

Involving Foster Parents in Permanency Planning for Adolescents in Treatment Foster Care: Evidence-Based Practices

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Executive Summary**

The report on evidence-based practices for involving treatment foster care parents in permanency planning for adolescents is based on a comprehensive review of empirical literature conducted between October 15, 2008 and November 30, 2008 by the Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota's School of Social Work. The report was developed under the auspices of Federal Title IV-E Funding, the Center for Advanced Studies in Child Welfare, and the Foster Family-Based Treatment Association (FFTA) as part of the Technical Assistance to FFTA Project. The executive summary of this report highlights the key findings and discusses potential practice implications for treatment foster care agencies interested in implementing research-based practices for involving TFC parents in permanency planning for adolescents. The complete findings are presented in the full text of the report, which includes a comprehensive review of literature on the needs of treatment foster care adolescents and methods for involving TFC foster parents in the permanency planning process. An annotated bibliography of pertinent research is also included in the full text of the report. A Quick Reference Guide, which provides key findings and empirically-based relationships among evidence-based practices for involving foster parents in permanency planning and key child welfare outcomes, accompanies this report (see Appendix I).

Permanency Needs of Adolescents in TFC

Treatment foster care (TFC) is a rapidly expanding alternative child welfare and child mental health service for meeting the needs of youth with serious levels of emotional, behavioral, and medical needs, and their families. Approximately 11% of the 510,000 youth in out-of-home care (U.S. Department of Health and Human Services, 2008) are served by TFC (Castrrianno, 2008). TFC homes provide the stability of a home environment in combination with intensive, foster family-based, individualized services to children, adolescents, and their families as an alternative to more restrictive residential placement options. TFC has been demonstrated to be effective, is currently one of the most widely used forms of out-of-home placement for youth with severe emotional and behavioral needs, and is considered the least restrictive form of residential care (Chamberlain, 2000; Hudson, Nutter, & Galaway, 1994; Meadowcroft, Thomlison, & Chamberlain, 1994; Reddy & Pfeiffer, 1997).

The available research describing youth served by TFC reveals that youth in TFC experience many psychosocial adversities, particularly neglect. These youth often come from families who have confronted (or are currently confronting) issues of drug and alcohol abuse, marital discord, unemployment, poverty, and a history of parental emotional disturbance or psychiatric hospitalization (Hussey & Guo, 2005; James et al., 2006; Timbers, 1990). Although TFC youth are themselves a diverse group, they are united by their high level of emotional, behavioral, and/or medical needs.

Establishing permanent homes for children in foster care has become a top priority of our nation's child welfare systems, as timely and sustainable decision-making about long-term care arrangements for youth in out-of-home placements is crucial to their future protection and well-

being (Tilbury & Osmond, 2006). Recent legislation – both the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) and the Adoption and Safe Families Act of 1997 (ASFA; Public Law 105-89) – has been passed specifically to fulfill this purpose. Because TFC youth have a high level of emotional, behavioral, and medical needs that require the coordination of intensive services, permanency planning for TFC adolescents is a complex process. The needs of youth in TFC vary depending on their planned permanency outcomes.

Reunification

Fifty-eight percent of TFC youth exit out-of-home care via reunification (Catrianno, 2008). However, these youth are at an increased risk for behavioral problems, including more legal involvement, substance abuse, self destructive behaviors, as well as internalizing and externalizing behavior problems, as compared to children who remain in foster care, even when controlling for age and gender (Taussig, Clyman, & Landsverk, 2001). The maintenance of behavioral problems after exiting foster care puts TFC youth at risk of reentry. Approximately 14% to 20% of reunified youth overall reenter out-of-home care, but the rates of reentry may be higher for TFC youth (M. E. Courtney, 1995; Festinger, 1996; Thomas, Chenot, & Reifel, 2005; Wells & Guo, 1999).

Adoption

Eleven percent of TFC youth exit the foster care system via adoption (Catrianno, 2008). The pool of adoptive parents for adolescents is quite small, and the need for adoptive parents is greater than the supply – especially for those with significant disabilities (Testa, 2004). Once initiated, the rate of adoption disruptions is relatively low. However, foster-adoptive parents and former TFC youth experience a range of emotions, such as shock, anger, guilt, and depression,

and issues, such as youth anxiety and acting out behaviors, as they experience the ambiguity of the child welfare and legal system and the change in the youth's permanency status.

Relative Care

Approximately 12% of TFC youth live with relatives (via adoption, legal guardianship, etc.) upon discharge from TFC (Castrrianno, 2008). Kinship care *during* placement offers several benefits to youth, including providing familiar caregivers to youth who can help reduce the trauma associated with out-of-home care, fewer allegations of abuse or neglect, less involvement with the juvenile justice system, and more informal, family-like contact between youth and their birth parents (Beeman & Boisen, 1999; Berrick, Barth, & Needell, 1994; Koh & Testa, 2008; Wilson & Chipunga, 1996; Winokur, Crawford, Longobardi, & Valentine, 2008). However, kinship providers note that they experience many barriers to adopting youth in their care, such as decreased services and supports, limited information about permanency options, and issues regarding child welfare procedures and altering family connections (Lorkovich, Piccola, Groza, Brindo, & Marks, 2004).

Emancipation

Although a large percentage of youth in TFC are adolescents, only a small percent of youth (6%) exit via emancipation (Castrrianno, 2008). Youth in transition from out-of-home care to adulthood are a vulnerable sub-population of the foster care system. In addition to the trauma of maltreatment, experiencing termination of parental rights, separation from their birth families, and challenges associated with out-of-home care, these youth face the premature and abrupt responsibility of self-sufficiency as they leave care for independent living. Youth transitioning from foster care are likely to experience a number of challenges, including obtaining education,

housing, employment, financial stability, and meeting mental and physical health needs (Barth, 1990; Blome, 1997; Cook, 1994; M. E. Courtney & Dworsky, 2006; M. E. Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; McMillen & Tucker, 1999).

Permanency Recommendations for TFC Youth

The following recommendations have been developed to assist TFC agencies meet the permanency needs of youth in their care based on the literature reviewed in the full report,

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1. Provide intensive reunification and/or adoption services with longer follow-up periods. Services provided to former TFC youth and their families, such as respite care and educational services, may be tapered over time during re-integration . However, TFC youths' families may need a longer transition period to adjust to the youth's high level of emotional, behavioral, and medical needs; these needs may or may not be the same as they were before entering care.
2. Match families' strengths with youths' needs when finding permanent families, making the permanency transition, and allocating services for former TFC youth and their families. For example, foster care agencies may wish to use tools such as the *Belonging and Emotional Security Tool* (BEST; Frey, Cushing, Freundlich, & Brenner, 2008) to deepen conversations around permanency plans which involve foster parent adoption.

3. Provide ongoing formal and informal support for kin caregivers and their children, such as support for negotiating the boundaries between the youth's birth and permanent families, information about permanency options for kinship caregivers and child welfare processes, and education about youth needs. Ongoing support may be especially important for TFC youth, as their levels of emotional, behavioral, or medical needs change.
4. Provide opportunities for TFC youth to develop life skills and build support systems which include birth relatives, foster parents, peers, and mentors,
5. Ensure that TFC youth emancipating out of care have access to their mental and physical health histories, benefits afforded to them, education about self-care, medication schedules, and identifying symptoms that require medical attention, and additional emotional supports that youth may turn to in times of emotional and physical strain.
6. Assist birth, foster, and adoptive families and former TFC youth develop relationships with one another during out-of-home care, during the permanency planning process, and following the youth's exit from out-of-home care. Even when birth families cannot provide a permanent placement for TFC youth, they may continue to be sources of support for former TFC youth following adoption, relative care, and emancipation (Mapp & Steinberg, 2007).

Involving Foster Parents in Permanency Planning

Foster parents are a central figure in TFC youths' lives. Much like traditional foster parents, TFC foster parents are responsible for providing daily care to youth placed in their homes. However, unlike traditional foster parents (who have little to no responsibility for providing treatment to their foster children) TFC foster parents are viewed as the *primary* treatment agents. TFC foster parents are responsible for providing active, structured treatment for foster children and youth within their foster family homes (FFTA, 2008). Because TFC foster parents play such a central role in providing services for the youth in their care, involvement in the permanency process is a logical way to be involved in providing care and ensuring the well-being of TFC youth.

The following methods for involving foster parents in permanency planning were reviewed in this report:

Model	Empirical Literature
<i>Finding Permanent Families</i>	
Breakthrough Series Collaborative*	Casey Foundation, 2005
NOVA Model*	Pasztor, 1985
Recruitment Methods	Geen, Malm, & Katz, 2004; Ronacher, 1997
<i>Mentoring</i>	
Co-Parenting**	Linares, Montalto, Li, & Oza, 2006; Linares, Montalto, Rosbruch, & Li, 2006
Shared Family Foster Care*	Barth & Price, 1999
Shared Parenting*	Landy & Munro, 1998
<i>Including FP in Service Planning</i>	
Foster Parent Involvement in Service Planning	Denby, Rindfleisch, & Bean, 1999; Hencry, Cossett, Auletta, & Egan, 1991; Rhodes, Orme, & Buehler, 2001; Sanchirico, Lau, Jablonka, & Russell, 1998
<i>Including FP in Permanency Planning</i>	
Family to Family**	Crea, Crampton, Abramson-Madden, & Usher, 2008; Health & Social Policy Division & Jordan Institute for Families, 1998
Ecosystemic Treatment Model*	Lee & Lynch, 1998
The Illinois Project*	Gleeson, Bonecutter, & Altshuler, 1995
Inclusive Practice*	Crea, Crampton, Abramson-Madden, & Usher, 2008; Kufeldt, Armstrong, & Dorosh, 1995; Leathers, 2002; Palmer, 1996
Intensive Family Preservation	Gillespie, Byrne, & Workman, 1995; Lewis, 1994

Services*	
Iowa Mediation for Permanency Project*	Landsman, Thompson, & Barber, 2003
Mediation*	Anderson & Whalen, 2004; Etter, 1993; Maynard, 2005
Visitation	
Family Reunification Project**	Simms & Bolden, 1991; University Associates, 1999
Visitation	Perkins & Ansay, 1998
Wraparound Services	
Fostering Individual Assistance Program (FIAP)**	Clark & Prange, 1994; Clark, Lee, & Prange, 1996
Wraparound Services	Bickman, Smith, Lambert, & Andrade, 2003; Bruns, Rast, Peterson, Walker, & Bosworth, 2006; Carney & Butell, 2003; Crusto, Lowell, Paulicin, Reynolds, Feinn, & Friedman, 2008; Hyde & Burchard, 1996; Myaard, Crawford, Jackson, & Alessi, 2000; Pullman, Kerbs, Koroloff, Veach-White, Gaylor, & Sieler, 2006
Life Long Connections	
General Life Long Connections	Frasch, Brooks, & Barth, 2000

*Note. Methods not starred (hereafter referred to as “practice approaches”) have not been evaluated using the evidence-based practice rating scale due to the variability in implementing these methods in practice settings. *Emerging practice. **Promising practice.*

The evidence base (supporting empirical literature) of each training model reviewed in this report was evaluated using the California Evidence-Based Clearinghouse’s (CEBC) Rating Scales (California Evidence-based Clearinghouse (CEBC) for Child Welfare, 2008a). The evaluation revealed that involving foster parents in permanency planning is a new trend in child welfare. Thus, none of the practices have been found to be well-supported by current research (using randomized, controlled trials). Therefore, no models for involving foster parents in permanency planning met the criteria for being deemed **effective** or **efficacious practices**.

Several models for involving foster parents in permanency planning have been rated as **promising practices**. These include Co-Parenting, Family to Family, the Family Reunification Project, and the Fostering Individual Assistance Program (FIAP). The intended effects of these models have been demonstrated in research that utilized *non-randomized* control and treatment

groups. Thus, these models show potential for creating positive outcomes but are not definitive in producing the desired results.

Several other models for involving foster parents in permanency planning have been rated as **emerging practices**. These include the Breakthrough Series Collaborative (BSC), Ecosystemic Treatment Model, the Illinois Project, inclusive practice, Intensive Family Preservation Services (IFPS), the Iowa Mediation for Permanency Project, mediation, the NOVA Model, Shared Family Foster Care, and Shared Parenting. These practices have been generally accepted in clinical practice as appropriate for use with children receiving services from child welfare or related systems and their parents/caregivers. However, either no formal evaluations of the practice have been completed to date or the research base of this practice is descriptive or exploratory in nature (i.e., does not utilize control groups).

The review of published, empirical literature on involving foster parents in permanency planning indicates that foster parents may be involved in permanency planning for TFC adolescents in a variety of ways. These include informing agency practices for working with foster parents and TFC youth, taking an active role in permanency planning, collaborating with agency workers and birth parents to ensure successful birth parent visitations, and mentoring birth families throughout the entire out-of-home placement experience. Most of the models of foster parent involvement show promise in a traditional foster care population, but relatively few have been formally evaluated using randomized clinical trials. None have been evaluated in a treatment foster care setting.

Current research reveals that the various methods for involving foster parents in permanency planning are most useful in creating positive changes in placement stability and

permanency outcomes, birth family visitation, satisfaction among families, and collaboration between birth and foster families (see the Quick Reference Guide for associations among these key child welfare outcomes and particular methods for involving foster parents in permanency planning). It will be important for foster care agencies wishing to utilize these methods to use caution when selecting foster parents to participate. When foster parents are chosen to work with birth parents, agencies should consider their experience, maturity, communication skills, their ability to handle these multiple roles, and the possible need for additional training (Lewis & Callaghan, 1993; Sanchirico & Jablonka, 2000). Although a variety of methods for involving foster parents in adolescent permanency planning currently exist, the lack of rigorous research leads us to believe that more rigorous studies are needed to evaluate the effectiveness of emerging and promising practices for involving foster parents in permanency planning, and to develop and test specific models of current practice approaches for involving foster parents in permanency planning. Additionally, more work needs to be done to evaluate these models for TFC youth.