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APPLICATION OF THE UNIFIED PROTOCOL FOR TRANSDIAGNOSTIC TREATMENT OF EMOTIONAL DISORDERS AMONG HOMELESS WOMEN: A FEASIBILITY STUDY

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Abstract

Despite the high prevalence of emotional disorders and comorbidity among homeless women, there is a shortage of studies focused on interventions targeted at this population. This study aims to examine the feasibility of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders among homeless women, in relation to its quantitative effects on attendance, satisfaction, usefulness, emotional state and group cohesion. The trial was registered at clinicalstrials.gov as NCT04392856. We employed a one group pre-test post-test design. The program consisted of 12 group sessions of approximately 90 minutes each. Treatment was provided to 54 homeless women, who were recruited from four different shelters in Madrid (Spain). The average attendance rate was 69.44%. Participants reported high levels of satisfaction (M = 8.97, SD = 1.45; out of 10), perceived usefulness (M = 9.10, SD = 1.42; out of 10), mood state (M = 6.11, SD = 1.02; out of 7) and group cohesion (M = 6.34, SD = 0.86; out of 7). There was a significant increase in the total score across these four variables following treatment. These findings suggest that the Unified Protocol is a feasible intervention for homeless women and may be beneficial; however, further studies that include a control group and a larger sample are on progress to test its effectiveness.

Keywords: homeless women, transdiagnostic treatment, Unified Protocol, feasibility.

Clinical Impact Statement

- This paper hopes to address the feasibility of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders among homeless women, in relation to attendance, satisfaction, usefulness, emotional state and group cohesion.
- This paper describes several challenges faced in the application of the Unified Protocol to homeless women and practical tips to adapt it to different realities and needs.
- The Unified Protocol seems a feasible intervention for homeless women and could be a good option for treating emotional disorders in community settings.
- Further studies that include a control group and a larger sample are needed to test the effectiveness of the Unified Protocol among homeless women.

Homeless women account for an increasing proportion of the homeless population (Mayock & Bretherton, 2016) and represent a particularly vulnerable subgroup (Vázquez & Panadero, 2019). Recent literature has noted a very high prevalence of mental disorders among homeless women, ranging from anxiety and depression disorders to other more severe and chronic diagnoses, such as borderline personality disorder, schizophrenia or post-traumatic stress disorder (e.g., Duke & Searby, 2019), elevated rates of abuse of alcohol and other substances (Guillén et al., 2019) and a high risk of premature mortality (Montgomery et al., 2017). Diagnosis-specific treatments have proven to reduce anxiety and depression symptoms in homeless women (Castaño-Cervantes, 2019; Speirs et al., 2013). However, the tendency to have more than one disorder (Torchalla, et al., 2014; Vazquez & Panadero, 2019) and the unstable living conditions of these women (Johnson et al., 2018; Vazquez et al., 2019) suggest there could be value in brief interventions which cover comorbidity and a wide range of psychological problems.

In recent years, increasing attention has been paid to examining the efficacy of transdiagnostic programs. Transdiagnostic programs address a putative common mechanism for different diagnoses, thereby applying the same underlying interventions across different mental disorders, without tailoring these to diagnosis-specific treatments (Pearl & Norton, 2017). Several meta-analytic studies have supported the efficacy of transdiagnostic treatments for depression and anxiety symptoms in adults, children and adolescents (e.g., Andersen et al., 2016; García-Escalera et al., 2016).

Among transdiagnostic programs, the pioneer Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP) (Barlow et al., 2011) has been widely applied in several countries, in both clinical and subclinical populations (Cassiello-Robinson et al., 2020). It has been shown to be an effective tool in both the individual (Barlow et al., 2011) and group format (Bullis et al., 2015; Osma et al., 2015). Its efficacy for anxiety and depression disorders may be comparable to that of disorder-specific programs and possibly with less attrition (Barlow et al., 2017). Two recent systematic reviews and meta-analyses of the UP (Cassiello-Robbins et al., 2020; Sakiris & Berle, 2019) have shown a moderate to large effect in terms of reductions across the symptoms of depression, generalized anxiety, panic disorders, social anxiety, obsessive-compulsive disorder and borderline personality disorder. Moreover, the results suggest that the UP has predominantly been tested among female populations.

One of the mechanism targeted by the UP is the willingness to experience emotions within everyday life (Sakiris & Berle, 2019). Research suggest that homeless people may have difficulties in this area and thus could benefit from emotion-regulation interventions (e.g., Barr et al., 2017). To date, only two studies have examined the application of the UP to a homeless population, both as part of the same project implementing the UP in a community-based service providing care to homeless individuals (Sauer-Zavala et al., 2019; Youn et al., 2019). It seems to be a suitable program with several advantages for low-resource settings due to its multi-problem, modular and flexible approach (Martin et al., 2018). However, it must be noted that the majority of the participants in those two studies were male. Therefore, this field of research is still limited and currently there are no specific data on its application among homeless women, despite literature suggest gender differences between homeless men and women. For instance, it seems that psychopathology may be more frequent among homeless women, especially anxiety and depression (Phipps et al., 2019).

This study aims to examine the feasibility of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders among Homeless Women (UPHW) in Madrid (Spain), in

relation to its quantitative effects on attendance, satisfaction, usefulness, emotional state and group cohesion. This feasibility trial was conducted in advance of a future RCT to evaluate the effectiveness of the UPHW on primary mental health outcomes, well-being, health and quality of life (Rodríguez-Moreno et al., under review).

Method

Participants

The inclusion criteria were as follows: a) female b) over 18 years old; c) having a sufficient level of Spanish fluency to allow participation in the intervention, d) in accommodation for homeless people (living for short to medium intervals in shelters for the homeless, temporary accommodation or temporary support accommodation), or in housing programs for homeless people. The exclusion criteria were: a) not presenting severe cognitive impairment and b) not having a serious mental disorder in an active phase that hinders participation in the program.

The treatment was provided to 54 homeless women, who were recruited from four different shelters and other homeless housing programs in Madrid. Their mean age was 49.57 years old (*SD* =10.78) and they were mainly of Spanish nationality (57.4%). Of the participants, 44.4% were single, 37.0% were separated/divorced and 16.7% were married/in a stable relationship. Although 70.4% of the women had children, none of them were living with their children at the time of the interview. The mean time spent being homeless by the women interviewed was 89.16 months (*SD* = 115.18 months).

Measures

This study examined the feasibility of UPHW in relation to attrition and attendance, as well as satisfaction with the sessions, perceived usefulness, emotional state and group cohesion, as reported by the participants.

In relation to attrition and attendance, the therapists recorded weekly attendance.

The *Participant Feedback Session Survey* was developed ad hoc and was completed anonymously after each session. It consisted of 4 items which measured: 1) Satisfaction with the session: participants answered the question "How much did you like this session?" using a 10-point Likert scale; 2) Perceived usefulness of the session: participants answered the question "How useful do you find the information given in this session?" using a 10-point Likert scale; 3) Mood and emotional state: participants answered the question "How do you feel in this moment?" using a visual analog scale with responses ranging from 0 to 7; 4) Group cohesion: participants answered the question "How did you feel with the group?" using a visual analog scale with responses ranging from 0 to 7.

Procedure

Studying the feasibility of UP for homeless women meant undertaking a two-step study. Step 1 involved the adaptation of the original UP to the characteristics of the population and the ongoing challenges associated with a homeless situation. Step 2 was a feasibility study employing a one group pre-test post-test design, as we compared changes between the first and last session.

Step 1: Development of the intervention

The intervention was delivered in group format; the number and length of sessions was consistent with previous UP group format applications (Bullis et al., 2015; Osma et al. 2015). Intervention was based on the original protocol by Barlow et al. (2011), although some adaptations were made to meet the characteristics and needs of homeless women. Those adaptations were based on previous research conducted among homeless women in Spain (Guillén et al., 2019; Vázquez et al., 2019) and in line with the principles that can enhance the delivery of therapeutic interventions for homeless women (Berzoff, 2013; David et al., 2015). These principles emphasize the use of peer support, provision of flexible resources in a low demand environment, supportive program leadership, and treatment delivered for and by women. The most important challenges and modifications to the original protocol are presented in Table 1. Nevertheless, each session and module retained the objectives of the original UP.

Table 1: Challenges faced and main modifications made to the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders when applying it to homeless women.

Issue addressed	Challenge faced	Modification made to the UPHW
Therapeutic alliance	- Daily survival difficulties. - Frequent interpersonal conflicts. - Negative conditioning to the shelter where the workshop took place. - Overwhelming perception due to several workshops. - Attrition due to several health problems (e.g., hospitalization).	- Emphasis on the establishment of a positive and safe place. - Working on preexisting conflicts among participants. - Positive dynamic group activities and coffee break at the end of session. - Flexible resources in a low demand environment. - Taking into account the women's feedback. - Reinforcing group cohesion and a feeling of belonging.
Group dynamics	- Reading comprehension, diverse learning styles and attention difficulties. - High rates of substance misuse.	- Structuring sessions to make them simpler and more accessible (e.g., slower pace of exercises). - Adapting the educational content to improve understanding, including simple exercises to illustrate psychological concepts - Summary of the previous session at the beginning of each session. - Extensive use of audiovisual resources, metaphors and stories to improve understanding.
Definition and achievement of therapeutic objectives	- Difficulties following the steps to reach the final objective (e.g. due to cognitive impairment or treatment attendance difficulties).	- Setting only one or two objectives. - Setting objectives related to everyday conflicts and pre-existing conflicts with members of the group. - Supportive leadership by the therapist. - Avoidance of objectives related to traumatic events, but working on them in individual sessions (if necessary).
Terminology and examples	- Reading comprehension, diverse learning styles and attention difficulties. - Examples not applicable to their current life circumstances.	- Changes in some concepts (e.g. "homework"). - Easy language. - Examples adapted to the circumstances of homeless women.

The first important challenge in the application of UPHW related to the *therapeutic alliance*. Homeless women must cope with survival situations each day and they have negative conditioning to their living place due to interpersonal conflicts. This reality led us to set the establishment of a positive and safe place to work as a primary need. It was also essential to work on preexisting and ongoing conflicts among participants. Moreover, we introduced some positive activities to create a pleasant setting.

Secondly, there was the big challenge of *adapting the group dynamics and contents* to make them simpler and more accessible, due to the possible existence of some cognitive impairment and/or substance misuse. As a result, we structured the sessions to make them as accessible as possible, while maintaining the objectives and content of the original protocol. The use of audiovisual resources and stories was also extremely helpful.

Another challenge was the *definition and achievement of the objectives* when running the intervention, as homeless women often find it difficult to define specific objectives, due mainly to the many stressful events that have occurred in their lives. In this sense, supportive program leadership by the therapist was key and she tried to work with relevant objectives related to the daily lives of the women.

A final challenge was using *terminology and examples adapted* from the original protocol to fit with the day experiences and needs of homeless women. Our previous experience in working with homeless women allowed us to select terms and examples that better reflected their lives.

Step 2: Application of the intervention

The project was conducted in four different shelters in the public network for homeless people in the city of Madrid. Members of the research team organized a first meeting to explain the purpose of the program to the stakeholders (shelter directors, psychologists and social workers) at each center. After this initial meeting, an open information session was held with individuals from the target population. After this open session, the women voluntarily completed a form if they were interested in receiving UPHW treatment.

Six workshops, each composed of between 6 and 9 homeless women, were finally run by two therapists who actively worked on adapting the protocol. The program consisted of 12 weekly sessions of approximately 90 minutes each. The program was delivered by two clinical psychologists (the therapist and the co-therapist), with previous experience with this population.

Ethical considerations

It should be noted that participation was voluntary and a written informed consent form was signed by the participant before the workshop began. Any data was treated as confidential. In addition, the objectives of the investigation, phases and necessary involvement were explained to the participants. The participants were informed of their right to withdraw from the project at any time. All procedures were approved by the Complutense University of Madrid Ethics Committee (Ref. 2017/18-004) and the trial was registered at clinicalstrials.gov as xxxxxxxxx.

Data analysis

The statistical analyses and data management for this study were conducted using SPSS v.23 for Windows. Firstly, descriptive statistics were produced in order to identify the main sociodemographic characteristics of the sample, as well as the satisfaction scores, perceived

usefulness, emotional state and group cohesion. We assessed the normality of the distribution of scores, examining skewness and kurtosis and performing the Shapiro–Wilk and Kolmogorov–Smirnov procedures.

Next, non-parametric testing was conducted since the scores did not meet parametric assumptions. Spearman's rank correlation coefficient was calculated to analyze correlations between satisfaction and perceived usefulness, emotional state and group cohesion. Mann-Whitney U tests were performed to test for differences between the scores from sessions 1 and 12, as participants questionnaires were anonymous and answers could not be paired. The value of z was used to calculate effect size estimates (r = z/square root of N, where N = total number of cases).

Results

Attendance ranged from a maximum of 90.74% in sessions 1 and 2 (49 women attended each of those sessions), to a minimum of 51.85% in session 11 (28 women). The average attendance rate for the whole program was 69.44%.

Overall, participants reported high total levels of satisfaction (M = 8.97, SD = 1.45), perceived usefulness (M = 9.10, SD = 1.42), emotional state (M = 6.11, SD = 1.02) and group cohesion (M = 6.34, SD = 0.86). Correlational analysis using Spearman's rho coefficient showed strong positive relationships between satisfaction and perceived usefulness (r= .717, p< .000), emotional state (r= .592, p< .000), and group cohesion (r= .556, p< .000). Table 2 provides the mean scores for these four parameters for each session. These mean scores were consistently in the upper ranges throughout the treatment.

Table 2: Descriptive data on participant satisfaction, perceived usefulness, emotional state and group cohesion

Session	N	Satisfaction (0-10)[a]		Usefulness (0-10)[a]		Emotional state (1-7) [b]		Group cohesion (1-7)[b]	
		M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
1	49	8.57	1.56	8.84	1.64	5.63	1.10	5.92	1.20
2	49	8.41	1.89	8.43	1.90	5.73	1.29	6.02	1.22
3	37	9.11	1.22	9.24	0.93	6.16	1.09	6.32	0.75
4	46	8.96	1.25	9.24	1.39	6.00	0.97	6.24	0.79
5	43	8.93	1.40	8.98	1.41	6.26	0.90	6.28	0.88
6	41	8.93	1.37	9.12	1.12	6.12	0.93	6.32	0.79
7	34	8.88	1.61	9.17	1.27	6.20	0.90	6.34	0.73
8	32	8.81	1.99	9.06	1.98	6.28	0.77	6.63	0.55
9	30	9.33	1.03	9.40	0.93	6.13	0.73	6.40	0.68
10	32	9.31	1.09	8.97	1.47	6.19	0.97	6.56	0.56
11	28	9.54	0.69	9.52	0.89	6.57	0.57	6.68	0.48
12	29	9.59	1.15	9.79	0.56	6.55	1.30	6.93	0.26

[a] Scores ranging from 0-10 (higher scores indicate higher satisfaction/usefulness).
[b] Scores ranging from 1-7 (higher scores indicate higher emotional state/group cohesion).

The results of the Mann-Whitney U tests revealed significant increases in participant satisfaction (U = 417.00, p<.001), perceived usefulness (U = 468.50, p< .003), emotional state (U = 272.00, p<.000) and group cohesion (U = 322.00, p<.000) between session 1 and 12. Effect sizes for these four variables ranged from medium to large (r= .4, r= .3, r= .5, r= .5, respectively).

Discussion

Despite the significant presence of mental health issues and comorbidity in homeless people, and particularly in homeless women (Duke & Searby, 2019), there is a gap in the implementation and dissemination of evidence-based treatments in this population (Youn et al., 2019). Interventions through disorder-specific programs have shown themselves to be effective (Castaño-Cervantes, 2019; Speirs et al., 2013). Nevertheless, the high comorbidity among psychological disorders observed in homeless women, together with their difficult living circumstances, led us to test the feasibility of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders to encompass several emotional disorders.

We found acceptable attendance rates during the treatment. We must note that participants often had to deal with complex life circumstances that interfered with attendance or even led to attrition (competing priorities, such as meeting their basic needs for food or clothes; illness, medical appointments and hospitalizations, etc.). This is consistent with Youn et al. (2019), who identified these difficulties as being one of the main barriers to implementing the UP for homeless people in community health settings.

In addition, participants reported high and increasing satisfaction and perceived usefulness over the course of treatment, as well as high scores related to emotional state and group cohesion. One could argue that the adaptations made to meet the circumstances and needs of homeless women might have led to these positive outcomes. These results are particularly interesting if we consider that even high satisfaction and perceived usefulness over the course of treatment among homeless people, may lead to mixed results related to effectiveness (Sauer-Zavala et al., 2019).

The findings suggest that the UPHW could therefore be a good option for treating emotional disorders in community settings and it offers several advantages. Firstly, transdiagnostic treatments are a cost and time-efficient approach (Barlow et al., 2017), as the common symptomatology and functioning mechanisms of emotional disorders are treated at the same time. In addition, clinicians in community settings are limited in the amount of time they can dedicate to applying specific evidence-based treatments for particular disorders. Clinicians trained in UPHW would be in an ideal position to simultaneously address the treatment targets which are usual across different disorders (Farchione et al., 2012). Addressing the core-underlying factors contributing to the development and continuance of emotional disorders could have a “domino effect,” thus improving other areas not directly targeted, such as self-esteem or prosocial behaviors.

These results must be considered in light of certain limitations. First, this is a preliminary work focusing on the adaptation and feasibility of the UPHW and it does not present data about its effectiveness. Second, we used an ad hoc survey composed by a single item for each variable (satisfaction, usefulness, emotional state and group cohesion). Our findings therefore need to be interpreted with caution because of the potential methodological and psychometric limitations of this measure. Finally, although there was an acceptable

attendance ratio, one of the main constraints of the study was the discontinuity in attendance of the participants due to their complex life circumstances.

In summary, our results show that the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders is a feasible intervention for homeless women. Since they often experience a high number of stressful life events and emotional disorders (Phipps et al., 2018), a key policy priority should therefore be to plan interventions targeted at this population. This study suggests that the UPHW might contribute to the provision of evidence-based treatment in public community settings. However, further studies that include a control group are required to test the efficacy of the UPHW.

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