

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

APPENDIX I - Quick Reference Guide

The report on evidence-based practices for involving treatment foster care parents in permanency planning for adolescents is intended to assist Foster Family-Based Treatment Association (FFTA) foster care agencies 1) become familiar with the needs of adolescents in TFC homes as they pertain to permanency, and 2) identify the most effective methods for involving foster parents in permanency planning, as determined by the state of current empirical research. This report is based on a comprehensive review of published empirical literature conducted by the Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota's School of Social Work. The report provides a literature review of the history of TFC, legislation regarding permanency planning, characteristics of TFC youth, and needs of TFC youth across the permanency outcomes of reunification, adoption, emancipation, and relative care. It also outlines evidence-based practices for involving foster parents in permanency planning, including recruiting resource families, involving foster parents in permanency planning, mentoring, and visitation. It is hoped that the information provided in this literature review will inform Foster Family-Based Treatment Association (FFTA) TFC agencies' permanency planning processes.

The Quick Reference Guide provides a brief summary of findings from the full report. Included in this guide are key findings and tables outlining empirically-based relationships among evidence-based practices for involving foster parents in adolescent permanency planning, and key child welfare outcomes. Descriptions of the various methods for involving foster parents

in permanency planning, and a complete description of the scales utilized in rating the level of effectiveness of the various methods are presented in the full text of the report.

Defining Evidence-Based Practice

It is important to think of EBP as a *process* of posing a question, searching for and evaluating the evidence, and applying the evidence within a client- or policy-specific context (Regehr, Stern, & Shlonsky, 2007). EBP blends current best evidence, community values and preferences, and agency, societal, and political considerations in order to establish programs and policies that are effective and contextualized (Gambrill, 2003, 2006; Gray, 2001).

The Quick reference guide assists practitioners with one important step in this process by outlining the effectiveness of various models for involving foster parents in permanency planning. Two things are important to note: 1) because this guide relies solely on practices that have been documented in the peer-reviewed, published literature, some field practices may not be included, and 2) the effectiveness of models presented in this guide may not have been developed for, or tested in, all populations of foster care youth. Practitioners wishing to utilize one of the models in this guide should draw on their expertise to determine if a practice is appropriate for a given client and context.

Characteristics and Needs of Adolescents in Treatment Foster Care

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. 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 and 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 et al., 1994; Meadowcroft et al., 1994; Reddy & Pfeiffer, 1997).

FFTA (2004) has estimated that 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. Although a significant body of research has documented the mental health needs of youth in non-relative foster care settings (Heflinger et al., 2000), less is known about youth in TFC settings. The little research that is available on TFC youth reveals that youth in TFC experience many psychosocial adversities (particularly neglect), and come from families who have confronted (or are currently confronting) issues of drug and alcohol abuse, marital discord, unemployment, and a history of parental emotional disturbance or psychiatric hospitalization in addition to poverty (Hussey & Guo, 2005; James et al., 2006; Timbers, 1990). TFC youth differ from youth in traditional foster care settings on a number of factors, including:

- Multiple out-of-home placements prior to their entry into TFC (ranging from two to five formal placements on average (Catrianno, 2008; Hussey & Guo, 2005; Timbers, 1990).
- Average age of first out-of-home placement ranges from five and a half to 13 years (Catrianno, 2008; Hussey & Guo, 2005; Timbers, 1990).
- Average lengths of stay in TFC range from a few months to over a year (Catrianno, 2008; Hussey & Guo, 2005).

- Many TFC youth are cognitively limited or developmentally delayed, and/or have elevated levels of emotional, behavioral, and medical needs which are greater than those experienced by youth in traditional foster care (Castrianno, 2008; Hussey & Guo, 2005; James et al., 2006).

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). Thus establishing permanent homes for children in foster care has become a top priority of our nation's child welfare systems. 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) have been passed as a means of finding permanent families for foster care youth. Because TFC youth experience a multitude of emotional, behavioral, and developmental challenges 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.

Fifty-eight percent of TFC youth exit out-of-home care through reunification with birth parents (Castrianno, 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 et al., 2001). The maintenance of behavioral problems after exiting foster care puts TFC youth at risk of reentry. Currently reentry rates of youth who had previously been reunified with their parents or caretakers ranges from 14% to 20% (M. E. Courtney, 1995; Festinger, 1996; Thomas et al., 2005; Wells & Guo, 1999). TFC youth who are reunifying with their birth families may need intensive family reunification

services with long-term follow-up (including individual, family, and environmentally-focused) to reinforce progress made in TFC and build upon it (Thomas et al., 2005). Additional sources of support that may be necessary for TFC youth reunifying with their birth families include respite care and parent education about the youth's condition (Festinger, 1996), collaboration between resource parents and birth parents (Dougherty, 2004), addressing caregiver health concerns (Bellamy, 2008), and helping caregivers make connections with informal and formal groups and organizations within their cultural and geographic communities (Festinger, 1996). Supervision and in-home services for reunified families may need to last for two, or even three years (Barth & Berry, 1987; Dougherty, 2004).

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). However, once initiated, the rate of adoption disruptions is relatively low. The rate of adoption disruption may be kept to a minimum by matching families' strengths with children's needs and improving supportive services for adoptive families (Cowan, 2004). Although it may seem as though adoptions are relatively unproblematic, this is not usually the case. Foster-adoptive parents and TFC youth go through a range of emotions and experience issues surrounding youth anxiety and acting out behaviors as they experience the ambiguity of the child welfare and legal system. Several supports have been recommended for helping TFC youth and their foster families through the adoption process:

- *Belonging and Emotional Security Tool* (BEST) – a tool that social workers can use to deepen conversations regarding youth's needs for a sense of emotional security and

belonging and provide a structure for exploring foster parents' and youth's ambivalence around making a legal or lifetime personal commitment.

- Giving special preparation and support to foster-adoptive parents who choose to take an older child, especially when the birth parent's rights have not been terminated (Edelstein et al., 2002).
- Providing therapeutic supports to families involved as they deal with the possibility of losing their child to another family.
- Providing on-going post-adoption supports to TFC youth and their families, such as helping to facilitate youth contact with birth family members (if desired), and services, such as adoption assistance, formal and informal supports (e.g., therapy and support groups), educational/information services, and respite care (Gateway, 2006; McKenzie, 1993).

Approximately 12% of TFC youth live with relatives (via adoption, legal guardianship, etc.) upon discharge from foster care (Catrianno, 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 et al., 1994; Koh & Testa, 2008; Wilson & Chipunga, 1996; Winokur et al., 2008). However, kinship providers note that they experience many barriers to adoption of youth in their care. Thus, practitioners developing a permanency plan for youth in kinship care need to be informed about the permanency options as well as appropriate services for youth and their families. Practitioners should keep in mind that kin

providers come from a variety of backgrounds and possess different strengths and weaknesses, as do the youth in their home, and resources and services need to be designed to address this. These resources and services may include providing:

- Information about managing the physical, social, or emotional effects that often accompany abuse and neglect
- Social support and services such as financial assistance, insurance options, etc.
- 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. On-going support may be especially important for TFC youth, as their levels of emotional, behavioral, or medical needs change.

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 et al., 2001; McMillen & Tucker, 1999). It is therefore important for adolescents who are emancipating from foster care to develop life skills, for which programs have proliferated upon the passing of the Foster Care Independence Act of 1999 (Public Law 106-169). Beyond developing basic life

skills, foster youth also need to build support systems which include birth relatives, foster parents, peers, and mentors (Maluccio et al., 1990). Research on the experiences of youth leaving foster care as they enter adulthood has noted that they often reconnect, and sometimes live with, members of their family of origin (Collins et al., 2008). It is important to note that even when birth families cannot provide permanent placements, they may be able to offer appropriate relationships with, and a sense of permanency for their children (Mapp & Steinberg, 2007). Because many TFC youth must live with disabilities, caseworkers should 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.

Evidence-Based Practice for Involving Foster Parents in Permanency Planning

Table A provides an overview of evidence based practices for involving foster parents in adolescent permanency planning. The table gives the evidence-based rating for each model of involvement as well as empirically-based relationships among practices in foster parent involvement and key child welfare outcomes. For reference, the levels of EBP for given practice models reflect the following (CEBC, 2008):

1 = Effective Practice: a practice which is well-supported by research that utilizes multiple site replication and random assignment of participants to control and treatment groups; the practice's intended effects (e.g., improvements in child behavior, parenting skills, etc.) have been sustained for at least one year.

2 = *Efficacious Practice*: a practice which is well-supported by research that utilizes random assignment of participants to control and treatment groups: the practice's intended effects have been sustained for at least six months.

3 = *Promising Practice*: a practice which is supported by research that utilizes non-randomized control and treatment groups; the intended effects of the practice have been demonstrated.

4 = *Emerging Practice*: a practice which is generally accepted in clinical practice as appropriate for use with children receiving services from child welfare or related systems and their parents/caregivers; no formal evaluations of the practice have been completed or the research base of this practice is descriptive or exploratory in nature (i.e., does not utilize control groups).

Some methods for involving foster parents in permanency planning do not meet the criterion for documentation set forth by CEBC (2008). That is, some methods for involving foster parents in permanency planning are highly variable in terms of their implementation within the field of child welfare; these methods' implementation processes have not been formally manualized. Methods for involving foster parents in permanency planning that do not meet CEBC's (2008) documentation criterion will hereafter be referred to as "practice approaches."

Table A. Outcomes of Evidence-Based Practices for Involving Foster Parents in Permanency Planning

Evidence-Based Practice	Outcome															
	Level of EBP	Birth Parent Satisfaction	Adoptive Parent Satisfaction	Foster Parent						Foster Child						
				Recruitment	Satisfaction	Retention	Collaborative Skills	Birth Parent Collaboration	Positive Attitudes	Reunification	Overall functioning	Mental Health	Delinquency	Education	Placement Stability	Birth Family Contact/Visitation
Breakthrough Series Collaborative (BSC)	4			X		X										
Co-Parenting	3	X										X				
Ecosystemic Treatment Model	4							X				X				
Family to Family	3									X				X		
Family Reunification Project	3						X			X					X	
Fostering Individual Assistance Program (FIAP)	3										X		X	X		X
Foster Parent Involvement in Service Planning	*				X	X	X	X	X							
Life Long Connections	*	X						X								
Visitation	*				X			X	X						X	
Wraparound	*										X	X	X	X	X	
Illinois Project	4									X						X
Inclusive Practice	4							X		X				X	X	X
Intensive Family Preservation Services (IFPS)	4									X						
Mediation	*	X	X													X
Mediation-IMPP	4							X								X
NOVA Model	4			X		X	X	X						X		
Shared Family Foster Care	4									X						X
Shared Parenting	4									X						X

Note. * Practice approach.

Overall, the review of research shows that there are multiple ways that foster parents may be involved in permanency planning for adolescents. 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 methods of foster parent involvement show promise in a traditional foster care population, but relatively few have been formally evaluated using randomized clinical trials.

The methods of involvement outlined in the report are most useful in creating positive changes in placement stability and permanency, birth family visitation, satisfaction among families, and collaboration between birth and foster families. Because TFC foster parents play such a central role in providing services for the youth in their care, involvement in the permanency process seems like a natural step. The development of a positive relationship between the foster and birth parents may allow children to avoid the stress of divided loyalties and position foster parents to play a supportive role after reunification (Lewis & Callaghan, 1993; Sanchirico & Jablonka, 2000). However, when selecting foster parents 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). In addition, agencies wishing to include foster parents in permanency planning should consider the evidence-base that supports the use of various models for involving foster parents in permanency planning before implementing them in practice.