Triple P Seminars delivered in shelters: Perceptions of parents experiencing homelessness

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Perceptions of Triple P-Positive Parenting Program Seminars among Parents Experiencing Homelessness

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A high risk population

- Almost 2.5 million U.S. children are homeless each year (Bassuk, DeCandia, Beach, & Berman, 2014)
- High risk for developmental delays & mental health challenges
- Variability, with resilient functioning evident
But many parents need support

- Face significant risks for harsh parenting
  - Feel less confident
  - Separations from children, with a high incidence of out-of-home placements
  - High rates of substantiated maltreatment
  - High rates of mental health challenges
  - Low educational attainment, partner violence, chronic poverty
Past research

- Limited research on effects of parenting programs implemented in shelters (Haskett, Loehman, Burkhart, 2016)

- Barriers to delivering and evaluating interventions in shelters
  - Time
  - Space
  - Schedules

- Paradigm for services (“3 hots and a cot”)
Why Triple P?

- Learning from other parents in same circumstances & sharing their own parenting strategies (Holtrop, Chaviano, Scott, & Smith, 2016)

- Logistical constraints
  - Transient (brief)
  - Highly variable in parenting needs (levels)
  - Schedule is highly structured (diverse delivery methods)
Why Triple P Seminars?

• Brief
• Allows participants to support & learn from other parents and facilitator.
• Includes content appropriate for parents with diverse needs
• Delivered in wide range of settings & by diverse professions
• Can be “entry” to higher levels

Parents, stay positive!
Our purpose & approach

- Examine the degree to which parents experiencing homelessness considered Triple P seminar content, materials, and delivery methods to be relevant & helpful.

- Sequential explanatory mixed-methods design (Creswell, Plano Clark, Gutmann, & Hanson, 2003)
  - Quantitative data - parents’ satisfaction
  - Qualitative data - focus groups
Participants: sheltered parents

- 284 parents who attended a seminar at one of 9 shelter or transitional housing programs
  - 84.2% mothers
  - 62% African American; White=12.7%; Other=7.1%; 18.2% did not report race
  - 67.5% of families included at least one child under the age of 6.

- 16 parents participated in one of 3 focus groups
  - 87.5% mothers
  - 56% African American; White 44%
Participants: comparison parents

- 167 parents: convenience sample
- Seminars delivered by providers in agencies serving parents referred due to parenting challenges.
  - 73% were mothers
  - 35% African American; 47.8% White and 17.2% other
  - The mean number of members in family = 3.62. Most (77.8%) included at least one child under the age of 6.
• Over 3 years, 49 seminars were delivered on-site at the shelters
  • Range of 2-19 parents attended
  • Mean attendance = 6.14 (SD = 3.2)

• Over the same period of time, 17 seminars were delivered at comparison agency
  • Range of 2-21 parents attended
  • Mean attendance = 10.7 (SD = 5.4)
<table>
<thead>
<tr>
<th>Questionnaire Item</th>
<th>Sheltered</th>
<th>Comparison</th>
<th>t value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of the seminar presentation</td>
<td>6.68 (.69)</td>
<td>6.32 (1.01)</td>
<td>4.19*</td>
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<td>Sufficient opportunities for questions</td>
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<td>6.63 (.92)</td>
<td>.77</td>
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<td>6.42 (.96)</td>
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### Average Rating and Range

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<td>Raising Confident, Competent Children (n = 72)</td>
<td>6.76 (.45)</td>
<td>5.10-7.00</td>
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<td>Power of Positive Parenting (n = 92)</td>
<td>6.64 (.55)</td>
<td>4.60-7.00</td>
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<td>Raising Resilient Children (n = 45)</td>
<td>6.78 (.49)</td>
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**F(2) = 1.82**  
**p = .159**
Focus Groups

Reflect on the seminar you just sat through…

• What did you think about it?
• What was helpful?
• What was good about it?
• What changes do you recommend?
• What would make it more relevant to you and your own situation?
Quantitative data coding

1. Main categories developed from research goals & questions asked.
2. Subcategories and sub-subcategories were derived.
3. Using initial coding frame:
   a) Two coders individually coded the 3 focus groups
   b) Coders resolved discrepancies and coded the content again; agreement = 95% for main categories, 87% for subcategories, 86% for sub-subcategories.
4. Coders met to discuss discrepancies.

Using procedures by Flick (2014)
• Content was consistent with their parenting style ("I felt that my own parenting style was in line with a lot of the Triple P philosophy, which I thought was cool.")

• Learned useful strategies
  • Maintaining routines
  • Positive reinforcement ("I don’t ever go back to the activity so they can practice a good behavior... I think I’ll reinforce that at home.")
  • Discipline ("ways to discipline without popping them")
Relevance of content: Mixed

- Strategies wouldn’t work in shelter environment

- Setting routines is difficult (“I get the whole thing with the setting of the routines. But for us that’s a little bit difficult because we are in transition and [the seminar] didn’t address that.”/ “our whole circumstance is kinda hard to build a routine, which is part of a lot of reasons why we have difficulty with the children acting up. It’s because they can’t have a routine right now.”)

- Strategies weren’t appropriate for their child
  - Child too old or too young
  - Child had special characteristics (ADHD)
Parenting challenges

• Establishing routines consistent with family needs and consistent over time (“...the little bit of a schedule that we are able to maintain kind of gets thrown off by the people who are trying to be helpful, and you kind of trip over each other.”)

• Involvement of other adults (“[adult volunteers] will hold them and coddle them the whole time and then they go home and you left with a toddler and baby that wants to be held and coddled cause they cute.”)

• Crowded living quarters
Parenting challenges

• Sharing information with children ("How should we go about talking to them about that?", “Should we tell them why we are here?” , and “What age should we tell them...about our issues? Do we tell them while they are still little ...? Like, when is the right time for that?”)

• Shelter restrictions, routines, rules, requirements ("...Nope you can’t go outside. Nope your friends can’t visit.’ And the kids are like ‘what am I supposed to do?’ they go hang out because they can’t play here in the parking lot, they can’t play basketball.”)
Seminar format

- High praise for presenter
- Slides received mixed reviews
- Videos were favored, but wanted more relevance for their circumstances
- More time for discussion and questions
- More individualized help ("... you got to get it more tailored to individual families... it’s kind of hard in a situation like this")
Study implications

• Mixed-methods approach was informative.

• Recommendations:
  • Bring Triple P to shelters!
  • Train all adults in the children’s lives (volunteers, shelter staff)
  • Follow up with higher level services onsite
  • Offer other Triple P services simultaneously
  • Make examples relevant to the unique setting
  • Perhaps extend by 30 minutes
Future studies

• Need outcome studies
  • Immediate and longer-term impacts on parents and children
  • Moderators - who is most likely to benefit?
  • Consider dosage (1, 2, or all 3 seminars)
• Is a seminar a “gateway” to higher levels?
• How can we reach families not in shelters?
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