

PATH Wisconsin/Bremer Project

Final Report: Executive Summary

Preventing Placement Disruptions in Foster Care

Part 1: Risk and Protective Factors for Placement Stability

Literature Review

- **Characteristics of Child: Behavior, age of child, length of stay in foster care** (Children and Family Research, 2004; Dore & Eisner, 1993; Hartnett, Falconnier, Leathers, & Testa, 1999; Newton, Litrownik, & Landsverk, 2000; Proch & Taber, 1985; D. K. Smith, Stormshak, Chamberlain, & Whaley, 2001)
- **Characteristics of Foster Parents: Ability to deal with child's behavior, relationship and fit with child, social support networks, and life changes** (Chamberlain et al., 2006; Doelling & Johnson, 1990; Redding, Fried, & Britner, 2000; Walsh & Walsh, 1990).
- **Characteristics of Caseworker: Rapport building and time spent with foster family, caseworker turnover** (Children and Family Research, 2004; Ryan, Garnier, Zyphur, & Zhai, 2006; Stone & Stone, 1983; Unrau & Wells, 2005)
- **Characteristics of Biological Parents: Parents presenting issues, visitation with children** (Pardeck, 1984; Redding et al., 2000; Walsh & Walsh, 1990)
- **Characteristics of Placement, Agency and/or System: Type of placement – kinship and treatment homes as more stable, number of children in foster home, cycle of instability - number of previous placements, emergency placements, lack of permanent homes available** (Ahluwalia & Zemler, 2003; Children and Family Research, 2004; Hartnett et al., 1999; Newton et al., 2000; D. K. Smith et al., 2001; Testa, 2001; Webster, Barth, & Needell, 2000)



Key Findings

- There have been a number of controlled and descriptive studies that indicate the behavior of the child (i.e., disruptive, aggressive or dangerous behaviors) is the strongest predictor of placement disruption and is cited as one of the most common reasons foster parents to request a removal of a child.
- Studies indicate that the first six months of a placement is crucial with 70% of disruptions occurring within this timeframe.
- Policies affecting the availability of placement when a child first enters the system are also crucial.
- Much of the research highlights the importance of the relationship of the caseworker to the foster parents and child, including the amount of time spent with the family and the ability to build rapport.
- Low caseworker turnover is also correlated with a lower number of disruptions.
- The type of placement also impacts stability, for example, kinship care and treatment foster care have been linked to greater stability.
- As the number of previous placements for a child increases, the number of later placement disruptions also increases.
- Even for children who do not exhibit behavior problems initially, an increased number of placements predicts an increase in behavior problems, both externalizing behaviors and internalizing behaviors. One explanation may be the tendency for youth to learn behaviors through a peer contagion effect.
- This suggests a cycle of instability created by placement disruptions.



Practice Implications

- Early assessment of children to meet their developmental and mental health needs is needed.
- Training for foster parents should assist them in dealing with problem behaviors.
- Aid in building stronger social support for foster parents (i.e., peer support groups and extended family).
- Implement additional interventions during the critical first six months of a placement.
- Ensure that qualified homes are available when needed, and a good match can be made between child and foster homes in an initial placement through improved foster parent recruitment and retention efforts.
- Consider placing youth with severe behavioral concerns in foster homes with no other children in placement.
- Need for policies at the state, county, and agency level that influence initial placement decisions to ensure that first placements are permanent placement.

Executive Summary

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Part 2: Preventing Disruptions in Foster Care Placement

A. Foster/Adoptive Parents

Literature Review

Foster/Adoptive Parents

- **Foster Parent Recruitment, Assessment and Retention** (Barber, Delfabbro, & Cooper, 2001; Baum, Crase, & Crase, 2001; Brown & Calder, 2000; Chamberlain, Moreland, & Reid, 1992; Children and Family Research, 2004; Christian, 2002; Gary S. Cuddeback, Buehler, Orme, & Le Prohn, 2007; Denby, Rindfleisch, & Bean, 1999; Doran & Berliner, 2001; Gibbs, 2005; Hudson & Levasseur, 2002; Orme, Buehler, McSurdy, Rhodes, & Cox, 2003; Rhodes, Orme, Cox, & Buehler, 2003; Rodwell & Biggerstaff, 1993; Wells & Dangelo, 1994)
- **Foster Parent Training** (Boyd & Remy, 1978; Buehler, Rhodes, Orme, & Cuddeback, 2006; Christenson & McMurtry, 2007; Mary Dozier, Albus, Fisher, & Sepulveda, 2002; Grimm, 2003; Hartnett et al., 1999; Lee & Holland, 1991; Minnis, Pelosi, Knapp, & Dunn, 2001; Pacifici, Delaney, White, Nelson, & Cummings, 2006; Puddy & Jackson, 2003; Redding et al., 2000)



Key Findings

- Promising retention practices include Foster Parent Rights, mentoring, peer support and shared decision-making.
- Foster parents get support from friends and family who are also foster parents.
- Initial assessment of the foster parents' potential to foster successfully has been demonstrated with the Casey Foster Applicant Inventory (CFAI), which has been tested in several studies.
- A foster parent's ability to deal with a child's difficult behavior is critical for placement stability. Research suggests that foster parent training is one way to help prepare foster parents to handle high risk children and to avoid disruptions.
- Currently there is a lack of evidenced-based foster parent training curricula showing consistent results for foster families. There have been mixed results for studies done on the most widely used programs, MAPP and PRIDE.
- Casey Family Programs recommends training that includes behavior management, dealing with attachment and loss, involvement with birth families, joint training foster parents and staff, and teamwork and shared decision-making.
- Online and DVD foster parent courses may also be an option for training and have been shown to be effective in training foster parents on specific topics.



Practice Implications

- Be sure recruitment efforts include clear messages about the current needs for foster care and include recruiters who have their own previous fostering experience. Recruitment campaigns could be targeted to friends and family of current foster parents.
- Implement effective assessment tools for foster parents such as the Casey Foster Applicant Inventory (CFAI).
- Use retention strategies for foster parents that include competitive rates for stipends, involving foster parents in decision-making, showing respect for their work, exhibiting cultural competency, and supporting foster parents in dealing with and managing difficult behaviors of children.
- Develop standardized foster parent training curriculum to help improve foster parents' ability to address a child's difficult behavior, enhance involvement with birth families, and involve foster parents in shared decision-making.
- Consider joint training for foster parents and agency staff /caseworkers.

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B. Treatment Foster Care Services

Literature Review

Treatment Foster Care Services

- **Caseworker Training and Retention** (Bernotavicz, n.d.; Child Welfare League of America, 2002; Hunter College. School of Social & National Resource Center for Family-Centered Practice and Permanency, 2004; B. D. Smith, 2005; Westbrook, Ellis, & Ellett, 2006)
- **Foster Family Services**
 - **Wrap-around services** (Hewitt B. Clark, Lee, Prange, & McDonald, 1996; Evans, Armstrong, & Kuppinger, 1996)
 - **Multi-systemic therapy** (Allin, Wathen, & MacMillan, 2005; Barth et al., 2007; Farmer, Dorsey, & Mustillo, 2004; Halliday-Boykins, Schoenwald, & Letourneau, 2005; Henggeler, Clingempeel, Brondino, & Pickrel, 2002; Henggeler et al., 1999; Littell, Popa, & Forsythe, 2005; Schaeffer & Bourdin, 2005; Slesnick & Prestopnik, 2005; Stambaugh et al., 2007)
 - **Attachment related services** (Chaffin et al., 2006; M. Dozier et al., 2006)
 - **Parent-Child Interaction Therapy - PCIT** (McNeil, Herschell, Gurwitch, & Clemens-Mowrer, 2005; Thomas & Zimmer-Gembeck, 2007; Timmer, Urquiza, & Zebell, 2006)
- **Evidenced-based Program Models – Multidimensional Treatment Foster Care and Early Intervention Foster Care** (California Evidence-Based Clearinghouse for Child Welfare, 2008; Chamberlain, 2003; Eddy, Bridges Whaley, & Chamberlain, 2004; Philip A. Fisher, Burraston, & Pears, 2005; P. A. Fisher & Chamberlain, 2000; P. A. Fisher & Kim, 2007; Gilbertson, Richardson, & Barber, 2005; Leve & Chamberlain, 2007; Westermark, Hansson, & Vinnerljung, 2007)



Key Findings

- Social work education (particularly specialized child welfare programs), supportive supervision, reasonable workloads and job flexibility are factors positively associated with performance and retention of caseworkers in child welfare.
- Wraparound or coordinated intensive services have shown some increases in placement stability and improved child well-being for FIAP program, but it is difficult to test effectiveness across program due to lack of fidelity to one model.
- Some studies show MST to be effective in treating adolescents with severe emotional or behavioral issues, but an extensive review of the literature did not show any significant gains from this treatment.
- A preliminary study showed that one program aimed at foster parents and children, Attachment and Biobehavioral Catch-up, showed promising results for young children exhibiting attachment issues.
- In two studies, family group conferencing has not been shown to improve placement outcomes for children.
- Parent-Child Interaction Therapy has been studied for foster parent-child dyads, and outcomes showed a decrease in child behavior problems and decreases in caregiver distress.
- Multidimensional Treatment Foster Care (MTFC) is the only program model that has been determined to be effective and well supported by research by the California Evidence-based Clearinghouse.
- Studies show that Treatment Foster Care is an effective way to increase placement stability and improve outcomes for children with emotional or behavioral issues.



Practice Implications

- In hiring caseworkers, recruit those applicants with social work education, especially those from specialized child welfare programs.
- Implement organizational structures to support caseworkers, including peer support, flexibility, supportive supervision and reasonable workloads, and focus increased efforts in worker's first couple of years.
- Determine if evidence-based models, such as MTFC or EIFC, may meet the existing needs of families being served.
- Consider implementing promising practices, such as wraparound services (FIAP), Parent-Child Interaction Therapy (PCIT), day treatment for preschoolers or attachment interventions with foster families.