family homeless shelters. *Children and youth services review*, 44, 243-248.

# Family Strengthening and Suicidality

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HOPE Family



Reduction in Suicidal  
Ideation  
(Youth)

# Trauma-informed and Contextually Relevant Mental Health Services

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Adult mental health should be taken into account while treating youth externalizing and internalizing behaviors. Furthermore, this treatment should be trauma informed, given the link between trauma and mental health.

- Homeless families, caregiver violence exposure has statistically significant relationships with both youth behavioral problems and youth depression symptoms, as mediated by caregiver depression

McGuire-Schwartz, M., Small, L. A., Parker, G., Kim, P., & McKay, M. (2014). Relationships between caregiver violence exposure, caregiver depression, and youth behavioral health among homeless families. *Research on Social Work Practice*, 104973151455392

# Trauma-informed and Contextually Relevant Mental Health Services

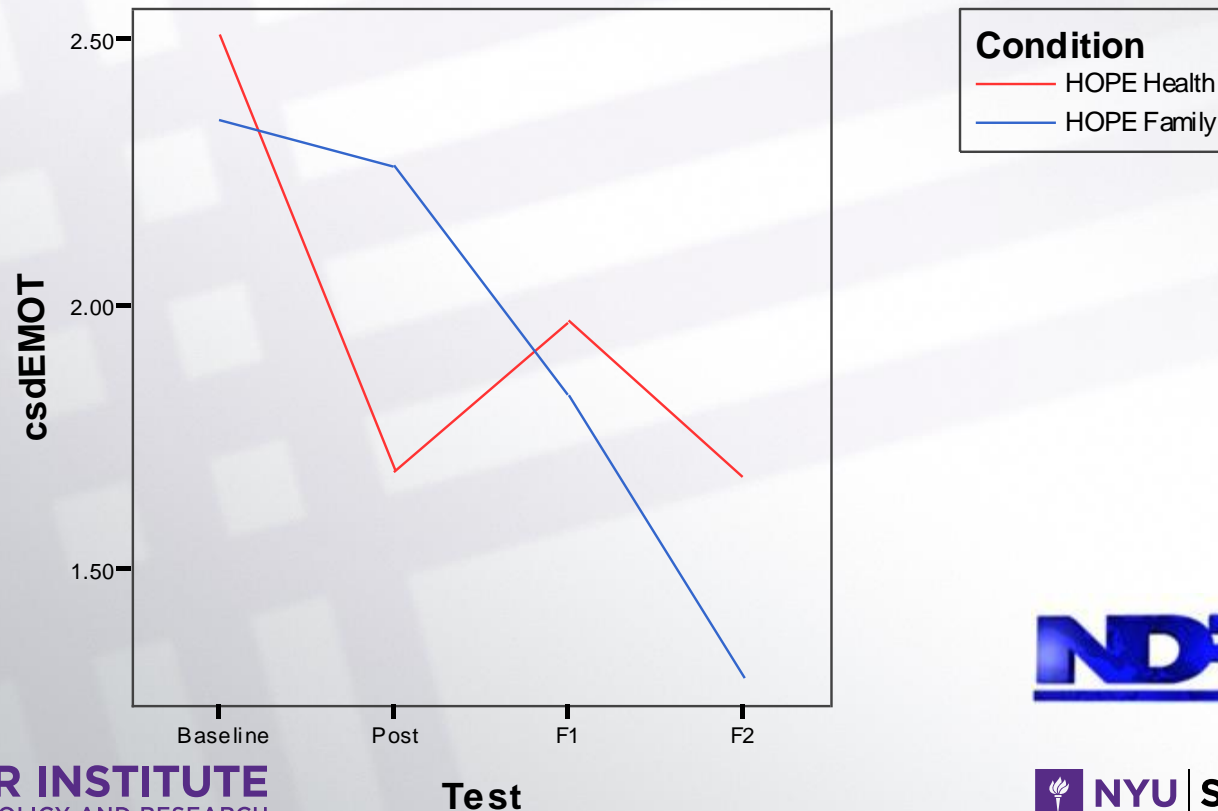
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# Child Emotional Symptoms

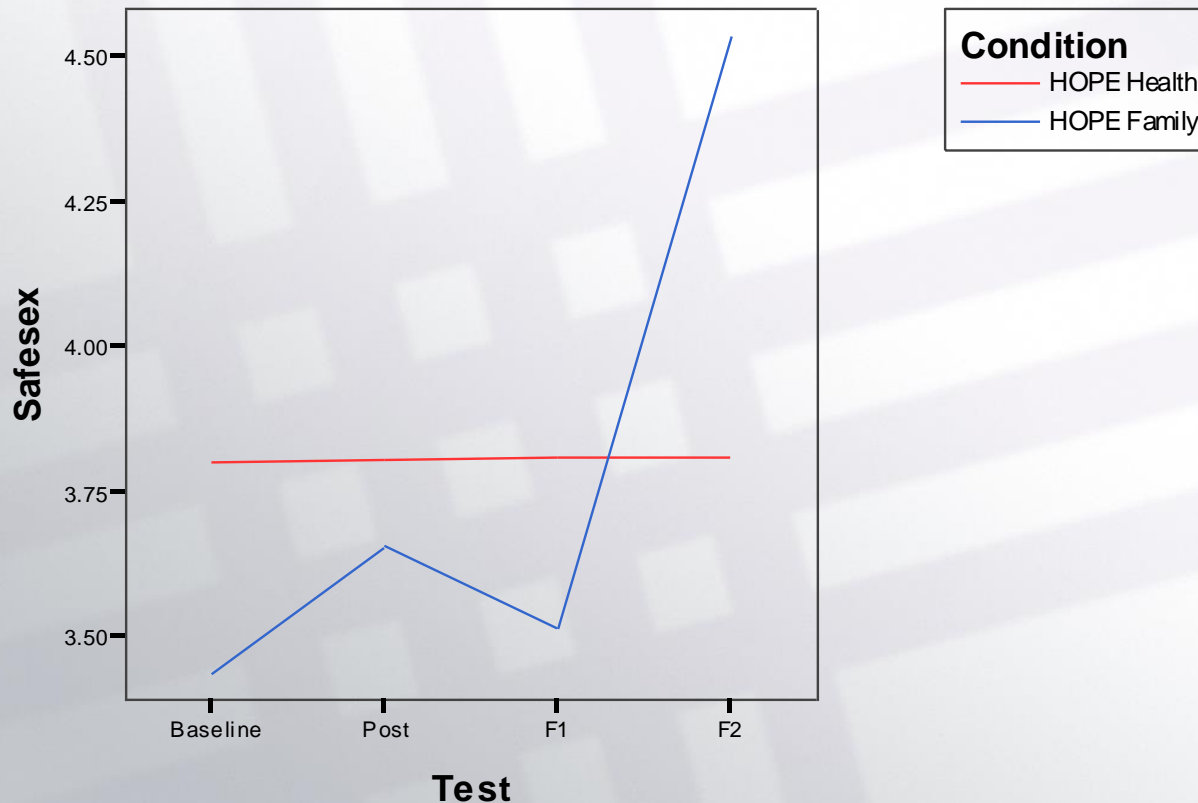
Parents in both groups also reported an improvement in the emotional symptoms displayed by their children ( $p < .05$ ).

**Child Strengths and Difficulties  
Emotional Symptoms Subscale  
Over Survey Points by Treatment Condition**



# Confidence about engaging in safe sex

**Confidence about Engaging in Safe Sex  
Over Survey Points by Treatment Condition**



Children who participated in the HOPE Family intervention showed a significant increase in confidence about engaging in safe sex from baseline to the last follow up point ( $p < .05$ ). There was a significant difference between groups ( $p < .05$ ), with children in HOPE Health showing little change over time on this measure.

# How is the shelter environment related to the wellbeing among residents?



# Aim 1

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To assess the relationship between the shelter environment (i.e. difficulty following rules, perceived social environment) and psychosocial outcomes among youth.

Measures of Youth Outcomes:

1. Depression
2. Number of substances used within the past month



# Aim 2

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To assess whether the shelter environment mitigated the relationship between past trauma and outcomes for youth.



# The Shelter Environment

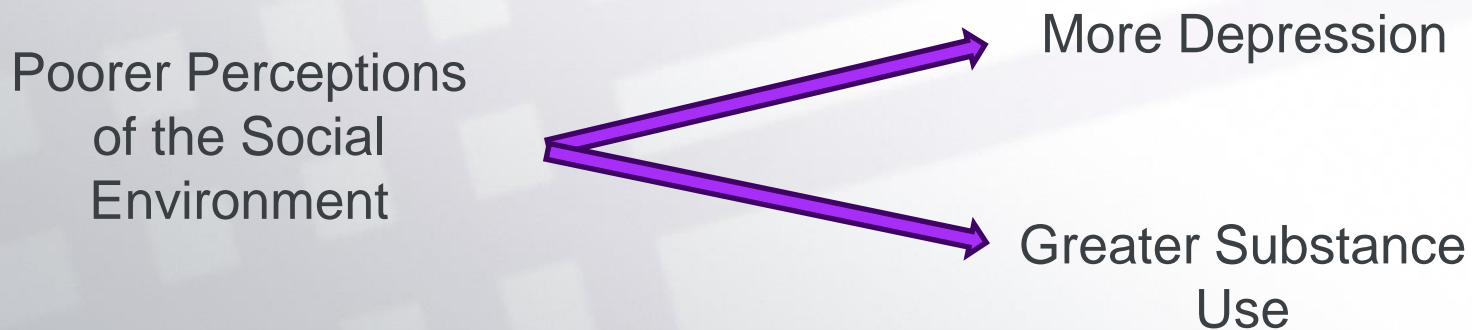
| Rotated Factor Pattern   |         |         |
|--|---------|---------|
|  | Factor1 | Factor2 |
| 1. Do you have friends at the shelter?                           | 0.22    | 0.42    |
| 2. Do you feel safe at the shelter?                              | 0.43    | -0.05   |
| 3. Are there things for people your age to do at the shelter?    | 0.33    | 0.33    |
| 4. Are there things for families to do together at the shelter?  | 0.43    | -0.03   |
| 5. Is there a staff person that you like?                        | 0.28    | 0.20    |
| 6. Are there rules that you have to follow at the shelter?       | 0.27    | -0.04   |
| 7. Do you have trouble following these rules?                    | -0.28   | 0.40    |
| 8. Do you get in trouble for not following rules at the shelter? | -0.09   | 0.36    |
| 9. Does the staff at the shelter help you and your family?       | 0.47    | 0.07    |

$\alpha = 0.46$

# The Perceived Social Environment and Youth Outcomes

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- A less favorable perception of the shelter environment was associated with higher levels of depressive symptoms among youth ( $b = -0.07$ ,  $p = p < 0.001$ ) and with the use of greater number of substances in the past month ( $b = -0.05$ ,  $p = 0.02$ ).



# Shelter Rules and Youth Outcomes

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- Youth who reported having more difficulty following shelter rules:
  - higher levels of depressive symptomology ( $b = 0.06$ ,  $p < 0.001$ )
  - **but** was found to be associated with lower levels of substance use ( $b = -0.08$ ,  $p = 0.00$ )

# Trauma and Resident Outcomes

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- Trauma was also associated with youth depression and substance use.



# The Mitigating Effect of the Social Environment on Youth Depression

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- The perceived social environment of the shelter mitigated the negative effects of trauma on depression among youth.



# Mitigating Effect of Rules on Youth Substance Use

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- Shelter rules appeared to mitigate the negative effect of trauma on substance use
- Trauma was not associated with substance use among those who had difficulty following shelter rules, but was associated among those who reported not having difficulty following shelter rules





# Final Thoughts

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- Evidence for Trauma Informed Care in shelters:
  - Depression and substance use among youth
- Policy implications:
  - Support for homelessness prevention as well as services for homeless youth families
- Evidence for exploring other forms of governance within shelters as a means of improving psychosocial wellbeing among youth residents.
  - Importance of autonomy while living in the shelter



# Words to provide by...

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