

Evidence Summary

Family Interventions for Youth Homelessness

October 2019

Highlights

- ▶ Although the evidence base is small and still emerging, the information we have suggests that **family interventions can strengthen the connections and well-being** of youth experiencing homelessness.
- ▶ We need significant **investment in more and better research and evaluation** on the potential contributions of family interventions to youth housing stability and permanent connections.

Overview

The **Voices of Youth Count** initiative's systematic evidence review is the most comprehensive synthesis of evaluation evidence on programs and practices related to youth homelessness to date.¹ This document is one in a series of seven topical evidence summaries derived from the longer evidence review brief. Here, we summarize evaluations of family interventions for youth experiencing homelessness, not including housing-related services. The evidence here includes only impact evaluations designed to assess measurable changes in outcomes due to specific programs and practices. Other kinds of evaluation, including assessments of program implementation, processes, or participant experiences, will be summarized and reported elsewhere.

Family interventions involve both young people and their family members and usually include a counseling component. Sometimes family interventions are intended to shore up the family unit as a source of safe, stable housing for youth, along with related supports. In other cases, that might not be possible or appropriate,

but family members can still provide emotional and instrumental support. In the evaluations we reviewed, substance use behaviors were often a target of interventions. Of the 62 studies and 51 programs included in this evidence review, 10 studies evaluated seven family intervention programs. Six programs were located in the U.S. and one in Canada. Three were randomized evaluations comparing family interventions to services as usual (for example, basic services already offered through drop-in centers or shelters).

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All three randomized trials found positive program effects, including on risky or unhealthy behaviors. Unfortunately, none assessed stable housing or permanent connection outcomes, despite that family interventions are often considered for these purposes with runaway and homeless youth—especially for early intervention. Randomized evaluations of home-based therapy (Ecologically-Based Family Therapy (EBFT)) and office-based therapy (Functional Family Therapy (FFT)) both showed reductions in youths' alcohol and drug use.

1. For detailed information about our evidence review methods and findings, please refer to Morton, M.H., Kugley, S., Epstein, R.A., & Farrell, A.F. (2019). *Missed Opportunities: Evidence on Interventions for Addressing Youth Homelessness*. Chicago, IL: Chapin Hall at the University of Chicago.

The Support to Reunite, Involve, and Value Each Other (STRIVE) family intervention reduced youths' sexual risk behaviors, alcohol use, hard drug use, and delinquent behaviors among newly homeless youth, mainly youth of color. On The Way Home (OTWH) showed improvements in youths' placement stability (vs. returning to out-of-home care or juvenile justice) and school stability.

Two less rigorous evaluations of family interventions, the Home Free Program (HFP) and Family Reconnect Program (FRP), assessed whether housing stability improved through family strengthening. Both found improved connections between youth and their families and in housing stability. Although promising, these evaluations did not involve comparison groups of youth who did not participate in the programs, so findings should be treated cautiously.

Included Studies of Family Interventions

Description	Study design*	Results
Ecologically-Based Family Therapy (EBFT) (Slesnick & Prestopnik, 2009; Slesnick & Prestopnik, 2005; Slesnick et al., 2013a; 2013b; Guo et al., 2014)		
Therapeutic intervention for substance abusing adolescents (12-17) and their family members. 12 home-based (or office-based) family therapy sessions and 2-4 individual HIV prevention sessions	Randomized evaluation (n=119)	Reduced alcohol and drug use. No significant effects on family or adolescent functioning compared to control.
Functional Family Therapy (FFT) (Slesnick & Prestopnik, 2009)		
A family intervention for dysfunctional youth (11-18) with disruptive, externalizing problems. Typically 12-14 sessions over 3 months.	Randomized evaluation (n=119)	Reduced alcohol and drug use. No significant effects on family or adolescent functioning compared to control.
Support To Reunite, Involve, and Value Each Other (STRIVE) (Milburn et al., 2012)		
Aims to reduce sexual risk behaviors, substance use, and conduct problems among newly homeless teens by improving their and parent problem-solving and conflict resolution skills. 5 sessions.	Randomized evaluation (n=151)	Reduced sexual risk behaviors, alcohol use, hard drug use, and delinquent behaviors; increased marijuana use.
On the Way Home (OTWH) (Trout et al., 2012)		
12-month transition support program for youth (13-17) following a stay in out-of-home care, and their families and schools.	Randomized evaluation (n=44)	Improved placement and school stability.
Home Free Program (HFP) (Harper et al., 2015)		
Call center-based family reunification intervention for runaway youth (14-20) and their families.	Pre-post evaluation, no comparison group (n=107)*	Decreased family conflict; improved family dynamics and youth health outcomes.
Family Reconnect Program (FRP) (Winland et al., 2011)		
Family and individual counseling for at-risk and homeless youth (14-24) and their families.	Pre-post evaluation, no comparison group (n=169)*	Improved housing stability and family relationships.

Description

Study design*

Results

Multisystemic Therapy for emerging adults (MST-EA) (Davis et al., 2015)

Home- and community-based therapy and mentoring (6-16 months long) designed for young people (17-26) with multiple co-occurring problems and extensive systems involvement.

Pre-post evaluation, no comparison group (n=41)*

Reduced mental health symptoms, justice system involvement, and associations with antisocial peers.

* All evaluations, even the most rigorous, have some risk of bias. Bias is especially likely when an evaluation lacks a credible comparison group to assess what would have happened without the intervention. Without such a comparison group, we can't know if changes occur (for example) because youth got older, they were already motivated to improve, or due to other influences in the young person's life. We indicate evaluations as "high risk of bias" if they lack a "usual services" comparison or control group, or if the group was created without specific efforts (like statistical matching) to create comparable groups. Without similar comparison groups, findings are interpreted with additional caution. In some cases, it is necessary to rely on less rigorous studies to inform interventions while we await additional evidence.

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