Resilience and the Role of Sibling Relationships among Children within Homeless Families

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A dissertation submitted in partial fulfillment of
the requirements for the degree of
Doctor of Philosophy

RESILIENCE AND THE ROLE OF SIBLING RELATIONSHIPS AMONG CHILDREN
WITHIN HOMELESS FAMILIES

Tamara S. Paula

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The purpose of this study was to determine how the presence of resilience was manifested in a population of children within homeless families and more specifically, whether the sibling relationship provided a unique contribution to child psychological adjustment. Analyses were conducted to determine if the sibling relationship provided a unique contribution to the amelioration of child psychological distress among children within homeless families, thereby promoting child resilience. The variables of the study included resilience, sibling relationship, and psychological distress among children within homeless families. Data was collected from 60 school-aged children (26 boys and 34 girls), ages 9 to 17, who, along with their parents and siblings, resided in two, agency-operated, emergency housing centers located in Miami-Dade County. Hypothesis 1 predicted that high resilience would be related to low psychological distress. Hypothesis 2 predicted that positive sibling relationship would be related to low psychological distress and Hypothesis 3 predicted that high resilience and positive sibling relationship would be related to low psychological distress. It was concluded that resilience was partially related to low psychological distress; however, the relationship between positive sibling relationship and low psychological distress was not supported by the data in this study. The clinical and service implications of this study are discussed and recommendations are made for future research on this subject.
DEDICATION

This is dedicated to my husband, Ed Paula. It was his love, patience, unwavering support and encouragement that guided me through this process. Words cannot begin to express the depth of gratitude I feel for all he has done and continues to do for me. Ed, I love you always and forever.
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Chapter I: Introduction

Overview

The literature on resilience has consistently focused on children who have demonstrated successful adaptation, despite exposure to adversity as the foundation for understanding this phenomenon. Traditionally, examinations of the processes involved in resilience have concentrated primarily on pathology, or rather the lack of it, despite the presence of potentially traumatic events (Masten & Powell, 2003). Over the years, due to refinement of the field, researchers have conceptualized resilience as the interaction between risk and protective factors that take place over time and include individual, family and larger sociocultural influences (Goldstein & Brooks, 2006; O’Dougherty-Wright, 2006; Ungar, 2005). Thus, resilience theory, although still interested in risk exposure among children, is mostly focused on the strengths of children and in acquiring an understanding of healthy development in the presence of adversity.

The study focused on strengths and healthy development while simultaneously evaluating whether the sibling relationship provided a unique contribution to the amelioration of child psychological distress, thereby promoting resilience in a sample of children within homeless families residing in emergency housing centers. The United States has the largest number of homeless women and children among all industrialized nations (The National Center on Family Homelessness, 2009). Roughly, 13.4 million families with children live below the federal poverty line where the experience of sudden unemployment or health crisis has the capacity to derail these low income families and thrust them into a state of homelessness (Urban Institute, 2009). Since the early 1980’s, families with young children have become one of the fastest growing segments of the homeless population and now encompass approximately 37% of the homeless (Burt et al.,
1999; DHHS, 2007; The National Center on Family Homelessness, 2009; U.S. Dept. of Housing and Urban Development, 2008). This percentage translates to nearly 420,000 families with about 924,000 children experiencing homelessness in a given year (DHHS, 2007). To date, there is a large body of literature on the mental health of children and adolescents within homeless families where the effects of homelessness are explored in relation to child development. In the resilience literature, the majority of the studies on homeless children have focused on runaways, throwaways, and street youth that are unaccompanied by adults. Notably, only a few studies have explored the mechanisms of resilience within children whose families are currently experiencing homelessness. A goal of this study is to develop an understanding into the complexities of experiences that have colored the lives of these children.

**Recent Trends in Homelessness in the United States**

Homelessness in the United States, regrettably, is not a new event. In fact, the experience of homelessness is an all too common occurrence among those who live in poverty. Nearly 36 million Americans lived in poverty in 2003, which was an increase of 1.3 million from 2002 (Blanco, 2004). Annual population analyses reveal that poverty continues to rise. According to the Institute for Research on Poverty (IRP) (2009), 39.8 million adults and approximately 14 million children lived in poverty in 2008. During this same year, as reported by the U.S. Dept. of Housing and Urban Development (2008), a troubling 1.6 million people entered homeless shelters; once again bringing to light the unremitting link between poverty and homelessness.

Federal officials, for the purpose of policy and intervention development, typically divide the broad homeless population into three main categories: single adults, families with children and unaccompanied youth. Utilizing these discrete groups, More than one-
third of the nation’s homeless (37%) are families with children and nearly two-thirds (63%) are individuals, where single men make up more than half (51%) of the total homeless population with the remaining 12% and 2% occupied by single women and unaccompanied youth, respectively (Blau, 1992; U.S. HUD, 2008). However, research over the years has shown that these classifications, in many cases, overlap considerably, thereby blurring the line of distinction between the categories. For instance, Burt et al. (1999) has revealed that 60% of single homeless women and 41% of homeless men were, in actuality, parents, yet only 65% of these women were currently homeless with their children and only 7% of homeless men had their children with them in shelter. In a multi-city study involving homeless youth, researchers found that close to 50% of the homeless adolescent girls were either currently or recently pregnant (Kral, Molnar, Booth, & Watters, 1997; Stormont, 2008). Such findings make apparent that distributed throughout these statistics are a large number of families that the categories fail to capture.

Studies have shown that pathways into homelessness often vary. Some individuals slip into homelessness due to person-based aspects such as substance abuse, mental health issues, physical health, domestic violence, single motherhood, and low educational attainment. For others, homelessness can be attributed to environment-based factors like the lack of affordable housing, welfare reform, poor economic conditions, and a tight labor market. Unfortunately for many, particularly families, the experience of homelessness is a multifaceted one generally occurring at the intersection where the individual and contextual factors meet. Regardless of the events that lead to loss of residence, the incidence of homelessness can be not only strenuous for the individual going through it, but it can also substantially undermine the overall structure and function of a family.
Family Homelessness

Historically, a homeless family has been identified as headed by a single woman in her late 20s with approximately two children, where one or both children are under the age of six (Burt et al., 1999; DHHS, 2007). Recent investigations on family composition have revealed that, although a large number of homeless families fit the above mentioned profile, many families who access shelter services vary in size and structure and often include two parent households, a higher number of children than actually present at time of admission and families headed by single men (Paquette & Bassuk, 2009). Given that poverty, unemployment, low wages, insufficient affordable housing and domestic violence have been the key sources of family homelessness over the years, a large percentage of previous research on homelessness is centered on defining the scope of the problem and identifying risk factors, primarily to inform public policy and to guide the allocation of resources (Paquette & Bassuk, 2009). Studies across the homeless experience have revealed many difficulties encountered by these families. For example, a substantial segment of homeless families experience the separation of a child from the family, either temporarily or permanently, in the form of foster care placement (DHHS, 2007). Cowal, Shinn, Weitman, Stojanovic, and Labay (2002) found that 44% of mothers had become separated from one or more of her children five years after entering homeless shelters in New York. Undeniably, separations can acutely disrupt the overall structure of a family. Family separations can also, as several studies have indicated, promote a transgenerational cycle of homelessness (DHHS, 2007). To illustrate, Zlotnick, Kronstadt, and Klee's (1998) study of 195 foster children, found that almost half of the birth parents of the foster children had experienced homelessness during childhood and these foster children were
more likely to be placed with non-relative care-givers and have siblings in foster care when compared to other foster children.

The complex circumstances that tend to surround family homelessness can lead to the development of psychological distress. For example, a common pattern of a family facing potential homelessness is usually comprised of numerous residential relocations to include living “doubled up” with friends or relatives for a period of time before accessing an emergency homeless shelter. Generally, this residential instability pattern among homeless families is preceded by an escalation in adverse events, to include violence, immediately prior to leaving a residence (Obradovic et al., 2009). This destabilization of housing can cause significant difficulties for a family as children become subject to a host of changes that have potential long-term effects on their development. Experiences such as hunger, physical illness, educational disruptions, loss of friends, and violence exposure are unfortunately common in the lives of homeless children. Unsuccessful attempts at coping with these challenges can affect normal development, create emotional and behavioral problems, as well as disrupt a child’s growing sense of self-worth. Furthermore, these children predictably become vulnerable to a multitude of developmental difficulties that stem from the residential disruption, which include negative self appraisal and self contempt that can ultimately become part of a children’s emerging self image (Levy & Orlans, 1998). Thus, it becomes clear that homelessness can have significant psychological and social effects on the developing child.

Undoubtedly, the prevailing methodology in studying children in homeless families is in terms of their risk exposure and pathology (Paquette & Bassuk, 2009). The relationship between homelessness and child psychological distress has been established (Bassuk, Buckner, Perloff, & Bassuk, 1998; Bassuk et al., 1997; Bassuk & Rosenberg,
Typically, the evaluation of homeless children has been concentrated on quantifying the effects of trauma and loss on normative development. While this pathology-focused investigation style may give rise to symptom-relief therapeutic interventions; it can also lead to the undervaluing of a child’s inherent strengths and resilience (Lustig et al., 2004; Schmitz, Wagner, & Menke, 2001).

**Resilience and the Role of Protective Factors**

In examining the concept of resilience, a main prerequisite is the presence of both risks and protective factors that either facilitate a positive outcome or reduce or avert a negative outcome (Fergus & Zimmerman, 2005). Traditionally, the professional literature on childhood resilience has been primarily risk focused. Empirical investigations have examined the adverse effects of poverty, parental psychopathology, developmental deficits and family structure disruptions on child development. Recently, Protective factors necessary for positive adaptation and the well-being of at-risk children have been the focus of several studies (Goldstein & Brooks, 2006; Luthar, 2003; Ungar, 2005). Protective factors assist children in avoiding the negative effects of risk exposure and are broadly classified as either assets or resources (Fergus & Zimmerman, 2005). Assets, which reside within the individual, include attributes such as intelligence, a sense of mastery/self-efficacy, management of emotional reactivity and a sense of social relatedness (Prince-Embrey, 2006). Resources are defined as external and often encompass social and environmental influences, such as parental support and involvement, adult mentors, schools, or community organizations that promote positive youth development (Fergus & Zimmerman, 2005). The relationship between risk and protective processes is viewed as occurring over the course of normative development and is shaped by contextual
influences (O'Dougherty-Wright, 2006). Thus, it is the use of assets or resources to overcome risks that illustrates resilience as a process and not a static trait unique to an individual (Fergus & Zimmerman, 2005). Hence, resilience has been regarded as a universal phenomenon resulting from the performance of basic, evolutionarily rooted, human adaptational systems (Goldstein & Brooks, 2006). When operational, these systems promote successful development in the presence of adversity; however, if there are deficits in these systems, they can result in impaired adaptation for the developing child (Goldstein & Brooks, 2006). Since adaptation is rooted within the context of multiple systems of interactions, including the family, school, community and culture, a child’s resilience is contingent upon the presence of other people, as well as other systems of influence (Riley & Masten, 2005). Increasingly, researchers have associated the emergence of resilience in at-risk children to key protective factors in the family and social context (Walsh, 2006). However, according to Walsh (2006), many studies of individual resilience have often approached the relational context of normative development narrowly, choosing primarily to focus on the dyadic relationship between parent and child, while overlooking the potential influence of other individuals within the family unit. Coinciding with this claim, Sanders (2004) has stated that the impact of sibling relationships on individual growth has been underemphasized in the child development literature. This point is significant, especially in light of the fact that there are approximately 73 million children in the U.S. and 21% of American families contain three or more children under the age of 18 living within the household (U.S. Census Bureau, 2008).

The Effect of Homelessness on Children within Families

The literature on children within homeless families goes as far back as 1987 (Buckner, 2007). The research on these children has revealed a number of significant
findings. To illustrate, homeless children are twice as likely to experience hunger as compared to other children (DHHS, 2007; U.S. Conference of Mayors, 2008). Children who experience homelessness are more than twice as likely as middle-class children to have severe to chronic health issues, such as asthma, ear infections and gastrointestinal problems (Buckner, 2007; The National Center on Family Homelessness, 2009). Furthermore, both preschool and school-age homeless children have higher rates of emotional and behavioral problems, including anxiety, depressive symptoms and aggressive behavior, when compared to non-homeless children (Garmezy, 1993; The National Center on Family Homelessness, 2009). In addition, homeless children are twice as likely to experience educational disruptions, repeat a grade in school, to be expelled or suspended, or to drop out of high school (Buckner, 2007; DHHS, 2007; Obradovic et al., 2009; Stormont, 2008; The National Center on Family Homelessness, 2009). A large number of children within homeless families have mothers with histories of childhood homelessness (DHHS, 2007), foster care placement (Baumohl, 1996; Cowal et al., 2002; DHHS, 2007; Stormont, 2008; The National Center on Family Homelessness, 2009; Zlotnick, Kronstadt, & Klee, 1998), trauma exposure (DHHS, 2007; Obradovic et al., 2009; The National Center on Family Homelessness, 2009), episodic employment (DHHS, 2007; Reingold & Fertig, 2007), limited education, substance abuse, physical and mental health issues (Burt & Cohen, 1989; Burt et al., 1999; Cowal et al., 2002; DHHS, 2007; Paquette & Bassuk, 2009; The National Center on Family Homelessness, 2009; U.S. Conference of Mayors, 2008; U.S. HUD, 2008). These maternal challenges tend to become exacerbated by an episode of homelessness. This, in turn, can reduce a mother’s capacity to effectively parent and meet the physical and emotional needs of her children. Hence, the experience of parental emotional unavailability, coupled with the stress of
residential instability, conspire to create a destabilizing effect on a child’s subsequent adaptation.

To date, there is an extensive literature on the mental health of children and adolescents within homeless families where the child’s mental health, behavioral and academic achievement are examined in relation to the impact of homelessness. In the resilience literature, studies on homeless children have focused on runaway, throwaway, street youth that are unaccompanied by an adult. Surprisingly, within the rich body of literature on homeless children, the strengths and resilience of these children within homeless families while housed in emergency housing shelters has received little attention. This already sparse literature becomes even more limited with regard to sibling relationships and its potential for uniquely contributing to children’s psychological adjustment, thereby promoting resilience in children within homeless families. This point is noteworthy, considering a homeless mother, by and large, will access shelter services with some, if not all, of her children in tow. This study focused on a group of children within homeless families housed in agency-operated emergency housing centers in Miami Dade County, Florida.

This investigation is of importance in that the current number of homeless families is substantial and the evidence seems to suggest, particularly in light of the present economic recession, that at least two million Americans are likely to encounter home foreclosures and experience homelessness in the foreseeable future, particularly in Florida (Goodman, 2009; Sard, 2009; The National Center on Family Homelessness, 2009; U.S. Conference of Mayors, 2008; U.S. HUD, 2008). Furthermore, historic interventions and programs designed to address homelessness mainly focus on the adults’ housing instability and their barriers to achieving self-sufficiency with little knowledge of the assets and
capabilities that these families may inherently possess. Although researchers have succeeded in illuminating the detrimental effects of homelessness on child development, this restricted attention to risk factors has left the knowledge regarding protective factors and the inherent strengths that lie within a homeless child under developed. Thus, a comprehensive understanding of children within homeless families is necessary in order to provide proper assistance, maximize positive outcomes and reduce the prospect of transgenerational transmission of homelessness. Also, there is a literature on resilience that states that a large number of children adjust adequately to adversity and are able to thrive; however, it is unclear how much of that knowledge is applicable to this group of children and it is unknown whether sibling relationships are an important consideration for this population.

The relationship between homelessness and mental health in children within homeless families has been examined (Buckner, 2007; Buckner, Bassuk, Weinreb, & Brooks, 1999; DHHS, 2007; Guarino, Rubin, & Bassuk, 2007; Stormont, 2008; The National Center on Family Homelessness, 2009). Previous research has demonstrated that children and adolescents are vulnerable to psychological problems when they experience family homelessness. Furthermore, the vulnerability to psychopathology increases for homeless children and adolescents whose care-givers, primarily mothers, are compromised due to their own difficulties, such as unemployment, domestic violence, mental health, and/ or substance abuse problems (Finkelstein et al., 2005). However, certain protective factors appear to exist that could potentially temper or exacerbate poor psychological health in the face of adversity. These include family cohesion, parental psychological health, individual dispositional factors, such as a sense of mastery, modulation of emotional reactivity and social relatedness, and environmental factors such as peer and
community support (Bernard, 2004; Luthar, 2003; Masten, 2001; Masten, Herbers, Cutuli, & LaFavor, 2008; Masten & Powell, 2003; Prince-Embury, 2006). While some of the factors that have been recognized as promoting resilience focus on individual functioning, such as cognitive and problem solving skills, social relatedness, and the ability to emotionally self-regulate, the structure and role of these factors can be shaped by or can interact with family system processes and the “web of relationships” (Walsh, 2006, pg. 15) formed by siblings and others within the extended family network.

A family is a human system comprised of the interactions among its members (Becvar & Becvar, 1999). While the resilience literature has increasingly acknowledged the importance of utilizing a relational perspective in understanding the mechanisms that support positive growth in children, the role of the parent-child relationship on psychological development has ruled the research landscape, hence casting a shadow over the potential influence of other members within a family system (Walsh, 2006). The sibling relationship is a unique connection amongst the numerous relationships in a child’s life and thus, has the ability to impact and even possibly guide the interactions with others outside the family (Waddell, Pepler, & Moore, 2001). Furthermore, over the course of the life span, siblings can often be an important source of comfort and support, particularly during challenging times (Furman & Buhrmester, 1985a; Lamb & Sutton-Smith, 1982; Waddell et al., 2001). For example, Kaslow, Deering, and Racusin (1994), in their review of the literature on the family variables associated with depression and children, identified that when mothers suffer from depression, the quality of the sibling relationship predicts depressive symptoms in children from single parent families, where the greater the closeness between siblings is correlated to lower levels of depression. In addition, a 30-year longitudinal study on the predictors of adult male depression found that men who had
poor relationships with their siblings had higher incidents of depression and that the sibling relationship was a more important predictor of depression than the parent-child relationship (Waldinger, Vaillant, & Orav, 2007). These positive associations between the quality of sibling relationships and psychological well-being have also been found by Waddell et al. (2001) in their investigation involving the comparison of sibling sets that have been exposed to spousal abuse within the home to siblings who came from non-violent families. Their findings indicate that siblings from violent families are able to provide one another support and mutual affection while living in a domestic violence shelter, thus lending support to the notion that the sibling relationship can serve as a buffer for children experiencing negative life events (pg. 252). Along similar findings, a longitudinal study conducted by Gass, Jenkins, and Dunn (2007) in England revealed that siblings who share an affectionate relationship experience less internalizing behaviors, such as anxiety and depressive symptoms, after experiencing stressful life events, defined as divorce, illness, accidents, marital discord, separation, natural disaster and school difficulties. Interestingly, their results also indicate that the protective effect of the sibling relationship perseveres over and above the effect of the parent-child relationship, to which they have concluded that the protection provided by a positive sibling relationship is not dependent upon on the quality of the existing parent-child relationship (pg. 172). In light of these findings regarding the positive role sibling relationships have in promoting well-being for children who have experienced parental psychopathology and family violence, it seems reasonable to explore whether the sibling relationship provides a unique contribution to child psychological adjustment, thus playing a role in promoting resilience in children within homeless families, for within the extensive literature on these children, there has been little systematic exploration into the presence of resilience within this
population and the potential role sibling relationships have in contributing to child resilience.

*The Purpose of the Study*

The purpose of this study was to evaluate how the presence of resilience is manifested in a population of children within homeless families residing in emergency housing centers and more specifically, whether the sibling relationship provided a unique contribution to child psychological adjustment, thereby promoting child resilience. Therefore, hypothesis testing analysis was conducted to determine if the sibling relationship provides a unique contribution to the amelioration of child psychological distress among children within homeless families, for research over the last several years has revealed the capacity of sibling relationships to promote the psychological health of children exposed to stressful life events (Gass et al., 2007). Furthermore, longitudinal research has demonstrated the impact of childhood sibling relationship on subsequent adult psychological well-being (Gass et al., 2007; Waldinger et al., 2007). The goal of this investigation was to address the literature’s limitations regarding to the presence of resilience and the role of sibling relationships within this population.

*Statement of the Research Question and Hypotheses*

This study posed the following research questions: (1) how is the presence of resilience manifested in a population of children within homeless families?; (2) does the sibling relationship contribute to the ability to manage psychological distress in children within homeless families?; and (3) when both resilience and the sibling relationship are examined together, does the sibling relationship make a unique contribution to the amelioration of psychological distress in children within homeless families? It was hypothesized that among children within homeless families:
1) Resilience, as measured by the Resiliency Scales for Children and Adolescents (RSCA), would manifest as high scores on the mastery and relatedness scales and low scores on the emotional reactivity scale and would be associated with low total problem score on the Child Behavior Checklist (CBCL).

2) Positive sibling relationship, as measure on the Sibling Relationship Questionnaire (SRQ), would be exhibited as high scores on the warmth scale and power/status scale and low scores on the conflict and rivalry scales and would be associated with low total problem score on the CBCL.

3) When both resilience and the sibling relationship are examined together, the sibling relationship would contribute to child resilience, beyond their levels of mastery, sense of relatedness and levels of emotional reactivity and would be associated with low total problem score on the CBCL.
Chapter II: Literature Review

Summary

Homelessness is a complicated and frightening ordeal that can place a strain on resources and create the prospect for a variety of adjustment difficulties for those subjected to it. The literature on homelessness has revealed some of the challenges encountered by families who are faced with this situation. Factors such as limited affordable housing, domestic violence, economic hardship, unemployment, navigation of complex governmental systems, and the loss of friendships and sense of community are some of the experiences known to color the lives of homeless families. These challenges become even more amplified for the children and adolescents within these families, for these children can become immediately exposed to a number of events that can potentially affect normative development, such as hunger, school disruption, violence, and illness, to name a few. Being homeless can be a confusing and often frightening experience for all members of a family. However, as research has shown, thriving in the face of adversity is a process that can be mitigated by various factors, some of which will receive closer examination within this review.

This study focused on how resilience is exhibited in a population of children within homeless families while residing in emergency housing centers. Moreover, the study took a closer look at whether the sibling relationship made a unique contribution to the amelioration of psychological distress in children within homeless families, thereby playing a role in promoting child resilience. To begin, the first part of this review provides a brief summary of the current context and composition of the homeless. The second section describes the commonly identified risk factors associated with homeless families. The third section summarizes the literature on children within homeless families, to
include a general overview of child and adolescent development with an emphasis on the impact of family homelessness on child mental health. The fourth and fifth sections review the recent research on resilience, describes its tenets and our understanding of the relationship between resilience and sibling relationships. Finally, the last section provides a rationale for investigating resilience in children within homeless families and the potentially unique contribution sibling relationship’s offer to ameliorate child psychological distress, thereby promoting child resilience.

*Homelessness: Current Context*

Homelessness, to some extent, has always been present in the United States, often waxing and waning with the economic times (Rossi, 1990). Because of its inextricable link to economic destitution, homelessness has historically received minimal attention and sympathy (pg. 954). Before the 1980’s, the homeless population, by and large, was mostly composed of older, “alcoholic” single men who were “skid row” occupants, the deinstitutionalized mentally ill and younger minority men suffering from abject poverty and unemployment (pg. 954). While single men continue to comprise the largest segment of the homeless, women with young children, starting in the early 1980’s, began to seek shelter services and rapidly became one of the fastest growing demographics of the homeless population, encompassing over 37% (Rog & Buckner, 2007). Research over the years reveals a number of contextual factors that have influenced the increase in family homelessness. The considerable economic vulnerability of single mothers, along with the advent of welfare reform and the nation-wide lack of affordable housing, have been identified as key environmental catalysts in creating this phenomenon (Polakow, 2003; Rog & Buckner, 2007; Schmitz et al., 2001; The National Center on Family Homelessness, 2009). As a product of these factors, women and children have become a sizable
population in America’s poor and family homelessness has emerged as a major social problem (Schmitz et al., 2001). Consequently, homelessness began to receive national attention and the federal government assumed a greater role in addressing this issue (McCarty, 2005). In 1987, in response to the increase in homelessness, Congress passed the McKinney-Vento Homeless Assistance Act (P.L. 100-77) which defines a homeless individual as a person who:

“lacks a regular, fixed, and adequate nighttime residence, and a person who had a nighttime residence that is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings” (pg. 1).

Stemming from this legislation, numerous grants for program development have been initiated and implemented, largely in the form of emergency shelters, transitional housing and educational programs to ensure homeless children access to appropriate academic services. Over the years, these governmental grants have become a principal source of financial support for many state agencies and private organizations that serve the homeless, hence becoming a critical form of assistance for families experiencing homelessness (National Alliance to End Homelessness, 2009). Concurrently, a body of research on how to respond to family homelessness had also begun to materialize. Throughout the professional literature, the research on homeless families has primarily focused on understanding the characteristics and needs of this population, namely the mothers, with
the goal of creating a typology of homeless families to inform public policy and guide resource allocations. Consequently, the research on populations of homeless families has been primarily concentrated on identifying parental risks factors and understanding the adverse impact of homelessness on children, thus making the presence of individual vulnerabilities the primary lens through which much of homelessness is viewed.

_Homeless Families: General Characteristics_

Even with the concern expressed by the public and the considerable public funding levied at the federal, state and local levels, homelessness persists (Haber & Toro, 2004). Often, families entering homelessness are those who already live in poverty (Masten, 1992; Schmitz et al., 2001). Yet, according to Rog and Buckner (2007), in spite of the many shared difficulties low-income families endure, some families become homeless, while others do not. Furthermore, when families, in general, experience homelessness, the episode tends to be relatively short, usually ranging from approximately one month to six months (Eggman, 2005; Haber & Toro, 2004). Family homelessness, consequently, has been framed as a “temporary state, … [instead of] a more permanent trait” (Shinn, 1997, pg. 755), thereby lending credence to the notion that shortages in affordable housing and the marked differences in fair market rents across the U.S. contribute significantly to family homelessness (Rog & Buckner, 2007). However, studies over the years have revealed that homeless families are, in fact, a heterogeneous group that varies greatly with respect to housing and services needs (Rog & Buckner, 2007). For many families, individual characteristics also play a considerable role in the experience of homelessness (DHHS, 2007). Hence, examinations into the causes of homelessness have set in opposition structural and systemic factors against individual-based characteristics,
resulting in polarization on the issue and fragmentation in professional literature (Bassuk et al., 1997).

While investigations into family homelessness have focused on an array of variables that potentially contribute to this phenomenon, these studies have varied in definition, design, participant selection and have concentrated exclusively on either environmental or individual factors, which have led to discrepancies among the studies (Reingold & Fertig, 2007; Rog & Buckner, 2007). Additionally, the changing contextual factors over the last 20 years, such as economic fluctuations, improved shelter conditions, targeted federal funding and the implementation of service and educational programs supported by the McKinney-Vento Act, further complicate the evaluation and synthesis of findings (Buckner, 2007; Rog & Buckner, 2007). Despite these limitations, research has been able to provide some consistent findings that shed light upon the potential risk factors associated with family homelessness.

The factors that place families at risk for homelessness have been broadly grouped into three general categories: childhood and adult background characteristics, human capital, and social capital (DHHS, 2007; Rog & Buckner, 2007). To begin, the typical profile of a homeless family is a low-income single mother, usually from an ethnic minority group, who is in her mid- to late twenties and has two children, where either one or both are under the age of six (DHHS, 2007; Eggman, 2005; Haber & Toro, 2004; ICP, 2008; The National Center on Family Homelessness, 2009; Rog & Buckner, 2007). Several studies have revealed a number of childhood experiences to be associated with an increase risk of family homelessness in adulthood. Along with the presence of poverty, incidences of parent-child separation and trauma during childhood have been identified as significant vulnerabilities to homelessness (Cowal et al., 2002). Among families, parent-
child separations, whether temporary or permanent, can occur for a number of reasons. For example, when faced with potential homelessness, some mothers send a child, or some of her children, to live with relatives in an effort to spare the child(ren) the experience of emergency housing living while securing shelter services for her and her youngest child(ren) (Haber & Toro, 2004; Shinn & Weitzman, 1996). In other instances, shelter regulations, such as restricting services to small families or the refusal of services to families who have male children over a certain age, may force parent-child separation upon a mother who does not meet the shelter’s admission criteria (Rog & Buckner, 2007). While the previously mentioned forms of family separations tend to be temporary in nature, the intervention of child protective services or foster care placement often can lead to more permanent separations between parent and child.

Research over the last 20 years has identified parent-child separations, especially in the form of foster care involvement, to be a predictor of homelessness in a child’s adulthood and subsequent separation from their own child (Park, Metraux, Brodbar, & Culhane, 2004; Rog & Buckner, 2007). To illustrate, the Institute for Children and Poverty (1997) in their survey of 400 homeless parents, found that approximately 20% of these parents lived in foster care as children. Similarly, Bassuk et al. (1997), while investigating the risk factors associated with family homelessness, used unmatched case-control design to compare a sample of sheltered homeless mothers (n=220), to a group of welfare recipient, never before homeless mothers (n= 216). The study findings revealed a history of foster care placement by the respondent’s mother during childhood as the most significant predictor of subsequent family homelessness in adulthood. Providing further support to the link between foster care and homelessness, Zlotnick et al. (1998), in their longitudinal investigation of 195 foster care children under the age of four, found that
almost half of the parents of these children had histories of homelessness. Since foster care placement is commonly initiated due to reports of child abuse and neglect, it is not surprising that research finds that approximately 66% of homeless women had experienced childhood physical abuse and 43% report having been victims of sexual abuse (National Alliance to End Homelessness, 2009). In conjunction with histories of physical and sexual abuse, exposure to parental substance abuse and mental illness are other childhood risk factors frequently reported by homeless mothers (Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, & Holupka, 1995) These incidences of maltreatment, parental pathology and family separation during childhood conspire together to create difficulties in later adult adaptation and psychosocial functioning.

During adulthood, homeless mothers are frequently confronted by a number of obstacles, some of which may stem from being homeless, while others may have contributed to the experience of homelessness (DHHS, 2007). For instance, homeless mothers are reported to have higher rates of chronic physical health problems and higher lifetime rates of posttraumatic stress disorder, as compared to the general female population (Guarino et al., 2007; DHHS, 2007). Also, homeless mothers have higher rates of depression and anxiety than non-homeless mothers (Eggman, 2005). Furthermore, studies have shown that homeless families are more likely to report abusing substances than other low-income families, with lifetime substance abuse rates ranging from 41% to 50% (DHHS, 2007). Research shows that the most common co-occurring disorders among homeless mothers are major depression, substance abuse disorders, anxiety disorders, and posttraumatic stress disorder (Bassuk et al., 1998; DHHS, 2007; Shinn & Bassuk, 2004). Together with the risk factors associated with childhood and adult background
characteristics, deficits in human capital, defined as low education, employment and income attainment have also been identified as contributors to family homelessness.

Similar to many low-income families, homeless mothers generally have low educational achievement, where the acquisition of a high school diploma or graduate equivalency diploma (GED) ranges from approximately 34% to 60% for homeless mothers, as compared to the general population’s 75% attainment rate (Bassuk et al., 1997; Burt et al., 1999; DHHS, 2007). Along with minimal educational accomplishment, fragmented employment histories and low monthly incomes are also common among homeless mothers. While many homeless mothers are unemployed upon accessing shelter services, most of the women report having been employed at some point in their past, with the length of time employed in one job ranging from 3 months to one year (DHHS, 2007). Due to this episodic employment history and the reductions in public assistance since the 1990’s, the annual income of homeless mothers tends to be significantly below the federal poverty level. The mean monthly income for a homeless family, as reported in 1996, was $475 a month, approximately 46% of the Federal Poverty line for a family of three (Arangua & Gelberg, 2007). The lack of sufficient income continues to be a problem, for in 2006, 15% of American families and 32% of single parent families lived below the Federal Poverty Line, making the obtainment of adequate housing difficult without governmental subsidies, which have, over the years, been significantly reduced (Burt et al., 1999; The National Center on Family Homelessness, 2009). As a result of these financial constraints, oftentimes low-income families will move to other locations and “double up” with friends or relatives. However, the ability to rely on others for emotional and financial support is predominantly determined by the amount of social capital, defined as social support networks, that a family maintains. Research on homeless families’ social support
systems has provided mixed results related to the quantity and quality of reported social
capital (DHHS, 2007). Nonetheless, difficulties with social networks have been
categorized as a risk factor associated with family homelessness.

Social support can provide an important safeguard against life stressors and has
been identified as a major indicator of emotional and physical well-being (Cohen & Wills,
1985). The presence and function of a social support system is crucial for individuals,
especially those faced with stressful life events (Zugazaga, 2008). For example, a number
of studies have shown that homeless mothers, when compared to housed, low-income
women, have less emotional support, less contact with social network members and more
conflict-based relationships (Bassuk & Rosenberg, 1990; Culhane, Metraux, & Hadley,
2001; DHHS, 2007; Eggman, 2005; Rog & Buckner, 2007). However, Goodman (1991),
in his investigation that compared 50 homeless mothers to 50 domiciled, low-income
mothers, found no significant differences in the composition of their social networks.
Zugazaga (2008) in her study comparing single men, single women, and women with
children, also found no significant differences in the number of social supports, yet, for all
the participant groups, the more social supports one had, the fewer homeless episodes were
experienced. Shinn, Knickman, and Weitzman (1991) found that newly homeless mothers
had more recent contacts with network members as compared to housed low-income
mothers and approximately 75% of participants had resided with a network member prior
to accessing emergency shelters. These mixed findings, as proposed by Shinn et al. (1991),
seem to suggest that homeless families may often deplete their social capital, as opposed to
having less capital, as when compared to other low-income families. Other studies have
supported this interpretation and have indicated that longer periods of homelessness are
associated with smaller social support networks (Haber & Toro, 2004; Zugazaga, 2008).
While social support systems can help protect individuals in crisis situations, social networks can also be a source of interpersonal conflict and violence (DHHS, 2007; Guarino et al., 2007). According to the National Coalition for the Homeless (2006), a substantial percentage of homeless families have indicated violence as either the major cause of their homelessness or as a significant feature in their lives. In support of this, other studies have shown that persistent domestic violence is highly related to family homelessness (Bassuk et al., 1997; Guarino et al., 2007; Swick, 2008). Bassuk et al. (1997), in their comparison study of 220 homeless mothers and 216 housed, low-income mothers, found that approximately two-thirds of each sample of participants had been physically assaulted by a male partner in adulthood and 32% of these women had been assaulted by their most recent intimate partner. Similarly, Goodman (1991) observed that 64% of homeless women reported being physically abused by an intimate partner. In addition to domestic violence, homeless women are also more likely to be victims of community-based violence (DHHS, 2007; Guarino et al., 2007; Rog & Buckner, 2007). To illustrate, D'Ercole and Struening (1990) while investigating a sample of 141 homeless women, found that the frequency of victimization, specifically aggressive sexual and physical assault, was high, in which 21 women reported being raped, 42 women reported both rape and physical abuse, and 62 women reported physical abuse. Consequently, the pervasiveness of violence in the lives of homeless women often results in high rates of violence exposure in the lives of their children (Guarino et al., 2007). As reported by The National Center on Family Homelessness (2009), within a given year, 25% of children within homeless families have witnessed family violence. Thus, the overall experience of family violence is exceedingly high among low-income women and children, which
correspondingly increases a family’s vulnerability to experiencing other adverse events (Guarino et al., 2007).

When the risk factor categories of childhood and adult background characteristics, human capital and social capital are appraised collectively with key environmental factors, such as limited affordable housing and a tight labor market, the multi-faceted nature of the homeless issue becomes apparent. To illustrate, in a study involving 1,200 homeless families, Rog et al. (1995) observed that 80% of the homeless mothers had needs related to at least two of three risk factor categories: education and employment (human capital), substance abuse, physical and mental health (adult background characteristics), and domestic violence and social support (social capital). Rog et al. (1995) also found that 25% of these women had needs in all three areas, thus supporting the idea that family homelessness tends to occur at the intersection where the individual and contextual factors meet.

Since families with limited opportunities and economic resources can easily exhaust their social capital, it is not uncommon for a family to engage in frequent relocation. This includes accessing emergency shelter services when faced with the loss of a residence. A pattern of residential instability prior to experiencing homelessness is often reported by homeless families (Rog & Buckner, 2007). On average, homeless families relocate approximately 3 to 5 times within the year prior to becoming homeless (Danzig, 1997; DHHS, 2007; Rog & Buckner, 2007). Reasons cited for relocations consist of loss of or limited employment opportunities, rising rental rates, unsafe neighborhoods, family conflict and domestic violence (DHHS, 2007; Guarino et al., 2007; Stainbrook & Hornik, 2006). Since moving from one place to another normally involves separation and loss, including that of friends, community, and a sense of belonging, the insecurity that ensues
such disruption can significantly affect the children within the family. Moving from place to place produces a situational crisis that can result in increased levels of anxiety, anger and sadness, thereby negatively impacting a child’s sense of competence and connection to others (Schmitz, Wagner, & Menke, 1995). This destabilization of housing can cause considerable difficulties for a family unit and the children within these families are likely to become subject to a host of changes that have potential long-term effects on their growth.

Children within Homeless Families

The professional literature on children within homeless families is primarily focused on identifying the affect of homelessness on child normative development. Since homeless families are faced with a number of uncertainties and barriers to self-sufficiency, the children within these families often undergo significant stages of physical and psychological development in the midst of residential instability. The involuntary nature of homelessness generates considerable distress within a family and can impact the process of normative development for the children within the family unit. The literature reports a wide range of distress symptoms experienced by these children, such as anxiety, insomnia, regression, shame, depressive symptoms, relationship difficulties, academic problems, aggressive behavior, and numerous somatic complaints (Bassuk & Rubin, 1987; Hauseman & Hammen, 1993; Masten, 1992; Guarino et al., 2007; Zima, Wells, & Freeman, 1994). Since homeless families often have ongoing exposure to adverse events, many homeless children and adolescents have higher rates of psychological distress, as compared to their peers (Hart-Shegos, 1999). In order to understand the impact of homelessness on children, a review of normative child development is necessary.
General Overview of School-Aged Children and Adolescent Development

Since children within homeless families are the primary focus of this study, the following review will concentrate on middle childhood and early adolescent psychosocial development as it is predominantly shaped by family influences. Given that middle childhood and early adolescence are the developmental stages largely represented by the homeless children within the study’s setting, this specific focus is used in an effort to provide a basic understanding of some age-related needs, abilities and limitations often present during normative development.

Growth from childhood to adolescence brings with it a number of expected changes and interconnected achievements. Normally, as children grow, they become physically stronger, acquire the capacity to tolerate frustrations, develop cognitive competence to better understand events and learn how to effectively interact with people and objects (Ressler, Boothby, & Steinbock, 1988). By age six, physiologically, while the body continues to grow slowly, a child’s brain reaches approximately 95% of its adult size (Berk, 2004). The net result of this growth process is that school-aged children develop increased mental abilities to start learning fundamental skills required by their particular culture, long before reaching physical maturity. The personality change exhibited during the school age years reflects a redirection of energy away from self focus and imagination based play of early childhood toward an external sense of competence through the mastery of skills and social interactions. This energy shift and change in attitude and feelings within the child, according to Eric Erickson, as cited by Berk (2004), creates a situation in which the combination of adult expectations and children’s drive toward mastery sets the stage for the psychological conflict of middle childhood, industry versus inferiority. To Erickson, this period of growth is a time when either a child’s sense of industry or his
sense of inferiority can become reinforced. If a child’s capabilities, accomplishment, and enthusiasm are affirmed by a satisfactory level of success and social support, then a positive sense of personal and social competency will develop (Berk, 2004). However, if a child is not provided age appropriate learning opportunities and if failure is frequently experienced, then feelings of inadequacy will be strengthened, thereby undermining self-esteem and a sense of competency (Ressler et al., 1988).

During middle childhood, teachers, adults outside the home and peers begin to hold a place of importance in school-aged children’s lives. Friendships allow for equal relationships which supplement the relationships they have with adults (Daniel & Wassell, 2004). Furthermore, peer relations provide a basis for skill attainment comparison and subsequent development of a sense of agency and self-esteem, while extra-familial adults provide a child with the opportunity for connection, learning and personal identification. Although this stage of development is denoted by an increasing number of social relationships and opportunities for culturally relevant learning outside the home, the family unit continues to play a significant role in shaping a child’s sense of emotional security and sense of self (pg. 44). Early patterns of attachment to parents, according to Bowlby (1988), serve as a template for the structure of later social relationships. As posited by Bowlby, the foundations of attachment are formed during the early years of development. An inherent process of the brain, the organization of attachment relationships during infancy is associated with emotional regulation, social relatedness, the ability for self-reflection and the retrieval of autobiographical memory (Siegel, 1999). Research in the area of attachment has shown that early interactions with caregivers provide the basis for future relational patterns. These primary relationships become internalized as views of self and
others, thereby becoming models that ultimately influence interactions throughout the lifespan.

A key component to Bowlby's (1988) concept of internal working models of self and others is the sensitivity of the caregiver. Sensitive behavior on the part of the attachment figure is an important foundation for the quality of attachment developed by an infant in the first year of life (Brisch, 2002). It is this sensitive care-giving behavior, or the lack thereof, that will engender either secure or insecure attachment styles. Ainsworth and Main’s seminal work in early emotional attachment identified four patterns of attachment styles: secure, anxious-ambivalent, anxious-avoidant and disorganized (Simpson & Rholes, 1998). As longitudinal research has shown, secure attachment to caregivers and early relationship experiences promote children’s emotional well-being, social relatedness, cognitive competence and resilience in the face of adversity (Siegel, 1999). However, insecure attachments, whether anxious-ambivalent, anxious-avoidant or disorganized, are marked by emotional and behavioral problems that become apparent as a child grows toward maturity. Thus, early attachment patterns appear to be an important determinant of later personality structure and interpersonal functioning that tends to persist into later life (Sroufe, Egeland, Carlson, & Collins, 2005).

Adolescence is commonly denoted as a time of willful separation and purposeful flight from relationships with parents (Cassidy & Shaver, 1999). However, research has shown that the strivings for autonomy customarily exhibited in adolescence occur not at the expense of attachment relationships with caregivers, but are the result of secure relationships that are likely to continue far beyond adolescence (pg. 319). In other words, adolescent youth who are securely attached to caregivers are more likely to make the transition to mature interdependence with others than those with insecure attachments.
(Daniel & Wassell, 2005). Adolescents, in general, continue to rely on the guidance and support of caregivers during this stage of development. Parental figures persist as a foundation upon which adolescents will develop a sense of autonomy, embark on the process of defining the self and begin vocational exploration.

According to Erickson, the main feature of adolescence is the development of a coherent sense of personal identity that includes components from past figures that have been integrated into the developing self (Ajdukovic, 1998). Thus, to Erickson, identity formation during adolescence denotes the resolution of all previous developmental stages and functions as a foundation for personality developments in adult life (Kroger, 2004). The successful resolution of the psychosocial conflict of adolescence, termed identity versus identity confusion by Erickson, is by and large guided by the successful outcomes of earlier stages where a sense of trust, autonomy and industry have been secured (Berk, 2004). However, if earlier development is marked by weak resolutions of prior psychosocial stages, then the negative outcome of adolescence, designated as identity confusion, may manifest as the presence of a shallow and a directionless sense of self (pg. 383). Over the years, critics of Erickson’s theory have indicated that his model for identity formation may exhibit cultural bias and have urged for a more culturally inclusive view of positive identity development that takes into account the role of society in providing the environmental context in which the self has to function and adapt to in order to meet the demands of a given society (Baumeister & Muraven, 1996).

Although the influence of the caregiver-child relationship is prominent over the course of child development, from the moment of birth, children are embedded into complex social networks (Seibert & Kerns, 2009). Families are multifaceted social systems that contain a network of relationships where each individual within that system has the
potential to influence every other family member, both directly and indirectly (Lamb & Sutton-Smith, 1982). This intricate “web of relationships” (Walsh, 2006, pg. 15), formed by siblings and others within the extended family network, also plays a critical role in shaping a child’s adaptation and interpersonal functioning. Concurrent with the caregiver-child attachment, as asserted by Bowlby (1982), children also form multiple attachments that are organized in a hierarchical fashion, where some attachment figures hold a higher position than others. These multiple attachments create family subsystems, such as the marital dyad, sibling relationships, and parent-child relationships (East, 2009; Sanders, 2004). These family subsystems, according to family systems theory, are in continuous fluctuation and are influenced by the individual growth of each family member, the family unit as a whole, and the perpetually evolving larger society that encircles the family (East, 2009). This dynamic interdependence of the different family subsystems has the potential to affect the intensity and the quality of the relationships between family members. For example, if children have a caregiver, usually the mother, who is unable to provide sufficient warmth and security because of physical or psychological illness; children, as a result, may develop a strong attachment to a sibling in an effort to address unfulfilled warmth and security needs (pg. 45). Therefore, the presence of multiple early attachments might produce different patterns of behavior, depending upon the nature and quality of early relationships (Lewis, 2005). This, in effect, may be helpful in understanding the concept of resilience, particularly since studies have shown that many children, despite poor maternal attachment, are able to thrive in the face of adversity (pg. 10). As posited by Lewis (2005), when multiple attachments are taken into consideration, one may find that some children with insecure parent-child attachments have other attachments that are secure and it is these other secure attachments that promote a child’s resilience.
The Impact of Family Homelessness on Child Mental Health

Homelessness can cause considerable stress where the impact of residential instability and the resulting experiences of loss can reverberate for years to come. Homelessness removes family members from many of their relationships, social roles and from familiar contexts, such as neighborhoods, schools and a sense of community. Thus, these disruptions in relationships, roles, and context can create bewilderment and can produce an acute sense of uncertainty, especially for children. When repeatedly exposed to unsafe and chaotic situations, homeless children can become especially vulnerable to feelings of insecurity that can negatively impact their development (Swick, 2005). Focused on determining the impact of family homelessness on child functioning, initial studies in this area during the late 1980’s, have demonstrated higher rates of poor mental health, physical health, educational attainment, and developmental delays among homeless children when compared to other housed, low-income children (Shinn et al., 2008). While research has consistently detected elevated symptomology among both homeless and housed, low-income children when compared to children within the general population, subsequent studies on the specific affect of homelessness on children have revealed inconsistencies in the comparison of homeless children to housed, low-income children (Rog & Buckner, 2007). To illustrate, Bassuk et al. (1997), in their investigation of homeless children using the Child Behavior Checklist (CBCL), found that preschool homeless children had higher elevated externalizing problems scores when compared to housed, low-income children. In their study of school aged children, Buckner et al. (1999) found higher elevated internalizing problems scores on the CBCL for school-age homeless children as compared to housed, low income children. However, Masten, Miliotis, Graham-Bermann, Ramirez, and Neemann (1993) reported no statistically significant
mental health differences, as determined by the CBCL, between homeless and housed-low-income children in their study. Similarly, Ziesemer, Marcoux, and Marwell (1994) reported no significant differences in mental health among their homeless and housed, low income child participants. A possible reason for these inconsistent findings, as posited by Rog and Buckner (2007), may be related to difficulties in extracting homelessness-related factors, per se, from the broader, documented, negative poverty-related effects on child mental health and behavior. However, when taken within the larger context of poverty, homelessness, as described by Masten et al. (1993), can be viewed as an anchor at the high end of a continuum of risk, where the more risk a child is exposed to, the probability of more severe mental health problems increases.

Despite these inconsistent findings, the professional literature generally expresses a collective agreement that homelessness is an adverse event which typically brings along with it the potential for further risk exposure (Guarino et al., 2007; The National Center on Family Homelessness, 2009; Schmitz et al., 2001). In other words, family homelessness affixes an additional layer of vulnerability that may increase a child’s chance for continuous exposure to a variety of risks (Guarino et al., 2007). As explained by Conrad (1998), citing the work of Rutter, while each individual risk factor may represent a threat to a child’s normative development, it is their combined effects that magnify the probability of poor outcomes. Experiences such as loss, hunger, physical illness, academic disruption and violence are often cited as associated risks for children who experience family homelessness (DHHS, 2007). For example, Weinreb, Goldberg, Bassuk, and Perloff (1998), in their analysis of the health outcomes of 293 homeless children ages 2 months to 17 years old as compared to 334 housed, low-income children, found that homeless children had higher rates of physical illnesses, such as ear infections, gastrointestinal
problems and asthma, than housed, low-income children. Similarly, others studies
designed to assess physical health outcomes among children within homeless families have
also reported higher rates of health-related problems and poor nutrition in homeless
children as when compared to housed, low-income children and children within the general
population (DHHS, 2007; Paquette & Bassuk, 2009; Rog & Buckner, 2007; The National
Center on Family Homelessness, 2009; U.S. Conference of Mayors, 2008). While
investigating the psychological adjustment of homeless children compared to housed, low-
income children, Masten et al. (1993) found that, even though mental health outcomes
among the comparison groups did not meet statistical significance, the homeless children
in the study had greater stress exposure and fewer resources than housed, low-income
children and the higher levels of stress, in turn, were associated with increases in mental
health and behavioral problems, suggesting “an underlying continuum of risk, with
homeless children at greater risk” (Masten et al., 1993, pg. 341).

With respect to child educational outcomes, research has indicated that the
residential instability inherent to family homelessness has a potentially disruptive effect on
academic performance which, in turn, can increase a child’s risk for psychological distress
(Obradovic et al., 2009). To illustrate, Rubin et al. (1996), in their inquiry into the
cognitive and academic functioning of homeless children as compared to housed-low
income children, revealed that 75% of homeless children were performing below grade
level in reading and 54% were below grade level in math, as compared to 48% and 22% of
housed, low-income children, respectively. Zima et al. (1994) reported significant deficits
in vocabulary attainment and reading skills among 169 homeless children, ages 6-12,
residing within 18 emergency homeless family shelters, where 47% of the children scored
at or below the 10th percentile on the Peabody Picture Vocabulary test and 39% scored at
or below the 10th percentile on the Woodcock-Johnson Language Proficiency Battery reading subtest. Other studies have echoed similar findings stating that homeless children are twice as likely to have learning disabilities and approximately 36% of these children repeat a grade (Paquette & Bassuk, 2009; The National Center on Family Homelessness, 2009). Thus, as some investigators have suggested, it appears the experience of repeated school disruption can lead to academic failure that, as a result, may exacerbate emotional and behavior problems in children (Obradovic et al., 2009).

When family homelessness includes the presence of trauma and violence, the risk factor escalates. As mentioned earlier, a large number of homeless mothers have extensive histories of violence exposure that consequently produces high rates of violence in the lives of their children (Guarino et al., 2007; Obradovic et al., 2009). The literature reveals that approximately 83% of homeless children have experienced at least one serious violent event before the age of 12 and approximately one in four homeless children have witnessed family violence (Finkelstein et al., 2005; Guarino et al., 2007; Paquette & Bassuk, 2009; The National Center on Family Homelessness, 2009; Swick, 2008). Research has shown that children who witness domestic violence and/or directly experience violence can develop internalizing and externalizing problems (Anooshian, 2005). Consequently, violence exposure can negatively impact a mother’s general mental health, as evidenced by reports of elevated rates of depression, substance abuse and posttraumatic stress disorder (PTSD) among homeless mothers (DHHS, 2007; Howard, Cartwright, & Barajas, 2009; The National Center on Family Homelessness, 2009). Mental health problems within the mother can compromise her ability to be emotionally available to meet the needs of her children, as described by Howard et al. (2009), who found that homeless families with a history of parental mental illness had, in effect, fewer social supportive networks and
poorer interactions with their children, as compared to housed, low-income families. As expected, given the presence of multiple risks, the most prevalent psychological disorders reported among homeless children are anxiety, depressive symptomology, and behavioral problems (Buckner, 2007; DHHS, 2007; Landow & Glenwick, 1999; Paquette & Bassuk, 2009). As many studies have indicated, the occurrence of numerous, potentially traumatic experiences in the lives of homeless children can lead to a perpetual sense of instability and decreased confidence in their parent’s ability to provide a sense of security (Guarino et al., 2007; Schmitz et al., 2001; Walsh & Jackson, 2005). This can have a significant impact on a child’s development and can often result in increased levels of physical illness, emotional and behavioral difficulties, developmental delays and learning problems (DHHS, 2007; Guarino et al., 2007; Paquette & Bassuk, 2009; The National Center on Family Homelessness, 2009). However, a few studies have shown that a number of homeless children fair relatively well across important domains of functioning despite the presence of adverse events, thereby suggesting that the negative effects of risk exposure may be mediated by other factors (Huntington, Buckner, & Bassuk, 2008). To illustrate, Israel and Hernandez Jozefowicz-Simbeni (2008), in their qualitative study of 50 school-aged homeless children’s perceived strengths, found that, despite these children having reported high rates of compromised emotional and behavioral functioning, the homeless children’s mothers readily identified multiple strengths and positive coping strategies used by their children. The authors concluded that their findings seem to suggest that children may adjust to the conditions of homelessness and therefore, actively relate in a positive fashion with the individuals within their environment (pg. 162). Similarly, Schmitz et al. (2001), in their mixed method study of 133 low- income families, half of which were homeless at the time of interview, revealed that the majority of the homeless children in the
study were performing satisfactorily in school and had positive goals for their future, in spite of the multiple barriers faced by their families. Huntington et al. (2008), using cluster analysis to determine whether 54 pre-school and 69 school-aged homeless children can be classified into subgroups based on their level functioning, found that homeless children were not a homogenous group and could be categorized into two subgroups, where the higher functioning subgroup manifested significant strengths despite their adverse circumstances.

While being subjected to multiple risks has been identified as particularly harmful to children’s psychological health, other factors have been shown to attenuate the negative effects of adverse events on child psychological adjustment. Integrative reviews of the risk and resilience literature have identified protective elements, such as child dispositional attributes, family characteristics, and environmental contexts as important contributors to the psychological health of at-risk children (Anthony, 2008; Bernard, 2004; Ziesemer et al., 1994). Whether protective processes lie within the child, the family or the environmental contexts, recent research seems to indicate an agreement that psychosocial factors are transactional and that particular individual and environmental factors mediate psychological and emotional outcomes, with several performing a protective role in an individual’s capacity to overcome adversity (Maegusuku-Hewett et al., 2007). Within the broad literature on the impact of homelessness on children, researchers have succeeded in illuminating the detrimental effects of family homelessness on child development; however, this restricted attention has, in effect, focused primarily upon risk factors, thereby leaving the knowledge regarding protective factors and the inherent strengths that lie within a homeless child under-developed (Israel & Hernandez Jozefowicz-Simbeni, 2008).
Recent Research and Understanding of Resilience

Unlike the issue of vulnerability, one facet of homeless children’s lives that has been under-explored is their ability to adaptively respond to the stressful situations. In studies of children who have experienced disadvantaged or dangerous situations, such as poverty, parental psychopathology and family conflict, Bernard (2004), citing the work of Rutter, highlights the fact that even when children experience numerous and persistent risks, half of them, nonetheless, successfully overcome adversity and attain good developmental outcomes. This is important to note, for within the professional literature it appears that the underlying strengths and abilities inherent to children within homeless families have often been overlooked in favor of a more narrow focus on the potential presence of pathology. However, Rog and Buckner (2007), in response to the inconsistent findings across the studies of homeless children, caution that while it may be reasonable to conclude that homelessness can have a negative short-term impact on children, its specific affect is not evident in all instances. Furthermore, Israel and Hernandez Jozefowicz-Simbeni (2008) point out that the literature on homeless children is narrowly focused and relatively little attention has been given to the exploration of mechanisms that might support homeless children’s successful development. Therefore, in acknowledgement and support of a strength-based view of child development, a focused review of the recent findings on resilience is provided, for it is the most related to the study.

Resilience is conceptualized as a process of positive adaptation in the context of considerable risk or adversity (Luthar, 2003). According to researchers, children and adolescents are not considered resilient if they have not confronted and overcome significant adversity deemed to impair normative development (Goldstein & Brooks, 2006). However, it is also emphasized that resilience is not a characteristic of a child that is
evident in every situation, but rather it is determined by the context, population, risks, protective factors and outcome (Fergus & Zimmerman, 2005). Hence, resilience is understood as the representation of a dynamic process resulting from basic human adaptational systems that provide a description of the general behaviors and life patterns displayed by the individual (Goldstein & Brooks, 2006; Luthar, 2003; Masten, 2001). In other words, resilience does not seem to emerge from unique or uncommon qualities, but rather from the “everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children in their families and relationships and in their communities” (Masten, 2001, pg. 235). This recognition of the ‘ordinariness’ of resilience, as termed by Masten (2001), has encouraged a focus on the fundamental processes and mechanisms that may support its presence (Maegusuku-Hewett et al., 2007).

In pursuit of an understanding of the processes that might account for resilience, a wide set of correlates for improved adaptation among at-risk children have been recognized and argued to reflect the essential adaptive systems that promote normative development (Goldstein & Brooks, 2006). These protective factors, defined as conditions that shield, interrupt or safeguard against problems (Greene, Galambos, & Lee, 2003), broadly extend across characteristics within the child, family, community and societal/culturally-based domains (Goldstein & Brooks, 2006). Examples include individual attributes, such as a sense of mastery/self-efficacy, cognitive and self-regulation skills and a sense of social relatedness (Bernard, 2004; Masten, 2001; Masten & Powell, 2003; Prince-Embury, 2006), positive self view and sense of identity (Bernard, 2004; Garmezy & Rutter, 1983; Masten & Powell, 2003), motivation to be effective in the environment (Masten, 2001) and connections to competent and caring individuals in the family and surrounding community (Cauce, Stewart, Rodriguez, Cochran, & Ginzler,
Protective factors commonly function at the individual, familial, communal and institutional levels, frequently correlating with and complementing one another at different levels and through different mechanisms (Ungar, 2005). Furthermore, recent research points to the probability that protective processes underlying resilience may, in effect, be content and context specific (Fergus & Zimmerman, 2005; Goldstein & Brooks, 2006). That is, children who may demonstrate resilience in the presence of one type of risk may struggle to overcome other types of risks (Fergus & Zimmerman, 2005). Research has also found that the process of resilience may vary depending on whether children and adolescents are from immigrant, non-immigrant, urban, suburban or rural backgrounds (pg.405). While some of the processes that foster resilience focus on individual functioning, such as cognitive skills, social relatedness and emotional self-regulation, the form and function of these processes are embedded within the context of multiple systems of interactions, including the family, school, community and culture (Goldstein & Brooks, 2006). Hence, a child’s resilience is contingent upon the presence of other people, as well as other systems of influence (Riley & Masten, 2005). In support of this viewpoint, Walsh (2006), underscoring the integral role the family plays in child psychological health, advocates using a broader view of the relational context of resilience to include the family unit, for individual adaptation is rooted in the broader transactional processes found within the family and social context. Since research on resilience has indicated that different assets may be associated with different risks and developmental outcomes, Fergus and Zimmerman (2005), accordingly recommend that researchers should remain aware that study findings from one context or population may not be applicable to their given context or population of interest.
Resilience and Sibling Relationships

While the resilience literature has increasingly acknowledged the importance of utilizing a relational perspective in understanding the mechanisms that support positive growth in children, the role of the parent-child relationship on psychological development has ruled the research landscape, casting a shadow over the potential influence of other members within a family system (Walsh, 2006). Yet within most families, children grow up with at least one brother or sister. Among relational bonds, the tie between siblings is generally the longest-standing relationship a person will have in his/her lifetime (Cicirelli, 1995; Edwards, Hadfield, Lucey, & Mauthner, 2006; Lamb & Sutton-Smith, 1982; Sanders, 2004). While past research and present parenting manuals have predominantly focused on issues related to the negative aspects of the sibling relationship, such as conflict and rivalry, growing evidence suggests that sibling relationships can promote positive socialization and be an important source of companionship and support for children throughout the lifespan (Cicirelli, 1995; Dunn, 1992; Furman & Buhrmester, 1985b; Volling, 2003). Furthermore, studies have also shown that both the negative and positive aspects of the sibling relationship, particularly during middle childhood and adolescence, have been associated with positive developmental outcomes (Volling, 2003). For example, McGuire, McHale, and Updegraff (1996), in their investigation of school-aged children, 6-11 years old, found that children in affect-intense sibling relationships, defined as relationships with high warmth and high conflict, reported higher levels of intimacy and satisfaction with the sibling relationship, as compared to siblings in hostile relationships, defined as high conflict and low warmth relationships. Furthermore, warm, supportive sibling relationships have also been linked to increased social competence with peers and a greater capacity for empathy and emotional intimacy (East, 2009). To illustrate, Pike,
Coldwell, and Dunn (2005) in their study of British children ages 4-9, found that positive sibling relationships were related to prosocial behaviors of children and also played a unique role in a child’s individual development. Among economically disadvantaged African American and Latino families, studies of single mother households have indicated that sibling relationships were associated with greater warmth and closeness (McHale, Kim, Crouter, & Whiteman, 2007). McHale et al. (2007), while investigating sibling relationships among two-parent African American families, replicated study findings among European American youth in showing that positive sibling relationships were linked to the child’s general well-being.

Along with the potential to facilitate positive developmental outcomes, some studies have indicated that the sibling relationship may also serve as a protective factor, particularly for children experiencing adverse life events (Deater-Deckard, Dunn, & Lussier, 2002; Furman & Buhrmester, 1985a; Lamb & Sutton-Smith, 1982; Waddell et al., 2001). For example, Kaslow et al. (1994), in their review of the literature on the family variables associated with depression and children, identified that when mothers suffer from depression, the quality of the sibling relationship predicts depressive symptoms in children from single parent families, where the greater the closeness between siblings is correlated to lower levels of depression. In addition, a 30-year longitudinal study on the predictors of adult male depression found that men who had poor relationships with their siblings had higher incidents of depression and that the sibling relationship was a more important predictor of depression than the parent-child relationship (Waldinger et al., 2007). These positive associations between the quality of sibling relationships and psychological well-being have been found in studies of children who parents have substance abuse problems. Research has shown that children who have alcoholic parents are more likely to seek
emotional support from siblings across the life span, interact with each other more frequently than with parents, and play a protective role in preventing substance abuse during adolescence (Walker & Lee, 1998). Further support for the positive association between sibling relationship and child psychological health have also been found by Waddell et al. (2001) in their investigation involving the comparison of sibling sets that have been exposed to spousal abuse within the home to siblings who came from non-violent families. Their findings indicate that siblings from violent families are able to provide one another support and mutual affection while living in a domestic violence shelter, thus lending support to the notion that the sibling relationship can serve as a buffer for children experiencing negative life events (pg. 252).

Along similar findings, a longitudinal study conducted by Gass et al. (2007) in England, revealed that siblings who share an affectionate relationship experience less internalizing behaviors, such as anxiety and depressive symptoms, after experiencing stressful life events, defined as divorce, illness, accidents, marital discord, separation, natural disaster and school difficulties. Interestingly, their results also indicate that the protective effect of the sibling relationship perseveres over and above the effect of the parent-child relationship, to which they have concluded that the protection provided by a positive sibling relationship is not dependent upon on the quality of the existing parent-child relationship (pg. 172). Therefore, in light of this evidence, it appears reasonable to suggest that sibling relationships may play a role in the resilience process, for sibling relationships contribute significantly to shaping of children’s beliefs, behaviors and attitudes and have been shown to promote child well-being by serving as a buffer against psychological distress during stressful life events (Gass et al., 2007).
The literature on homelessness has elucidated its potentially harmful effect on child development, particularly in regards to the impact of cumulative risk exposure that is often associated with the experience of family homelessness. While there is an abundance of studies on potential risk factors within professional literature, only a few studies have endeavored to explore the positive mechanisms that support resilience in this population. A family’s capacity to provide growth-promoting nurturance and guidance is affected by internal family processes, which are influenced by factors external to the family, such as the experience of economic stress and access to social and community resources (Waldo, Horne, & Kenny, 2009). As posited by a family systems perspective, changes that occur in one family member will have implications for the family unit as a whole (Kim, McHale, Crouter, & Osgood, 2007). When a mother and her children become subject to residential instability, the stressful event prior to and during an episode of homelessness can create significant distress, thereby compromising a mother’s capacity to effectively parent and nurture her children, who are also distressed. Furthermore, when children experience residential instability coupled with parental emotional unavailability, children’s vulnerability increases, for they have lost access to important sources of care, security and protection. While children do not automatically turn to siblings when parental support is lacking, studies have revealed that those children who do turn to siblings during problematic family situations, show better psychological adjustment (Crosnoe & Elder, 2004). Therefore, it is plausible to imagine that children within a homeless family residing in an emergency shelter, who’s mother must marshal all of her resources in order to navigate complex systems of service in an effort to re-stabilize her family, would utilize
each other as dependable sources of emotional support and would rely upon the sibling relationship for a sense of safety during times of instability and uncertainty. In the following chapter, the research methodology for this study is presented.
Chapter III: Methodology

Design

This study aimed to understand resilience in a population of children within homeless families residing in emergency housing centers. Specifically, the study is designed to test if the sibling relationship provided a unique contribution to the amelioration of child psychological distress among children within homeless families, thereby promoting child resilience. Given that the quality of one’s relationships and resilience are mediated through the subjective experience of the individual (Buhrmester & Furman, 1990; Prince-Embry, 2006) self-report questionnaires were used to assess the variables in this study. Three multiple repression analyses were conducted in order to test the following hypotheses among children within homeless families:

1. Resilience, as measured by the Resilience Scales for Children and Adolescents (RSCA), would manifest as high scores on the mastery and relatedness scales and low scores on the emotional reactivity scale and would be associated with low total problem score on the Child Behavior Checklist (CBCL).

2. Positive sibling relationship, as measure on the Sibling Relationship Questionnaire (SRQ), would be exhibited as high scores on the warmth/closeness scale and power/status scale and low scores on the conflict and rivalry scales and would be associated with low total problem score on the CBCL.

3. When both resilience and positive sibling relationship are examined together, the sibling relationship would contribute to child resilience, beyond levels of mastery, sense of relatedness and levels of emotional reactivity and would be associated with low total problem score on the CBCL.
Variables

Resilience, sibling relationship, and psychological distress among children within homeless families were the variables of interest in this study. Evidently, there are other factors that affect child psychological adjustment, such as the presence of parental pathology and the quality of the parent-child relationship. Nonetheless, in an effort to evaluate the role of sibling relationships as a potential contributor to child resilience, the inherent strengths that children possess would be the sole focal point of this investigation. A child within a homeless family is a boy or girl less than 18 years of age whose parent(s)/guardian(s) had lost a residence due to issues associated with economic difficulties, natural disaster or the experience of interpersonal conflict. For the purpose of this study, a child within a homeless family was a school-aged child who was currently residing with parent(s)/guardian(s) and sibling(s) in one of two local agency-operated, emergency housing centers in Miami-Dade County.

Resilience, as measured by the Resilience Scales for Children and Adolescents (RSCA) (Prince-Embury, 2006), referred to individual attributes that had been identified in the research literature as important for functional adaptation to adverse conditions and include a sense of mastery, a sense of relatedness and emotional reactivity (Bernard, 2004; Masten, 2001; Prince-Embury, 2006). Sibling relationship, as measured by the Sibling Relationship Questionnaire (Buhrmester & Furman, 1990; Furman & Buhrmester, 1985b), referred to the quality of the relationship between siblings within a family. Psychological distress, the proposed dependent variable which was assessed using the Child Behavior Checklist for children/6-18 (CBCL) (Achenbach & Rescorla, 2001), referred to the presence of internalizing symptoms such as anxiety, depression and externalizing behaviors to include aggression and rule-breaking behavior.
Setting

The study focused on the children within the families receiving emergency housing and services by Community Partnership for Homeless (CPH). CPH, the private sector partner of the Miami Dade County Homeless Trust, has provided assistance to homeless men, women and children in Miami-Dade County since 1995. With a total capacity of 756 beds of which 320 beds are designated for families, CPH operates two Homeless Assistance Centers, the Chapman Center in downtown Miami and the South Miami-Dade Center in Homestead. Both centers offer extensive services to include regular daily meals, sleeping quarters, clothing, comprehensive case management, healthcare, daycare, job training, and on-site access to a wide range of social service agencies, such as Department of Children and Families, Miami-Dade County Public Schools, Department of Veterans Affairs, and Legal Services of Greater Miami, Inc. Under the administration of one program director and one operations director, each center is individually staffed with case managers assigned to serve single adults or families, family resource center workers, security guards, resident care technicians, tutors, janitorial, and dietary staff to meet the daily living needs of the center residents. Staff is available 24 hours a day to monitor and care for all the residents while in the facility.

Participants

The emergency housing facilities populations are generally comprised of African-American, Latino, Caucasian and Haitian individuals and families. Due to centers 60 day residential structure with an emphasis on stabilization and transition into the next phase of care, the proportion of families from the various racial and ethnic groups can fluctuate. Therefore, all families who have children who meet inclusionary criteria were eligible to participant. The ages of the children in these facilities range from newborn to 17 years of
This study will focus on youth, ages 9-17, which represented approximately 80% of the children at these facilities. Participants consisted of 60 English and/ or Spanish speaking children and their parent(s)/ guardian(s). Given the self report nature of the instruments, the inclusion criteria for this study were: (1) English and/ or Spanish speaking homeless parent/guardian with at least two school-aged children currently residing with them in the centers; (2) The target child of the study was between the ages of 9-17; (3) The target child had at least one sibling between the ages of 5 -17; and (4) Literary capabilities.

Protection of Human Participants

The potential risks involved in this study were minimal. Parent/guardian was asked to complete a questionnaire comprised of two parts: 1) Providing basic family-related demographic information; and 2) identifying the presence of internalizing symptoms and externalizing behaviors for the target child of the study. In addition, the children were asked to complete a questionnaire consisting of two parts: 1) identifying the child’s strengths and assets within the realms of a sense of mastery, emotional regulations and sense of relatedness to others; and 2) the child’s perception of the quality of their sibling relationship. No names were used to identify parent or child responses to the questionnaire. ID numbers were used on all instruments and forms containing data. Confidentiality and anonymity was explicitly outlined in the informed consent/assent documents. Informed consent was obtained from each target child’s parent/ guardian. Upon receiving consent, the children were approached individually and the purpose of the study, any potential risks and benefits associated with participating in the study were explained verbally to them and provided in writing. All materials and data collected on participants were stored in a locked file cabinet and in computer files under password protection in the investigator’s office and in the Office for Research in Educational and Community Well-Being. Only the study’s
investigator had access to the study’s computer password and file cabinet key located in the Office for Research in Educational and Community Well-Being.

**Instruments**

A *Participant Demographic Sheet*, developed by the study facilitator, was used to collect basic demographic information on both the parents and the children participants. This information included items such as participant’s age, gender, place and date of birth, country of origin, languages spoken, information about how they ethnically identify themselves, number of children in the family, financial resources, educational level and attainment, number of times homeless and reasons/events that lead to current homeless episode. No names were placed on any forms or questionnaires to ensure confidentiality. The demographic sheet was also available in Spanish.

*The Child Behavioral Checklist/6-18 (CBCL)* (Achenbach & Recorla, 2001) is a component of the Achenbach System of Empirically Based Assessments (ASEBA). The CBCL is a 118 item scale in which parents/guardians report on their child’s internalizing symptoms, such as anxiety and depression and externalizing behavior, like rule-breaking and aggression, over the past six months. Along with the use of a 3-point Likert scale where 0= not true, 1= somewhat true and 2= very true for classifying children’s problem behaviors, the CBCL also contains open ended questions to allow parents to supply examples for some of the answers they provided as well as to prompt parents for other possible problem behaviors that may not have been explicitly identified within the questionnaire. The questionnaire items inquire about the frequency of experiencing symptoms or behaviors, such as “argues a lot,” “cries a lot,” “stomachaches,” “clings to adults” and “meanness to others.” T-scores above 63 are considered within the clinical range. Within the research on children and homelessness, the CBCL has been the most
widely used instrument to date (Buckner, 2007). According to Achenbach and Recorla (2001), the ASEBA forms, which are available in 61 languages, have been used and researched worldwide, as evidenced in approximately 6,500 publications from 80 societies and cultural groups. As stated by the Achenbach and Recorla (2001), the inter-interviewer reliability and the test-retest reliability of the CBCL are supported by intraclass correlation coefficients (ICC) of .96 and .95, respectively. Furthermore, the internal consistency reliability (Cronbach’s alpha) of the CBCL’s internalizing global scale is reported to be .90 and the externalizing global scale is stated to be .94 (pg. 101). The construct validity of the CBCL, as reported by Achenbach and Recorla (2001), has been strongly supported by decades of research and refinement, as well as the ability of instrument items to discriminate significantly \( p < .01 \) between referred and non-referred children. The CBCL/6-18 is available in Spanish.

*Sibling Relationship Questionnaire (SRQ)* (Furman & Buhrmester, 1985b), intended for children ages 8 to 18, consists of 48 items which assess 15 features of relationship dynamics that when considered together, are designed to evaluate the four major dimensions of the sibling relationship: (1) warmth/closeness; (2) relative power/status; (3) conflict; and (4) rivalry. Each item asks how characteristic a particular feature is on a five point Likert scale where 1 = not at all, 2 = not too much, 3 = somewhat, 4 = very much, and 5 = extremely much. Scores are computed by averaging the three items designed to assess the quality captured in the 15 features of relationship dynamics. Sample items include inquiries into “how much do you and your sibling like the same things,” “go places together” and “love each other,” as well as questions related the frequency of “quarreling/disagreements” and “being mean to each other.” Internal consistency (Cronbach’s alpha), as reported by Furman and Buhrmester (1985b) is .79. According to
Furman and Buhrmester (1985b), principal component analysis revealed that the four factors were minimally correlated with each other ($r^*$s = -.08 to -.16); however, the factors Conflict and Rivalry were moderately correlated ($r = .35$). Nonetheless, the authors chose to maintain the fourth factor, Rivalry, for it almost exclusively captured the child’s perception of parental partiality and cautiously view it as an underrepresented dimension. The SRQ is available in Spanish.

*Resiliency Scales for Children and Adolescents (RSCA)* (Prince-Embury, 2006) intended for children ages 9 to 18, is comprised of global three scales of 20 to 24 items each and ten subscales that measure the three basic areas of perceived strength and/or vulnerability as related to resilience: (1) sense of mastery, which measures optimism, self-efficacy and adaptability; (2) sense of relatedness, which measures trust, support, social comfort and tolerance; and (3) emotional reactivity, which measures sensitivity, recovery and impairment of functioning due to emotional arousal. Items are rated on a five point scale from (0) never to (4) almost always. For all three global scales, T scores from 46-55 reflect an average range, 56-59 are in the above average and scores of 60 or above are in the high range. For the Sense of Mastery and Sense of Relatedness scales, scores in the average to above average ranges indicate relative strength in those areas, while above average scores in the Emotional Reactivity scale would indicate vulnerability in this area. Sample items include rating the frequency of thoughts or feelings in statements such as “no matter what happens in life, things will be all right” and “if something bad happens, I can ask my friends for help.” Prince-Embury (2006) reports Cronbach’s alpha coefficients ranged from .93 to .95 for the total sample indicating good internal consistency and a standard error of measurement ranged from .90 to 2.45 for the total sample on all subscales indicating good reliability. Validity correlations for internal structure of the RSCA as
reported by Prince-Embury (2006) indicate that the global scales are significantly related to each other, however, not to the extent that they could be considered the same construct and that confirmatory factor analysis, using the ten subscale scores supported the three factor model (AGFI= .92; RMSEA= .05) thereby supplying validity evidence for the presence of distinct underlying constructs of resilience. All written translations of the RSCA into Spanish have been completed by an approved University of Miami Internal Review Board (IRB) professional translator to ensure that the original item meaning is conveyed and in an effort to achieve semantic equivalence.

**Procedures**

Recruitment of participants occurred at both emergency housing facilities from August 2010 to November 2010. Due to the unavailability of volunteer facilitators with flexible schedules for data collection, the study investigator collected the data without assistance. The study investigator met with Operations Director and Program Services Director to review daily census reports to identify all eligible families. All eligible families were recruited in person. The investigator explained the study’s purpose and procedures, gave the opportunity for questions, answer posed questions and emphasized that there was no obligation to participant and that refusal to participant and/ or withdrawal from participation would not, by any means, jeopardize a family’s stay at the center. Upon consenting to participate in the study, individually, each parent was taken to either an on-site classroom or the Family Resource Center to complete the parent questionnaire packet while the investigator was present to provide assistance and answer questions, as needed. Once the parent completed the packet, it was reviewed for completion and the parent was thanked for his/her participation and informed that later this same day his/her child would be called to complete the youth participant questionnaire packet.
During the after school and early evening hours, the youth were approach while in
the Family Resource Center and the child assent form, its contents and an explanation for
the study’s purpose and procedures were provided. After giving their assent to participate,
the youth participants were taken to an on-site, empty classroom and the questionnaire was
distributed. The questionnaire was designed to be completed within 40 minutes. Consistent
with the administration protocols delineated within the study instrument manuals, the
questionnaire was administered in a small group format (Furman & Buhrmester, 1985b;
Prince-Embury, 2006). A ratio of one facilitator to five participants was used during the
instrument administration. The instrument directions and each question were read out loud
and the youth participants were monitored during the administration in order to answer
questions individually and to prevent the possibility of missing data. Once youth
participants finished, the questionnaires were collected, reviewed for completion, and the
youth participants were thanked for their participation.

Analysis Plan

Preliminary Analysis

The SPSS v16 was used to complete the preliminary analyses. To begin, an
examination of the distribution of scores was conducted by looking at the range, minimum
and maximum scores, for all scores that were used in the analysis in an effort to identify
any possible errors in data entry as well as any potential outliers within the collected data.
If procedural efforts to minimize the potential for missing data proved unsuccessful,
listwise deletion would be conducted if the missing data is on less than 10% of the
subjects. If more than 10% of subjects are missing data (data on six subjects), then the
mean scores would be used to replace missing item values in self report questionnaires and
the data would be reviewed to identify patterns, if there were large amounts of missing
data. Descriptive analyses were conducted to examine sample characteristics and relationships between the study variables.

**Hypotheses Testing**

SPSS v16 was used to conduct all hypothesis testing analyses in the study. A descriptive analysis of the scores to include the mean, standard deviation, range and variance, was obtained on all study instruments: the Resilience Scale for Children and Adolescents (RSCA), Sibling Relationship Questionnaire (SRQ), and the Child Behavior Checklist for ages 6-18 (CBCL). In order to analyze the first question: how the presence of resilience is manifested in a population of children within homeless families, a multiple regression analysis was conducted (Aiken & West, 1991; Keith, 2006). Resilience, as measured by the RSCA, is comprised of three scales: (1) sense of mastery; (2) sense of relatedness; and (3) emotional reactivity. The total problem score (combined internalizing and externalizing subscores on the CBCL), was regressed on to three resilience scale scores. It was hypothesized that children within homeless families who have above average to high resilience scores, as measured by above average to high global scores on the sense of mastery and sense of relatedness scales and below average to low global scores on the Emotional Reactivity scale of the RSCA, would exhibit low psychological distress, as measured by the CBCL’s total problem score.

The second question as to whether the sibling relationship contributes to the ability to manage psychological distress in children within homeless families was also analyzed using multiple regression (Aiken & West, 1991; Keith, 2006). The Sibling Relationship, as measured by the SRQ, is comprised of four separate scales: (1) warmth/closeness; (2) relative status/power; (3) conflict; and (4) rivalry. The CBCL’s total problem score was regressed on all four sibling relationship scales. It was expected that children within
homeless families who have positive sibling relationships, as indicated by high scores on the warmth/closeness and relative power/status scales and low scores on conflict and rivalry scales on the SRQ, would exhibit low psychological distress, as indicated by the CBCL’s total problem score.

The third question: when both resilience and the sibling relationship are examined together, does the sibling relationship make a unique contribution to the amelioration of psychological distress in children within homeless families was analyzed using multiple regression (Aiken & West, 1991; Keith, 2006). The CBCL’s total problem score was regressed upon the on the scores from RSCA’s mastery, sense of relatedness, and emotional reactivity scales, and the scores from the SRQ’s warmth/closeness, relative power/status, conflict and rivalry scales. It was hypothesized that the sibling relationship would contribute to child resilience, beyond levels of mastery, sense of relatedness and levels of emotional reactivity and would be associated with low total problem score on the CBCL. Along with evaluating the third hypothesis, the data was checked for possible violations of the assumptions for regression. In order to ensure that the assumption of linearity had not been violated, scatterplots of the data’s unstandardized residuals against each independent variable were examined (Keith, 2006). The presence of nonlinearity was not expected, since the literature has consistently indicated linear relationships between the effects of resilience on psychological distress and as well as the sibling relationship on psychological distress. The assumption for homoscedasticity, which assumes that the variances of errors around the regression line are rather consistent across levels of the independent variable, was examined by reviewing the scatterplots of the standardized residuals and the standardized predicted values generated by the regression analysis (pg. 190). Heteroscedasticity was not expected to be found, since according to Keith (2006),
regression analysis was typically robust to violations of this assumption. To assess whether the residuals were normally distributed, a frequency distribution histogram was generated in SPSS v16 in order to evaluate if the normality of residuals assumption had been violated. Finally, to evaluate for multicollinearity, which is evident when there is an excessively high correlation between independent variables, the correlations, tolerance values and variance inflation factors (VIF) among resilience and sibling relationship, the study independent variables, were examined. If small values are indicated for tolerance (e.g. .10) and VIF values are higher (e.g. 10), then multicollinearity is present (pg. 210). The issue of multicollinearity was addressed by centering the continuous independent variables: resilience and sibling relationship. Centering involved subtracting the mean score of the variable (e.g. resilience) from that variable (e.g. resilience), thereby resulting in a new variable (e.g. resilience-centered) with a mean of zero and a standard deviation equal to the original standard deviation of the variable (e.g. resilience) (pg. 133). Centering variables not only reduces multicollinearity, but also allows for meaningful interpretation of results.
Chapter IV: Results

Summary

This study’s aim was to understand resilience among children within homeless families residing in emergency housing centers. Specifically, the study was designed to test if the sibling relationship provided a unique contribution to the amelioration of child psychological distress among children within homeless families, thereby promoting child resilience. To begin, the first part of this chapter provides a summary of the descriptive analyses of sample characteristics and the relationship between study variables. The second section is focused on the results of each hypothesis tested. Self-report questionnaires were used to assess the variables in this study and separate multiple repression analyses were conducted to test the study’s three hypotheses.

Preliminary Analyses

Participants were 60 English and/or Spanish speaking families, in which the homeless parent had at least two school-aged children currently residing with him/her in the centers. The centers’ family populations were predominantly comprised of African-American, Latino, Haitian and Caucasian ethnic groups. As indicated in Table 1, African-American families encompassed 52% of the study’s subjects, Latino families made up 30% of the participants and the remaining 18% of the subjects were self identified as Haitian (8%), Caucasian (5%), or multi-racial (5%). The majority of families were headed by a single parent (80%) and headed by a female (85%). Largely, these parents were unemployed (88%) and approximately 67% had education levels ranging from some high school to high school completed. Risk factors such as mental health issues (33%), substance abuse (12%), and domestic violence, both current (12%) and past history (40%) were also reported by parents.
Table 1 shows the descriptive statistics about the sample. This study focused on 60 youth between the ages of 9-17, which represented approximately 80% of the children at these facilities. Twenty-six boys and 34 girls participated in the study. The majority of the target children were female (57%) and the average target child’s age was 12. The average number of children in participating families was 3.70 and 23% of these families reported having more than 3 children residing with them in the centers. The target child of the study was between the ages of 9-17 and had at least one sibling between the ages of 5-17. Fifteen percent of the target children were reported by parents to have mental health issues and 22% of target children have been reportedly placed in the care of relatives at some point during early childhood, prior to this homeless experience. The average age of the sibling that the target child focused on while completing the sibling relationship questionnaire (SRQ) was 10 years old and 65% of these siblings were the brothers of the target child. Of note, procedural efforts to minimize the potential for missing data encountered an instrument-related limitation. The SRQ does not account for the possibility that a target child may have a deceased parent or no knowledge of a parent in order to provide his/her perception of parental partiality as measured by the Rivalry scale on the SRQ. Five subjects (approximately 8%) had missing data on this independent variable. Therefore, listwise deletion was conducted and these subjects with missing data were omitted from analyses.
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter location</td>
<td></td>
</tr>
<tr>
<td>Chapman Center</td>
<td>39 (65)</td>
</tr>
<tr>
<td>South Dade Center</td>
<td>21 (35)</td>
</tr>
<tr>
<td>Parent gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>9 (15)</td>
</tr>
<tr>
<td>Female</td>
<td>51 (85)</td>
</tr>
<tr>
<td>Family structure</td>
<td></td>
</tr>
<tr>
<td>Single parent</td>
<td>48 (80)</td>
</tr>
<tr>
<td>Intact family</td>
<td>12 (20)</td>
</tr>
<tr>
<td>Parent race/ethnicity</td>
<td></td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>3 (5)</td>
</tr>
<tr>
<td>African American</td>
<td>31 (52)</td>
</tr>
<tr>
<td>Latino</td>
<td>18 (30)</td>
</tr>
<tr>
<td>Haitian</td>
<td>5 (8)</td>
</tr>
<tr>
<td>Other</td>
<td>3 (5)</td>
</tr>
<tr>
<td>Parent education</td>
<td></td>
</tr>
<tr>
<td>Some high school</td>
<td>18 (30)</td>
</tr>
<tr>
<td>High school diploma</td>
<td>22 (37)</td>
</tr>
<tr>
<td>Vocational/some college</td>
<td>17 (28)</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>2 (3)</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Parent employment status</td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>53 (88)</td>
</tr>
<tr>
<td>Employed</td>
<td>7 (12)</td>
</tr>
<tr>
<td>Child gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>26 (43)</td>
</tr>
<tr>
<td>Female</td>
<td>34 (57)</td>
</tr>
<tr>
<td>Average (SD) parent age</td>
<td>36.83 (7.31)</td>
</tr>
<tr>
<td>Average (SD) child age</td>
<td>12.10 (2.68)</td>
</tr>
<tr>
<td>Average (SD) child sibling’s age</td>
<td>10.25 (3.20)</td>
</tr>
<tr>
<td>Average (SD) duration of stay in days</td>
<td>57.58 (77.09)</td>
</tr>
<tr>
<td>Average (SD) times parent has been homeless with children</td>
<td>1.63 (1.04)</td>
</tr>
</tbody>
</table>
All analyses were completed using SPSS v16.0. As shown in Table 2, participants’ level of psychological distress, as measured by the CBCL Total Problems Score (Achenbach & Recorla, 2001), were generally below ($M=52.70, SD=11.77$) the clinical range ($T$ scores above 63) for the syndrome scales. Furthermore, participants’ resilience, as measured by the RSCA (Prince-Embury, 2006), was generally within the average range ($T$ scores from 46-55) on each of the three global scales (Sense of Mastery: $M=48.88, SD=11.22$; Sense of Relatedness: $M=44.18, SD=12.67$; and Emotional Reactivity: $M=51.20, SD=11.52$). The sibling relationship, as measured on the SRQ (Furman & Buhrmester, 1985b), indicated average (computational scores from 3-3.99) relationship Warmth and Closeness ($M=3.41, SD=.75$), average level of Conflict ($M=3.12, SD=.88$) and low levels (computational scores from 1-1.99) Relative Status/Power but with a standard deviation that was indicative of the age spacing between the siblings ($M=1.42, SD=2.14$). As noted earlier, scores on the Rivalry scale ($M=.60, SD=.60$) could not be interpreted due to an instrument-based limitation.
Table 2
Mean, Range, and Standard Deviation for Study Variables (n=60)

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CBCL Total Problems T-Score</td>
<td>60</td>
<td>52.70</td>
<td>11.77</td>
<td>24</td>
<td>71</td>
</tr>
<tr>
<td>SRQ Warmth/Closeness Factor</td>
<td>60</td>
<td>3.41</td>
<td>.75</td>
<td>1.81</td>
<td>4.71</td>
</tr>
<tr>
<td>SRQ Relative status/Power Factor Score</td>
<td>60</td>
<td>1.42</td>
<td>2.14</td>
<td>-3.67</td>
<td>6.33</td>
</tr>
<tr>
<td>SRQ Conflict Factor Score</td>
<td>60</td>
<td>3.12</td>
<td>.88</td>
<td>1.22</td>
<td>4.78</td>
</tr>
<tr>
<td>SRQ Rivalry Factor Score</td>
<td>55</td>
<td>.60</td>
<td>.60</td>
<td>0</td>
<td>2.17</td>
</tr>
<tr>
<td>RSCA: Sense of Mastery T-score</td>
<td>60</td>
<td>48.88</td>
<td>11.22</td>
<td>18</td>
<td>68</td>
</tr>
<tr>
<td>RSCA: Sense of Relatedness T-score</td>
<td>60</td>
<td>44.18</td>
<td>12.67</td>
<td>6</td>
<td>71</td>
</tr>
<tr>
<td>RSCA: Emotional Reactivity T-Score</td>
<td>60</td>
<td>51.20</td>
<td>11.52</td>
<td>30</td>
<td>78</td>
</tr>
</tbody>
</table>

Note: The Child Behavior Checklist (CBCL) is from (Achenbach & Recorla, 2001) and a component of the Achenbach System of Empirically Based Assessments (ASEBA); The Sibling Relationship Questionnaire is from (Furman & Buhrmester, 1985b); and The Resiliency Scales for Children and Adolescents (RSCA) is from (Prince-Embury, 2006).

Hypothesis Testing

Research Question 1

It was hypothesized that children within homeless families who had above average to high resilience scores, as measured by above average to high global scores on the sense of mastery and sense of relatedness scales and below average to low global scores on the Emotional Reactivity scale of the RSCA, would exhibit low psychological distress, as measured by the CBCL’s total problem score.
Equation
\[ Y = b_0 + b_1 X_1 + b_2 X_2 + b_3 X_3 + \varepsilon_i \]

Child behavior problems = \( b_0 + b_1 \text{Sense of mastery}_1 + b_2 \text{Sense of relatedness}_2 + b_3 \text{Emotional Reactivity}_3 + \varepsilon_i \)

As shown in Table 3, the results of the multiple regression partially supported the hypothesis. The regression model resulted in significant prediction of CBCL Total Problems, \( R^2 = .24, F(3, 56) = 5.98, p = .001 \), and suggested that the variables in the model combine to explain 24% of the variation in the CBCL Total Problems score. Specifically, when statistically controlling for Emotional Reactivity and Sense of Relatedness, Sense of Mastery (\( b_1 = -.24, p = .12 \)) did not uniquely predict Total Problems. Similarly, when controlling for Emotional Reactivity and Sense of Mastery, Sense of Relatedness (\( b_2 = -.03, p = .84 \)) did not uniquely predict Total Problems. The value of Emotional Reactivity when controlling for Sense of Relatedness and Sense of Mastery, was however, statistically significant. Specifically, for every one unit increase in Emotional Reactivity, there is a .37 increase in CBCL Total Problem T-score, \( t(56) = 2.90, p = .01, b_3 = .37, 95\% \text{ CI [.11, .62]} \). Analysis of collinearity statistics, suggested that the multicollinearity among model variables was not biasing the model (VIF ranged from 1.14 to 1.56). In addition, review of the residual statistics and plot diagrams suggested that the assumption of homoscedasticity was tenable.
Table 3

*Multiple Regression Analysis for Resilience (n=60)*

<table>
<thead>
<tr>
<th>Predictor Variable</th>
<th>B</th>
<th>SE</th>
<th>β</th>
<th>95%CI</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>52.70</td>
<td>1.36</td>
<td>-</td>
<td>[49.98, 55.42]</td>
<td></td>
</tr>
<tr>
<td>Sense of mastery</td>
<td>-.24</td>
<td>.15</td>
<td>-.23</td>
<td>[-.55, .06]</td>
<td>.116</td>
</tr>
<tr>
<td>Sense of relatedness</td>
<td>-.03</td>
<td>.14</td>
<td>-.21</td>
<td>[-.31, .25]</td>
<td>.835</td>
</tr>
<tr>
<td>Emotional reactivity</td>
<td>.37*</td>
<td>.13</td>
<td>.36</td>
<td>[.11, .62]</td>
<td>.005</td>
</tr>
<tr>
<td>$R^2$</td>
<td>.24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$F$</td>
<td>5.98*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* $p < .01$

Equation

\( Y = b_0 + b_1X_1 + b_2X_2 + b_3X_3 + \varepsilon_i \)

Child behavior problems = \( b_0 + b_1 \text{Sense of mastery}_1i + b_2 \text{Sense of relatedness}_2i + b_3 \text{Emotional reactivity}_3i + \varepsilon_i \)

Hypothesis Testing

Research Question 2

It was expected that children within homeless families who had positive sibling relationships, as indicated by high scores on the warmth/closeness and relative power/status scales and low scores on conflict and rivalry scales on the SRQ, would have low psychological distress, as indicated by a low CBCL’s total problem score.

Equation

\( Y = b_0 + b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4 + \varepsilon_i \)

Child behavior problems = \( b_0 + b_1 \text{Warmth/Closeness}_1i + b_2 \text{Relative status/Power}_2i + b_3 \text{Conflict}_3i + b_4 \text{Rivalry}_4i + \varepsilon_i \)

Child behavior problems = 58.17 + (-.30) Warmth/Closeness$_1i$ + .01Relative status/Power$_2i$ + .29 Conflict$_3i$ + 2.54 Rivalry$_4i$ + $\varepsilon_i$
The results of the multiple regression did not support the hypothesis. The regression model did not result in significant prediction of CBCL Total Problems, $R^2 = .11$, $F(4, 50) = 1.60$, $p = .19$. Analysis of collinearity statistics, suggested that the multicollinearity among model variables was not biasing the model (VIF ranged from 1.04 - 1.53). In addition, review of the residual statistics and plot diagrams suggested that the assumption of homoscedasticity was tenable.

Research Question 3

It was hypothesized that the sibling relationship would contribute to child resilience, beyond levels of mastery, sense of relatedness and levels of emotional reactivity, and would be associated with low total problem score on the CBCL.

Equation

\[
\text{Child behavior problems} = b_0 + b_1 \text{Sense of mastery}_{1i} + b_2 \text{Sense of relatedness}_{2i} + b_3 \text{Emotional Reactivity}_{3i} + b_4 \text{Warmth/Closeness}_{4i} + b_5 \text{Relative status/Power}_{5i} + b_6 \text{Conflict}_{6i} + b_7 \text{Rivalry}_{7i} + \epsilon_i
\]

The results of the multiple regression supported the hypothesis, as seen in Table 4. Though the regression model resulted in significant prediction of CBCL Total Problems, $R^2 = .28$, $F(7, 47) = 2.55$, $p = .03$, none of the variables in the model significantly and uniquely predicted the outcome. Analysis of collinearity statistics, suggested that the multicollinearity among model variables was not biasing the model (VIF ranged from 1.09 to 2.06). In addition, review of the residual statistics and plot diagrams suggested that the assumption of homoscedasticity was tenable.
Table 4

Multiple Regression Analysis of Resilience and Sibling Relationship as Predictors of Child Behavior Problems (n=55)

<table>
<thead>
<tr>
<th>Predictor Variable</th>
<th>B</th>
<th>SE</th>
<th>β</th>
<th>95%CI</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>58.17</td>
<td>7.91</td>
<td></td>
<td>[42.27, 74.07]</td>
<td></td>
</tr>
<tr>
<td>Sense of mastery</td>
<td>-.30</td>
<td>.19</td>
<td>-.28</td>
<td>[-.68, .08]</td>
<td>.120</td>
</tr>
<tr>
<td>Sense of relatedness</td>
<td>.01</td>
<td>.16</td>
<td>.01</td>
<td>[-.32, .34]</td>
<td>.964</td>
</tr>
<tr>
<td>Emotional reactivity</td>
<td>.29</td>
<td>.16</td>
<td>.26</td>
<td>[-.03, .60]</td>
<td>.072</td>
</tr>
<tr>
<td>SRQ Warmth/Closeness</td>
<td>2.54</td>
<td>2.34</td>
<td>.16</td>
<td>[-2.14, 7.23]</td>
<td>.283</td>
</tr>
<tr>
<td>SRQ Relative status/Power</td>
<td>-.60</td>
<td>.68</td>
<td>-.11</td>
<td>[-1.98, .77]</td>
<td>.382</td>
</tr>
<tr>
<td>SRQ Conflict</td>
<td>2.41</td>
<td>2.22</td>
<td>.18</td>
<td>[-2.06, 6.87]</td>
<td>.284</td>
</tr>
<tr>
<td>SRQ Rivalry</td>
<td>2.08</td>
<td>3.05</td>
<td>.11</td>
<td>[-4.06, 8.21]</td>
<td>.500</td>
</tr>
<tr>
<td>( R^2 )</td>
<td>.28</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( F )</td>
<td>2.55*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\*p < .05

Equation

\[
Y = b_0 + b_1X_{1i} + b_2X_{1i} + b_3X_{1i} + b_4X_{1i} + b_5X_{1i} + b_6X_{1i} + b_7X_{1i} + \varepsilon_i
\]

Child behavior problems = \( b_0 + b_1 \) Sense of mastery \(_{1i} + b_2 \) Sense of relatedness \(_{2i} + b_3 \) Emotional Reactivity \(_{3i} + b_4 \) Warmth/Closeness \(_{4i} + b_5 \) Relative status/Power \(_{5i} + b_6 \) Conflict \(_{6i} + b_7 \) Rivalry \(_{7i} + \varepsilon_i
\)

Child behavior problems = 58.17 + (-.30) Sense of mastery \(_{1i} + .01 \) Sense of relatedness \(_{2i} + .29 \) Emotional Reactivity \(_{3i} + 2.54 \) Warmth/Closeness \(_{4i} + (-.60) \) Relative status/Power \(_{5i} + 2.41 \) Conflict \(_{6i} + 2.08 \) Rivalry \(_{7i} + \varepsilon_i
\)
Chapter V: Discussion

The resilience literature has consistently focused on children who have demonstrated successful adaptation, despite exposure to adversity as the foundation for understanding this phenomenon. Resilience, however, is not a characteristic of a child that is evident in every situation, but rather determined by the context, population, risks, protective factors and outcome (Fergus & Zimmerman, 2005). While some of the processes that foster resilience focus on individual functioning, such as cognitive skills, social relatedness and emotional self-regulation, the form and function of these processes are embedded within the context of multiple systems of interactions, including the family, school, community and culture (Goldstein & Brooks, 2006). Hence, a child’s resilience is contingent upon the presence of other people, as well as other systems of influence (Riley & Masten, 2005). The literature on homelessness has revealed its potentially harmful effect on child development, particularly in regards to the impact of cumulative risk exposure that is often associated with the experience of family homelessness. While there is an abundance of studies on potential risk factors within the literature related to homelessness, only a few studies have endeavored to explore the positive mechanisms that support resilience in this population.

Summary of Findings

This study explored resilience in a population of children within homeless families residing in emergency housing centers. Specifically, analyses were conducted to determine if the sibling relationship was related to child psychological distress among children within homeless families. Hypothesis 1 predicted that resilience, as measured by the Resilience Scales for Children and Adolescents (RSCA) (Prince-Embry, 2006), would manifest as high scores on the mastery and relatedness scales and low scores on the emotional
reactivity scale and would be related to low total problem score on the Child Behavior Checklist (CBCL) (Achenbach & Recorla, 2001). The findings partially supported this hypothesis. When combined, the three global resilience scales, Sense of Mastery, Sense of Relatedness and Emotional Reactivity, explain 24% of the variance in child behavior problems. In addition, youth subjects reported average levels of resilience on the RSCA, suggesting that they were neither more nor less impacted by their current living situation compared to the average youth. Also, comparison of youth subjects’ summary statistics to both RCSA’s normative and clinical child sample revealed that youth subjects’ resilience scores were relatively similar to those of the normative child community sample and slightly higher than the child clinical sample (Prince-Embury, 2006). It appears that these children within homeless families are a population that is situated somewhere between the normative and clinical samples. This finding highlights the intersection where the individual and contextual factors meet, which, as Luthar (2006) suggested, is not a permanent condition, but rather, a developmental progression where new vulnerabilities and strengths surface with changing life circumstances. Thus, family homelessness may affix an additional layer of vulnerability that increases a child’s chance for further exposure to a variety of risks (Guarino et al., 2007).

While subject’s RSCA T-scores, were generally within the average range (T scores from 46-55) on each of the three global scales (Sense of Mastery, Sense of Relatedness, and Emotional Reactivity), only the Emotional Reactivity scale, was statistically significant and in the predicted direction after controlling for sense of mastery and sense of relatedness. This finding might reflect a comparable resilience profile that had been identified by Prince-Embury (2006). Prince-Embury (2006), in a preliminary study of resilience in youth using the RSCA scales, found that parent’s level of education was
related to children’s RSCA scores in that lower parent educational attainment, especially a parent with 12 or less years of education, was associated with higher levels of Emotional Reactivity, lower Sense of Mastery and a lower Sense of Relatedness (pg. 83).

Furthermore, these researchers reported that children with higher parent education reported less personal vulnerability and more perceived personal resources (pg. 83). Participants for the current study were children within homeless families with a slight majority of their parents having 12 years or less education and a clear majority of their parents being unemployed. Within this context, it is possible that these children resilience profiles are reflective of the effects of parental human capital deficits on subsequent child adaptation. Evidently, the multi-faceted nature of homelessness has roots that can run through all the members of a family.

Hypothesis 2 predicted that children within homeless families, who have positive sibling relationships, as indicated by high scores on the warmth/closeness and relative power/status scales and low scores on conflict and rivalry scales on the SRQ, would have low psychological distress, as indicated by low CBCL’s total problem score. The results of the analysis did not support this hypothesis. None of the four scales, Warmth/Closeness, Relative Power/Status, Conflict and Rivalry, were significantly and uniquely related to the CBCL. Thus, the data in this study leads us to question the potential validity and utility of this hypothesis.

Reviewing individual SRQ scales’ means and standard deviations indicated low levels (computational scores from 1-1.99) of Relative Status/Power but with a standard deviation that was indicative the age spacing between the siblings ($M=1.42$, $SD=2.14$). When analyzed relative to the average age of the target child (12 years-old) and the average age of the sibling (10 years-old), the low power/status score maybe indicative of
the subjects’ current level of growth and development, in that sibling relationships tend to become less emotionally intense over middle childhood and adolescent years (Buhrmester & Furman, 1990). In addition, research has shown that sibling relationships tend to become more equal as children approach adolescence with older siblings exhibiting less power and status over their younger sibling along with an analogous increase in the younger sibling’s power over the older sibling (Volling, 2003). Subjects’ SRQ mean scores on the Warmth/Closeness (M=3.41, SD=.75) and Conflict (M=3.12, SD=.88) scales both reflected average levels (computational scores from 3-3.99) of warmth and conflict. These results are comparable to other sibling studies which have shown that both the negative and positive aspects of the sibling relationship, particularly during middle childhood and adolescence, have been associated with positive developmental outcomes (Volling, 2003). For example, McGuire, McHale, and Updegraff (1996), in their investigation of school-aged children, 6-11 years old, found that children in affect-intense sibling relationships, defined as relationships with high warmth and high conflict, reported higher levels of intimacy and satisfaction with the sibling relationship, as compared to siblings in hostile relationships, defined as high conflict and low warmth relationships. As noted earlier, the SRQ does not account for the possibility that a target child may have a deceased parent or no knowledge of a parent in order to provide his/her perception of parental partiality as measured by the Rivalry scale on the SRQ. Therefore, scores on the Rivalry scale (M=.60, SD=.60) could not be interpreted due to an instrument-based limitations.

Hypothesis 3 predicted that the sibling relationship would contribute to child resilience, beyond levels of mastery, sense of relatedness and levels of emotional reactivity, and would be related to low total problem scores on the CBCL. When all of the variables were analyzed together, the model became significant. Though the results of the
multiple regression supported this hypothesis, none of the variables in the model significantly and uniquely predicted the CBCL Total Problem score.

**Implications of the Study**

The findings of this study, although not robust, do provide additional insight to the theoretical understanding of resilience. The results of this study lend support to the notion that the relationship between risk and protective processes occurs over the course of normative development and is shaped by contextual influences (O'Dougherty-Wright, 2006). Since resilience is rooted within contexts such as family, society and developmental history, it is dependent upon these larger contexts and waxes and wanes over the course of child development (Riley & Masten, 2005). Therefore, as suggested by Riley and Masten (2005), concurrently targeting several levels of influence may be an important approach to maximizing resilient outcomes.

The children within homeless families have experienced dual negative contexts that could adversely affect their subsequent adaptation: the experience of homelessness and living in temporary emergency housing. The homelessness context, while impacting their daily functioning, is primarily addressed through focusing on the parents’ barriers to self-sufficiency through the use of homeless services. The emergency housing context, which provides stabilization and access to supportive services for the family, presents an opportunity for both the creation and implementation of programming focused on building and strengthening the components which result in enhanced resilience within the children. Whether protective processes lie within the child, the family or the environmental contexts, recent research seems to indicate an agreement that psychosocial factors are transactional and that particular individual and environmental factors mediate psychological and
emotional outcomes, with several performing a protective role in an individual’s capacity to overcome adversity (Maegusuku-Hewett et al., 2007).

In addition to these research implications, there are several clinical implications of the present study. Researchers have succeeded in revealing the detrimental effects of homelessness on child development; however, this narrow attention to risk factors has left the knowledge regarding protective factors and the inherent strengths that lie within a homeless child underdeveloped. Historic interventions and programs designed to address homelessness have mainly focus on the adults’ housing instability. Often little consideration is given to the assets and capabilities that these families may inherently possess. As illustrated by this study, children experiencing homelessness may enter emergency housing with average levels of resilience that are not being accessed or utilized in the stabilization the family unit. Instituting resilience-based programming would provide an opportunity to teach the children how to actualize their internal assets, reinforcing their sense of mastery, relatedness and emotional regulation, while strengthening their capacity to adjust to changing life circumstances and potentially reducing the prospect of transgenerational transmission of homelessness.

Furthermore, the findings from this study could be used to inform public policy and to guide the allocation of limited resources. As the present adverse economic climate persists, the evidence seems to suggest that the number of homeless families will continue to rise. It is estimated that two million Americans are likely to encounter home foreclosures and experience homelessness in the foreseeable future, particularly in Florida (Goodman, 2009; Sard, 2009; The National Center on Family Homelessness, 2009; U.S. Conference of Mayors, 2008; U.S. HUD, 2008). With families being the fastest growing segment of the homeless population, funding programs which contribute to an
understanding and bolstering of the strengths inherent to the children within the family can have a constructive effect on successful and permanent transitioning out of emergency housing.

Limitations of the Study

Limitations of the present study must be acknowledged. Owing to the small sample size, it was difficult to detect effect sizes that were not large. Although efforts were made to increase the sample size, the transient nature of the population and varying structure of families limited the number of eligible participants. As previously mentioned, the SRQ, as currently designed, does not account for the possibility that a target child may have a deceased parent or no knowledge of a parent in order to provide his/her perception of parental partiality as measured by the Rivalry scale. As a result, five subjects (approximately 8%) had missing data which resulted in a reduced sample size for hypothesis 2. Considering that the majority of homeless families tend to be headed by a single parent and where the other parent may be permanently absent from the family, future versions of the SRQ may want to account for this possibility. Also, the generalizability of this study is also limited. The findings associated with resilience among children within homeless families were not robust and the hypothesis related to the relationship between sibling relationships and child psychological distress was not supported. Again, this may be a result of a small sample size and limited statistical power.

Suggestions for Further Research

This investigation examined resilience and the potential role of the sibling relationship in promoting child resilience among children within homeless families. While this study’s design mirrored the methodology used by Furman and Buhrmester (1985), the designers of the SRQ, in which only one child in the sibling dyad is surveyed, future
studies that explore the role of sibling relationships among children within homeless families may consider surveying both siblings in the dyad for a more comprehensive analysis where sophisticated statistical procedures can be used to analyze the sibling relationship. Although the findings on the role of sibling relationships were not statistically significant in this study, this subject merits further investigation. Children within homeless families possess assets that have been sparsely researched in regards to their inherent strengths. Their contribution to a stable family environment maybe substantial and remains undervalued. Children’s potential positive impact on the family system during a time of uncertainty and upheaval, such as the experience of becoming homeless, deserves further exploration, if we are to harness it for the benefit of the family. The findings presented within provide a stepping-off point for future research in the area of resilience in children within homeless families.
# Appendices

## Appendix A

### Participant Demographic Cover Sheet

<table>
<thead>
<tr>
<th>Date:</th>
<th>ID#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site: (Chapman Center)</td>
<td>(South Ocoee Center)</td>
</tr>
<tr>
<td>Duration of current shelter stay:</td>
<td></td>
</tr>
</tbody>
</table>

### Parent Information:

- **Parent’s Age**
- **Parent Sex (male / female)**
- **Family structure**
  - Single parent/stepped family/parent and other adult/grandparent/aunt/uncle/etc.
- **Race / Ethnicity**
  - [ ] African American
  - [ ] American Indian
  - [ ] Asian
  - [ ] Black, African
  - [ ] Chicano/a
  - [ ] Latino/a
  - [ ] Caucasian
  - [ ] Hispanic
  - [ ] Native American
  - [ ] Other
  - [ ] Hispanic
- **Principle Language**
- **Second Language**
- **Number of children in the family** (including those currently NOT in the shelter): 
- **Sex and ages of all children in the family**: 
- **Indicate which children are with parent currently in shelter (some kind of marking)**
- **Number of times parent has been homeless?**
  - With children
  - Without children
- **Current reason for homelessness**

### Parent Education Level:

- [ ] High school
- [ ] Associate’s Degree
- [ ] Bachelor’s Degree
- [ ] Master’s Degree
- [ ] Professional Degree

### Parent Employment History:

- **Are you currently employed? (Y/N)**
- **If no, when were you last employed?**
- **If yes, how long employed with current employer?**

### Have you been diagnosed with or treated for a mental health issue (Y/N)?

- **Substance abuse issue (Y/N)?**

### Are you victim of domestic violence (Y/N)?

### Have you been at anytime in the past (Y/N)?

### Child Information:

- **Child’s age**
- **Child’s sex**
- **Grade level in school**
- **Child’s principle language**
- **Second language**
- **Number of times this child has been homeless with parent and siblings**
- **Has this child ever been placed/ left in the care of relatives or other adults for a month or more (Y/N)?**
- **If yes, at what age and for how long?**

### Has this child ever been enrolled in special education for learning difficulties?

### Does this child have:

- [ ] Juvenile justice issues (Y/N)?
- [ ] Mental health issues (Y/N)?
- [ ] Substance abuse issues (Y/N)?

### If yes to any, at what age and in this issue being address (treatment or legal services being provided)?
Cubierta de Datos Personales del Partícipe

Fecha: ___________________                                          No. De Ident.:________________
Localidad:  (Centro Chapman)                                          (Centro de Dade South)              Duración de la estadía actual en el albergue _______

Información del padre/de la madre:
Edad del padre/la madre: _______                                                      Sexo (varon/hembra)_____  
Estructura familiar:(padre/madre soltero/a; familia completa; padre/madre y otro adulto/ abuela, tía, etc.) ______________
Raza/Grupo Étnico                                                         Lengua Segunda
(Estadounidense negro, Latino, Haitiano, Blanco, otro (especifique) __________Principal ______Lengua_________

Número de hijos de la familia (incluyendo los que NO están actualmente en el albergue)_______
Sexo y edades de todos los hijos de la familia________________________________________
Indique qué niños/as están ahora con el padre/la madre en el albergue (algún tipo de marca)
Número de veces que los padres han estado desamparados/sin hogar: _____ Con hijos _____  
Sin hijos ______
Razón actual del desamparo/de la falta de hogar_______________________________________

Nivel de educación del padre/de la madre
(alguna escuela secundaria, diploma de bachiller/GED [diploma de Educación General], educación vocacional/alguna educación superior)

Antecedentes laborales del padre/la madre:____________ ¿Está empleado/a actualmente?  (S/N)
Si la respuesta es negativa, ¿cuándo estuvo empleado/a la última vez?_______
Si la respuesta es afirmativa, ¿cuánto tiempo ha estado trabajando para su empleador/patrono actual? ______________
¿Se le ha diagnosticado tener, o ha sido tratado/a por, algún desorden mental? (S/N)
¿Por abuso de drogas? (S/N)
¿Es usted víctima de violencia doméstica? (S/N). ¿Lo ha sido alguna vez en el pasado?  (S/N)

Información del niño/de la niña:
Edad del niño/a: _________                Sexo: ______         Grado en la escuela _____________ 
Lengua principal del niño/a:__________________________ Segunda lengua:________________________
Número de veces que este niño/a ha estado desamparado/sin hogar con los padres y hermanos _________
A este/a niño/a, ¿se le ha puesto/confiado alguna vez al cuidado de parientes o de otros adultos durante un mes o más?  (S/N)
Si la respuesta es afirmativa, ¿cuánto tiempo? ______________
¿Se ha matriculado alguna vez a este/a niño/a en educación especial por dificultades de aprendizaje? ______________

¿Se ha matriculado alguna vez a este/a niño/a en educación especial por dificultades de aprendizaje? ______________

¿Ha sido trataado/a por algún desorden mental? (S/N)
¿Problemas de trastornos mentales? (S/N)
¿Cuestiones sobre abuso de drogas?  (S/N) Si la respuesta es afirmativa a cual[es]quiera de las preguntas anteriores, a qué edad, y si se le ha prestado atención al problema (¿se ha proveído tratamiento o servicios Legales)? ______________
# Appendix B

## Child Behavior Checklist for Ages 6-18

For reference only

### Child's Information
- **First Name:**
- **Middle Name:**
- **Last Name:**

### Child's Gender
- [ ] Boy
- [ ] Girl

### Child's Age

### Child's Ethnic Group

### Child's Birthdate
- **Month:**
- **Day:**
- **Year:**

### Today's Date
- **Month:**
- **Day:**
- **Year:**

### Grade

### School

### Not Attending School

***Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to insert additional comments beside each item and in the space provided on page 2. Be sure to answer all items.***

## I. Sports
- List the sports your child most likes to take part in. For example: swimming, baseball, skateboarding, bike riding, fishing, etc.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Compared to Others of the Same Age, How Much Time Does He/She Spend in Each?</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Below Average</td>
</tr>
<tr>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
</tr>
</tbody>
</table>

## II. Hobbies
- List your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do not include listening to radio or TV.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Compared to Others of the Same Age, How Much Time Does He/She Spend in Each?</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Below Average</td>
</tr>
<tr>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
</tr>
</tbody>
</table>

## III. Organizations
- List any organizations, clubs, teams, or groups your child belongs to.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Compared to Others of the Same Age, How Active Is He/She in Each?</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Below Average</td>
</tr>
<tr>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
</tr>
</tbody>
</table>

## IV. Jobs and Chores
- List any jobs or chores your child has.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Compared to Others of the Same Age, How Well Does He/She Carry Them Out?</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Below Average</td>
</tr>
<tr>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
</tr>
</tbody>
</table>

*Be sure you answered all items. Then see other side.*

---

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www.ASBBIA.org

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77
Please print. Be sure to answer all items.

V. 1. About how many close friends does your child have? (Do not include brothers & sisters)
   □ None   □ 1   □ 2 or 3   □ 4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours?
   □ Less than 1   □ 1 or 2   □ 3 or more

VI. Compared to others of his/her age, how well does your child:
   Wilder Average Better
   □ a. Get along with his/her brothers & sisters?
   □ b. Get along with other kids?
   □ c. Behave with his/her parents?
   □ d. Play and work alone?
   □ Has no brothers or sisters

VII. 1. Performance in academic subjects. □ Does not attend school because

<table>
<thead>
<tr>
<th>Check a box for each subject that child takes</th>
<th>Failing</th>
<th>Below</th>
<th>Average</th>
<th>Average</th>
<th>Above</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Reading, English, or Language Arts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. History or Social Studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Arithmetic or Math</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Other academic subjects for example: computer, foreign language, business etc. (Do not include gym, shop, driver's ed., or other nonacademic subjects)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Does your child receive special education or remedial services or attend a special class or special school?
   □ No   □ Yes—kind of services, class, or school:

3. Has your child repeated any grades? □ No   □ Yes—grades and reasons:

4. Has your child had any academic or other problems in school? □ No   □ Yes—please describe:

   When did these problems start?
   Have these problems ended? □ No   □ Yes—when?

Does your child have any illness or disability (either physical or mental)? □ No   □ Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

Be sure you answered all items.
Please print. Be sure to answer all items.

Below is a list of items that describe children and youths. For each item that describes your child now or within the past 6 months, please circle the 2 if the item is very true or often true of your child. Circle the 1 if the item is somewhat or sometimes true of your child. If the item is not true of your child, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to your child.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>0 = Not True (as far as you know)</th>
<th>1 = Somewhat or Sometimes True</th>
<th>2 = Very True or Often True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acts too young for his/her age</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Drinks alcohol without parents’ approval (describe):</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Argues a lot</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Falls to finish things he/she starts</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>There is very little he/she enjoys</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>Bowel movements outside toilet</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>Bragging, boasting</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>Can’t concentrate, can’t pay attention for long</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>Can’t get his/her mind off certain thoughts; obsessions (describe):</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>Can’t sit still, restless, or hyperactive</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11</td>
<td>Clings to adults or too dependent</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>Complains of loneliness</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13</td>
<td>Confused or seems to be in a fog</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>14</td>
<td>Cries a lot</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>15</td>
<td>Cruel to animals</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16</td>
<td>Cruelty, bullying, or meanness to others</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>17</td>
<td>Daydreams or gets lost in his/her thoughts</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>18</td>
<td>Deliberately harms self or attempts suicide</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>19</td>
<td>Demands a lot of attention</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>20</td>
<td>Destroys his/her own things</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>21</td>
<td>Destroys things belonging to his/her family or others</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>22</td>
<td>Disobedient at home</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>23</td>
<td>Disobedient at school</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>24</td>
<td>Doesn’t eat well</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>25</td>
<td>Doesn’t get along with other kids</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>26</td>
<td>Doesn’t seem to feel guilty after misbehaving</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>27</td>
<td>Easily jealous</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>28</td>
<td>Breaks rules at home, school, or elsewhere</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>29</td>
<td>Feats certain animals, situations, or places, other than school (describe):</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>30</td>
<td>Feats going to school</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>31</td>
<td>Feats he/she might think or do something bad</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>32</td>
<td>Feels he/she has to be perfect</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>33</td>
<td>Feels or complains that no one loves him/her</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>34</td>
<td>Feels others are out to get him/her</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>35</td>
<td>Feels worthless or inferior</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>36</td>
<td>Gets hurt a lot, accident-prone</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>37</td>
<td>Gets in many fights</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>38</td>
<td>Gets teased a lot</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>39</td>
<td>Hangs around with others who get in trouble</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>40</td>
<td>Hears sounds or voices that aren’t there (describe):</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>41</td>
<td>Impulsive or acts without thinking</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>42</td>
<td>Would rather be alone than with others</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>43</td>
<td>Lying or cheating</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>44</td>
<td>Sticks fingers in ears</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>45</td>
<td>Nervous, high-strung, or tense</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>46</td>
<td>Nervous movements or twitching (describe):</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>47</td>
<td>Nightmares</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>48</td>
<td>Not liked by other kids</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>49</td>
<td>Constipation, doesn’t move bowels</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>50</td>
<td>Too fearful or anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>51</td>
<td>Feels dizzy or lightheaded</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>52</td>
<td>Feels too guilty</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>53</td>
<td>Overseating</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>54</td>
<td>Overtired without good reason</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>55</td>
<td>Overweight</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>56</td>
<td>Physical problems without known medical cause:</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>a</td>
<td>Aches or pains (not stomach or headaches)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b</td>
<td>Headaches</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c</td>
<td>Nausea, feels sick</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d</td>
<td>Problems with eyes (not it corrected by glasses) (describe):</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e</td>
<td>Rashes or other skin problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f</td>
<td>Stomachaches</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g</td>
<td>Vomiting, throwing up</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h</td>
<td>Other (describe):</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Scale</td>
<td>Notes</td>
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<td>------</td>
<td>-----------------------------------------------------------------------------</td>
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<td>----------------------------------------------------------------------</td>
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<tr>
<td>57</td>
<td>Physically attacks people</td>
<td>0-2</td>
<td></td>
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<tr>
<td>58</td>
<td>Picks nose, skin, or other parts of body</td>
<td>0-2</td>
<td></td>
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<tr>
<td>59</td>
<td>Plays with own sex parts in public</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>60</td>
<td>Plays with own sex parts too much</td>
<td>0-2</td>
<td></td>
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<tr>
<td>61</td>
<td>Poor school work</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>62</td>
<td>Poorly coordinated or clumsy</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>63</td>
<td>Prefers being with older kids</td>
<td>0-2</td>
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<tr>
<td>64</td>
<td>Prefers being with younger kids</td>
<td>0-2</td>
<td></td>
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<tr>
<td>65</td>
<td>Refuses to talk</td>
<td>0-2</td>
<td></td>
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<tr>
<td>66</td>
<td>Repeats certain acts over and over; compulsions (describe:)</td>
<td>0-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67</td>
<td>Runs away from home</td>
<td>0-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>68</td>
<td>Screams a lot</td>
<td>0-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>Secretive, keeps things to self</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>70</td>
<td>Sees things that aren't there (describe:)</td>
<td>0-2</td>
<td></td>
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<tr>
<td>71</td>
<td>Self-conscious or easily embarrassed</td>
<td>0-2</td>
<td></td>
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<tr>
<td>72</td>
<td>Sets fires</td>
<td>0-2</td>
<td></td>
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<tr>
<td>73</td>
<td>Sexual problems (describe:)</td>
<td>0-2</td>
<td></td>
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<tr>
<td>74</td>
<td>Showing off or drowning</td>
<td>0-2</td>
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<tr>
<td>75</td>
<td>Too shy or timid</td>
<td>0-2</td>
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<tr>
<td>76</td>
<td>Sleeps less than most kids</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>77</td>
<td>Sleeps more than most kids during day and/or night (describe:)</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>78</td>
<td>Inattentive or easily distracted</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>79</td>
<td>Speech problems (describe:)</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>80</td>
<td>Stares blankly</td>
<td>0-2</td>
<td></td>
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<tr>
<td>81</td>
<td>Steals at home</td>
<td>0-2</td>
<td></td>
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<tr>
<td>82</td>
<td>Steals outside the home</td>
<td>0-2</td>
<td></td>
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<tr>
<td>83</td>
<td>Stores up too many things he/she doesn't need (describe:)</td>
<td>0-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>84</td>
<td>Strange behavior (describe:)</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>85</td>
<td>Strange ideas (describe:)</td>
<td>0-2</td>
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<tr>
<td>86</td>
<td>Stubborn, sulky, or irritable</td>
<td>0-2</td>
<td></td>
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<tr>
<td>87</td>
<td>Sudden changes in mood or feelings</td>
<td>0-2</td>
<td></td>
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<tr>
<td>88</td>
<td>Sucks a lot</td>
<td>0-2</td>
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<tr>
<td>89</td>
<td>Swearing or obscene language</td>
<td>0-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90</td>
<td>Talks about killing self</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>91</td>
<td>Talks or walks in sleep (describe:)</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>92</td>
<td>Talks too much</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>93</td>
<td>Temper tantrums or hot temper</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>94</td>
<td>Thinks about sex too much</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>95</td>
<td>Threatens people</td>
<td>0-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96</td>
<td>Thumb-sucking</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>97</td>
<td>Smokes, chews, or sniffs tobacco</td>
<td>0-2</td>
<td></td>
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<tr>
<td>98</td>
<td>Trouble sleeping (describe:)</td>
<td>0-2</td>
<td></td>
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<tr>
<td>99</td>
<td>Truancy, skips school</td>
<td>0-2</td>
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<tr>
<td>100</td>
<td>Underactive, slow moving, or lacks energy</td>
<td>0-2</td>
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<tr>
<td>101</td>
<td>Unhappy, sad, or depressed</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>102</td>
<td>Uses drugs for nonmedicinal purposes (don't include alcohol or tobacco) (describe:)</td>
<td>0-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>103</td>
<td>Wets self during the day</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>104</td>
<td>Wets the bed</td>
<td>0-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>105</td>
<td>Whining</td>
<td>0-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>106</td>
<td>Wishes to be of opposite sex</td>
<td>0-2</td>
<td></td>
<td></td>
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<tr>
<td>107</td>
<td>Withdrawn, doesn't get involved with others</td>
<td>0-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>108</td>
<td>Worries</td>
<td>0-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>109</td>
<td>Please write in any problems your child has that were not listed above:</td>
<td></td>
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</tbody>
</table>

*Please be sure you answered all items.*
CUESTIONARIO SOBRE EL COMPORTAMIENTO DE NIÑOS(A) DE 6-12 AÑOS

Nombre: Apellido Paterno: Apellido Materno: 

Sexo: 
- [ ] Masculino  [ ] Femenino

Edad: 
- [ ] Raza: 

Fecha de Nacimiento: 
- [ ] Día: [ ] Mes: [ ] Año: 

Grado Escolar: 
- [ ] Por favor complete este cuestionario con su opinión sobre el comportamiento de su hijo(a). Haga un radio la evaluación que se proce en la página 2.

I. ¿Cuáles son las actividades deportivas que realiza su hijo(a)? 
Por ejemplo: fútbol, baloncesto, patinaje, bicicleta, skateboard, karate, boxeo, natación, artes marciales, etc. 
- [ ] Ninguno

II. ¿Cuáles son las actividades, juegos o pasatiempos favoritos de su hijo(a)? 
- [ ] En comparación con otros niños(as) de su edad, ¿cuánto tiempo le dedicabas a estas actividades?

III. ¿Cuáles son las organizaciones, clubes o grupos a los que pertenece su hijo(a)?
- [ ] Ninguno

IV. ¿Qué trabajos o tareas hace su hijo(a)? 
- [ ] En comparación con otros niños(as) de su edad, ¿cuánto lleva a cabo estas tareas?

Estas respuestas son confidenciales y no se usarán para fines de investigación. 
Asegúrese de contestar todas las preguntas.

Disfrute de sus hijos y las horas que pasan juntos. 

Este cuestionario fue contestado por:
- [ ] Padre (Nombre y apellido)  
- [ ] Madre (Nombre y apellido) 
- [ ] Otra persona (Nombre y relación con el niño)
Por favor utilizar letra de imprenta. Asegúrese que contestó todas las preguntas.

V. 1. ¿Cuántos amigos o amigas íntimos(es) tiene su hijo(a)? (No incluya a sus hermanos o hermanas.)
   - Ninguno
   - 1
   - 2 o 3
   - 4 o más

2. Sin contar las horas en que está en la escuela, ¿cuántas veces a la semana participa su hijo(a) en actividades con sus amigos(as)?
   - Menos de 1
   - 1 o 2
   - 3 o más

VI. En comparación con otros niños o niñas de la misma edad, ¿cómo...

   a. se lleva con sus hermanos y hermanas?
   - Peor que los demás
   - Igual que los demás
   - Mejor que los demás

   b. se lleva con otros niños y niñas?
   - Peor que los demás
   - Igual que los demás
   - Mejor que los demás

   c. se comporta con su papá y mamá?
   - Peor que los demás
   - Igual que los demás
   - Mejor que los demás

   d. juega solito(a) y hace sus tareas solo(o)?
   - Peor que los demás
   - Igual que los demás
   - Mejor que los demás

VII. 1. Desempeño escolar. 

   □ Si su hijo(a) no está en la escuela, por favor escriba la razón.

   __________________________________________________________________________

   Marque una respuesta para cada materia.

   a. Lectura, Español o Literatura
   - Fue reprobado
   - Por debajo del promedio
   - Promedio
   - Más alto que el promedio

   b. Historia o Estudios sociales
   - Fue reprobado
   - Por debajo del promedio
   - Promedio
   - Más alto que el promedio

   c. Matemáticas o Aritmética
   - Fue reprobado
   - Por debajo del promedio
   - Promedio
   - Más alto que el promedio

   d. Ciencias
   - Fue reprobado
   - Por debajo del promedio
   - Promedio
   - Más alto que el promedio

   Otras materias (por ejemplo, artes, cursos de computadoras, comercio, etc.): No

   __________________________________________________________________________

   2. ¿Está su hijo(a) en una clase o escuela especial o recibe servicios especiales? 

   □ No
   □ Sí - ¿En qué tipo de clase o escuela especial está? (Español/inglés):

   __________________________________________________________________________

   3. ¿Ha repetido algún año? 

   □ No
   □ Sí - ¿Qué año o años y por qué?

   __________________________________________________________________________

   4. ¿Ha tenido su hijo(a) algún problema académico o otros problemas en la escuela? 

   □ No
   □ Sí - por favor describa:

   ¿Cuándo empezaron estos problemas?

   □ No
   □ Sí - ¿Cuándo terminaron?

   ¿Padece su hijo(a) de alguna enfermedad, incapacidad física o mental? 

   □ No
   □ Sí - por favor describa el problema:

   __________________________________________________________________________

   ¿Qué es lo que más le preocupa en su hijo(a)?

   __________________________________________________________________________

   ¿Qué es lo mejor que le va a su hijo(a)? Por favor describa:

   __________________________________________________________________________
A continuación hay una lista de frases que describen a los(as) niños(as) y jóvenes. Para cada frase que describa cómo es su hijo(a) ahora o durante los últimos seis meses haga un círculo en el número 2 si la frase describe a su hijo(a) muy a menudo. Haga un círculo en el número 1 si la frase describe a su hijo(a) una o algunas veces. Haga un círculo en el 0 si la frase describe a su hijo(a) no es cierta. Por favor conteste todas las frases de la mejor manera posible. Inclusive si algunas de ellas parecen no describir a su hijo(a). Por favor escriba en letras de impresión. Asegúrese que contestó todas las preguntas.

0 = No es cierto (que sepa usted)  1 = En cierta manera, algunas veces  2 = Muy cierto o cierto a menudo

<table>
<thead>
<tr>
<th>Número</th>
<th>Frase</th>
<th>0</th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td>1 2 1</td>
<td>Actúa como si fuera mucho menor que su edad</td>
<td></td>
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<tr>
<td>1 2 2</td>
<td>Toma bebidas alcohólicas sin permiso de los padres (describe:)</td>
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<tr>
<td>1 2 3</td>
<td>Discute mucho</td>
<td></td>
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<tr>
<td>1 2 4</td>
<td>Dára sin terminar lo que él/ella empieza</td>
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<tr>
<td>1 2 5</td>
<td>Disfruta de muy pocas cosas</td>
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<tr>
<td>1 2 6</td>
<td>Se ensaña encima o en lugar inadecuado</td>
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<tr>
<td>1 2 7</td>
<td>Es engreído, se manda la parte</td>
<td></td>
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<tr>
<td>1 2 8</td>
<td>No puede concentrarse o prestar atención por mucho tiempo</td>
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<tr>
<td>1 2 9</td>
<td>Obsesiones, que quiere decir que no puede sacarse de las mentes ciertos pensamientos (describe:)</td>
<td></td>
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<tr>
<td>1 2 10</td>
<td>No puede quedarse quieto(a), es inquieto(a) o hiperactiva(a)</td>
<td></td>
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<tr>
<td>1 2 11</td>
<td>Es demasiado dependiente o apagado(a) a las adultos</td>
<td></td>
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<tr>
<td>1 2 12</td>
<td>Se queja de que se siente solo(a)</td>
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<tr>
<td>1 2 13</td>
<td>Esta confundido(a) o embriagado(a)</td>
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<tr>
<td>1 2 14</td>
<td>Llora mucho</td>
<td></td>
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<tr>
<td>1 2 15</td>
<td>Es cruel con otros niños(as) y jóvenes (describe:)</td>
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<tr>
<td>1 2 16</td>
<td>Es cruel, abusador(a), y maltratador(a) con los demás</td>
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<tr>
<td>1 2 17</td>
<td>Sufre despertar(a), se pierde en sus propios pensamientos</td>
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<tr>
<td>1 2 18</td>
<td>Se hace daño a sí mismo(a) de manera violenta o dañina</td>
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<tr>
<td>1 2 19</td>
<td>Exige mucha atención</td>
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<td>1 2 20</td>
<td>Destructura sus propias cosas</td>
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<tr>
<td>1 2 21</td>
<td>Destructura las pertenencias de sus familiares o de otros personas</td>
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<tr>
<td>1 2 22</td>
<td>Desconoce en casa</td>
<td></td>
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<tr>
<td>1 2 23</td>
<td>Desacostado(a) en la escuela</td>
<td></td>
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<tr>
<td>1 2 24</td>
<td>No come bien</td>
<td></td>
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<tr>
<td>1 2 25</td>
<td>No se lleve bien con otros niños(as) y jóvenes</td>
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<tr>
<td>1 2 26</td>
<td>No parece sentirse culpable después de portarse mal</td>
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<td>1 2 27</td>
<td>Se pone celoso(a) fácilmente</td>
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<tr>
<td>1 2 28</td>
<td>No respeto/rompe las reglas en casa, en la escuela, o en otro lugar</td>
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<tr>
<td>1 2 29</td>
<td>Tiene miedo a ciertas situaciones, animales o lugares (no incluye la escuela) (describe:)</td>
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<tr>
<td>1 2 30</td>
<td>Le da miedo ir a la escuela</td>
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</table>

Asegúrese que contestó todas las preguntas.

Por favor pase a la página siguiente.
Por favor escriba en letra de imprenta. Asegúrese que contestó todas las preguntas.

<table>
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<th>Nivel de certeza</th>
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<th>B</th>
<th>C</th>
<th>D</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>No es cierto (no lo creo, no lo sé)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>1</td>
<td>En cierta medida, algunas veces</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Muy cierto o cierto a menudo</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

- **01257.** Ataca/agresión a la gente físicamente
- **01258.** Metro en el dedo en la nariz, se araña la piel u otras partes del cuerpo (describa): ________________
- **01259.** Se toca/juega con sus partes sexuales en público
- **01260.** Se toca/juega masturbiando con sus partes sexuales
- **01261.** Tiene bajo rendimiento en la escuela
- **01262.** Mala coordinación o torpeza
- **01263.** Prefiere estar con niños(as) mayores que él/ella
- **01264.** Prefiere estar con niños(as) menores que él/ella
- **01265.** Se refusa a hablar
- **01266.** Respira o jadea de manera audaz, compulsiones (describa): ________________
- **01267.** Se fuga de la casa
- **01268.** Grita mucho
- **01269.** Reservado(a): se calla todo
- **01270.** Ve cosas que no existen (describa): ________________
- **01271.** Se cobra y se averigua con facilidad
- **01272.** Prende fuegos
- **01273.** Problemas sexuales (describa): ________________
- **01274.** Le gusta llamar la atención o hacerse el payaso(a), gracioso(a)
- **01275.** Demasiado limpio(a)
- **01276.** duerme menos que la mayoría de los(as) niños(as) / jóvenes
- **01277.** Duermes más que la mayoría de los(as) niños(as) / jóvenes durante el día y/o la noche (describa): ________________
- **01278.** No presta atención o se distrae fácilmente
- **01279.** Problemas con el habla (describa): ________________
- **01280.** Se queda con la mirada fija, retrasando al vacío
- **01281.** Roba en casa
- **01282.** Roba fuera de casa
- **01283.** Amañacera demasiadas cosas que no necesita (describa): ________________

---

Subraye la pregunta(s) que le preocupe(n).
Sibling Relationship Questionnaire - Revised (Child) 3/90

My name is ___________________________ (completed by)

The phrase “this sibling” refers to ________________ (completed about)

<p>| | |</p>
<table>
<thead>
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</table>
| 1. Some siblings do nice things for each other a lot, while other siblings do nice things for each other a little. How much do both you and this sibling do nice things for each other? | [ ] Hardly at all  
[ ] Not too much  
[ ] Somewhat  
[ ] Very much  
[ ] EXTREMELY MUCH |
| 2. Who usually gets treated better by your mother, you or this sibling? | [ ] My sibling almost always gets treated better  
[ ] My sibling often gets treated better  
[ ] We get treated about the same  
[ ] I often get treated better  
[ ] If almost always get treated better |
| 3. How much do you show this sibling how to do things he or she doesn’t know how to do? | [ ] Hardly at all  
[ ] Not too much  
[ ] Somewhat  
[ ] Very much  
[ ] EXTREMELY MUCH |
| 4. How much does this sibling show you how to do things you don’t know how to do? | [ ] Hardly at all  
[ ] Not too much  
[ ] Somewhat  
[ ] Very much  
[ ] EXTREMELY MUCH |
| 5. How much do you tell this sibling what to do? | [ ] Hardly at all  
[ ] Not too much  
[ ] Somewhat  
[ ] Very much  
[ ] EXTREMELY MUCH |
| 6. How much does this sibling tell you what to do? | [ ] Hardly at all  
[ ] Not too much  
[ ] Somewhat  
[ ] Very much  
[ ] EXTREMELY MUCH |
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 7. Who usually gets treated better by your father, you or this sibling?  | [ ] My sibling almost always gets treated better  
[ ] My sibling often gets treated better  
[ ] We get treated about the same  
[ ] I often get treated better  
[ ] I almost always get treated better |
| 8. Some siblings care about each other a lot while other siblings don't care about each other that much. How much do you and this sibling care about each other? | [ ] Hardly at all  
[ ] Not too much  
[ ] Somewhat  
[ ] Very much  
[ ] EXTREMELY MUCH |
| 9. How much do you and this sibling go places and do things together?    | [ ] Hardly at all  
[ ] Not too much  
[ ] Somewhat  
[ ] Very much  
[ ] EXTREMELY MUCH |
| 10. How much do you and this sibling insult and call each other names?   | [ ] Hardly at all  
[ ] Not too much  
[ ] Somewhat  
[ ] Very much  
[ ] EXTREMELY MUCH |
| 11. How much do you and this sibling like the same things?               | [ ] Hardly at all  
[ ] Not too much  
[ ] Somewhat  
[ ] Very much  
[ ] EXTREMELY MUCH |
| 12. How much do you and this sibling tell each other everything?         | [ ] Hardly at all  
[ ] Not too much  
[ ] Somewhat  
[ ] Very much  
[ ] EXTREMELY MUCH |
| 13. Some siblings try to out-do or beat each other at things a lot, while other siblings try to out-do each other a little. How much do you and this sibling try to out-do each other at things? | [ ] Hardly at all  
[ ] Not too much  
[ ] Somewhat  
[ ] Very much  
[ ] EXTREMELY MUCH |
| 14. How much do you admire and respect this sibling?                    | [ ] Hardly at all  
[ ] Not too much  
[ ] Somewhat  
[ ] Very much  
[ ] EXTREMELY MUCH |
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<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
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<td>15. How much does this sibling admire and respect you?</td>
<td>[ ] Hardly at all</td>
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<td>[ ] Not too much</td>
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<td>[ ] Very much</td>
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<td>[ ] EXTREMELY MUCH</td>
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<td>16. How much do you and this sibling disagree and quarrel with each other?</td>
<td>[ ] Hardly at all</td>
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<td>[ ] Not too much</td>
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<td>[ ] Somewhat</td>
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<td>[ ] Very much</td>
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<td>[ ] EXTREMELY MUCH</td>
</tr>
<tr>
<td>17. Sibling cooperate a lot, while other siblings cooperate a little. How much do you and this sibling cooperate with other?</td>
<td>[ ] Hardly at all</td>
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<td></td>
<td>[ ] Not too much</td>
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<td></td>
<td>[ ] Somewhat</td>
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<td>[ ] Very much</td>
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<td>[ ] EXTREMELY MUCH</td>
</tr>
<tr>
<td>18. Who gets more attention from your mother, you or this sibling?</td>
<td>[ ] My sibling almost always gets more attention</td>
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<td></td>
<td>[ ] My sibling often gets more attention</td>
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<td></td>
<td>[ ] We get about the same amount of attention</td>
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<td></td>
<td>[ ] I often get more attention</td>
</tr>
<tr>
<td></td>
<td>[ ] I almost always get more attention</td>
</tr>
<tr>
<td>19. How much do you help this sibling with things he or she can't do by him or herself?</td>
<td>[ ] Hardly at all</td>
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<td></td>
<td>[ ] Not too much</td>
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<td>[ ] Somewhat</td>
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<td>[ ] Very much</td>
</tr>
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<td></td>
<td>[ ] EXTREMELY MUCH</td>
</tr>
<tr>
<td>20. How much does this sibling help you with things you can't do by yourself?</td>
<td>[ ] Hardly at all</td>
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<td>[ ] Not too much</td>
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<td>[ ] Very much</td>
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<td>[ ] EXTREMELY MUCH</td>
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<tr>
<td>21. How much do you make this sibling do things?</td>
<td>[ ] Hardly at all</td>
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<td>[ ] Not too much</td>
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<td>[ ] EXTREMELY MUCH</td>
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<tr>
<td>22. How much does this sibling make you do things?</td>
<td>[ ] Hardly at all</td>
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<td>[ ] Not too much</td>
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<td>[ ] Very much</td>
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<tr>
<td></td>
<td>[ ] EXTREMELY MUCH</td>
</tr>
</tbody>
</table>
23. Who gets more attention from your father, you or this sibling?
   - [ ] My sibling almost always gets more attention
   - [ ] My sibling often gets more attention
   - [ ] We get about the same amount of attention
   - [ ] I often get more attention
   - [ ] I almost always get more attention

24. How much do you and this sibling love each other?
   - [ ] Hardly at all
   - [ ] Not too much
   - [ ] Somewhat
   - [ ] Very much
   - [ ] EXTREMELY MUCH

25. Some siblings play around and have fun with each other a lot, while other siblings play around and have fun with each other a little. How much do you and this sibling play around and have fun with each other?
   - [ ] Hardly at all
   - [ ] Not too much
   - [ ] Somewhat
   - [ ] Very much
   - [ ] EXTREMELY MUCH

26. How much are you and this sibling mean to each other?
   - [ ] Hardly at all
   - [ ] Not too much
   - [ ] Somewhat
   - [ ] Very much
   - [ ] EXTREMELY MUCH

27. How much do you and this sibling have in common?
   - [ ] Hardly at all
   - [ ] Not too much
   - [ ] Somewhat
   - [ ] Very much
   - [ ] EXTREMELY MUCH

28. How much do you and this sibling share secrets and private feelings?
   - [ ] Hardly at all
   - [ ] Not too much
   - [ ] Somewhat
   - [ ] Very much
   - [ ] EXTREMELY MUCH

29. How much do you and this sibling compete with each other?
   - [ ] Hardly at all
   - [ ] Not too much
   - [ ] Somewhat
   - [ ] Very much
   - [ ] EXTREMELY MUCH

30. How much do you look up to and feel proud of this sibling?
   - [ ] Hardly at all
   - [ ] Not too much
   - [ ] Somewhat
   - [ ] Very much
   - [ ] EXTREMELY MUCH
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 31. How much does this sibling look up to and feel proud of you?         | [  ] Hardly at all  
[  ] Not too much  
[  ] Somewhat  
[  ] Very much  
[ ] EXTREMELY MUCH |
| 32. How much do you and this sibling get mad at and get in arguments with each other? | [  ] Hardly at all  
[  ] Not too much  
[  ] Somewhat  
[  ] Very much  
[ ] EXTREMELY MUCH |
| 33. How much do both you and your sibling share with each other?         | [  ] Hardly at all  
[  ] Not too much  
[  ] Somewhat  
[  ] Very much  
[ ] EXTREMELY MUCH |
| 34. Who does your mother usually favor, you or this sibling?             | [  ] My sibling almost always is favored  
[  ] My sibling is often favored  
[  ] Neither of us is favored  
[  ] I am often favored  
[ ] I am almost always favored |
| 35. How much do you teach this sibling things that he or she doesn’t know?| [  ] Hardly at all  
[  ] Not too much  
[  ] Somewhat  
[  ] Very much  
[ ] EXTREMELY MUCH |
| 36. How much does this sibling teach you things that you don’t know?     | [  ] Hardly at all  
[  ] Not too much  
[  ] Somewhat  
[  ] Very much  
[ ] EXTREMELY MUCH |
| 37. How much do you order this sibling around?                           | [  ] Hardly at all  
[  ] Not too much  
[  ] Somewhat  
[  ] Very much  
[ ] EXTREMELY MUCH |
| 38. How much does this sibling order you around?                         | [  ] Hardly at all  
[  ] Not too much  
[  ] Somewhat  
[  ] Very much  
[ ] EXTREMELY MUCH |
| 39. Who does your father usually favor, you or this sibling?             | [  ] My sibling almost always is favored  
[  ] My sibling is often favored  
[  ] Neither of us is favored  
[  ] I am often favored  
[ ] I am almost always favored |
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>40. How much is there a strong feeling of affection (love) between you and this sibling?</td>
<td>[ ] Hardly at all, [ ] Not too much, [ ] Somewhat, [ ] Very much, [ ] EXTREMELY MUCH</td>
</tr>
<tr>
<td>41. Some kids spend lots of time with their siblings, while others don’t spend so much. How much free time do you and this sibling spend together?</td>
<td>[ ] Hardly at all, [ ] Not too much, [ ] Somewhat, [ ] Very much, [ ] EXTREMELY MUCH</td>
</tr>
<tr>
<td>42. How much do you and this sibling bug and pick on each other in mean ways?</td>
<td>[ ] Hardly at all, [ ] Not too much, [ ] Somewhat, [ ] Very much, [ ] EXTREMELY MUCH</td>
</tr>
<tr>
<td>43. How much are you and this sibling alike?</td>
<td>[ ] Hardly at all, [ ] Not too much, [ ] Somewhat, [ ] Very much, [ ] EXTREMELY MUCH</td>
</tr>
<tr>
<td>44. How much do you and this sibling tell each other things you don’t want other people to know?</td>
<td>[ ] Hardly at all, [ ] Not too much, [ ] Somewhat, [ ] Very much, [ ] EXTREMELY MUCH</td>
</tr>
<tr>
<td>45. How much do you and this sibling try to do things better than each other?</td>
<td>[ ] Hardly at all, [ ] Not too much, [ ] Somewhat, [ ] Very much, [ ] EXTREMELY MUCH</td>
</tr>
<tr>
<td>46. How much do you think highly of this sibling?</td>
<td>[ ] Hardly at all, [ ] Not too much, [ ] Somewhat, [ ] Very much, [ ] EXTREMELY MUCH</td>
</tr>
<tr>
<td>47. How much does this sibling think highly of you?</td>
<td>[ ] Hardly at all, [ ] Not too much, [ ] Somewhat, [ ] Very much, [ ] EXTREMELY MUCH</td>
</tr>
<tr>
<td>48. How much do you and this sibling argue with each other?</td>
<td>[ ] Hardly at all, [ ] Not too much, [ ] Somewhat, [ ] Very much, [ ] EXTREMELY MUCH</td>
</tr>
</tbody>
</table>
### Cuestionario Calidad de La Relación entre Hermanos
*(Siblings Relationship Questionnaire – SRQ, Furman and Buhrmester, 1985)*

<table>
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<th>BASTANTE</th>
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<tr>
<td>5</td>
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</tbody>
</table>

1. Algunos hermanos hacen muchas cosas buenas el uno por el otro, mientras que otros hacen pocas. ¿Qué tanto "tu hermano(a)" y tú hacen cosas buenas el uno por el otro?

2. ¿Qué tanto le demuestra a "tu hermano(a)" cómo hacer cosas que él o ella no sabe hacer?

3. ¿Qué tanto "tu hermano(a)" te demuestra a ti cómo hacer cosas que tú no sabes hacer?

4. ¿Qué tanto le dices tú a "tu hermano(a)" lo que debe hacer?

5. ¿Qué tanto te dice "tu hermano(a)" a ti lo que debes hacer?

6. Algunos hermanos se preocupan el uno por el otro, mientras que otros hermanos no lo hacen. ¿Qué tanto tú y "tu hermano(a)" se preocupan el uno por el otro?

7. ¿Qué tanto tú y "tu hermano(a)" van a lugares y hacen cosas juntos?

8. ¿Qué tanto se insultan y se ofenden tú y "tu hermano(a)?

9. ¿Qué tanto a les gustan las mismas cosas "tu hermano(a)" y a ti?

10. ¿Qué tanto "tu hermano(a)" y tú se cuentan las cosas?

11. Algunos hermanos tratan de superar al otro en las cosas que hacen todo el tiempo, mientras que otros no lo hacen. ¿Qué tanto "tu hermano(a)" y tú tratan de superar al uno al otro?

12. ¿Qué tanto admiras y respetas a "tu hermano(a)"?

13. ¿Qué tanto "tu hermano(a)" te admira y te respeta a ti?

14. ¿Qué tanto "tu hermano(a)" y tú están en desacuerdo y discuten?

15. Algunos hermanos cooperan el uno con el otro bastante, mientras que otros cooperan poco. ¿Qué tanto "tu hermano(a)" y tú cooperan el uno con el otro?

16. ¿Qué tanto ayudás tú a "tu hermano(a)" con las cosas que él o ella no puede hacer por sí mismo(a)?

17. ¿Qué tanto "tu hermano(a)" te ayuda a ti en cosas que tú no puedes hacer por ti mismo(a)?

18. ¿Qué tanto haces que "tu hermano(a)" haga cosas?

19. ¿Qué tanto "tu hermano(a)" hace que tú hagas cosas?

20. ¿Qué tanto se quieren tú y "tu hermano(a)?

21. Algunos hermanos juegan juntos y se divierten el uno con el otro bastante, mientras que otros hermanos casi no juegan o se divierten juntos. ¿Qué tanto "tu hermano(a)" y tú juegan y se divierten juntos?

22. ¿Qué tanto "tu hermano(a)" y tú son malos el uno con el otro?

23. ¿Qué tanto tienen en común "tu hermano(a)" y tú?

24. ¿Qué tanto "tu hermano(a)" y tú comparten secretos y sentimientos privados?

25. ¿Qué tanto "tu hermano(a)" y tú compiten el uno con el otro?

26. ¿Qué tanto admiras tú y te sientes orgulloso(a) de tu "hermano(a)?

27. ¿Qué tanto "tu hermano(a)" te admira y te siente orgulloso(a) de ti?

28. ¿Qué tanto "tu hermano(a)" y tú se enojan y discuten el uno con el otro?

29. ¿Qué tanto "tu hermano(a)" y tú comparten el uno con el otro?

30. ¿Qué tanto le enseñas a tu hermano(a) cosas que él o ella no sabe hacer?
<table>
<thead>
<tr>
<th>NÚMERO</th>
<th>PREGUNTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>¿Qué tanto &quot;tu hermano(a)&quot; te enseña cosas que tú no sabes hacer?</td>
</tr>
<tr>
<td>32</td>
<td>¿Qué tanto mandas a &quot;tu hermano(a)&quot;?</td>
</tr>
<tr>
<td>33</td>
<td>¿Qué tanto te manda tu &quot;hermano(a)&quot;?</td>
</tr>
<tr>
<td>34</td>
<td>¿Qué tanto existe un sentimiento fuerte (de afecto) entre &quot;tu hermano(a)&quot; y tú?</td>
</tr>
<tr>
<td>35</td>
<td>Algunos chicos pasan mucho tiempo con sus hermanos, mientras que otros no pasan mucho tiempo juntos. ¿Qué tanto tiempo pasan juntos &quot;tu hermano(a)&quot; y tú?</td>
</tr>
<tr>
<td>36</td>
<td>¿Qué tanto &quot;tu hermano(a)&quot; y tú se molestan el uno al otro en formas desagradables?</td>
</tr>
<tr>
<td>37</td>
<td>¿Qué tanto se parecen &quot;tu hermano(a)&quot; y tú?</td>
</tr>
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<td>38</td>
<td>¿Qué tanto &quot;tu hermano(a)&quot; y tú se cuentan cosas que no quieren que nadie más sepa?</td>
</tr>
<tr>
<td>39</td>
<td>¿Qué tanto &quot;tu hermano(a)&quot; y tú tratan de hacer las cosas mejor que el otro?</td>
</tr>
<tr>
<td>40</td>
<td>¿Qué tanto admiras tú a &quot;tu hermano(a)&quot;?</td>
</tr>
<tr>
<td>41</td>
<td>¿Qué tanto &quot;tu hermano(a)&quot; te admira a ti?</td>
</tr>
<tr>
<td>42</td>
<td>¿Qué tanto &quot;tu hermano(a)&quot; y tú discuten el uno con el otro?</td>
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Marca el número apropiado para cada pregunta.

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<tr>
<th>A MI HERMANO CASI SIEMPRE MÁS QUE A MI</th>
<th>CON FRECUENCIA A MI HERMANO MÁS QUE A MI</th>
<th>IGUAL A LOS DOS</th>
<th>CON FRECUENCIA A MI MÁS QUE A MI HERMANO</th>
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<table>
<thead>
<tr>
<th>NÚMERO</th>
<th>PREGUNTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td>¿Generalmente a quién trata mejor tu mamá, a &quot;tu hermano(a)&quot; o a ti?</td>
</tr>
<tr>
<td>44</td>
<td>¿Generalmente a quién trata mejor tu papá, a &quot;tu hermano(a)&quot; o a ti?</td>
</tr>
<tr>
<td>45</td>
<td>¿Quién recibe generalmente más atención por parte de tu mamá, &quot;tu hermano(a)&quot; o tú?</td>
</tr>
<tr>
<td>46</td>
<td>¿Quién recibe generalmente más atención por parte de tu papá, &quot;tu hermano(a)&quot; o tú?</td>
</tr>
<tr>
<td>47</td>
<td>¿Generalmente a quién prefieres tu mamá, a &quot;tu hermano(a)&quot; o a ti?</td>
</tr>
<tr>
<td>48</td>
<td>¿Generalmente a quién prefieres tu papá, a &quot;tu hermano(a)&quot; o a ti?</td>
</tr>
</tbody>
</table>
Appendix D

RESILIENCY SCALES
FOR CHILDREN & ADOLESCENTS
A Profile of Personal Strengths

Combination Booklet
Detach this page before administration

Name: ____________________________ Sex: ☐ Male ☐ Female
Date: ____________________________ Age: _____ Grade: _____
Referral Question: ____________________________
Academic Status: ____________________________ Disability Status: ____________________________ Classification Status: ____________________________
Placement Status: ____________________________ Diagnostic Status: ____________________________

Resiliency Profile

Global T Score and Cumulative Percentage Ranges

<table>
<thead>
<tr>
<th>Status</th>
<th>T Score Range</th>
<th>MAS Cum % Range</th>
<th>REL Cum % Range</th>
<th>REA Cum % Range</th>
</tr>
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<tbody>
<tr>
<td>High</td>
<td>≥ 60</td>
<td>≥ 84%</td>
<td>≥ 84%</td>
<td>≥ 86%</td>
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<tr>
<td>Above average</td>
<td>56-59</td>
<td>64%-83%</td>
<td>67%-83%</td>
<td>70%-85%</td>
</tr>
<tr>
<td>Average</td>
<td>46-55</td>
<td>33%-67%</td>
<td>29%-66%</td>
<td>36%-76%</td>
</tr>
<tr>
<td>Below average</td>
<td>41-45</td>
<td>15%-32%</td>
<td>17%-28%</td>
<td>10%-35%</td>
</tr>
<tr>
<td>Low</td>
<td>≤ 40</td>
<td>&lt; 16%</td>
<td>&lt; 16%</td>
<td>&lt; 16%</td>
</tr>
</tbody>
</table>
MAS

Here is a list of things that happen to people and that people think, feel, or do. Read each sentence carefully, and circle the one answer (Never, Rarely, Sometimes, Often or Almost Always) that tells about you best.

THERE ARE NO RIGHT OR WRONG ANSWERS.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Life is fair.</td>
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<tr>
<td>2. I can make good things happen.</td>
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<tr>
<td>3. I can get the things I need.</td>
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<td>4. I can control what happens to me.</td>
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<tr>
<td>5. I do things well.</td>
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<tr>
<td>6. I am good at fixing things.</td>
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<tr>
<td>7. I am good at figuring things out</td>
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<tr>
<td>8. I make good decisions.</td>
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<tr>
<td>9. I can adjust when plans change.</td>
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<tr>
<td>10. I can get past problems in my way.</td>
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<tr>
<td>11. If I have a problem, I can solve it.</td>
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<tr>
<td>12. If I try hard, it makes a difference.</td>
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<tr>
<td>13. If at first I don’t succeed, I will keep on trying</td>
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<tr>
<td>14. I can think of more than one way to solve a problem</td>
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<tr>
<td>15. I can learn from my mistakes.</td>
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<tr>
<td>16. I can ask for help when I need to.</td>
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<tr>
<td>17. I can let others help me when I need to.</td>
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<tr>
<td>18. Good things will happen to me.</td>
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<tr>
<td>19. My life will be happy.</td>
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<tr>
<td>20. No matter what happens, things will be all right.</td>
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</tr>
</tbody>
</table>

For scores, see Table A.1.

TS RS
REL

Here is a list of things that happen to people and that people think, feel, or do. Read each sentence carefully, and circle the one answer (Never, Rarely, Sometimes, Often or Almost Always) that tells about you best. THERE ARE NO RIGHT OR WRONG ANSWERS.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I can meet new people easily.</td>
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<tr>
<td>2. I can make friends easily.</td>
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<tr>
<td>3. People like me.</td>
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<tr>
<td>4. I feel calm with people.</td>
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<tr>
<td>5. I have a good friend.</td>
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<tr>
<td>6. I like people.</td>
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<tr>
<td>7. I spend time with my friends.</td>
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<tr>
<td>8. Other people treat me well.</td>
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<tr>
<td>9. I can trust others.</td>
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<tr>
<td>10. I can let others see my real feelings.</td>
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<tr>
<td>11. I can calmly tell others that I don't agree with them.</td>
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<tr>
<td>12. I can make up with friends after a fight.</td>
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<tr>
<td>13. I can forgive my parent(s) if they upset me.</td>
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<tr>
<td>14. If people let me down, I can forgive them.</td>
<td></td>
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<tr>
<td>15. I can depend on people to treat me fairly.</td>
<td></td>
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<tr>
<td>16. I can depend on those closest to me to do the right thing.</td>
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<tr>
<td>17. I can calmly tell a friend if he or she does something that hurts me.</td>
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</tr>
<tr>
<td>18. If something bad happens, I can ask my friends for help.</td>
<td></td>
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<tr>
<td>19. If something bad happens, I can ask my parent(s) for help.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>20. There are people who will help me if something bad happens.</td>
<td></td>
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</tr>
<tr>
<td>21. If I get upset or angry, there is someone I can talk to.</td>
<td></td>
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<tr>
<td>22. There are people who love and care about me.</td>
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<tr>
<td>23. People know who I really am.</td>
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<tr>
<td>24. People accept me for who I really am.</td>
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<td></td>
</tr>
</tbody>
</table>

For scores, see Table A.1.
Here is a list of things that happen to people and that people think, feel, or do. Read each sentence carefully, and circle the one answer (Never, Rarely, Sometimes, Often or Almost Always) that tells about you best.

THERE ARE NO RIGHT OR WRONG ANSWERS.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It is easy for me to get upset.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>2. People say that I am easy to upset.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>3. I strike back when someone upsets me.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>4. I get very upset when things don't go my way.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>5. I get very upset when people don't like me.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>6. I can get so upset that I can't stand how I feel.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>7. I get so upset that I lose control.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>8. When I get upset, I don't think clearly.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>9. When I get upset, I react without thinking.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>10. When I get upset, I stay upset for about one hour.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>11. When I get upset, I stay upset for several hours.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>12. When I get upset, I stay upset for the whole day.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>13. When I get upset, I stay upset for several days.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>14. When I am upset, I make mistakes.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>15. When I am upset, I do the wrong thing.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>16. When I am upset, I get into trouble.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>17. When I am upset, I do things that I later feel bad about.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>18. When I am upset, I hurt myself.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>19. When I am upset, I hurt someone.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>20. When I am upset, I get mixed up.</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
</tbody>
</table>

For scores, see Table A.1.

TS    RS
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Spanish translation of RSCA removed from electronic version.
Spanish translation of RSCA removed from electronic version.
PARENT AND CHILD CONSENT FORM

Project Title: Resilience and the Role of Sibling Relationships among Children within Homeless Families

Principal Investigators: Etiony Aldarondo, Ph.D and Tamara Paula, MS, LMHC

Introduction:
We are interested in learning about the personal strengths and the quality of the sibling relationship among children within homeless families. We are inviting you and your child to participate in a research study that will consist of completing a questionnaire. Before you decide if you would like to join, you need to know the purpose of the study, how it would help you, what the risks are, and what you need to do after you agree/consent. This process is called “informed consent.” This form will tell you about the study. If you agree to participate you will be asked to sign this consent form. We will give you a copy to keep.

Purpose of the study:
The purpose of this study is to identify your child’s strengths as related to how he or she deals with problems in life and how he or she relates to others. Also, we interested in understanding your child’s feelings about the quality of his/her relationship with brothers and sisters. The information you share will be used to inform program services and assist in the development of interventions for the children in homeless families residing in Community Partnership for Homeless (CPH) emergency housing centers. Our plan is to gather information from 60 children through the completion of questionnaires by both the parent and the child. You have been asked to participate in this study because you and your children are currently residing in CPH emergency housing centers. Please read this form and ask questions before agreeing to participate in the study.

Description of Study/Procedures:
If you agree to allow your child and yourself to be in this study, we will ask you to do the following things in the following order:

• Complete a confidential questionnaire that will last about 20 minutes. The questionnaire asks you to describe your demographic background and includes questions regarding your child’s hobbies, favorite activities, school experiences, general health and your child’s feelings and behaviors.
A study facilitator will be available, at all times, to answer questions while you complete the questionnaire.

Also, we will ask your child to do the following things in the following order:

- Complete the questionnaire in a small group of no more than ten children. This group will last about 40 minutes and will be held during the afternoon after school. The questionnaire asks your child to identify his/her strengths, how he/she gets along with others and includes questions regarding your child’s feelings about his/her relationship with his/her sibling. Study facilitators will be available, at all times, to answer questions while your child completes the questionnaire.

**Risks & Discomforts:**
The risks of participating in this study are minimal. Some people feel uncomfortable providing personal information about themselves and their children. If you should become uncomfortable or upset while completing the questionnaire, leave the question blank. An on-site licensed health professional (registered nurse or mental health professional) will be contacted to assist you.

**Expected benefits:**
No direct benefit can be promised to you and your family for taking part in this study. We believe that your participation in this study could be helpful to other families seeking services at Community Partnership for Homeless (CPH) and similar agencies. In particular, your participation has the potential to help us design better programs to assist children at CPH.

**Payment for participation:**
There are no payments for participation in this study.

**Confidentiality:**
The investigators and their assistants will consider your records confidential to the extent permitted by the law. Your records may also be reviewed for audit purposes by authorized University employees or other agents who will be bound by the same provisions of confidentiality.

The questionnaires you and your child will complete will contain no personal identifying information and will remain confidential. If the results of this study are published, discussed in conferences, or with other service providers and community members, no information will be included that would reveal your or your child’s identity.

Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this research.

Confidentiality does not prevent the researchers from disclosing voluntarily, without your consent, information to prevent serious harm to yourself or others. You should understand that the investigators have ethical and legal obligations to report suspected or actual child abuse or neglect and to prevent you from carrying out any threats to do serious harm to yourself or others. Thus, if, during the course
of this research project, we obtain information that reasonably causes us to believe that a child is being subjected to abuse or neglect, or that your child is at serious risk for harm, we shall be obligated to report this information to the local department of social services. If keeping certain information private would immediately put you or someone else in danger, we would release that information to protect you or another person.

**Right to Withdraw:**
Your participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Miami or with Community Partnership for Homeless, Inc. If you decide to participate, you are free to withdraw at any time without affecting that relationship. Likewise, if your child chooses not to participate or to withdraw from the study at any time, it will not affect your current or future relations with the University of Miami or with Community Partnership for Homeless, Inc.

**Questions:**
If you have questions regarding your rights as a research subject please contact the University of Miami Humans Subjects Research Office at 305-243-3195. If you have any questions regarding this particular study please contact:

Tamara Paula, MS, LMHC  
(786)367-0196  
tspaula@gmail.com  
or  
Etiony Aldarondo, Ph.D  
(305) 284-4372  
etiony@miami.edu

**CONSENT**

I voluntarily agree to participate in this study. Also, by signing below, I am giving consent for my child ___________________ to participate in the above study. I understand and read English. I have read the information on this form and all my questions have been answered in my native language.

--------------------------------------------------------------- Date: ________________
Parent/ Subject’s Signature

--------------------------------------------------------------- Date: ________________
Signature of person obtaining consent

I confirm that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the subject (or the subject’s legally authorized representative). The subject (or the subject’s legally authorized representative) freely consented to be in the research study.
Signature of Impartial Witness*  
* Only necessary if the person is illiterate, blind or cannot sign for themselves

Signature of person obtaining consent

Principal Investigator: Dr. Etiony Aldarondo  
Phone Number: (305) 284-4372
FORMULARIO DE CONSENTIMIENTO DE PADRES E HIJOS

Título del Trabajo: Capacidad de Superación y Papel de las Relaciones entre Hermanos, de Hijos de Familias sin Hogar, Desamparadas.

Investigadores Principales: Dr. Etiony Aldarondo, y Tamara Paula, MS, LMHC.

Introducción:
Estamos interesados en conocer los puntos fuertes y la calidad de las relaciones que existen entre hermanos de los hijos de familias desamparadas y sin hogar. Le invitamos a usted y a su hijo/a a participar en un estudio de tipo investigativo que consistirá en llenar un cuestionario. Antes de que usted decida si quiere participar, es necesario que sepa el objetivo de este estudio, cómo pudiera ayudarle, cuáles son los riesgos, y qué tiene que hacer usted después de dar su consentimiento/estar de acuerdo. Este proceso se llama "consentimiento fundamentado [informado]". Este formulario le informará sobre el estudio. Si usted está de acuerdo en participar, se le pedirá que firme este formulario de consentimiento. Le daremos una copia para que la Guarde.

Objeto del estudio:
El objeto del estudio es determinar los puntos fuertes de su hijo/a en lo que se refiere a cómo se enfrenta a los problemas de la vida, y cómo se relaciona con los demás. También, estamos interesados en comprender los sentimientos [las opiniones] de su hijo/a sobre la calidad de sus relaciones con sus hermanos y hermanas. La información que usted nos dé se usará para informar a los servicios de programas y de asistencia en organizar intervenciones para los hijos de familias desamparadas que residan en los albergues [las viviendas] de emergencia de la Sociedad Comunitaria para Las Familias sin Hogar [Community Partnership for Homeless] (CPH, por sus siglas en inglés). Nuestro plan es recoger información de 60 niños/as de las respuestas a cuestionarios que llenen tanto los padres como los hijos. A usted se le ha pedido que participe en este estudio porque usted y sus hijos residen en este momento en uno de los albergues de emergencia de la CPH. Sírvase leer este formulario y hacer preguntas antes de que consienta en participar en el estudio.

Descripción del Estudio/Procedimientos:
Si usted está de acuerdo en que su hijo/a y usted tomen parte en este estudio, le pediremos que haga lo que sigue en el orden que se indica:

- Llenar un cuestionario confidencial que le tomará unos 20 minutos. El cuestionario le pide que describa sus antecedentes y datos personales e incluye preguntas relativas a los pasatiempos, actividades favoritas, experiencias escolares y salud en general de su hijo/a, así como las opiniones y conductas de su hijo/a. En todo momento, un funcionario del estudio estará a su disposición para responder sus preguntas mientras usted llena el cuestionario.

Además, le pediremos a su hijo/a que haga lo que sigue en el orden que se indica:

- Llenar el cuestionario en un grupo pequeño de no más de diez niños/as. Este grupo se mantendrá unos 40 minutos y tendrá lugar durante la tarde, después de terminar el colegio. El cuestionario le pide a su hijo/a que indique sus puntos fuertes, cómo se lleva con los demás e incluye preguntas sobre las opiniones de su hijo/a sobre las relaciones con su/s hermano/s o hermana/s. Personas relacionadas con el estudio estarán a su disposición en todo momento para responder preguntas mientras su hijo/a llena el cuestionario.

**Riesgos y Molestias:**
Los riesgos de participar en este estudio son mínimos. Algunas personas de sienten incómodas al dar información personal de ellas y sobre sus hijos/as. Si usted se siente molesto/a o se altera mientras llena el cuestionario, deje la pregunta correspondiente en blanco. En ese caso, nos pondremos entonces en contacto con un profesional de la salud, debidamente autorizado, (un/a enfermera/o diplomada/o o un siquiatra) presente en el lugar, para que le ayude.

**Beneficios esperados:**
No podemos prometerle ni a usted ni a su familia ningún beneficio directo por tomar parte en este estudio. Creemos que su participación en este estudio pudiera ayudar a otros familiar que desean recibir servicios de la Sociedad Comunitaria para Las Familias sin Hogar (CPH) y otras agencias similares. En particular su participación tiene la posibilidad de ayudarnos a diseñar programas mejores para asistir a los niños y niñas en la CPH.

**Pago por participar:**
No hay pagos por participar en este estudio.

**Confidencialidad:**
Los investigadores y sus asistentes considerarán sus expedientes y registros como algo confidencial en la forma y manera que permita la ley. Con fines de auditoría, sus expedientes pueden ser examinados por los empleados de la
Universidad autorizados al efecto, y por otras personas, las que se sujetarán a las mismas disposiciones de confidencialidad.

Los cuestionarios que llenen usted y su hijo/a no van a contener ninguna información de identificación personal y se mantendrán confidenciales. Si se publicaran los resultados de este estudio, o se presentara en conferencias, o se examinara con otros proveedores de servicios y miembros de la comunidad, no se incluirá información alguna que revele su identidad o la de su hijo/a.

La confidencialidad no le impide a usted que voluntariamente divulgue información sobre usted mismo/a o sobre su participación en este trabajo de investigación.

La confidencialidad no impide que los investigadores den a conocer voluntariamente información, sin su consentimiento, con el fin de evitar lesiones graves a usted o a otros. Usted debe comprender que los investigadores tienen obligaciones legales y morales [éticas] de dar a conocer casos en que se sospeche o de que efectivamente exista un abuso o negligencia a menores, y evitar que usted lleve a la práctica amenazas que causen daños graves a usted o a otros. De modo que, si durante el transcurso de este trabajo de investigación, obtenemos información de que razonablemente nos hiciera pensar que un/a menor está siendo abusado/a o abandonado/a, o que su hijo/a corre un gran riesgo de daño, tendremos entonces la obligación de dar cuenta de esta información al departamento de servicios sociales de la localidad. Si el hecho de mantener privada cierta información pudiera inmediatamente ponerle a usted o a otra persona en peligro, entonces daremos a conocer esa información para protegerle a usted o a la otra persona.

**Derecho de retirarse:**
Su participación en este estudio es voluntaria. Su decisión de participar o no, no afectará sus relaciones presentes o futuras con la Universidad de Miami o con la Sociedad Comunitaria para Las Familias sin Hogar (CPH). Si usted decide participar, tendrá libertad de retirarse del estudio en cualquier momento, sin que se afecte la dicha relación. De la misma manera, si su hijo/a decide no participar, o retirarse del estudio en cualquier momento, eso no afectará sus relaciones presentes o futuras con la Universidad de Miami o con la Sociedad Comunitaria para Las Familias sin Hogar (CPH).

**Preguntas:**
Si usted tiene preguntas sobre sus derechos como persona que participa en un estudio de tipo investigativo, sírvase ponerse en contacto con la Oficina de Investigaciones con Seres Humanos de la Universidad de Miami, llamando al (305) 243-3195. Si usted tiene preguntas sobre este estudio en particular, sírvase ponerse en contacto con:
CONSENTIMIENTO

Consiento voluntariamente en participar en este estudio. Además, al firmar debajo, doy mi consentimiento para que mi hijo/a participe en el estudio mencionado anteriormente. Entiendo y leo el español. He leído la información contenida en este formulario y todas mis preguntas se me han respondido en mi lengua materna.

______________________________ Fecha: ________________
Firma del padre/madre/niño/a

______________________________ Fecha: ________________
Firma de la persona que explica el consentimiento fundamentado

Confirmo que la información del formulario de consentimiento y cualquier otra información escrita se le explicó correctamente, y aparentemente se comprendió, por la persona (o por el representante de la persona legalmente autorizado). La persona (o el representante de la persona legalmente autorizado) han dado libremente su consentimiento de tomar parte en este estudio investigativo.

______________________________ Fecha: ________________
Firma de un testigo imparcial*
*Solamente necesario si la persona es analfabeta, ciega o no puede firmar por sí misma.

______________________________ Fecha: ________________
Firma de la persona que explica el consentimiento fundamentado

*Investigador Principal: Dr. Etiony Aldarondo.
Número de teléfono: (305) 284-4372
Appendix F

Child Assent Document

**Project Title:** Resilience and the Role of Sibling Relationships among Children within Homeless Families

**Investigators:** Etiony Aldarondo, Ph.D and Tamara Paula, MS, LMHC

We are doing a research study about the children living in an emergency housing center and the relationship between brothers and sisters. We are also interesting in looking at how children, like you, think and feel about themselves. A research study is a way to learn more about people. In this study we want to learn from you and use this information to help other children like you.

If you do choose to participate, you will meet in a small group with other children from the center and two group facilitators for about 40 minutes. During this meeting, you will answer questions on several pieces of paper. Your name will not be on the papers. All your answers will be private and the facilitators will not tell anyone what you have written. You can ask questions at any time. You do not have to answer any questions you don’t want to and you can decide to stop at any time. No one will be mad at you.

We do not expect any risks for being in this study. If you start to feel sad or upset by some of the questions, let the facilitators know and they will help you get to a specially trained person who you can talk to about your feelings. We do not think there are any direct benefits to you for being in this study; however, you may have the opportunity to learn a little bit more about yourself and help others learn about what it is like to be a child like you.

When we are finished with this study, we will write a report about what we learned. This report will not include your name or that you were in a study.

You do not have to be in this study if you do not want to be. If you decide to stop after we begin, that’s okay too. No one will be mad at you if you decide not to do this study. You may ask questions about the study at any time.

Do you have any questions?

If you decide you want to be in this study, please sign your name.

I agree _____ I do not agree ______ to participate in this study which I have read and understand in English or which has been explained to me by___________ in my native language.

_________________________   _______________  
(Sign your name here)      (Date)  

_____________________________              _______________  
(Signature of person obtaining assent)    (Date)
DOCUMENTO DE CONSENTIMIENTO

Título del Trabajo: Capacidad de Superación y Papel de las Relaciones entre Hermanos, de Hijos de Familias sin Hogar, Desamparadas.

Investigadores: Dr. Etiony Aldarondo, y Tamara Paula, MS, LMHC.

Estamos realizando un estudio investigativo sobre los niños/las niñas que viven en centros de albergues de emergencia y sobre las relaciones entre hermanos y hermanas. Nos interesa asimismo examinar cómo los niños/las niñas, como tú, piensan y opinan de sí mismos/as. Un estudio investigativo es una manera de aprender más acerca de las personas. En este estudio queremos aprender de ti y usar esta información para ayudar a otros/as niños/as como tú.

Si decides participar, vas a formar parte de un grupo pequeño junto con otros niños/niñas del centro, y con dos agentes del estudio durante unos 40 minutos. En esta reunión, vas a responder preguntas en varios pedazos de papel. Tu nombre no aparecerá en los papeles. Todas tus respuestas son privadas y los agentes no te dirán a nadie lo que tú has escrito. Puedes hacer preguntas en cualquier momento. No tienes que contestar las preguntas que no quieras y puedes decidir terminar todo en cualquier momento. Nadie se va a disgustar [poner bravo] contigo.

No esperamos que haya riesgo alguno por estar en el estudio. Si empiezas a sentirte triste o disgustado/a por algunas de las preguntas, díselo a los agentes del estudio presentes y ellos ayudarán a traer a una persona entrenada especialmente para que puedas hablarle de tus sentimientos y opiniones. No creemos que recibas ningún beneficio directo por participar en este estudio; sin embargo, puedes tener la oportunidad de aprender un poquito más de ti mismo/a y ayudar a otros a que aprendan lo que es ser un/a niño/a como tú.

Cuando terminemos el estudio, vamos a escribir un informe sobre lo que hemos aprendido. Este informe no mencionará tu nombre ni que tú participaste en el estudio.

No tienes que estar en este estudio si no quieres. Si decides parar después de que empecemos, también está bien. Nadie se pondrá bravo contigo si decides no estar o participar en este estudio. Puedes hacer preguntas sobre el estudio en cualquier momento.

¿Tienes preguntas?

Si decides no estar en el estudio, ten la bondad de firmar tu nombre.
Estoy de acuerdo ___ , no estoy de acuerdo ___ en participar en este estudio, el que he leído y comprendido en español, o el que me ha sido explicado por ______________________ en mi lengua nativa.

_______________________________________ ____________________
(Firma tu nombre aquí) (Fecha)

_______________________________________ ____________________
(Firma de la persona que obtiene el consentimiento) (Fecha)
Appendix G

Letter of Cooperation

October 22, 2009

Eliyot Aldarondo, Ph.D.
Associate Dean for Research
Director, Dunsquash-Dalton Community
and Educational Well-Being Research Center
School of Education
University of Miami
2202 University Drive
Coral Gables, FL 33146

Dear Dr. Aldarondo:

Tamara Paula, doctoral candidate from the University of Miami’s Department of Educational and Psychological Studies in the School of Education, has requested permission to collect research data on resilience from the homeless families and children that reside in our emergency housing assistance centers (HAC’s) located in Miami-Dade County. I have been informed of the purposes of the study and understand that resident participation in the research study will be voluntary.

As a representative of Community Partnership for the Homeless, I hereby authorize you, Tamara Paula and your research collaborators access and entry to our two emergency housing assistance centers (Chapman Center and South Dade Center) and grant permission to recruit research participants at both centers. You are also permitted to collect research data from both centers during office hours on weekdays, as well as during the weekends, as appropriate to facilitate the study. Additionally, I will make available the existing data on current and past families served that may be useful for this study and possibly for secondary analysis.

If you have any questions, please contact me at (305) 329-3026.

Sincerely,

H. Daniel Vincent
Executive Director

cc: Elizabeth Von Werne
References


