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Evolving Schemas of Homeless Children: Encouraging Hope and Personal Mastery

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Abstract

Young homeless children face many adverse circumstances, unlike children who are nurtured in supportive families and stable homes. Given experiences of chaos, unpredictability, and upheaval, homeless children are placed in jeopardy with regard to meeting their needs for successful developmental outcomes. In particular, these experiences likely cause fear and anxiety, with consequences that adversely affect psychological development and lead to disempowerment of the self and learned helplessness. Using principles of positive psychology and guiding homeless children toward the creation of schemas of resilience and self-confidence can provide them with the basis for adaptation, happiness, and appropriate decision making.

Key words: homelessness, cognitive schemas, learned optimism

According to the National Center on Family Homelessness (2009), 1.5 million American children are homeless each year. While this number conveys the scope of the problem, it does not describe the experience of homelessness. Being homeless is a condition infused with extraordinary stress. Experiencing eviction, having their homes burn down or condemned, or experiencing serious family problems resulting in loss of housing are traumatic experiences for all who are homeless and especially for homeless children. Supportive families, friends, social networks, and social institutions can buffer these experiences (Eyrich, Pollio, & North, 2003). Absent these kinds of support, homelessness is a desolate experience.

The adverse developmental impact of homelessness on young children can affect development across the lifespan. A child's behavioral pattern combines with the powerful influence of the caregiving environment to shape how a child learns to adapt to environmental challenges. Early on, a powerful socio-emotional attachment develops between parent and child. Forms of synchronous behaviors develop between child and important caregivers. According to attachment theory, an infant who is consistently responded to by a caretaker will more likely demonstrate secure attachment (Ainsworth, 1979). The mother is the secure base from which the infant explores the environment. Infants with mothers who are unpredictable and who reject them will more likely develop a variety of insecure attachments.

There is evidence that children form disorganized attachment when their primary caretaker experiences personal loss and difficult life experiences (Lyons-Ruth, Bronfman, & Parson, 1999). Studies also show that mothers who have unresolved trauma or loss are more likely to express disturbing caretaking behaviors (Jacobvitz & Hazen, 1999). This is a stimulus for activating fear in children, as they are unable to form coherent behavioral strategies to address the fear (Main & Hesse, 1990). It is known that a mother's stressful experiences and depressive traits impact their children's behaviors.

Usually by 18 months, these secure or insecure attachment styles are integrated into an already developing schema. Schemas are organized mental representations that are under continuous construction and being modified based on unique interpretations of experience. Schemas function to interpret our experiences and to provide a space within which decisions are made and in which the probability of future events can be understood. Much of what is remembered is generally consistent with existing schema material. Experiences are also selected and interpreted in ways that are consistent with existing schemas. Thus, once they are formed, children's schemas for relationships are relatively resistant to change. By the early years, most children manifest unique and distinct behaviors. The reciprocal relationship of a secure or insecure attachment between mother-child dyad is dynamic and can endure over a lifespan with few changes.

In a retrospective study, data indicated that familial unpredictability or primary caretaker inconsistency were associated with aggression and anxiety in adolescents (Kohlmann, Schumacher, & Streit, 1988). Therefore, trauma such as alcoholism, marital conflict, divorce, or single parenting with limited financial resources have the potential effect of disrupting the process of establishing predictability and a schema for a secure attachment. This has strong implications for homeless children prior to coming to any shelter.

As Boots, Macomber, and Danziger (2008) have observed, children have a number of key developmental needs as a result of experiencing risk factors, such as marital distress, low SES, large family size, father involvement in crime, psychiatric disorders in mothers, and foster care experience. As risk factors increase in number, children who are immersed in the chaotic experience of homelessness are less likely to have their developmental needs met. Young homeless children get an early start in their exposure to these risk factors, and they are often exposed to them over long periods of time. The effects of homelessness begin before birth. Homeless women are likely to have difficult pregnancies due to health problems, poverty, and substance abuse, which can lead to low birth weight. They may not have proper health care including immunizations. Children benefit from stability and predictable routines in life (Halfon et al., 2002). While homeless children also benefit from these experiences, homeless families often have special challenges in providing basic health care, healthy diets, and regular sleeping arrangements. Given these experiences, it is not surprising that homeless preschoolers are more likely to have multiple developmental delays (Bassuk & Rubin, 1987; DiBiase & Waddell, 1991; Koblinsky & Taylor, 1991).

Policy and Practice Regarding Homeless Children

Policy and practice regarding homeless children vary substantially across cultural and national boundaries. According to the 2001 Canadian census, more than 14,000 people lived in a shelter, and approximately 10 percent were under age 15. They require adequate health services and more complex and effective strategies (Turnbull, Muckle, & Masters, 2007). Family homelessness and child homelessness have recently received attention in *Lost in the Shuffle*, a report on children's homelessness in Toronto (Decter, 2007). This report focuses on children ages 6 through 12 in Toronto and points out that homelessness is associated with many impediments to school success, such as transient behavior, emotional impacts, and stigma of shelter living. The report makes many useful recommendations; however, preschool age children are not included in this study.

Minnery and Greenhalgh (2007) studied homelessness policies in Europe, the United States, and Australia. They observe a variety of definitions of homelessness, notions regarding the causes of homelessness, and formulations of policy and practice. Even the definition of homelessness has only recently emerged in a way that explicitly includes families and children. In a report prepared in Australia, MacKenzie and Chamberlain (2003) discuss a concept of homelessness involving recognition that being homeless shapes children's identity as homeless. Given the Australian perspective on the formative developmental impact of being homeless, early intervention is relevant.

In the United States, the definition of homelessness recognizes the needs of children and incorporates early intervention. Federal programs support homeless families. The McKinney-Vento Act is an important source of federal support for homeless children. Under this legislation, state educational agencies must make certain that homeless children have equal access to free public education, including public preschool education. School districts are directed to identify and report homeless students. They must provide to homeless children access to other services as needed. McKinney-Vento prohibits segregation of homeless children for the delivery of these services. However, some of the costs of implementing the provisions of McKinney-Vento often

become the responsibility of school districts. In 2009, federal agencies spent approximately \$2.9 billion on programs for the homeless. Despite this substantial expenditure, programs do not provide for all of the needs of homeless children, and the programs face significant challenges (United States Government Accounting Office, 2011). In the United States there is attention to multiple pathways leading to homelessness and a multifaceted approach to addressing homelessness (National Coalition for the Homeless, 2004; National Law Center on Homelessness and Poverty, 2004), which augment complexity. The National Alliance to End Homelessness is a nonprofit organization that also seeks to end homelessness in the United States (National Alliance to End Homelessness, 2012). Despite large-scale national level policies in the United States, when one uses an international comparative framework, there are indications of less compassionate attitudes toward homeless individuals in the United States and the UK, when compared to Italy and Germany (Toro et al., 2007).

In contrast to a federal approach toward homelessness in the United States, European countries are confronted by various conceptual definitions that can create complex challenges, such as counting the homeless or assigning statutory responsibility for homelessness (Minnery & Greenhalgh, 2007). In Europe, homelessness is considered to be associated with housing and social policy, and policies related to homeless are likely to be formulated at the local or regional levels (Minnery & Greenhalgh, 2007). Whether policies are formulated federally or locally, the plight of young children is not adequately addressed.

Early Intervention and Homelessness

Early childhood education can be a source of stability for young homeless children. Koblinsky and Taylor (1991) found that homeless children who attended preschool for longer period of time performed better on the Early Screening Inventory (ESI). However, homeless children need more than a standard early education curriculum and local monitoring to compensate for their experiences. It is known that homeless children often require special assistance in the form of mental health intervention (Molnar, Rath, Klein, Lowe, & Hartman, 1991; Weinreb, Goldberg, Bassuk, & Perloff, 1998).

As homeless children form schemas, they are forming the mental structures that will function as guides to making decisions and shaping their future. The evolving schemas of homeless children need to assimilate and accommodate to new experiences to influence healthy outcomes. It will not be enough to wait until these homeless children are disturbed adolescents and adults and then focus on conditions that are comorbid with homelessness. Ball, Cobb-Richardson, Connolly, Bujosa, and O'Neill (2005) note that treatment often is focused on Axis I psychiatric disorders in homeless individuals, which include major disorders and developmental disorders. Ball et al. (2005) suggest a form of therapy for homeless persons, aimed at personality problems, substance abuse, and social adjustment problems. They conceptualize this as a form of schema therapy (Ball, 1998, 2003; Young, Klosko, & Weishaar, 2003).

We suggest that it could be effective to intervene in the schemas of children as they are just being formed, rather than waiting until adolescence or adulthood. We suggest an approach based on learned optimism research. The schemas of homeless children are probably best described as placing them at risk for continuity of homelessness, rather than accurate reflections of reality or

guide to their potentials. Their schemas become real in their consequences, leading the child away from resilience, personal mastery, and hope and toward learned helplessness. It is important for children to learn constructive explanations of themselves and their circumstances, which can move them toward positive developmental outcomes. Seligman (1990, 1998) has developed the concept of optimism as a definable and important developmental outcome for children. Children who are optimistic construct mental schemas of resilience, personal mastery, and hope rather than helplessness (Seligman, Reivich, Jaycox, & Gillham, 1995). Optimism in homeless children can be measured with the Children's Attributional Style Questionnaire (CASQ), which would require modification with content keyed to the experiences of young children.

Pessimism and optimism are defined by three concepts: permanence, pervasiveness, and personalization. Permanence refers to beliefs of a pessimistic child that adverse events will last for a long time. An optimistic child tends to see adverse events as temporary. Pervasiveness refers to the tendency of a pessimistic child to explain adverse events in global terms. An optimistic child sees adverse events in specific terms and good events in global terms. Personalization refers to the tendency of a pessimistic child to blame oneself for adverse events. An optimistic child tends to explain the causes of good events as global (Seligman et al., 1995). There are clear possibilities and potentials for young children to learn optimism. From their parents and others, via observational learning, children can learn rules, standards, and styles that govern their behavior (Bandura, 1989). Children in the preschool years can learn complex rules and styles through observational learning. Styles of thinking may be internalized and represented as images and, with increasing language ability, these representations can be encoded as language symbols (Bandura, 1989).

For children who are forming pessimistic schemas, what would likely be most effective is a form of schema therapy specifically aimed at building a schema of learned optimism. Ideally, homeless children would be provided with experiences from which they can acquire a flexible and reality-based optimistic schema that will prepare them to move out of homelessness. This schema would incorporate the notion that homelessness is a temporary condition, and that there are particular events that cause homelessness rather than broad personal shortcomings. The schema would incorporate understanding that homelessness is in large part caused by systemic events and is not brought about by their own personal flaws. It would be important to emphasize an explanatory style that gives hope, even under circumstances of not having a home at the present time. Schema therapy for homeless children could include building a schema that promotes a general reflexive tendency toward positive constructions of experience, in particular telling oneself optimistic things about one's experiences rather than pessimistic things. As soon as one has a negative experience, it is important to construct a positive frame for this experience. It is helpful if a social worker or a significant other can be present in the young child's environment to reinforce optimistic interpretations of events, downplay pessimistic interpretations, and to guide the child in the process of schema reconstruction. The goal of helping the child to develop an optimistic schema through a process of optimism coaching is to structure a schema of positive explanatory styles that will lead to life decisions that lead a child away from a lifestyle of homelessness. The book *Learned Optimism* (Seligman, 1990, 1998) is recommended for social workers who are committed to influencing the optimistic explanatory style of homeless parents and children. In addition, *The Optimistic Child* (Seligman et al., 1995)

is especially suited to giving examples of how to create a context that assists in influencing an optimistic explanatory style in schema formation.

A Context for Schema Intervention

An abundance of evidence demonstrates the impact of risk factors on physical development. However, there is a lack of clear understanding of how risk factors specifically impact the formation of a homeless child's schema, and adaptive behavior across the lifespan. Although studies show that predictability is associated with self-confidence, the etiology of how this develops over time is not adequately described in developmental literature. It is understood that homeless children experience a multitude of risk factors and relationships. We suggest that the schemas of homeless children are governed by unpredictability, influencing an anxious state with consequences that affect psychological development. Therefore, a place to live and to sustain life is necessary but not sufficient for homeless children. Their unique developmental risks show the need for effective intervention to avert the building of schemas that place homeless children in anxious states leading to unpredictable pathways. Homeless children should be helped to create schemas of resilience and self-confidence. Without this type of intervention, the adverse effects of their relationships with their caregivers and environmental conditions of homelessness can conspire to create a nexus of conditions of extreme social injustice. In part, social justice can be achieved by providing shelter for homeless children. Those who find shelter are fortunate. However, missing in this recipe for social justice are experiences that encourage the development of schemas that foster self-confidence and resilience in homeless children. Being able to successfully predict the consequences of events and relationships and strategically adapt can lead to a more socially adjusted individual.

Young children are not thought to be responsible for the circumstances that affect their developmental outcome of unhappiness, psychological uncertainty, and anxiety. However, by giving them the tools for shaping their own destinies, they can overcome victimization and pursue happiness. As Sameroff (1998) observed, in the United States all citizens have the right to pursue happiness. It is not only a matter of being happy; it is a matter of social justice, which means that every homeless child should have equal economic, political, and social rights and opportunities (National Association of Social Workers, 2011). Minimizing the developing schemas of unpredictability, anxiety, and fear must be addressed. Equal rights and opportunities can only best be accessed when children learn to make the right decisions and act on them with confidence.

We see this as analogous to the concept of environmental justice. Environmental justice means that no definable group in the population should be exposed to extraordinarily high environmental risk (Bullard, 2005; Miller, 2003; United States Environmental Protection Agency, 1998). In environmental justice, the goal is to mitigate social and environmental inequities, which occur when there is insufficient access to resources or disproportionate exposure to risk. Homeless children lack adequate resources needed for normal development and are disproportionately exposed to conditions that place them at risk for developmental problems. Minimizing the familial burdens of anxiety and fear and creating a supportive and encouraging environment, will make it more likely that homeless children will have access to many needed developmental resources. However, there are ample data to suggest that the psychological needs

for homeless children have not been adequately addressed. Therefore, guiding homeless children toward the creation of schemas of resilience and self-confidence will provide them with the basis for adaptation, happiness, and appropriate decision making later in life.

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