

Secondary Benefits of Trauma-Focused Cognitive Behavioral Therapy within a Shelter Setting: Impact on Children’s Behaviors and Parenting Stress

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Intro

- Families experiencing homelessness face disproportionately high rates of trauma.
- Family systems theory suggests that a child’s trauma symptoms can impact the well-being of other family members.
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a gold-standard treatment for child trauma. However, less is known about whether targeting trauma symptoms can indirectly mitigate disruptive behaviors and parental stress among a sheltered population.

Methods

- Participants**
  - 429 mother-child dyads (54% females;  $M_{age}$ =10.46,  $SD$  = 3.46, 72.5% Black, 30.3% Latinx) were assigned to time-limited TF-CBT and completed screeners pre- and post-intervention.
- Measures**
  - Child Trauma Symptoms: Child and Adolescent Trauma Screen (CATS).
  - Child Externalizing Behavior: Eyberg Child Behavior Inventory (ECBI; t-score)
  - Parenting Stress: Parenting Stress Index – Short Form (PSI-SF; raw total score)
  - Parental Victimization History: Biopsychosocial interview with caregivers

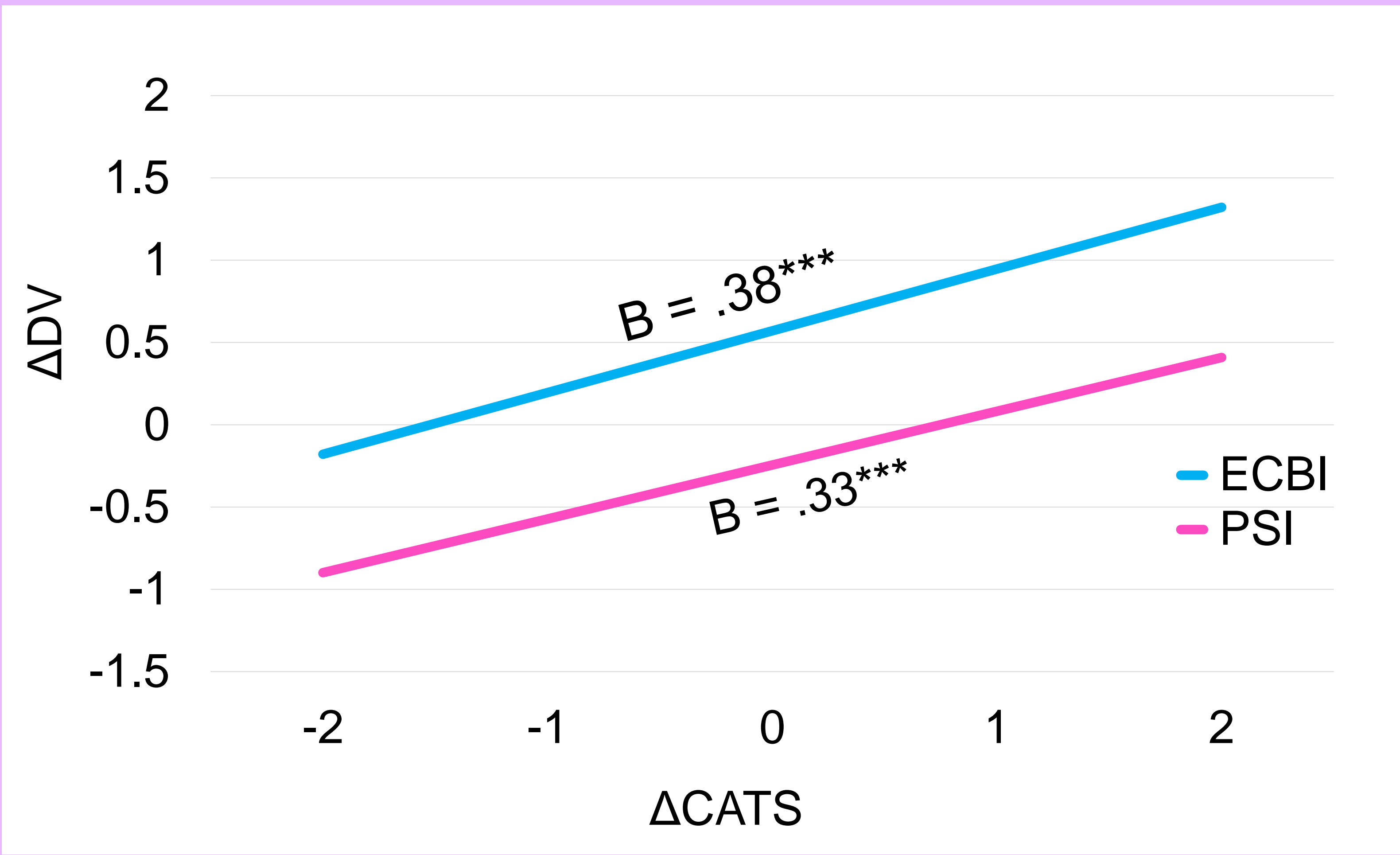
Results

- Changes in CATS were associated with changes in ECBI and PSI ( $\beta$ = .39,  $p$  < .001;  $\beta$  = .31,  $p$  < .001).
- Mothers who reported experiencing psychological or emotional abuse as children reported greater reductions in the PSI ( $\beta$  = -.47,  $p$ =.031).

Discussion

- Results highlight the potential secondary benefits of trauma-focused interventions beyond symptom reduction, including improvements in behavioral regulation and parenting stress.
- Implementing TF-CBT in shelter settings is feasible and can address multiple, interconnected family needs within a short timeframe.
- Future research should explore long-term maintenance of these benefits after shelter exit and the role of caregiver mental health in sustaining child outcomes.

Among mother-child dyads who engaged in TF-CBT in a homeless shelter, improvements in child trauma symptoms were associated with improvements in children’s externalizing behaviors and parenting stress.

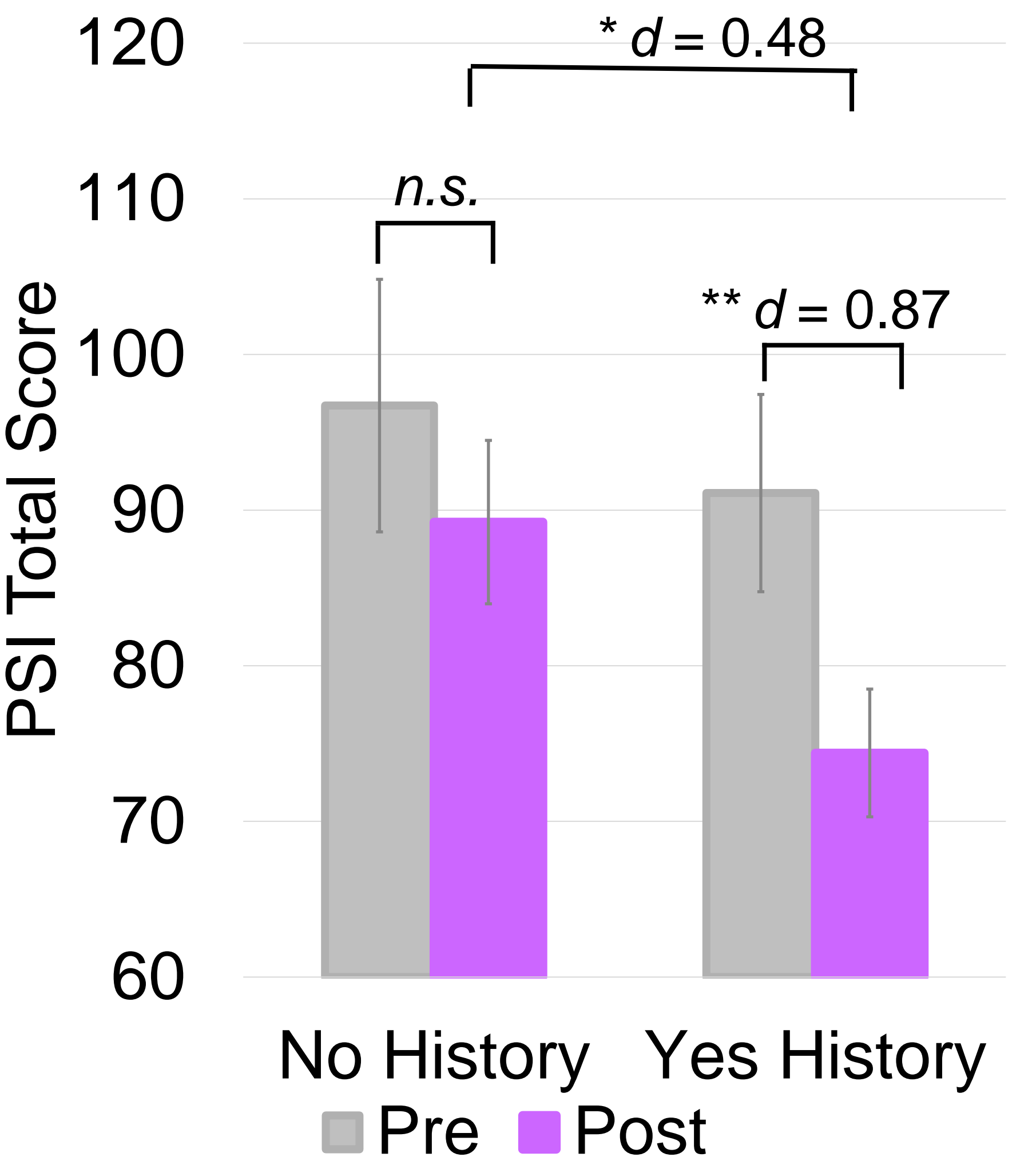


Note. \*\*\*  $p$  < .001; Covaried for treatment completion.

Linear Regression Analyses of the Associations between Change in CATS and ECBI and PSI

Outcome Variables	$\beta$ (95% CI)	$R^2$	$p$
Δ ECBI	.39 (.26, .49)	.16	<.001
Δ PSI	.31(.19, .46)	.10	<.001

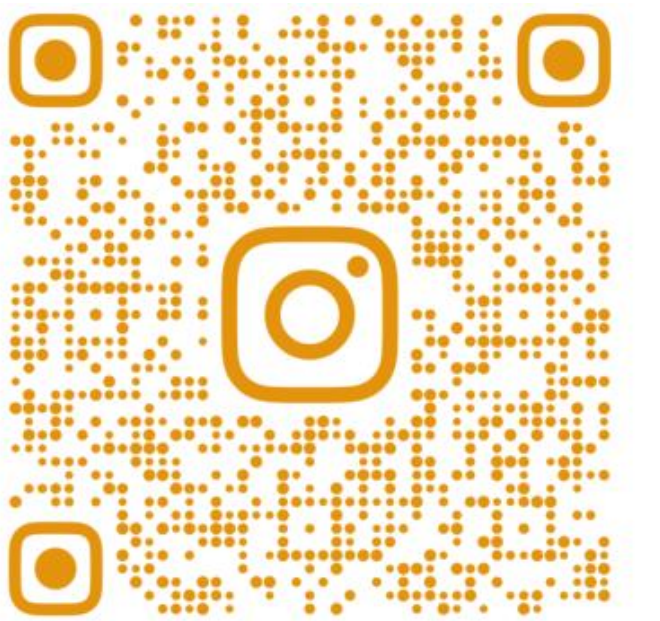
Change in PSI by Mothers’ History of Childhood Psychological/Emotional Abuse



Note. *n.s.* = not statistically significant; \*  $p$  < .05, \*\*  $p$  < .01;  $d$  = Cohen’s  $d$ ; error bars indicate standard error.



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