

Evidence-Based Practice in Foster Parent Training and Support: Implications for Treatment Foster Care Providers

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Executive Summary**

The report on evidence-based practice in foster parent training and support is based on a comprehensive review of empirical literature conducted between May 20, 2008 and August 15, 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 of foster parent training and support. The complete findings are presented in the full text of the report, which includes a comprehensive review of literature and annotated bibliography of pertinent research. A Quick Reference Guide, which provides key findings and empirically-based relationships among evidence-based practices in foster parent training and support, and key child welfare outcomes, accompanies this report (see Appendix I).

Foster Parent Training

The following models of foster parent training were reviewed in this report:

Model	Empirical Literature
<i>Pre-service Training Models</i>	
NOVA	Pasztor, 1985
Parent Resources for Information, Development, and Education (PRIDE)	Christenson & McMurty, 2007
<i>Parenting Models</i>	
1-2-3 Magic	Bradley et al., 2003
Behaviorally-Oriented Training	Boyd & Remy, 1978, 1979; Van Camp et al., 2008
Cognitive-Behavioral Therapy (CBT)	Macdonald & Turner, 2005
Foster Parent Skills Training Program (FPSTP)	Brown, 1980; Guerney, 1977; Guerney & Wolfgang, 1981
Incredible Years (IY)	Baydar, Reid, & Webster-Stratton, 2003; Gardner, Burton, & Klimes, 2006; Linares et al., 2006; Reid, Webster-Stratton, & Baydar, 2004; Reid, Webster-Stratton & Beauchaine, 2001; Webster-Stratton, 2000
Keeping Foster Parents Trained and Supported (KEEP)	Chamberlain, Price, & Laurent et al., 2008; Chamberlain, Price, & Reid et al., 2008; Price et al, 2008
Model Approach to Partnerships in Parenting (MAPP)	Lee & Holland, 1991; Puddy & Jackson, 2003; Rhodes, Orme, Cox, & Buehler, 2003
Multidimensional Treatment Foster Care (MTFC)	Chamberlain, Leve, & DeGarmo, 2007; Chamberlain & Moore, 1998; Chamberlain & Reid, 1998; Eddy, Bridges Whaley, & Chamberlain, 2004; Eddy & Chamberlain, 2000; Eddy, Whaley, & Chamberlain, 2004; Harmon, 2005; Kyhle, Hansson, & Vinnerljung, 2007; Leve & Chamberlain, 2005; Leve & Chamberlain, 2007; Leve et al., 2005
Multidimensional Treatment Foster Care-Preschool (MTFC-P)	Fisher, Burraston, & Pears, 2005; Fisher et al., 2000; Fisher & Kim, 2007
NTU	Gregory & Phillips, 1996
Nurturing Parenting Program NPP	Cowen, 2001; Devall, 2004
Parent-Child Interaction Therapy (PCIT)	Bagner & Eyberg, 2007; McNeil, Herschell, Gurwitsch, & Clemens-Mowrer, 2005; Nixon, Sweeney, Erickson, & Touyz, 2003; Shuhman et al., 1998; Timmer et al., 2006; Thomas & Zimmer-Gembeck, 2007
Parenting Wisely (PAW)	Kacir & Gordon, 1999; O'Neil & Woodward, 2002; Segal et al., 2003

Positive Parenting Program (PPP)	Bor, Sanders, & Markie-Dadds, 2002; Leung, Sanders, Leung, Mak, & Lau, 2003; Martin & Sanders, 2003; Roberts, Mazzucchelli, Studman, & Sanders, 2006; Sanders, Bor, & Morawska, 2007; Sanders, Markie-Dadds, Tully, & Bor, 2000; Turner, Richards, & Sanders, 2007; Zubrick et al., 2005
Teaching Family Model (TFM)	Bedlington et al., 1988; Jones & Timbers, 2003; Kirgin, Braukman, Atwater, & Wolf, 1982; Larzelere et al., 2004; Lee & Thompson, 2008; Lewis, 2005; Slot, Jagers, & Dangel, 1992; Thompson et al., 1996
<i>Specialized Foster Parent Training</i>	
Attachment and Biobehavioral Catch-Up (ABC)	Dozier et al, in press; Dozier et al., 2006
Caring for Infants with Substance Abuse	Burry, 1999
Communication & Conflict Resolution	Cobb, Leitenberg, & Burchard, 1982; Minnis, Pelosi, Knapp, & Dunn, 2001
Early Childhood Developmental and Nutritional Training	Gamache, Mirabell, & Avery, 2006
Family Resilience Project	Schwartz, 2002
Preparing Foster Parents' Own Children for the Fostering Experience	Jordan, 1994
Support and Training for Adoptive and Foster Families (STAFF)	Burry & Noble, 2001
<i>Training Modality</i>	
Foster Parent College	Buzhardt & Heitzman-Powell, 2006; Pacifici, Delaney, White, Cummings, & Nelson, 2005; Pacifici, Delaney, White, Nelson, & Cummings, 2006
Group vs. Individual Training	Hampson, Schulte & Ricks, 1983
On-Line Training	

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 (CEBC, 2008e). The evaluation revealed that **effective training practices** currently include IY, MTFC, PCIT, and IY; **efficacious training practices** include 1-2-3 Magic and MTFC-P; **promising training practices** include ABC, Caring for Infants with Substance Abuse,

communication & Conflict Resolution, FPSTP, KEEP, NPP, PAW, and TFM; and **emerging training practices** include Behaviorally-Oriented Training, CBT, Early Childhood Developmental & Nutritional Training, Family Resilience Project, Foster Parent College, MAPP, NOVA, NTU, Preparing Foster Parents Own Children for the Fostering Experience, and PRIDE.

The review of research suggests that training programs are most able to create positive changes in parenting knowledge, attitudes, self-efficacy, behaviors, skills, and to a lesser extent, child behaviors. Training of foster parents is also linked to foster parent satisfaction, increased licensing rates, foster parent retention, placement stability, and permanency. (See the Quick Reference Guide for associations among these key child welfare outcomes and particular foster parent trainings and support services.)

Effective elements of foster parent training programs include: increasing positive parent-child interactions (in non-disciplinary situations) and emotional communication skills; teaching parents to use time out; and teaching disciplinary consistency (Kaminski, Valle, Filene, & Boyle, 2008). Training programs that incorporate many partners (teachers, foster parents, social workers, etc.) with clearly defined roles appear to be the most promising in producing long term change (i.e., MTFC, IY). Additionally, training that is comprehensive in nature and incorporates education on attachment, and training in behavior management methods appears promising at addressing the complex training needs of treatment foster parents.

Although a variety of foster parent training programs currently exist, the review of research leads us to believe that more rigorous studies are needed to evaluate the effectiveness of emerging practices for both pre-service and in-service foster parent trainings. Few of the training programs in this report have been evaluated in a Treatment Foster Care setting. Although many

studies have included youth who resemble TFC youth in their samples, most training programs have strictly been evaluated in a traditional foster care setting. Clearly, more work needs to be done to evaluate these programs for TFC youth.

Foster Parent Support

The following foster parent supports were reviewed in this report:

Model	Empirical Literature
<i>Benefits</i>	
Health Insurance & Managed Care	Davidoff , Hill, Courtot, & Adams, 2008; Jeffrey & Newacheck, 2006; Krauss, Gulley, Sciegaj, & Wells, 2003; Newacheck et al., 2001; Okumura, McPheeters, & Davis, 2007; Rosenbach, Lewis, & Quinn, 2000
Service Provision & Managed Care	McBeath & Meezan, 2008; Meezan & McBeath, 2008;
Stipends	Campbell & Downs, 1987; Chamberlain, Moreland, & Reid, 1992; Denby & Reindfleisch, 1996; Doyle, 2007; Duncan & Argys, 2007
<i>Integrated Models</i>	
Keeping Foster Parents Trained and Supported (KEEP)	Chamberlain, Price, & Laurent et al., 2008; Chamberlain, Price & Reid et al., 2008; Price et al, 2008
Multidimensional Treatment Foster Care (MTFC)	Chamberlain, Leve, & DeGarmo, 2007; Chamberlain & Moore, 1998; Chamberlain & Reid, 1998; Eddy, Bridges Whaley, & Chamberlain, 2004; Eddy & Chamberlain, 2000; Eddy, Whaley & Chamberlain, 2004; Harmon, 2005; Kyhle, Hansson, & Vinnerljung, 2007; Leve & Chamberlain, 2005; Leve & Chamberlain, 2007; Leve et al., 2005
Multidimensional Treatment Foster Care-Preschool (MTFC-P)	Fisher, Burraston, & Pears, 2005; Fisher et al., 2000; Fisher & Kim, 2007
Support and Training for Adoptive and Foster Families (STAFF)	Bury & Noble, 2001
<i>Involvement in Program (Collaboration/Partnering)</i>	
Co-Parenting	Linares, Monalto, & Li et al., 2006; Linares, Monolto, & Rosbruch et al., 2006
Ecosystemic Treatment Model	Lee & Lynch, 1998
Family Reunification Project	Simms & Bolden, 1991

Foster Parent Involvement in Service Planning	Denby, Rindfleisch, & Bean, 1999; Henry, Cossett, Auletta, & Egan, 1991; Rhodes, Orme, & Buehler, 2001; Sanchirico, Jablonka, Lau, & Russell, 1998
Privatized Child Welfare Services	Friesen, 2001
Shared Family Foster Care	Barth & Price, 1999
Shared Parenting	Landy & Munro, 1998
<i>Level of Care</i>	
Positive Peer Culture	Leeman, Gibbs & Fuller, 1993; Nas, Brugman, & Koops, 2005; Sherer, 1985
Re-ED	Fields et al., 2006; Hooper et al., 2000; Weinstein, 1969
Stop-Gap	McCurdy & McIntyre, 2004
<i>Respite</i>	
Respite	Brown, 1994; Cowen & Reed, 2002; Ptacek et al., 1982
<i>Social Support</i>	
Social Support	Denby, Rindfleisch, & Bean, 1999; Finn & Kerman, 2004; Fisher et al., 2000; Hansell et al., 1998; Kramer & Houston, 1999; Rodger, Cummings, & Leschied, 2006; Rhodes et al., 2001; Strozier, Elrod, Beiler, Smith, & Carter, 2004; Urquhart, 1989; Warde & Epstein, 2005
<i>Support Inventories</i>	
Casey Foster Applicant Inventory	Orme et al., 2007
Help with Fostering Inventory	Orme, Cherry, & Rhodes, 2006; Orme & Cox et al., 2006
<i>Treatment Foster Care</i>	
Treatment Foster Care	Galaway, Nutter, & Hudson, 1995
<i>Wraparound</i>	
Family-Centered Intensive Case Management (FCICM)	Evans et al., 1994; Evans, Armstrong, & Kuppinger, 1996
Fostering Individual Assistance Program (FIAP)	Clark & Prange, 1994; Clark, Lee, Prange, & McDonald, 1996
General Wraparound Services	Bickman et al., 2003; Bruns et al., 2006; Carney & Butell, 2003; Crusto et al., 2008; Hyde, Burchard, & Woodworth, 1996; Myaard et al., 2000; Pullman et al., 2006

In this report, the evidence base of each foster parent support was evaluated using the CEBC's Rating Scales (CEBC, 2008e). Although many areas of support did not include specific practice models (e.g., respite, stipends, etc.), each area of support was evaluated in light of the existing empirical literature. This evaluation revealed that **effective supports** currently include

MTFC; **efficacious supports** include FCICM, MTFC-P, and PPC; **promising supports** include Co-parenting, FIAP, KEEP, and Stop-Gap; and **emerging supports** include Ecosystemic Treatment Model, Re-ED, Shared Family Care, and Shared Parenting. Specific models of some TFC provider support services have not yet been developed, including stipends, health insurance delivery, managed care service provision, respite, and social support. However, the provision of these services to foster parents is associated with improved foster parent and child outcomes (see Appendix I).

Foster parent's primary motivation for fostering is to make a positive difference in children's lives (MacGregor, Rodger, Cummings, & Leschied, 2006; Rodger, Cummings, & Leschied, 2006). However, this cannot be successfully accomplished without a variety of supports from agencies, community and family members, and policymakers. The review of empirical literature suggests the following:

Benefits

Health care benefits for foster children are a major issue for foster parents. This includes both the continuity of coverage and coordination of care for foster children (Kerker & Dore, 2006; Leslie, Kelleher, Burns, Landsverk, & Rolls, 2003). In addition, the program funding scheme (fee-for-service versus performance based) has an impact on foster children's outcomes. Research has shown that children in performance-based programs are significantly less likely to be reunified and are more likely to be placed in kinship foster homes or adopted (Meezan & McBeath, 2008).

As stated earlier, foster parents' primary motivation for fostering is to help children, not to accumulate monthly funds. The literature suggests that supportive services and a monthly stipend can assist foster parents in paying for additional costs associated with caring for children with behavioral issues (such as TFC youth) and have a positive impact on foster parent retention (Doyle, 2007; Duncan & Argys, 2007; Meadowcroft & Trout, 1990). However, many foster parents report that the monthly stipend is inadequate to meet the costs associated with caring for foster children and youth (Barbell, 1996; Soliday, 1998). Thus, more research on the costs associated with caring for TFC youth, and the various rates of TFC provider payments is needed.

Involvement in Service Planning (Collaboration)

Foster parents express desire to be involved in the service planning for children in their care (Brown & Calder, 2002; Denby, Rindfleisch, & Bean, 1999; Hudson & Levasseur, 2002; Rhodes, Orme, & Buehler, 2001). Yet, there is a delicate intersection between professionalization of the foster parent role and providing parental care for foster children, as foster parents consider themselves parents first and foremost (Kirton, 2001). Involvement in planning and professionalization is linked to increased foster parent satisfaction and retention (Denby, Rindfleisch, & Bean, 1999; Rhodes et al., 2001; Sanchirico, Jablonka, Lau, & Russell, 1998).

Several models of foster parent involvement with biological parents have been developed and are in the early stages of evaluation (i.e., Co-parenting, Ecosystemic Treatment Model, Shared Family Care, and Shared Parenting). These models require differing amounts of collaboration between biological and foster families, ranging from planning meetings together to

foster families caring for the entire family rather than just the child. TFC agencies who wish to implement practices that involve foster parents in service planning and/or create opportunities for collaboration between foster and biological parents may find these programs helpful.

Respite Care

Respite provides a break for foster parents. The research suggests that respite care is a necessity and should be provided by programs (Cowen & Reed, 2002; Robinson, 1995). However, the format for respite will depend on the (changing) needs of parents (Meadowcroft & Grealish, 1990). Use of respite care is viewed as a deterrent to “burn out” (Meadowcroft & Grealish, 1990) and is linked to decreases in stress and satisfaction with the process (Cowen & Reed, 2002, Ptacek et al., 1982). It is therefore reasonable to assume that foster care agencies can utilize customer satisfaction surveys to evaluate their respite care services on an ongoing basis as a means of ensuring the provision of the most effective respite services for treatment foster parents. Additionally, it may be important to survey TFC providers who are not currently utilizing respite services to detect any barriers associated with using respite care.

Social Support

Support groups and social support can assist foster parents with lifestyle changes and adjustments. Foster parents stress the importance of maintaining connections with other foster parents, and many parents seek assistance from informal sources (such as other foster families, friends, and family members) before seeking formal support (Kramer & Houston, 1999). The internet may be a new area for foster parents to be supported, although current research indicates on-line sources are infrequently used (Finn & Kerman, 2004). However, one recent study found that an on-line training was effective, and could be used with kinship caregivers, to increase self-

efficacy, teach computer skills, enhance social support, and build common ground between children and caregivers (Strozier, Elrod, Beiler, Smith, & Carter, 2004). Social support of foster parents is linked to greater foster parent satisfaction and resources, as well as improved child behavior (Denby et al., 1999; Fisher, Gibbs, Sinclair, & Wilson, 2000).

Support provided by agencies and caseworkers is linked to greater foster parent satisfaction and retention (Rodger, Cummings, & Leschied, 2006; Rhodes et al., 2001; Urquhart, 1989). Support is also mitigating factor in reducing stress (Hansell et al., 1998). It is important to note that kinship and non-kinship foster parents have differing needs, and therefore may require different types or amounts of social support (Cuddeback & Orme, 2002; Oakley, Cuddeback, Buehler, & Orme, 2007).

The relationship between the social worker and foster family is also key to increasing the satisfaction and retention of foster parents (Denby et al., 1999). Foster parents indicate the need for an open, positive, supportive relationship with the worker (Brown & Calder, 2000; Fisher et al., 2000). Foster parents' satisfaction is related to their perceptions about teamwork, communication, and confidence in relation to both the child welfare agency and its professionals (Rodger et al., 2006).

Treatment foster parents may benefit from the development of support models that 1) create additional formal agency supports, and 2) help treatment foster parents identify current support needs and expand their informal support networks. Additionally, more collaboration and integration between foster parents and agencies is necessary to meet the ever changing needs of foster parents.