Behavior Management at a Summer Camp for Homeless Youth

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by

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ABSTRACT

Children who are homeless are at-risk for developing emotional and behavioral problems due to many risks including persistent residential instability and few social supports. Families experiencing homelessness may have a difficult time accessing mental health services. Schools are a possible environment for providing programs that address mental health prevention and intervention with this population. Token economies and self-management are two possible intervention programs. This paper examines predictive factors for children presenting with the most immediate need for mental health intervention and prevention and the possibility of self-management as such an intervention strategy. Results showed that children who earned less rewards in a token economy system were rated as functioning lower than children who earned more rewards. Children who are older were also rated as functioning lower than younger children. Self-management was found to be a possible successful intervention strategy for school-based programs in the future. Future programs should also examine the self-management program in more depth and should identify the children that present with the most immediate need for intervention using the above-mentioned predictors.
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Self-monitoring as a Possible Intervention at a
Summer Camp for Homeless Youth

Homeless children are at risk for developing mental health problems. This may be due to the fact that they often experience many stressful life events such as domestic violence and persistent residential instability (Nabors, Preoscher, & DeSilva, 2001). These children and their families often have fewer social supports than low-income housed children (Zima et al., 1999). Such high residential instability and acute homelessness may be related to the development of mental health problems in children (Zima et al., 1999). Researchers have reported that homeless children may experience developmental delays and emotional, behavioral, and learning difficulties (Bassuk & Rubin, 1987; Zima, Wells, & Freeman, 1994). In fact, approximately half of homeless children require psychiatric referral and evaluation (Bassuk & Rubin, 1987; Zima et al., 1994; Zima et al., 1999). Despite this high level of need, homeless children may have limited access to mental health services (as cited in Nabors, Hines, & Monnier, 2002; Zima et al., 1994). However, results from some studies have suggested that school-based mental health prevention and intervention programs may be a mechanism for providing care to these children (Elias, 1991; Nabors et al., 2001; Nabors et al., 2002; Prilleltensky & Nelson, 2000; Yu et al., 1986; Zins & Ponti, 1985).

Emory Cowen (1996) writes that for a program to qualify as primary prevention, it must be group-oriented, take place before maladjustment, and have a focus on strengthening psychological adjustment. Zins and Ponti (1985) point out that the purpose of such prevention is to intervene before high-risk individuals develop maladjustment.
They suggest that schools offer a prime setting for such programs. One such program, the Perry Preschool Programme, followed pre-school children from low-income families that participated in such a prevention program and found that at age 28, the pre-school intervention group had higher rates of employment, higher educational attainment, lower welfare rates, and lower arrest rates than the control group (Prilleltensky & Nelson, 2000). Another program, the Empowerment Zone Program, had similar successful outcomes for homeless youth (Nabors et al., 2001). Yet another prevention program, the Social Problem-Solving Training Program, resulted in social-cognitive gains and improved behavioral adjustment for the participating children, as compared to the control group (Yu et al., 1986). All of these prevention programs resulted in positive social, emotional, and cognitive gains for high-risk children.

Empowerment is one component found to be important in prevention programs for at-risk children, especially minority children (Tucker, 1999). Empowerment, as described by Emory Cowen (2000), is enabling people to control their own lives, which strengthens their sense of self-efficacy. Homeless minority children’s lives are influenced by many factors that are not in their control. Some of the factors may include socioeconomic status, unstable environment, and social influences such as children’s peers in the neighborhoods in which they grow up. These affect a child’s behavioral problems but are not likely to change based upon effort put forth by the child (Tucker, 1999). Teaching children ways to experience success in aspects of their life that they do have control over, such as their schoolwork and their own behavior, can improve a child’s behavior and mental health. Such things as prosocial behavior and academic
success are influenced by a child’s levels of motivation to achieve, perceived control over one’s own behaviors, and self-reinforcement for engaging in social success behaviors (Tucker, 1999). Therefore, prevention programs for children in such populations as homeless minority children should be aimed at motivating the child to establish short and long-term goals and engaging in behaviors for achieving these goals, followed by praising themselves for engaging in the success behaviors (Tucker, 1999).

One way for children to establish and achieve short and long-term goals is through a program that teaches the child to self-manage his or her behavior. Self-management includes a variety of activities on the child’s part. He or she engages in self-monitoring his or her behavior, self-evaluating his or her behavior after a certain period of time, and self-reinforcing him or herself for successful behaviors (Dunlap et al., 1995). Successful self-management, a facet of life that a child has control over, has been shown to be associated with improved academic achievement and a reduction in problem behaviors (Dunlap et al., 1995; Peterson et al., 1999; Shapiro & Cole, 1999; Todd, Horner, & Sugai, 1999). And self-management is a skill that can be generalized to other settings (Peterson et al., 1999). One means of teaching children to self-manage is through the use of token economies (Scott, 1998). Token economies offer a student the chance to learn which behaviors are appropriate and give the child the experience of success. As artificial reinforcers are removed, the child can be taught to self-reinforce internally for their success behaviors. Teaching children to self-manage their behavior can empower children and prevent future maladaptive behaviors.
Despite the fact that homeless children are in dire need of mental health prevention programming, systematic research is lacking in this area (Parker et al., 1991; Weinreb & Buckner, 1993). The few available studies typically rely on parents’ reports for their data (Parker et al., 1991; Zima et al, 1994; Zima et al., 1999). Teacher reports might also be a valuable tool in assessing children’s progress (Nabors et al., 2001). An advantage of the present study is that it used the Achenbach Child Behavior Checklist-Teacher’s Report Form (TRF), a well-validated measure with excellent psychometric properties, to measure children’s progress.

The present study was done at Project Connect, a summer camp for homeless children. The camp was an eight-week long program that combined an academic focus on reading skills in the morning with recreational, camp-like activities in the afternoon. Project Connect also offered a variety of mental health prevention programs. Project Connect’s token economy bracelet incentive system, described in this paper, is a prevention program with the goal of empowering the homeless minority children who participated to engage in success behaviors. This paper examines factors that can be looked at to determine which children present with the most immediate need for intervention. A hierarchical regression analysis was used to assess gender, age, and children’s average number of bracelets earned in the token economy system as predictors of the dependent variable, the teacher’s ratings of children’s behaviors at the end of camp. In addition, this paper also examines the possibility of an empowering, self-monitoring behavioral intervention that can be used in future programs. Results of this study are discussed as implications for development of future empowerment programs.
Behavior Management for Homeless Youth

Method

Participants

The parents of the participants were informed of the summer camp for homeless youth through literature given to them by the staff at the homeless shelters. Parents then chose whether their children would attend. Ninety-five children experiencing homelessness were enrolled. There were 43 girls and 67 boys between 5 to 12 years of age ($M=10$ years, 8 months). Seventy-three of the children were African-American, 2 were Caucasian, 3 were Hispanic, and 17 were recent immigrants from Afghanistan. Fifty-four of the children who attended the camp satisfied the conditions for inclusion in this study. Specifically, they attended camp for at least two weeks, they participated in the bracelet incentive program, they participated in the self-monitoring behavior system, and their teachers filled out the TRF based on observations of the children’s behavior over the course of the program. Of the 54 youth in this study, 25 were girls and 29 were boys ($M$ age = 8 years, 9 months). Forty-three of the children were African-American, 2 were Caucasian, 3 were Hispanic, and 6 were recent immigrants from Afghanistan. Parental consent and child assent were requirements for study participation.

Program Description

The camp consisted of three classrooms for children in different age ranges (5 to 7 years of age, 8 to 9 years of age, and 10 to 12 years of age). Three experienced teachers from the local city schools and several teaching assistants worked with the children. As mentioned, the summer camp was a program that emphasized promoting reading skills in homeless youth from around the city. Every morning was spent
practicing reading skills such as vocabulary and reading comprehension. Each afternoon consisted of a recreational activity such as going to the local public library or swimming at the community pool. Every Thursday consisted of a field trip to various locations, such as amusement parks or a movie theater.

Mental health prevention activities were also offered to the children during the course of camp. Each week the author, another undergraduate student, a graduate student, and a licensed psychologist presented an hour-long mental health prevention activity in each classroom dealing with such topics as identifying feelings, expressing feelings appropriately, and having empathy for others. Children also participated in mental health prevention activities in small groups of about three to four students at various times throughout the day with one of two graduate students working as counselors for the program. These activities addressed many issues such as improving problem solving, conflict resolution, empathy, and social skills. A licensed psychologist supervised all of the above-mentioned activities.

Also during the course of camp, the children were encouraged to engage in positive behavior using a token economy bracelet system. Children were rewarded a plastic jelly bracelet by the teachers and teaching assistants if they were (1) helping other children, (2) following directions, (3) completing work and/or staying on task, (4) being a role model to other children, (5) using anger management skills, and (6) demonstrating good hygiene (washing hands, brushing teeth, etc.).
Measures

Child Behavior Checklist (Achenbach & Edelbrock, 1983). This measure examined parents’ and guardians’ perceptions of their children’s behaviors at the beginning of the summer. The Child Behavior Checklist (CBCL) is a 118-item measure that has well-established validity and reliability. The total score on the CBCL was used in this study.

Teacher Report Form (Achenbach & Edelbrock, 1983). This measure examined teacher’s perceptions of the children’s behavioral functioning at the end of the summer. The Teacher Report Form (TRF) also has well-established validity and reliability. The total score on the TRF was used in this study.

Children’s Behavior Self-Assessment Form. This measure examined the children’s assessment of their own behavior. Children were asked to rate how they thought they were behaving each day. Children were instructed to rate their behavior on smiley faces representing a four-point Likert scale. The children could choose from poor, not good/needs work, good, or very good (See Figure 1).

Procedure

At the beginning of the summer Parents were asked to fill out the CBCL for each of their children who would be attending camp. The author and the supervising licensed psychologist went to the shelters where the parents lived to collect this data. If the parents refused to fill out the CBCL, the children were still allowed to attend the summer camp. They were just not included in the sample for this study.
The bracelet incentive system was started immediately at the beginning of the camp. Teachers in the classrooms explained the incentive system to the children. The children were told what kinds of prizes they could earn, and visual reminders of how the children could earn bracelets in the form of colorful posters were hung in each of the classrooms. Children earned both daily and weekly rewards based on the number of bracelets earned. At the end of the day teachers and teaching assistants would count the number of bracelets each child earned and record it in a bracelet log. If a child earned 8 or more bracelets in a day, he or she would receive a small prize such as a piece of candy.

Weekly rewards were based on the total number of bracelets a child earned per week. Teachers and teaching assistants added up each child’s bracelet totals for each day to compute the weekly total. After the bracelet totals were calculated the children had the opportunity to go to the prize room to select a prize from one of three levels. If a child earned 45 to 50 bracelets in a week, he or she was eligible for a level 3 prize, such as a t-shirt or Barbie doll (valued at about $7 to $12). If a child earned 35 to 44 bracelets in a week, he or she could choose a prize from the level 2 prize table, such as a package of markers or crayons and a coloring book (valued at about $3 to $6). If a child earned 20-34 bracelets in a week, he or she was eligible for a prize from level 1, such as a small stuffed animal or toy car (valued at about $1 to $2). If a child earned less than 20 bracelets in a week, this was due to the child’s absences during that week or if the child was new and just entering the program. In this case, it was explained to the child that he or she would have a chance to earn a prize if he or she attended the next full week.
Also during the course of camp the children were asked to rate their own behavior. Each day after spending the morning in the classroom the children were asked to think about how they had been behaving that day. They were then asked to circle a smiley face on the Children’s Behavior Self-Assessment Form that corresponded with how they thought that had been behaving. The children’s self-assessment of their behavior was done every day except Thursday when the children were gone on a field trip all day.

At the end of the summer, the teachers that worked with the children were asked to fill out the TRF. Only the children that had attended camp for at least two weeks were assessed to make sure that the teacher knew the child well enough to make an accurate assessment.

Data Analyses

A regression analysis was used to assess predictors of the total score on the TRF. Number of bracelets earned by the children was computed by taking the total score for the bracelets earned by each child and dividing it by the total number of days the child attended camp. Only scores from the first seven weeks of camp were used because the eighth and final week of camp consisted of field trips and other activities not representative of a typical week. Bracelets were examined using a median split where a high bracelet total was an average equivalent to or greater than 8.45 bracelets earned, and a low bracelet total was an average of less than 8.45 bracelets earned. Age was also examined using a median split where a high age was 9 to 12 years of age, and a low age was 5 to 8 years of age. Gender was also examined as an independent variable.
Children’s self-assessments of their behavior and children’s total score on the CBCL were also examined in preliminary models.

A Pearson’s correlation coefficient was used to examine the use of the children’s self-assessment of their behavior as an intervention. The children’s self-assessment of their behavior was compared to the children’s average bracelet total.

Results

Predictors of the Teacher Report Form. A regression analysis indicated that the children’s average bracelets earned was a significant predictor of the total score on the TRF, $F(3, 50) = 9.358, p < .001$. High bracelet totals were inversely related to the total score on the TRF, in that children with high bracelet totals were more likely to receive lower scores on the TRF, which indicated higher functioning and fewer behavioral concerns, $\beta = -.473, t = -3.763, p < .001$. Age approached significance, with older children scoring a higher total score on the TRF, indicating poorer functioning, $\beta = .224, t = 1.815, p = .076$. Gender was not significantly related to a child’s total score on the TRF. A child’s self-assessment of their behavior and, surprisingly, a child’s total score on the CBCL were not significantly related to a child’s total score on the TRF in preliminary models.

When the children’s bracelet averages were compared with their self-assessments of behavior using a Pearson’s correlation coefficient, a strong correlation was found, $r = .319, p < .002$. 
Discussion

It is very difficult for the staff at a program for homeless youth such as Project Connect to know much about the children when they arrive. However, it is very important that the staff have some idea which children present with the most immediate need for intervention because the program is only a short eight weeks, so the staff has limited time to intensively work with the children. At this particular summer camp, the staff had no access to previous school records or any anecdotal information from previous teachers. The children came from different schools around the city, making this type of information hard to obtain. Also, due to the fact that the program took place in the summer, by the time Project Connect would have obtained this information, half of the program may have already taken place. The only information that the staff at this program had were the reports from the parents. Preliminary examinations of the predictive power of the parents’ and guardians’ reports on the CBCL did not seem to predict the teacher’s reports on the TRF at the end of the summer. Therefore, more and different information from parents may be needed to identify which children present with the most need for immediate intervention to prevent future maladaptive behaviors and empower the children to engage in success behaviors.

Results revealed that the best predictors for early identification of children presenting with the most need for immediate intervention are children who earn fewer rewards in a token economy system. That is, children who did not earn high amounts of rewards scored higher on the TRF at the end of the summer, revealing a lower level of functioning. When implementing a token economy reward system at such a program as
Project Connect, staff should take a careful look at the children who earn fewer rewards during the first and/or second week of the program. Close attention and more intensive interventions may be needed with this group of children. Incorporating such an incentive program can serve multiple purposes: giving the teachers information about the children’s behavior when there is no other information available and identifying children that need immediate intervention.

Older children also seem to be at a slightly higher risk for scoring higher on the TRF at the end of the summer, revealing a lower level of functioning and more emotional and behavioral concerns, as reported by the teachers. Older children may be at a higher risk due to the fact that they have been exposed to various risk factors for a longer period of time than the younger children have. Perhaps more intensive intervention work needs to be done with children in the older classrooms, as well. This data also reiterates the importance of implementing prevention programs as soon as possible in a child’s life because the data suggests that the longer the amount of time a child is exposed to risk factors with no intervention, the poorer they are scored on measures of functioning like the TRF.

Token economies have been shown to be effective behavior management strategies in environments such as Project Connect (Nabors et al., 2001), but this study reveals that behavior management may be taken another step toward self-management. The high correlation between the children’s self-assessment and their bracelet totals reveals that implementing a behavior management program that includes self-management may be successful in such an environment as Project Connect. As
mentioned earlier in the paper the token economy system may be the first step in a behavior management strategy, but the goal is to empower the children to internalize their success behaviors, and self-management may be the next step in this direction. If the children can learn to self-manage in this environment, they should be able to generalize those success behaviors to the regular classroom environment when the school year begins because self-management has been shown to be generalizable (Peterson et al., 1999). Future studies of more rigorous self-management programs in summer camps for homeless youth will have to be examined. Follow-up data from several weeks or months later should also be included to determine if the effects of self-management last.

**Limitations.** There were several limitations to this study. Because there were a number of prevention programs provided for all of the children at the summer camp (E.G. small group prevention programs directed by a graduate student, large group prevention programs directed by college students, a token economy system, and self-monitoring of the children’s behavior, reading enrichment), it is impossible to isolate the effects each of the preventions had on the children’s behaviors. The self-monitoring and token economy bracelet systems were just two of many intervention programs, and the effects that these preventions seemed to have might be attributed to another cause. Future studies should apply the various prevention programs independently to compare the effectiveness of each one.

Also, the generalizability of our results is limited because we did not have a control group. Future studies should include a control of children outside of the summer
camp, perhaps attending a summer camp with no mental health component, to test for generalizability. In summary, results provided preliminary support that number of rewards earned in a token economy system and, to a lesser degree, age can be looked at to identify children that present with the most immediate need for receiving services. Also, self-management may be a successful behavior management tool in such school-based programs in the future. Hopefully, schools, parents, and community agencies will attempt to provide such services to at-risk homeless youth in the future.
References


Figure 1

Children’s Behavior Self-Assessment Form

Very good  Good  Needs work  Poor/Not