

PATH/Wisconsin - Bremer Project: Preventing Placement Disruptions in Foster Care

Final Report

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Submitted by

Annette Semanchin Jones, M.S.W.
Research Assistant

Susan J. Wells, Ph.D.
Gamble-Skogmo Professor in Child Welfare and Youth Policy



School of Social Work



UNIVERSITY OF MINNESOTA

The views and opinions expressed in this report are strictly those of the authors and have not been reviewed or approved by the University of Minnesota.

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Executive Summary

Preventing Placement Disruptions in Foster Care

The PATH Bremer Project consists of a comprehensive review of the literature on preventing placement disruptions in foster care conducted between August 27, 2007 and January 10, 2008. The literature review is organized into two broad topic areas: 1) risk and protective factors for placement stability and 2) preventing disruptions in foster care. This executive summary of the final report highlights the key findings in the two broad topic areas and discusses potential implications for practice for foster care agencies working to prevent placement disruptions for youth in foster care. The complete findings are presented in the final report which includes a comprehensive literature review and annotated bibliography of pertinent research.

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

Preventing Placement Disruptions in Foster Care

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 & Lvasseur, 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.

Executive Summary

Preventing Placement Disruptions in Foster Care

Part 2: Preventing Disruptions in Foster Care Placement

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, Pops, & 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.

PATH Bremer Project Final Report

Preventing Placement Disruptions in Foster Care

Section I: Comprehensive Review of Literature

Introduction and Background

The PATH Bremer Project consists of a comprehensive review of the literature on preventing placement disruptions in foster care. The literature review is organized into two broad topic areas: 1) risk and protective factors for placement stability and 2) preventing disruptions in foster care. In the first topic area, the examination of risk factors is important to better understand who is at risk of disruption, and the assessment of protective factors helps to inform interventions that might be the most effective in reducing disruptions. The second topic area describes evidence-based and promising interventions to help reduce the risk of unplanned placement disruptions including services and support for foster parents and children, and strategies for change for agencies and caseworkers.

This final report was preceded by two preliminary reports on the progress of the literature review. The first progress report included results of the literature search from August 27, 2007 through October 15, 2007 and was presented to the PATH BHAG committee members on October 17, 2007. In addition to the topics covered in the first report, the committee requested that the project staff explore the following topics, which were integrated into a preliminary final report entitled *Summary Report* delivered on December 1, 2007:

Foster parents

- Research on licensed foster parents who have family members who are also foster parents (i.e., sisters, mother and adult daughters, etc.)
- Foster parent training curricula that are evidence-based

Caseworkers

- More research about the impact of caseworker rapport with foster families
- Caseworker retention
- Training for caseworkers regarding building rapport with families.

Interventions with foster families - look for evidence-based models

- Wrap-around services or coordinated services teams (CST)
- Multisystemic therapy (MST)
- Family group decision-making or conferencing

Definitions

For this report, the terms “control” or “rigorous” refer to studies in which subjects were randomly assigned to experimental and control groups or comparative treatment groups, with both pre- and post-tests completed. “Descriptive” or “exploratory” is used to describe research that was conducted but was not a controlled experiment. “Case record review studies” refers to data analysis performed on data gathered from existing case files for foster children or foster parents. “Literature review” refers to a comprehensive exploration and synthesis of earlier research on this topic.

Summary of the Search Process

In the review of the literature and research on topics related to preventing placement disruptions in foster care, the following databases were searched:

University of Minnesota Libraries:

- Child Abuse, Child Welfare & Adoption Database (1965 to Jan. 4, 2008)
- Family & Society Studies Worldwide Database (1970 to Jan. 4, 2008)

- Sociological Abstracts (1963 – Jan. 4, 2008)
- Social Sciences Citations Index (1975 – Jan. 4, 2008)
- MEDLINE (1996 to Jan. 4, 2008)

World Wide Web:

- Cochrane Library (1996 to Jan. 4, 2008) at
(http://www.mrw.interscience.wiley.com/cochrane/cochrane_search_fs.html)
- Campbell Collaboration at (<http://geb9101.gse.upenn.edu/RIS/RISWEB.ISA>)
- Google Academic

In conducting these searches, the following keywords were used:

- “foster care” AND placement
- “placement disruption”
- Placement disruption AND prevent
- “foster placement”
- “foster care” AND stability
- Placement stability
- Placement stability AND foster care
- “foster parent” AND recruit
- “Foster parent” retention
- “Foster parent” support
- “foster parent” screen
- “foster parent” assessment
- “foster parent” training
- “foster parent” support system
- “foster parent” extended family
- “treatment foster care”
- Wraparound services
- “Self-regulation” AND foster care
- Parent “self-regulation”

- “Foster care” AND trauma
- “stress model”
- “multisystemic therapy”
- “Attachment” AND foster care
- Attachment interventions
- “family group” conferencing
- Caseworker retention
- Caseworker training

Structure of the Report

This final report is organized into two sections: SECTION I includes the full comprehensive review of the current academic literature on preventing disruptions in foster care, as well as an executive summary, annotated bibliography and full bibliographic list of references for the report; SECTION II is a *User’s Guide on Evidence-Based Practice in Preventing Placement Disruptions in Foster Care*. The User’s Guide includes an outline of the evidence-based practices and table of references that accompanies this outline. Below is a brief description of the components of this report:

Executive Summary

The Executive Summary provides an overview of the most pertinent findings on the risk and protective factors that affect placement stability. The summary also includes a synopsis of the findings on promising practices and implications for practice in preventing placement disruptions for youth in foster care placement.

SECTION I: Full Literature Review

Comprehensive Review of Academic Literature

Report of findings from the review of research on the topic, Preventing Placement Disruptions in Foster Care, conducted from August 27, 2007 through January 15, 2007.

Annotated Bibliography

An “annotated bibliography” is included in the form of a table. The table is first organized in two broad areas; 1) risk and protective factors for placement stability/ placement disruptions and 2) preventing disruptions in foster care. Relevant research studies are listed under each of the factors that relates to placement disruptions. For each study in the table, the method, key findings and citations are listed.

SECTION II: User’s Guide to Evidence-Based Practice in Preventing Placement Disruptions in Foster Care

This user’s guide includes an “easy-to-use” outline of the findings from the larger search that relate to evidence-based practices in this topic area, followed by a table of the literature on evidence-based practice. The research studies cited in this table are a subset of the full review and annotated table presented in Part I.

Bibliographic List of References

Following Section II is a complete list of bibliographic references used in the report and annotated bibliography.

Comprehensive Review of Literature on Preventing Placement Disruptions in Foster Care

Part 1: Risk and Protective Factors for Placement Stability/Placement Disruptions

There have been several previous literature reviews examining why foster care placements are disrupted (Children and Family Research Center, 2004; Proch & Taber, 1985); and one review analyzing placement outcomes for children in treatment foster care (Redding, Fried, & Britner, 2000). This report synthesizes information from these previous reviews and incorporates information from more recent studies. Protective factors and risk factors are categorized below into the following subsections: the child in placement, foster parents, biological family, and the caseworker and placing agency.

Child Characteristics

Previous literature reviews on this topic show that the behavior of the child is closely linked to placement disruptions (Children and Family Research, 2004; Dore & Eisner, 1993; Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007; Proch & Taber, 1985). There have been a number of controlled and descriptive studies that indicate the behavior of the child is the strongest predictor of placement disruption and is cited as one of the most common reasons foster parents request removal of a child (Bradley, 2004; Hartnett et al., 1999; Lindhiem & Dozier, 2007; Newton et al., 2000; Pardeck, 1984; Redding et al., 2000; Stone & Stone, 1983). This is particularly true for children exhibiting externalizing behaviors such as disruptive, aggressive or dangerous behavior in the foster home (Newton et al., 2000). One study looks more closely at what age externalizing behavior begins to be predictive of disruption, and results indicate that behavior becomes a critical issue for foster placements for children over the age of 4

years (Strijker, Zandberg, & van der Meulen, 2002). However, the results of one longitudinal study of adolescents in care indicate that a youth's ability to develop a strong relationship with his or her foster family actually mitigated the association between behavior problems and placement disruption (Leathers, 2006). This same study also indicated that the risk of placement disruption was more than double for African American youth compared to foster youth of other races (Leathers, 2006).

Another child-related factor that shows a positive correlation with an increased number of disruptions includes longer stays in foster care (D. K. Smith et al., 2001). This study indicates that the first six months of a placement are crucial with 70% of disruptions occurring within this timeframe. Other descriptive studies confirm this finding (Bradley, 2004; Webster et al., 2000). The age of the child is another risk factor with older children at greater risk of disruption (Bradley, 2004; Pardeck, 1984; D. K. Smith et al., 2001). In one of these studies (Smith et al., 2001), older girls were at highest risk; the authors suggest this may be due to the girls exhibiting more relational aggression. Another study showed age was not a factor in predicting disruption when behavior problems were accounted for (Newton et al., 2000).

Foster Parent Characteristics

The foster parents' ability to deal with a child's problem behavior is linked to the stability of the placement (Chamberlain et al., 2006; Walsh & Walsh, 1990). The other most predictive characteristic of foster parents is their "goodness of fit" with a child including a match in temperaments and having a relationship that is described as close (Doelling & Johnson, 1990; Redding et al., 2000; D. K. Smith et al., 2001). Doelling and Johnson (1990) discuss a mismatch in temperament between a foster parent who is inflexible and a child with negative mood as the

most predictive of disruption. According to themes that emerge from an exploratory research project by Butler and Charles (1999), foster families who are more accepting and do not hold the youth solely responsible for adapting to the placement are also more likely to be successful. Matching older youth with inexperienced foster parents is also predictive of disruption (Cautley, 1980).

Studies also reveal that motivation of the foster parents is an important predictor of success. Motivating factors that predict success include “general interest” or “knowing the child” in need of foster care (Kraus, 1971) and “liking children” or “feeling closeness to young people” (Walsh & Walsh, 1990) and “desire to parent a child” or “motivated by own childhood experience” (Redding et al, 2000).

Social support in the foster family is another important factor in predicting placement stability. Foster parents who have at least three good friends in the support network are more likely to have stable placements (Fine, 1993, as cited in Redding et al., 2000), and foster parents who have strong ties to their own extended families are also more likely to be successful (Walsh & Walsh, 1990). There is some evidence indicating that when a foster father is involved with the family, it is predictive of stability (Walsh & Walsh, 1990). Life changes for the foster parent, such as illness, divorce, or birth of a child, also account for some of the placement changes (Gibbs, 2005; Proch & Taber, 1985). A case record review study also indicates that some disruptions were due to death or illness of the foster parent (Wattenberg et al., 2003).

Biological Parent Characteristics

Very few studies explore the characteristics of the biological parents in relation to placement stability. One study indicates that a history of substance abuse for biological parents

is related to more frequent moves (Cooper, Peterson, & Meier, 1987), and another study indicates that when the biological father has a criminal record, there is a correlation to more placements (Walsh & Walsh, 1990). If parents are able to prepare the child for placement, there is a lower risk of disruption (Children and Family Research Center, 2004). One study finds that most issues of the biological parents show no relationship to placement stability (Pardeck, 1984).

Some research explores other familial relationships in addition to the biological parents. One of these studies indicates that if the child has positive connections with other important relatives this predicts fewer placement changes (Walsh & Walsh, 1990). Also, if the child has some control over the frequency and type of visitation with his biological family, the placement is more likely be successful (Redding, et al., 2000). For example, some children report that they want to see their biological parents and siblings more frequently, and other children report that they would change the nature of the visits so they would not take place at the child welfare agency office.

Caseworker and Agency Characteristics

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 (Children and Family Research, 2004; Stone & Stone, 1983; Wattenberg et al., 2003). A previous literature review by the Children and Family Research Center (2004) illustrates that low caseworker turnover is also correlated with a lower number of disruptions, which was evidenced in earlier descriptive studies (Pardeck, 1984). Data from a study of one foster care program indicates that caseworkers made less contact with both foster children and foster parents when caseworker turnover happened (Unrau & Wells, 2005). The authors of this

study suggest this places foster children who were assigned multiple caseworkers in a double bind because not only did they receive fewer contacts and less support overall, but they may also lack the opportunity to establish strong relationships with any one worker (Unrau & Wells, 2005).

Characteristics of caseworkers also affect placement stability for youth in care. For example, the results of one study that examined data for all children in out-of-home placement in Illinois in 1995 shows that children assigned to caseworkers with a Master's degree in Social Work (MSW) spent significantly less time in care (on average 5.15 months less time) compared with the children not associated with an MSW level caseworker (Ryan et al., 2006). This study also finds that African American youth experience significantly longer stays in foster care and are less likely to achieve reunification, and this holds true regardless of the race of the caseworker (Ryan et al., 2006).

Many system factors and decisions made by placing agencies affect placement stability. One of these factors is the type of placement. For example, kinship care has been linked to greater placement stability (Testa, 2001; Webster et al., 2000) even when problem behaviors are exhibited (Chamberlain, et al., 2006). Treatment foster care is also linked to greater placement stability (Hartnett et al., 1999; Reddy & Pfeiffer, 1997). Placement changes due to institutional factors include the use of emergency placements for children (Children and Family Research Center, 2004) and planned placement moves to reunite siblings (Hartnett, et al., 1999). Where a child is first placed is also connected to later stability. In a Minnesota case record review study (Wattenberg, et. al, 2003) of children with four or more placements, 89.5% were first in an emergency placement compared to only 12.5% of the children with a history of 3 or fewer placement moves. According to another case record review study, the majority of placement

moves (54%) are due to agencies moving a child from one transitional placement to another (Webster et al., 2000).

The number of previous placements for a child is positively correlated to later placement disruptions (Newton et al., 2000; Proch & Taber, 1985; D. K. Smith et al., 2001; Staff & Fein, 1995). A related finding is that, even for children who do not exhibit behavior problems initially, an increased number of placements predicts an increase in behavior problems, both externalizing behaviors (i.e., aggression, running away, and outbursts) and more often overlooked internalizing behaviors (i.e., withdrawal, depression and isolation) (Newton, et al., 2000). This suggests there is a cycle of instability created by placement disruptions.

The number of children already in the foster home is linked to placement stability. Earlier reviews of research (Proch & Taber, 1985) and more recent studies (Smith et al., 2001) indicate that having only one child in the home is predictive of stability. However, one study indicated that having one other foster child in placement actually increases placement stability (Kraus, 1971). The author suggested that that having one other child in the home may provide a potential source of support for both foster children.

Part 2: Preventing Disruptions in Foster Care

Although many factors linked to placement stability have been described, factors of particular interest to child welfare agencies are those in which the placing agency can make changes in policy and practice to prevent disruptions in placements. These factors will be explored in this section including: foster parent recruitment and retention; initial assessment and screening for foster/adoptive parents; foster parent training; supportive services and interventions

for foster families; caseworker training and retention; and evidence-based and promising program models.

Foster Parent Recruitment and Assessment

Recruiting foster parents who can meet the needs of youth in out-of-home placement is of critical importance to child welfare agencies. Rodwell and Biggerstaff (1993) describe the recruitment strategy developed in a Virginia-based project, which included an information-gathering phase, assessment phase and implementation phase. Recommendations developed from this project include the following: include foster parents and professionals in speaking to potential applicants; speak to the current foster home needs for youth in the community; and focus recruitment efforts on diverse families (Rodwell & Biggerstaff, 1993). Pre-service training is also widely used as a tool to help people decide whether or not they want to become foster parents. One longitudinal study of 491 potential foster parents looked at the impact of a “Preparation for Fostering” training, and the results indicated that most foster parents made their decision to foster based on their awareness for the need of foster homes in their community (Baum et al., 2001). Results from this qualitative study also indicate that the family and friends of potential foster parents play an important role, with many applicants stating that observing positive foster experiences of their extended family or friends helped them decided to also become foster parents (Baum et al., 2001). This suggests it may be helpful to target recruitment efforts among friends and family of current foster parents.

Better matching of children and foster parents also predicts placement stability as indicated in prior literature reviews (Dore & Eisner, 1993; Proch & Taber, 1985). Outcomes of a controlled study in Georgia demonstrates increased placement stability after implementation of a

new screening and assessment tool for foster parents (Doran & Berliner, 2001). Based on a review of the literature on treatment foster care, along with case examples, Dore and Eisner (1993) suggest that careful matching for youth in treatment foster care homes is needed with agencies paying special attention to distancing and attachment issues, impulsive behavior, fear of rejection, aggression, and self-esteem among youth before determining which foster parents can best handle these behaviors.

Several assessment tools for foster parents exist, some of which have been tested for reliability and validity. The *Casey Foster Applicant Inventory – Worker Version* is shown to have high reliability and validity for general foster parenting but is limited in that it does not inform an agency about which areas foster parents need to improve (Gary S. Cuddeback et al., 2007). The *Casey Foster Applicant Inventory – Applicant Version* is also shown to have excellent reliability and validity for the sample of 304 foster mothers in the sample (G.S. Cuddeback, Buehler, Orme, & LeProhn, 2007). The *Structured Analysis Family Evaluation (SAFE)*, a new assessment tool for resource families has also been developed although not yet tested; it is to be used for both foster and adoptive families (Crea, Barth, & Chintapalli, 2007).

Foster Parent Retention

Foster parent retention has been linked to satisfaction with the caseworker. In one study (Gibbs, 2005), dissatisfaction with the caseworker is listed as a primary reason why foster parents quit or were planning to quit. Reasons for dissatisfaction include lack of clear expectations and treating foster parents as if they needed services. Financial support has also been linked to retention (Gibbs, 2005) with even a moderate increase in foster parent stipends of \$70 per month associated with increased retention (Chamberlain et al., 1992).

Several studies survey foster parents to ask what type of support would help them be successful in caring for youth and would increase satisfaction for foster parents. Hudson and Levasseur's (2002) study in which 66 foster parents completed a questionnaire reveals that important supports for foster parents include respect, affirmation and acknowledgement from caseworkers. Results from another survey of 544 foster parents in Ohio indicate that increased social support correlates with an increased intent to continue fostering while dealing with difficult behavior of the child was the most significant factor that impedes foster parents intent to continue (Denby et al., 1999).

Many foster families discontinue within their first years, and one longitudinal study examines characteristics of foster parents that may influence retention (Rhodes et al., 2003). Results from this study show that families with more resources and higher incomes were more likely to continue fostering, and African-American and single-parent families were less likely to continue but not when controlling for income (Rhodes et al., 2003). In Wells and Dangelo's (1994) qualitative study of specialized foster parents, foster parents were looking for acknowledgment from the agency about the complex role of specialized foster parents in acting as both caregivers and agency employees. In a Canadian qualitative study asking 49 foster parents, "What do you need to be a good foster parent?," themes that emerged include the following: (1) good working relationships; (2) cultural sensitivity; (3) harmonious and stable family relationships; (4) adequate payment for services; and (5) a range of personality characteristics and parenting skills (Brown & Calder, 2000).

Foster Parent Training

Boyd and Remy (1978) were the first to study the impact of foster parent training. Results from the 168 foster placement records that were reviewed suggest that foster parent training improved placement outcomes and that foster parent who completed training were better able to handle children with high risk behaviors compared to foster parents who did not participate in training (Boyd & Remy, 1978). Later research indicates foster parents' ability to deal with a child's behavior is linked with placement success and foster parent retention (Gibbs, 2005). Training to increase foster parents' ability to address behavior is correlated with higher retention rates and lower rates of disruption according to two earlier literature reviews that explored outcomes of rigorous studies (Proch & Taber, 1985; Redding, et al., 2000). Specialized training is also linked to increases in placement permanency and improved child psychosocial functioning (Reddy & Pfeiffer, 1997). In the review of the literature related to treatment foster care by Redding et al. (2000), results indicate that effective parenting techniques achieving quick behavior changes are the most needed element in foster parent training and that on-the-job training with 24-hour on-call supervision is more effective than classroom teaching.

The two most widely used pre-service foster parent training programs in many states are *Model Approach to Parenting Partnerships (MAPP)* and *PRIDE* (Grimm, 2003). Lee and Holland (1991) discuss a small pilot study of *MAPP*, in which they use a pre-test/post-test comparison group design. Results from this pilot study show no significant differences in foster parent competencies after completing the training, compared to their earlier scores and compared to the group that did not receive the training (Lee & Holland, 1991). Puddy and Jackson (2003) also examine the effectiveness of a version of *MAPP* called *MAPP: Group Selection and Participation of Foster/Adoptive Families* in teaching parenting skills in an experimental design

with 62 parents receiving the training and 20 parents in the comparison group receiving no training. Results from this study indicate that *MAPP/GPS* did not adequately prepare foster parents to manage behavior problems since improvements were only made on 3 of 22 skills that were measured (Puddy & Jackson, 2003).

Christenson and McMurtry (2007) conducted an evaluation of the Foster PRIDE/ Adopt PRIDE training program in a pre- and post-test survey of 228 foster parents. Results show increased competence in parenting skills for non-kinship participants but not for kinship foster parents. Several states, including Wisconsin, also use the training curriculum from Institute of Human Services (IHS), but there are no published evaluations of this curriculum (Grimm, 2003).

One method, developed and tested in a controlled study with a group of foster children experiencing severe emotional and behavioral problems, involves much more intensive services (i.e., 2 hours weekly meeting with a facilitator and caseworker follow-up 3 times per week); the results show these intensive services are linked to higher retention and increased placement stability (Chamberlain, et al., 1992). Based on this information, Chamberlain helped develop the Multidimensional Treatment Foster Care (MTFC) model to serve adolescents who are experiencing severe behavioral and emotional problems.

A demonstration project in British Columbia from 1984 to 1987, evaluates the impact of a foster parent training model focused on networking and informal support (Titterington, 1990). Results from the baseline and the post-intervention data for this study indicate that, in those communities where the level of participation in the training sessions was high, there was a significant (31%) increase in the level of contact with other foster parents and a corresponding decrease (12%) in the level of contact with social workers. In the communities where the level of participation was low, changes occurred in the opposite direction. The author suggests this

training is an effective way to increase social support for foster parents and may be applied to improve foster parent recruitment and retention strategies in other communities (Titterton, 1990).

Alternatives to classroom training for foster parents include web-based and multi-media trainings. Two online courses from the Foster Parent College (on lying and sexualized behavior) were evaluated with a sample of 97 foster parents, and the results show significant gains in parent knowledge and competency-based perceptions in these topic areas (Pacifi et al., 2006). Another randomly assigned comparison group study of an interactive DVD training on anger and behavior management called *Anger Outbursts* was conducted with 74 foster parents in Colorado (Pacifi, Delaney, White, Cummings, & Nelson, 2005). Results of this study indicate that foster parents gained confidence and understanding in handling difficult behavior and support the effectiveness of using DVDs to provide training to foster parents (Pacifi et al., 2005). Using multimedia could expand the reach of training programs, particularly for foster parents in rural areas.

Foster Family Services

Wraparound Services

In an earlier review of research on intensive community interventions, Farmer, Dorsey and Mustillo (2004) state there was still a lack of sufficient research to definitively show the effectiveness of wraparound services for foster youth. However, some research on wraparound services indicates it is an effective, evidence-based practice to support foster families and increase placement stability (Hewitt B. Clark et al., 1996; H.B. Clark et al., 1994). In a longitudinal, controlled, randomly assigned study of a wraparound intervention, Fostering

Individualized Assistance Program (FIAP), participating youth with behavioral problems, show a decrease in rates of placement disruption while youth in the control group show an increase in placement disruptions (Hewitt B. Clark et al., 1996). An additional observational study that looked at the impact of wraparound services, as well as multi-systemic therapy (MST) of 320 youth at a mental health center, suggests that youth in either wraparound services or multisystemic therapy improve in generalized functioning and clinical functioning and maintained less restrictive placements (Stambaugh et al., 2007). This same study also indicates that youth only receiving MST show more improvement in clinical symptoms than the group only receiving wraparound services (Stambaugh et al., 2007).

Multisystemic Therapy

Research studies on multisystemic therapy indicate mixed results on its effectiveness and impact on youth in foster care. For the *Cochrane Database of Systematic Reviews*, Littell, Popa and Forsythe (2005) conducted a systematic review and meta-analysis on the existing research on MST, and they found there is inconclusive evidence of the effectiveness of MST when compared with other interventions for youth with social, emotional or behavioral problems. Several individual studies show initial promising results for specific outcomes and specific group of youth who receive MST (Allin et al., 2005; Halliday-Boykins et al., 2005; Henggeler et al., 2002; Henggeler et al., 1999; Schaeffer & Bourdin, 2005; Stambaugh et al., 2007), but when examined in the meta-analysis, the effects were not found to be significant. Results from one of the randomized controlled studies of MST included in the review indicate that as an alternative to hospitalization MST is more effective than emergency hospitalization at decreasing youths' externalizing behaviors and improving family functioning and cohesion while hospitalization is

more effective in increasing youths' self-esteem (Henggeler et al., 1999). A four-year follow-up to this study indicates that youth who received MST had significantly lower rates of aggressive criminal activity and lower marijuana use, but there was not a sustained improvement for psychiatric symptoms (Henggeler et al., 2002). The lack of lasting impact is also noted in the systematic review (Littell et al., 2005). One study that was not included in the review indicates that, for serious and violent juvenile offenders in a longitudinal, randomized controlled trial, youth who received MST had lower rates of recidivism compared to the control group (Schaeffer & Bourdin, 2005).

A more recent observational study follows three treatment groups through three consecutive 6-month intervals: 1) MST only; 2) wraparound services only; and 3) MST and wraparound (N=320 youth). Results of this study show that youth who received only MST demonstrated more improvement in clinical symptoms than did those who received only wraparound (Stambaugh, et al., 2007). This study was limited in that it did not include random assignment to the comparison groups so the results cannot be used definitively to show effectiveness of MST.

Although some of these studies on MST show promising results for certain outcomes for some populations of youth (i.e., recidivism rates for serious violent youth offender in Schaeffer & Bourdin, 2005), the results of the systematic review by Littell et al. indicate that the current evidence on the effectiveness of MST for social, emotional and behavioral problems in youth remains inconclusive.

Attachment-related Services

Children in foster care who are removed from their homes experience disruptions in relationships with their primary caregiver. Even though much attention has been paid to attachment theories of child development, few studies have looked at attachment-related services targeted for youth in foster care (Mennen & O'Keefe, 2005; Racusin, Maerlender, Sengupta, Isquith, & Straus, 2005). One study of 50 foster infant-mother pairs, examines the relationship between maternal state of mind and infant attachment and finds that for these 50 pairs the quality of the communication was at a similar level to that seen in biological mother-infant pairs (M. Dozier, Stovall, Albus, & Bates, 2001). Results also show that agreement between maternal state of mind and infant attachment was seen for late-placed babies and well as early-placed babies, implying that babies may be capable of organizing their behavior around new caregivers (M. Dozier et al., 2001). Another study looked at the development of attachment relationships in 38 foster infant-caregiver dyads over the first 2 months of placement (Stovall-McClough & Dozier, 2004), and the findings suggest that during the first 2 months of placement, younger infants more consistently reach out to foster parents when they are distressed and are comforted by the foster parents' responses, whereas older infants seem to be more likely to withdraw from a new caregiver when they are distressed. In an earlier study of 10 foster infant-caregiver dyads, findings suggest that foster parents need to challenge foster infants' alienating behaviors, such as avoidant or resistant attachment behaviors, in order to develop a secure attachment with their foster child (Stovall & Dozier, 2000).

Based on existing research on attachment and development, Mary Dozier develops the following recommends for interventions for foster parents focusing on attachment, self-regulation and behavior change: (1) Infant stage - minimize disruptions in care and enhance

attachment quality through psychoeducation of foster parents; (2) Preschool stage – use Early Intervention Foster Care model (EIFC, Fisher et al., 1999); and (3) School-age youth – employ behavioral strategies and enhance communication and insight of foster parents through training (Mary Dozier et al., 2002).

Based on this 2002 study, the authors developed an intervention called Attachment and Biobehavioral Catch-up to improve attachment and relationship formation and enhance regulatory capabilities in young children in the foster care system (M. Dozier et al., 2006). Through the Attachment and Biobehavioral Catch-up program, foster parents received in-home training for 10 weekly sessions. In a controlled randomly assigned study, youth were assessed before the intervention and again one month following the completion of the training. Results show that children in the experimental intervention group had improved regulatory capabilities, which provides preliminary evidence of the effectiveness of this intervention that is targeted to foster children in the child welfare system (M. Dozier et al., 2006).

Cognitive-Behavioral Interventions

Turner, MacDonald and Dennis (2005) conducted a systemic review for the *Campbell Collaborative* on the effectiveness of cognitive-behavioral training interventions for assisting foster parents in managing difficult behavior. This review includes only six studies, among which are Chamberlain's (2002) model of MTFC; a foster parent training to help foster parents adjust a child's behavior (Minnis et al., 2001); an evaluation of the parenting program, *The Incredible Years*, in a Welsh report (Edwards, 2002); and an evaluation of a training program for foster parents using cognitive-behavioral techniques (Macdonald & Turner, 2005). Results of

the review suggest little evidence of significant effects for youth in foster placement, for foster parents or on child welfare agency outcomes (Turner et al., 2005).

Parent-Child Interaction Therapy

Parent–child interaction therapy (PCIT) is an intervention founded on social learning principles and is designed for children between 2 and 7 years of age who have externalizing disorders. PCIT assists parents in changing they way they interact with their children in order to decrease child behavior problems and increase positive parenting. PCIT is unique in that it incorporates both parent and child within the treatment session and uses live and individualized therapist coaching to tailor the process of changing the parent–child relationship (Timmer et al., 2006).

In a systematic review and meta-analyses of Parent-Child Interaction Therapy (PCIT), results indicate this is an effective parenting intervention with biological parents and their children including improvements in observed child behavior and parent reports of improvements (Thomas & Zimmer-Gembeck, 2007). There have also been studies testing the effectiveness of PCIT with foster parents and youth. One study compares the effectiveness of PCIT for 75 non-relative foster parent-child dyads compared with 98 non-abusive biological parent–child dyads who were all referred for treatment because of the children’s behavior problems (Timmer et al., 2006). Results show decreases in child behavior problems and caregiver distress from pre- to post-treatment for both foster and biological parent–child dyads, suggesting that PCIT had beneficial effects for foster parents who completed treatment with their foster children (Timmer et al., 2006). Another preliminary study examined the impact of a two-day PCIT training with

foster parents, and results indicate foster parents reported improvement in their children's behavior at one-month follow up (McNeil et al., 2005).

Emotional Regulation

In a recent review of the current literature on emotional regulation (ER) of children and adolescents, ER is defined in the following way, "emotion regulation consists of internal and external processes involved in initiating, maintaining, and modulating the occurrence, intensity and expression of emotions" (Morris et al., 2007, p. 363). This review indicates that there are many factors that influence the development of ER in children including the following components: observing/modeling regulation in the family; emotional contagion; social referencing and modeling; emotion-related parenting practices; emotion-coaching; parents' reactions to emotions; parental encouragement of and perceived control over emotions; teaching about emotion regulation strategies; emotional climate of the family and parent-child attachment (Morris, Silk, Steinberg, Myers, & Robinson, 2007) Bryan Post, of the Post Institute, developed theories of building self regulation capacity for children who have experienced trauma, called *The Stress Model*, but research evaluating the effectiveness of this therapy model has not yet been published (Post, 2005).

Family Group Decision Making

In examining the impact of family group decision-making (FGDM) on child welfare outcomes, one study from a California demonstration project compares child welfare outcomes for children randomly assigned to receive FGDM to children assigned to receive traditional child welfare services (Berzin, 2006). Results show no group differences. The authors suggest that

FGDM may not be a strong enough intervention to effectively improve child welfare outcomes, but perhaps FGDM may be just one step in improving larger outcomes. Another longitudinal study compares a group of 97 children involved in Family Group Conferences (FGCs) to a group of 142 children receiving traditional child protection service (Sundell & Vinnerljung, 2004). The findings do not support the effectiveness of the FGC model compared to traditional investigations in preventing future maltreatment cases.

Biological Parents' Role

One randomly assigned, controlled study evaluated the effectiveness of a two-component intervention for biological and foster parent (pairs) to improve parenting practices, co-parenting, and externalizing problems for children in foster care (Linares, Montalto, Li, & Oza, 2006). Participants were biological and foster parents ($N = 128$) of children (ages 3 to 10 years) placed in regular foster homes. For the intervention group of families, biological and foster parents received a 12-week parenting course, *Incredible Years*, and a newly developed co-parenting component. Results at follow-up show that the parents who participated in the intervention sustained greater improvement in positive parenting, showed gains in clear expectations, and reported a trend for fewer child externalizing problems (Linares et al., 2006). The results of this study demonstrate promise for a collaborative training approach to include both biological and foster parents.

Caseworker Training and Retention

There are several trainings for caseworkers that highlight the importance of connecting and building rapport with foster parents and foster children in order to prevent placement

disruptions. One example is a one-day training program developed by Hunter College (Hunter College School of Social Work & National Resource Center for Family-Centered Practice and Permanency Planning, 2004). Another study examines the effectiveness of individualized caseworker training compared to group training to build caseworker skills in monitoring parent-child visits (Kessler & Greene, 1999).

Much attention has also been paid to retaining child welfare workers in the workforce in order to improve placement outcomes for youth in foster care. The Child Welfare League of America conducted a review of the literature that examines caseworker retention, and the findings indicate that social work education, supportive supervision, and job flexibility were factors positively associated with performance and retention in child welfare (Child Welfare League of America, 2002). These findings tend to be most consistent when looking at graduates of specialized education programs offering enhanced child welfare content and internships in child welfare settings. Results of surveys of child welfare staff indicate that a supportive and competent supervisor who encourages a “work-life” balance is positively associated with job retention (B. D. Smith, 2005). In a report of the U.S. Department of Health and Human Services to the Bureau of Child and Family Services (BCFS), findings show that caseworkers stay longer when they have child welfare degrees, supervisors are supportive, there are opportunities for training and development, and workloads are reasonable (Bernotavicz, n.d.).

Evidence-Based and Promising Practices

Multidimensional Treatment Foster Care (MTFC) Model

The MTFC model aims to create opportunities for youths to successfully live in families rather than in group or institutional settings, and to simultaneously prepare their parents (or other

long-term placement) to provide youth with effective parenting (P. A. Fisher & Chamberlain, 2000). Four key elements of treatment are “(1) providing youth with a consistent reinforcing environment where he or she is mentored and encouraged to develop academic and positive living skills, (2) providing daily structure with clear expectations and limits, with well-specified consequences delivered in a teaching-oriented manner, (3) providing close supervision of youths' whereabouts, and (4) helping youth to avoid deviant peer associations while providing them with the support and assistance needed to establish pro-social peer relationships” (P. A. Fisher & Chamberlain, 2000) . The MTFC model view the foster home as the primary clinical environment, and gives foster parents access to a foster parent program supervisor 24 hours a day/7 days a week to support them in being proactive in reducing problem behaviors (P. A. Fisher & Chamberlain, 2000). In its use of treatment team, staff roles are also separated and clearly defined to include a behavior support specialist, youth therapist, family therapist, consulting psychiatrists, case managers and clinical team supervisors (P. A. Fisher & Chamberlain, 2000).

The efficacy of the MTFC model, which was developed for adolescents, has been evaluated in multiple studies (Chamberlain et al., 1992; Eddy et al., 2004; P. A. Fisher & Chamberlain, 2000; Leve & Chamberlain, 2005, 2007; D. K. Smith, 2004). The results from a two-year follow up of a randomly assigned, control-group study of 79 boys involved in serious delinquent behaviors indicate that this model is effective at lowering rates of running away, and decreasing delinquent behavior (Eddy et al., 2004). Results of another study indicate that youth participating in MTFC have lower rates of disruption, fewer child behavior problems and increased foster parent retention compared to regular foster care (Chamberlain et al., 1992).

MTFC has also been awarded the highest rating of “1” by the California Evidence-Based

Clearinghouse database as the only program model that has been shown to be an “well-supported, effective practice” in the topic area of placement stability (California Evidence-Based Clearinghouse for Child Welfare, 2008).

Early Intervention Foster Care or (Multidimensional Treatment Foster Care for Preschoolers)

Early Intervention Foster Care (EIFC), also called Multidimensional Treatment Foster Care for Preschoolers (MTFC-P), is a treatment foster care model based on MTFC that is specifically tailored to the needs of 3 to 6-year-old foster children who are experiencing severe emotional or behavioral problems. The intervention is similar to MTFC in that it uses a team approach in which foster parents are trained and provided on-going consultation, youth receive individual therapy and a permanent caregiver (biological parent or long-term caregiver) is given parent training and family therapy to encourage children’s pro-social behavior (Philip A. Fisher et al., 2005). In addition, the EIFC intervention views the challenges of foster preschoolers from within a developmental framework and addressed accordingly (Philip A. Fisher et al., 2005). Outcomes from a clinical randomized study showed improved success rates for permanent placements (90% compared to 64% success for traditional foster care) even for children who had experienced a high number of previous placements (Fisher, et al., 2005). This result is especially encouraging, given the correlation between number of previous placements and disruptions (Newton et al., 2000; D. K. Smith et al., 2001), suggesting that EIFC may be effective in breaking the cycle of instability created by multiple moves in foster care placement.

Treatment Foster Care

Much of the research shows that treatment foster care (also called specialized foster care) is an effective way to maintain youth with behavioral or emotional problems in stable, less restrictive placements than residential care (Barber et al., 2001; Farmer, Wagner, Burns, & Richards, 2003). One study indicates that youth had higher global improvement scores after being in a specialized foster home when tested at five months and again at two years, but for youth in specialized care no improvement was observed, and running away was still a significant problem for these youth (Cross, Leavey, Mosley, White, & Burdzovic, 2004). One study comparing treatment foster care to an intensive program for intact families yields interesting findings. In a randomized control study comparing children in treatment foster care to intact families receiving Family-Centered Intensive Case Management (FCICM), it's preliminary findings showed increased functioning for the FCICM children (Evans et al., 1996).

Summary

The review of research on preventing placement disruptions in foster care indicates there are many factors affecting stability in foster care placements. These include the characteristics of the child, the foster parents, the caseworker and the agency. This section outlines some of the practice implications based on research in preventing placement disruptions.

Behavior of the child is cited as the strongest predictor of placement disruptions (Bradley, 2004; Hartnett et al., 1999; Lindhiem & Dozier, 2007; Newton et al., 2000; Pardeck, 1984; Redding et al., 2000; Stone & Stone, 1983). Related to this finding is the foster parents' ability to deal with children's problem behavior which is also linked to stability of the placement (Chamberlain et al., 2006; Walsh & Walsh, 1990). Consequently, early assessment of youth in

care and concurrent support for foster parents are necessary to meet children's needs and forestall the exacerbation of any developmental and mental health difficulties.

Research suggests foster parent training is one way to help prepare foster parents to handle high risk children and to avoid disruptions (Boyd & Remy, 1978; Gibbs, 2005; Proch & Taber, 1985; Redding et al., 2000; Reddy & Pfeiffer, 1997). However, there are mixed results for studies done on the most widely-used foster parent training programs, MAPP and PRIDE (Christenson & McMurtry, 2007; Grimm, 2003; Lee & Holland, 1991; Puddy & Jackson, 2003). This finding suggests a pressing need to develop an effective, standardized foster parent training curriculum to improve foster parents' ability to address children's difficult behavior, to enhance involvement with birth families, and to involve foster parents in shared decision-making (Buehler et al., 2006). Additionally, cross-training of caseworkers and foster parents would provide the same foundational knowledge about expected child developmental issues and the roles, responsibilities and competencies for foster parents.

Foster parent retention is also influenced by the support foster parents have from their caseworkers (Children and Family Research, 2004; Stone & Stone, 1983; Wattenberg et al., 2003) as well as their own extended families (Walsh & Walsh, 1990) and support networks, particularly other foster parents (Baum et al., 2001; Denby et al., 1999; Redding et al., 2000; Titterington, 1990). This implies a need for training of caseworkers to develop skills in rapport-building with foster parents and foster families. In supporting foster parents, it is also critical to aid in building social support networks of foster parents, whether by helping foster parents identify their own support systems or by developing foster parent peer networks. Research further demonstrates retention strategies for foster parents should include foster parents in decision-making, offering competitive rates for stipends, showing respect for their work, and

ensuring the cultural competency of agency staff (Brown & Calder, 2000; Chamberlain et al., 1992; Gibbs, 2005; Wells & Dangelo, 1994).

In addition to training for caseworkers, the research also indicates that low caseworker turnover is correlated with a lower number of foster care disruptions (Pardeck, 1984; Unrau & Wells, 2005). This suggests that another strategy for preventing placement disruption includes increased caseworker retention, potentially through recruiting social workers with specialized education and by providing supportive supervision and job flexibility (Child Welfare League of America, 2002).

Time in placement, the type of placement and the degree of initial stability in foster care are critical issues in placement stability. Studies indicate that the first six months of a placement is crucial with 70% of disruptions occurring within this timeframe (D. K. Smith et al., 2001); so this may be a particularly important window of opportunity for significant intervention. The type of placement also has an impact on stability; for example, kinship care and treatment foster care have been linked to greater stability (Chamberlain et al., 2006; Farmer et al., 2003; Testa, 2001; Webster et al., 2000). This finding suggests effective foster parent recruitment efforts would include the identification of capable kin and the accurate identification of foster parents who can provide more therapeutic interventions when the child's needs warrant that approach. The importance of stability in a child's first placement (Wattenberg et al., 2003) also indicates that a good match should be made between a child and foster home in an initial placement and, again, indicates the need for recruitment and retention efforts to ensure that these foster homes are available when needed.

In the current research, several interventions and program models are shown to be effective or promising in preventing placement disruptions. Wraparound or coordinated intensive

services have shown some increases in placement stability and improved child well-being in studies of one program called Fostering Individualized Assistance Program (FIAP) (Hewitt B. Clark et al., 1996; H.B. Clark et al., 1994). However, there are difficulties in evaluating wraparound services due to varying definitions of this intervention and lack of fidelity to one model. A preliminary study of one program aimed at foster parents and children, Attachment and Biobehavioral Catch-up, showed promising results for young children exhibiting attachment issues (M. Dozier et al., 2006). Parent-Child Interaction Therapy is a widely studied intervention with biological parents and children and also has been shown to be an effective intervention when used with foster parents and youth in foster care (McNeil et al., 2005; Thomas & Zimmer-Gembeck, 2007; Timmer et al., 2006).

The Oregon based Multidimensional Treatment Foster Care (MTFC) appears to be an effective model for maintaining placement stability for older youth with severe emotional and behavioral issues (Chamberlain, 2003; Chamberlain et al., 1992; P. A. Fisher & Chamberlain, 2000). Early Intervention Foster Care (EIFC), a program for younger children, is based on the MTFC model and research shows also it, too, improves placement stability for younger youth experiencing emotional and behavioral problems in foster care (Philip A. Fisher et al., 2005; P. A. Fisher, Gunnar, Chamberlain, & Reid, 2000; P. A. Fisher & Kim, 2007). Foster care agencies serving youth with severe emotional and behavioral issues may consider these evidence-based models for their practice.

Conclusion

A cycle of instability is created by placement disruptions. The number of previous placements for a child is positively correlated to later placement disruptions. Even for children

who do not exhibit behavior problems initially, an increased number of placements predict an increase in both externalizing and internalizing behavior problems, as well as the possibility that youth may learn behaviors through a peer contagion effect. This report of current literature on preventing placement disruption in foster care identifies ways to break this cycle of instability.

Foster care agencies need to examine the unique characteristics of the youth they serve to determine the best course of action in preventing placement disruptions. However, social research in this area also indicates there are risk factors and protective factors that should be considered across agencies. There have been a number of studies suggesting the behavior of the child is the strongest predictor of placement disruption and is cited as one of the most common reasons foster parents request a removal of a child (Children and Family Research, 2004; Dore & Eisner, 1993; Hartnett et al., 1999; Lindhiem & Dozier, 2007; Oosterman et al., 2007; Pardeck, 1984; Proch & Taber, 1985; Redding et al., 2000; Stone & Stone, 1983). This appears to be true particularly when youth are exhibiting externalizing behaviors such as disruptive, aggressive or dangerous behavior in the foster home (Newton et al., 2000). The current literature also shows a strong correlation between a child's behavior, the foster parents' ability to deal with that behavior, and placement stability (Chamberlain et al., 2006; Walsh & Walsh, 1990). This suggests that any plan developed by foster care agencies to prevent placement disruption should adopt a comprehensive strategy to address difficult youth behavior including working directly with youth, supporting foster parents, training qualified and committed caseworkers, and examining agency policies. The following section of this report, *Section II: User's Guide on Evidence-Based Practice*, highlights practices shown to be effective or promising interventions in foster care that will help in preventing disruptions in foster care.

PATH Bremer Project Final Literature Review Preventing Placement Disruptions in Foster Care

This table of literature is a compilation of the research on preventing placement disruptions in foster care that was reviewed between August 27, 2007 and January 10, 2008. The research studies are organized in two main parts: 1) Risk and Protective Factors for Placement Stability/Placement Disruptions; and 2) Preventing Disruptions in Foster Care. These two parts are further divided into several subheadings. Many of the research studies had multiple findings that fit into different categories so these studies are repeated in several sections.

PART 1: Risk and Protective Factors for Placement Stability/Placement Disruptions

Factor	Method and Findings	Citation
Characteristics of Child		
Behavioral issues	<p>Method: This study used data gathered from the <i>1977 National Study of Social Services to Children and Their Families</i>, which surveyed 319 public social service agencies in 38 states and included information on 4,288 children in foster care.</p> <p>Findings: Child with behavioral and emotional issues is a prime candidate for multiple placements.</p>	Pardeck, J.T. (1984). Multiple placement of children in foster family care: An empirical analysis. <i>Social Work</i> , 29, 506-509.
	<p>Method: This was study with a sample of 415 youth, age 3 and up, who had been in foster care in San Diego, California for at least 5 months. A checklist was completed by caregivers to assess problem behaviors at 5 months of placement and then again at 17 months of placement. Data for the number of placement changes was abstracted from case records.</p> <p>Findings: Externalizing behavior problems (disruptive, aggressive or dangerous) predict placement disruption.</p>	Newton, R. R., Litrownik, A. J., & Landsverk, J. A. (2000). Children and youth in foster care: disentangling the relationship between problem behaviors and number of placements. <i>Child Abuse & Neglect</i> 24(10), 1363-1374.
	<p>Method: Extensive literature review on placement stability.</p> <p>Findings: Cites Center's 1999 study – child behavioral need was the most important reason for placement changes in non-kin homes.</p>	Children and Family Research Center. (2004). <i>Multiple placements in foster care: Literature review of correlates and predictors</i> .
	<p>Method: For this study, data was collected from both primary and secondary sources, including record abstraction from case files and interviews with foster parents and caseworks. A random sample of 302 children was drawn from the Illinois Integrated Database for which case studies were</p>	Hartnett, M. A., Falconnier, L., Leathers, S., & Testa, M. (1999). <i>Placement stability study: Final report</i> . Chicago: The University of

Factor	Method and Findings	Citation
	<p>conducted. Two samples of children were drawn from the same population, but had different stability outcomes.</p> <p>Findings:</p> <ul style="list-style-type: none"> - Child behavioral need was the most important reason for placement changes in non-kin homes. - 45% of foster parents and 39% of caseworkers report that the foster parents' inability to deal with child behaviors was among the top 2 reasons for removal. - Foster children, who had earlier experienced multiple placements but who had since stabilized in a foster home, profiled differently than children who continued to experience multiple placements. Controlling for age and length of time in the current placement, stabilized children were: <ol style="list-style-type: none"> 1. More likely to receive therapy; 2. Rated as less delinquent and oppositional/aggressive; 3. Viewed as less attached to their birth mother; and 4. More likely to be placed with foster parents who are rated by caseworkers as competent and caring. 	<p>Chicago.</p>
	<p>Method: Descriptive study that gathered data from archival files at a treatment foster care agency in California. The sample consisted of 8 females and 27 males, ages 8 to 15 years at time of placement. (Entire dissertation not yet reviewed).</p> <p>Findings: Presence of and number of mental health diagnoses as predictive of disruptions.</p>	<p>Bradley, K. A. (2004). Predictors of placement disruption for youth in intensive treatment foster care. <i>Dissertation Abstracts International</i>. Section B; 64(11)</p>
	<p>Method: The authors examined the psychosocial dimensions of child functioning that are associated with placement stability and outcomes in treatment foster care through a review of the current literature. They also offer practice examples to support current research.</p> <p>Findings: The authors call for careful matching with Treatment Foster Care (TFC) homes and attention to these behaviors in developing treatment plans</p> <ul style="list-style-type: none"> - Distancing behaviors and attachment issues can have implications for pre-placement matching and preparation; - Impulsive behavior and lack of self-regulation can lead to placement breakdown; and - Fear of rejection, aggression and self-esteem should be a focus of treatment plan. 	<p>Dore, M. M., & Eisner, E. (1993). Child-related dimensions of placement stability in treatment foster care. <i>Child Adolescent Social Work Journal</i>, 10(4), 301-317.</p>
	<p>Method: Case-record review study that gathered data from existing case records of 64 children in foster care. A coding questionnaire was developed to review and code the data, and then the data was analyzed.</p> <p>Findings: Children who have better social skills, good behavior, and rapport with caseworker show correlation to placement stability.</p>	<p>Stone, N. M., & Stone, S. F. (1983). The prediction of successful foster placement. <i>Social Casework-Journal of Contemporary Social Work</i>, 64(1), 11-17.</p>

Factor	Method and Findings	Citation
	<p>Method: Sample consisted of 102 child-caregiver dyads in greater Baltimore. Child behavior was assessed using the Child Behavior Checklist (CBCL), and caregiver commitment was assessed using a semi-structured interview. For a sub-set of the sample (n=76), these measures were repeated 12 months later to examine the stability of a caregiver’s commitment.</p> <p>Findings: Child behavior impacts caregiver’s commitment which is predictive of placement stability.</p>	<p>Lindhiem, O., & Dozier, M. Caregiver commitment to foster children: The role of child behavior. <i>Child Abuse & Neglect</i> 31(4), 361-74 pp.; 11 Apr 2007, 31(4), 361-374.</p>
	<p>Method: A case record review study of children who had more than four placements in foster care (n=30) compared to a group of children who had two or fewer placements (n=30). Data was gathered and analyzed.</p> <p>Findings: When examining the reason for disruption, the percentage of provider requesting for removal due to child’s behavior was much higher for children who had been in four or more placements (56%) compared to children who had been in fewer placements (where only 2% were due to provider request).</p>	<p>Wattenberg, E., Wells, S.J.; Nguyen, K.; Feher, T.; Martinson, M.; Swenson, T. (2003). <i>Hennepin county stability/instability study</i>. Hennepin County: Hennepin County Visiting Scholar Program.</p>
	<p>Method: This is an earlier review of research and literature on this topic.</p> <p>Findings: Two most predictive factors for disruption of foster care placement are problem behavior (cites Fanshel & Shinn, 1978; Pardeck, 1984) and length of stay in foster care.</p>	<p>Proch, K., & Taber, M. A. (1985). Placement disruption: A review of research. <i>Children and Youth Services Review</i> 7, 309-320.</p>
	<p>Method: Review of research findings on the characteristics of the foster child, the biological family, the foster family, and the agency that are correlated with successful foster placements, (i.e., stable placements, satisfaction of child and foster parents and measures of child well-being).</p> <p>Findings: Children who do best in TFC are those who have fewer emotional and behavioral problems and have spent less time in institutions.</p>	<p>Redding, R.E., Fried, C., & Britner, P.A. (2000). Predictors of placement outcomes in treatment foster care: Implications for foster parent selection and service delivery. <i>Journal of Child and Family Studies</i>, 9(4), 425-447.</p>
	<p>Method: This study used a subset of data from a larger study (Leathers, 2002), in which caseworkers and foster parents of 179 randomly selected 12–13-year-old adolescents placed in traditional foster care were interviewed by telephone. Interviews with foster parents and caseworkers included standardized measures of externalizing behavioral problems of the children in placement and several other variables that have been previously associated with placement movement. Disruption from the youth’s foster home at the time of the interview was prospectively tracked for 5 years, using electronic data from case files.</p> <p>Findings: Over half of the youth experienced a disruption of their placement. Behavior problems as reported by caseworkers, but not foster parents, were predictive of placement disruption. However, the foster parent’s report of behavior problems predicted risk of negative outcome after a period of 5</p>	<p>Leathers, S. J. (2006). Placement disruption and negative placement outcomes among adolescents in long-term foster care: the role of behavior problems. <i>Child Abuse & Neglect</i>, 30(3), 307-324.</p>

Factor	Method and Findings	Citation
	<p>years. Findings from this study show that a youth's ability to form relationships with a foster family is a key factor in determining placement outcome, and in fact mediated the association between behavior problems and risk of disruption.</p> <p>An unexpected finding that should be further investigated is related to racial differences in risk of placement disruption. In this study, the odds of disruption were two and a half times higher for African American youth than for youth from other races. This finding is inconsistent with the findings of two previous studies conducted in California (James et al., 2004; Webster, Barth, & Needell, 2000), which found that African American race predicted greater stability. The possibility that this difference is related to racial differences in service provision should also be investigated and which has been indicated in recent results from a large national study in which African American children receive significantly fewer mental health services than White children (Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004).</p>	
	<p>Method: This review and meta-analysis examined risk and protective factors associated with placement breakdown across k=26 studies of 20,650 children in foster families. A series of meta-analyses were performed to assess the average effect sizes across multiple studies on the same factors.</p> <p>Findings: Older age at placement (k=15), behavior problems (k=13), a history of residential care (k=7) and previous placements (k=6) showed significant small to moderate associations with placement breakdown. A large combined effect size was found for behavior problems when analyzed in multivariate models.</p>	<p>Oosterman, M., Schuengel, C., Slot, N. W., Bullens, R. A. R., & Doreleijers, T. A. H. (2007). Disruptions in foster care: A review and meta-analysis. <i>Children and Youth Services Review</i>, 29(1), 53-76.</p>
<p>Age at time of placement</p>	<p>Method: Explanatory research that studied the placement patterns for 90 youth referred to the Oregon Social Learning Center's Treatment Foster Care program. Comparisons were made between groups on gender, pretreatment history and mental health factors and placement outcomes for the sample of youth.</p> <p>Findings: Age is a factor, even when number of prior placements is accounted for, and girls were shown to be at higher risk in this study.</p>	<p>Smith, D. K., Stormshak, E., Chamberlain, P., & Whaley, R. B. (2001). Placement disruption in treatment foster care. <i>Journal of Emotional and Behavioral Disorders</i>, 9(3), 200-205.</p>
	<p>Method: Extensive literature review on placement stability.</p> <p>Findings:</p> <ul style="list-style-type: none"> - Cites multiple studies that show evidence that older children are at higher risk of disruption. - Cites Webster, Barth & Needell (2000) – children entering care as a toddler associated with instability. 	<p>Children & Family Research Center (2004)</p>

Factor	Method and Findings	Citation
	<p>Method: Descriptive study that gathered data from archival files at a treatment foster care agency in California. The sample consisted of 8 females and 27 males, ages 8 to 15 years at time of placement. (Entire dissertation not yet reviewed).</p> <p>Findings: Older children are at higher risk of disruption.</p>	Bradley (2004)
	<p>Method: This study used data gathered from the <i>1977 National Study of Social Services to Children and Their Families</i>, which surveyed 319 public social service agencies in 38 states and included information on 4,288 children in foster care.</p> <p>Findings: Age is only a factor if the child has been in care for more than three years.</p>	Pardeck (1984).
	<p>Method: This study included a sample of 415 youth, age 3 and up, who had been in foster care in San Diego, California for at least 5 months. The <i>Child Behavior Check List</i> was completed by caregivers to assess problem behaviors at 5 months of placement and then again at 17 months of placement. Data for the number of placement changes was abstracted from case records.</p> <p>Findings: Age is not a factor in predicting disruption</p>	Newton, et al. (2000)
	<p>Method: This is an earlier review of research and literature on this topic.</p> <p>Findings: Cites Walsh & Matule (1984) and Pardeck (1984)</p>	Proch & Taber (1985)
	<p>Method: The representative sample included 120 children placed in foster care in the Netherlands from August 1, 1996 to December 1997 who had been in care for at least six months and were placed in a foster home with other children. Data on this group of children was collected over 18 months and included placement information from the case files and a questionnaire filled out by the child welfare agencies that included demographic information and information about the child's behavior.</p> <p>Findings: After examining the age at which the severity of problem behavior impacts disruption rates, results indicate that in children over the age of 4 years and 2 months exhibiting externalizing behaviors is predictive of placement disruption. Children younger than this do not have increased risk of disruption with the same behaviors.</p>	Strijker, J., Zandberg, T., & van der Meulen, B. F. (2002). Indicators for placement in foster care. <i>British Journal of Social Work</i> , 32(2), 217-231.
Length of stay in foster care	<p>Method: Extensive literature review on placement stability.</p> <p>Findings: Length of stay is positively correlated with increased number of placements.</p>	Children and Family Research Center (2004)

Factor	Method and Findings	Citation
	<p>Method: Longitudinal review cases of 5, 557 children, age birth to 6, over 8 year period in one state, representing 28% of all young children who entered care during this period.</p> <p>Findings:</p> <ul style="list-style-type: none"> - Children in kinship care, regardless of age, had fewer placement moves than those in non-kinship care. - Children who moved in their first year of placement were more likely to experience placement instability in long-term out-of-home care than if they did not move or were moved only once during their first year in care. 	<p>Webster, D., Barth, R. P., & Needell, B. (2000). Placement stability for children in out-of-home care: A longitudinal analysis. <i>Child Welfare, 79</i>(5), 614-632.</p>
	<p>Method: Explanatory research that studied the placement patterns for 90 youth referred to the Oregon Social Learning Center’s Treatment Foster Care program. Comparisons were made between groups on gender, pretreatment history and mental health factors and placement outcomes for the sample of youth.</p> <p>Findings: First 6 months of placement is important. Of those children that disrupted, 70% did so in this time frame.</p>	<p>Smith,et al.(2001)</p>
	<p>Method: Descriptive study that gathered data from archival files at a treatment foster care agency in California. The sample consisted of 8 females and 27 males, ages 8 to 15 years at time of placement. (Entire dissertation not yet reviewed).</p> <p>Findings: The longer a child is in placement, the greater the risk for disruption. Results also indicated that more disruptions occur in the first 6 months.</p>	<p>Bradley (2004)</p>
	<p>Method: This is an earlier review of research and literature on this topic.</p> <p>Findings: Cites Olsen (1982) and Fanshel & Shinn (1978)</p>	<p>Proch & Taber (1985)</p>
<p>Initial reason for entry into system (i.e., neglect, abuse, delinquency, etc)</p>	<p>Method: Extensive literature review on placement stability.</p> <p>Findings: Cites Webster, Barth & Needell (2000) – children entering due to abuse or neglect correlated with higher rate of moves.</p>	<p>Children and Family Research Center (2004)</p>

Factor	Method and Findings	Citation
	<p>Method: This is an earlier review of research and literature on this topic.</p> <p>Findings: Cites Fanshel & Shinn (1978) – if child enters system due to delinquency or behavior, there is greater risk of disruption.</p>	Proch & Taber (1985)
Characteristics of Foster Parents		
General Characteristics	<p>Method: A case record review study of children who had more than four placements in foster care (n=30) compared to a group of children who had two or fewer placements (n=30). Data was gathered and analyzed.</p> <p>Findings: Allegation of abuse or lack of adequate care in foster home accounts for some disruptions.</p>	Wattenberg et al. (2003)
Ability to deal with child's behavior	<p>Method: Case record review study that gathered data from existing case records of 64 children in foster care. A coding questionnaire was developed to review and code the data, and then the data was analyzed.</p> <p>Findings: Foster parents' motivation and competence were predictive of success.</p>	Stone & Stone (1983)
	<p>Method: The purpose of these three studies of The Casey Family Program was to determine whether the outcomes of its foster placements were predictable from factors that could be known, at least in principle, at the time the placements were made. The authors built statistical models of placement maintenance based upon characteristics of (a) the foster child; (b) his or her biological family; and (c) the foster family.</p> <p>First study: Data were gathered through a review of archival case files and caseworker reports for a sample of 51 youth in foster care in Montana in order to examine factors related to placement stability.</p> <p>Second study: Repeated the methods of the first study for a similar group of 55 children in Idaho.</p> <p>Findings: Foster parents who can deal with difficult behavior are more likely to have stable placements. When foster family is child-centered and shares feelings and deals with anger, stability is more likely.</p>	Walsh, J. A. & Walsh, R. A. (1990). Studies of the maintenance of subsidized foster placements in the Casey Family Program. <i>Child Welfare</i> 69(2): 99-114.

Factor	Method and Findings	Citation
	<p>Method:</p> <ul style="list-style-type: none"> - Foster and kinship parents of 246 children in California were interviewed by phone three times about the child’s behavior. - Survey tool used was the <i>Parent Daily Report (PDR)</i> checklist, which lists 30 problem behaviors. - Disruptions were tracked over the next 12 months after the first phone interview. <p>Findings:</p> <ul style="list-style-type: none"> - When 7 or more problem behaviors were present there is a risk of disruption, which suggests that up to 6 problem behaviors is a threshold for foster parents ability to handle behaviors. There is also a different threshold by age that show foster parent may be more accepting of behavior problems of younger kids in placement. - When there were other kids in placement and 7 or more behaviors it was even more predictive of disruption. 	<p>Chamberlain, P., Price, J. M., Reid, J. B., Landsverk, J., Fisher, P. A., & Stoolmiller, M. (2006). Who disrupts from placement in foster and kinship care? <i>Child Abuse & Neglect</i> 30, 409-424.</p>
	<p>Method: This review and meta-analysis examined risk and protective factors associated with placement breakdown across k=26 studies of 20,650 children in foster families. A series of meta-analyses were performed to assess the average effect sizes across multiple studies on the same factors.</p> <p>Findings: Other potential protective factors of placement breakdown referred to the quality of foster caregiving and other foster care related aspects, which showed small to large effect sizes. However, findings were contradictory when univariate and multivariate results were compared. Results of multivariate studies suggested mediating and moderating effects of variables related to the children's background.</p>	<p>Oosterman, M., Schuengel, C., Slot, N. W., Bullens, R. A. R., & Doreleijers, T. A. H. (2007). Disruptions in foster care: A review and meta-analysis. <i>Children and Youth Services Review</i>, 29(1), 53-76.</p>
	<p>Methods: This study used administrative data, applying data management and analytic methods to explore foster parent retention. Child welfare agencies from New Mexico, Oklahoma and Oregon contributed data for these analyses.</p> <p>Findings: The inability to deal with child’s behavior was the most common foster parent reason for quitting.</p>	<p>Gibbs (2005).</p>
	<p>Method: Extensive literature review on placement stability.</p> <p>Findings: Caseworkers report that children in stable homes receive more attention, acceptance, affection, and overall better care from their foster parent, and the skill and ability of foster parents to accept and manage oppositional/aggressive behaviors were especially important. Authors recommend the training of foster parents in basic knowledge of child development and the understanding of reasons for children exhibit oppositional/aggressive behaviors.</p>	<p>Hartnett, et al. (1999).</p>

Factor	Method and Findings	Citation
Relationship and fit with the child in care	<p>Method: Extensive literature review on placement stability.</p> <p>Findings: Foster parents who can show empathy to child in care correlated with placement stability.</p>	Children and Family Research Center (2004)
	<p>Methods: This exploratory research project to assess processes involved in breakdown of placements using a questionnaire sent to 40 agencies.</p> <p>Findings: Foster families who are more accepting and do not hold the youth solely responsible for adapting to the placement are more successful.</p>	Butler, S., & Charles, M. (1999). The past, the present, but never the future: thematic representations of fostering disruption. <i>Child & Family Social Work</i> 4(1), 9-19.
	<p>Method: Explanatory research that studied the placement patterns for 90 youth referred to the Oregon Social Learning Center’s Treatment Foster Care program. Comparisons were made between groups on gender, pretreatment history and mental health factors and placement outcomes for the sample of youth.</p> <p>Findings: Good fit with child is good prediction of stability.</p>	Smith,et al.(2001)
	<p>Method: The purpose of these three studies of The Casey Family Program was to determine whether the outcomes of its foster placements were predictable from factors that could be known, at least in principle, at the time the placements were made. The authors built statistical models of placement maintenance based upon characteristics of (a) the foster child; (b) his or her biological family; and (c) the foster family.</p> <p>Findings: Foster fathers being emotionally involved with the child is predictive of stability. When foster parents’ motivation to foster was “liking children” or “feeling closeness to young people,” stability was more likely.</p>	Walsh & Walsh (1990)
	<p>Method: This was a descriptive study that looked at a recruited sample of 51 foster children, ages 5 to 10, and their foster parents. Foster parents completed a demographic questionnaire, as well as the <i>Dimensions of Temperaments Survey</i>. This tool was also completed by the child’s teacher. A foster placement evaluation scale was completed by case workers. Data was analyzed and compared to determine predictive factors for foster placement.</p> <p>Findings:</p> <ul style="list-style-type: none"> - The “goodness of fit” between foster parent and child was predictive of successful placements. - Temperament match – an inflexible foster mother with a negative mood child was the highest predictor of unsuccessful placement. 	Doelling, J. L., & Johnson, J. H. (1990). Predicting success in foster placement: The contribution of parent-child temperament characteristics. <i>American Journal of Orthopsychiatric</i> , 60(4), 585-593.

Factor	Method and Findings	Citation
	<p>Method: Case-record review study of 157 children in foster care. Data from two groups were compared, those children with successful placements (same placement for 24 months; n=79) and those children with unsuccessful placements (placement disrupted before 24 months; n=78).</p> <p>Findings: General associations with successful placement are indicated when the following exists: foster mother is 46 or older, foster parents have two kids of their own, there is another child in placement, motivation is general interest or knows the child. The success of the placement was also predicted by interplay of these things.</p>	<p>Kraus, J. (1971). Predicting success of foster placements for school-age children. <i>Social Work, 16</i>(1), 63-72.</p>
	<p>Method: This is an earlier review of research and literature on this topic.</p> <p>Findings: Cites Cautley (1980) – matching with family and child was predictive of disruption (older kids with inexperienced foster parents; asking foster parents to do more than they feel comfortable with).</p>	<p>Proch & Taber (1985)</p>
	<p>Method: Review of research findings on the characteristics of the foster child, the biological family, the foster family, and the agency that are correlated with successful foster placements, (i.e., stable placements, satisfaction of child and foster parents and measures of child well-being).</p> <p>Findings: - Foster parents that are successful in this role tend to have stable emotions, be motivated to be foster parents, are authoritative in their discipline style, provide a variety of stimulating activities for the child - Good relationship between the child and foster family is predictive of success.</p>	<p>Redding, et al (2000)</p>
<p>Social support networks</p>	<p>Method: Extensive literature review on placement stability.</p> <p>Findings: Foster parents who had at least three good friends were correlated with placement stability.</p>	<p>Fine, 1993 as cited in Children and Family Research Center (2004)</p>
	<p>Method: The purpose of these three studies of The Casey Family Program was to determine whether</p>	<p>Walsh & Walsh (1990)</p>

Factor	Method and Findings	Citation
	<p>the outcomes of its foster placements were predictable from factors that could be known, at least in principle, at the time the placements were made. The authors built statistical models of placement maintenance based upon characteristics of (a) the foster child; (b) his or her biological family; and (c) the foster family.</p> <p>Findings: When foster family's relationship to its own extended family was good, it was predictive of success.</p>	
	<p>Method: This is an earlier review of research and literature on this topic.</p> <p>Findings: Strong extended family ties were related to placement success (Cites Walsh & Matule, 1984).</p>	Proch & Taber (1985)
	<p>Method: Review of research findings on the characteristics of the foster child, the biological family, the foster family, and the agency that are correlated with successful foster placements, (i.e., stable placements, satisfaction of child and foster parents and measures of child well-being).</p> <p>Findings: Most successful foster parents tended to have a positive social support system.</p>	Redding et al (2000).
Life changes	<p>Method: A case record review study of children who had more than four placements in foster care (n=30) compared to a group of children who had two or fewer placements (n=30). Data was gathered and analyzed.</p> <p>Findings: Separation or divorce or change in family, along with other stressors for foster parents can be reasons for disruption.</p>	Wattenberg, et al. (2003)
	<p>Methods: This study used administrative data, applying data management and analytic methods to explore foster parent retention. Child welfare agencies from New Mexico, Oklahoma and Oregon contributed data for these analyses.</p> <p>Findings: Life changes in marriage or adopting a child are common reasons for quitting.</p>	Gibbs (2005)
	<p>Method: This is an earlier review of research and literature on this topic.</p> <p>Findings: Foster parent life changes accounted for about 50% of disruptions, (cites Ferguson,1966).</p>	Proch & Taber (1985)

Factor	Method and Findings	Citation
Characteristics of Biological Parents		
Parents prepare child for placement	<p>Method: Extensive literature review on placement stability.</p> <p>Findings: If parents were able to prepare child for placement, there was a lower risk of disruption.</p>	Children and Family Research Center (2004)
Parents presenting issues	<p>Method: This study used data gathered from the <i>1977 National Study of Social Services to Children and Their Families</i>, which surveyed 319 public social service agencies in 38 states and included information on 4,288 children in foster care.</p> <p>Findings: Most issues of birth parents showed no relationship to placement stability, except alcoholism for mother and father (for father this was only an issue after 3 years).</p>	Pardeck (1984).
	<p>Method: The purpose of these three studies of The Casey Family Program was to determine whether the outcomes of its foster placements were predictable from factors that could be known, at least in principle, at the time the placements were made. The authors built statistical models of placement maintenance based upon characteristics of (a) the foster child; (b) his or her biological family; and (c) the foster family.</p> <p>Findings: When the biological father was known to have had a criminal record it correlated to more placements. When child had important relatives other than parents or siblings, this correlated with fewer placements.</p>	Walsh & Walsh (1990)
	<p>Method: Extensive literature review on placement stability.</p> <p>Findings: Cites Cooper, Peterson, & Meier (1987) and Pardeck (1984) that show history of substance abuse in the home related to more frequent moves.</p>	Children and Family Research Center (2004)
Visitation with parents or family members	<p>Method: Review of research findings on the characteristics of the foster child, the biological family, the foster family, and the agency that are correlated with successful foster placements, (i.e., stable placements, satisfaction of child and foster parents and measures of child well-being).</p> <p>Findings: The child's degree of control over the frequency and type of visitation with their biological family was predictive of successful placements.</p>	Redding et al (2000)

Factor	Method and Findings	Citation
Characteristics of Caseworker		
Time spent with family/rapport with family	<p>Method: Extensive literature review on placement stability.</p> <p>Findings: The more time and attention that a caseworker expended on a family and better rapport were important protective factors in placement stability as cited in Stone & Stone (1983), Teather, Davidson and Pecora (1994).</p>	Children and Family Research Center (2004)
	<p>Method: Case record review study that gathered data from existing case records of 64 children in foster care. A coding questionnaire was developed to review and code the data, and then the data was analyzed. This is an often cited article in the literature.</p> <p>Findings:</p> <ul style="list-style-type: none"> - The degree of contact, energy and rapport between caseworker and foster parent was the factor most strongly correlated with placement success. - Foster parents who had a good rapport with caseworkers also had more kids placed in home, perhaps indicating over utilization of good homes. 	Stone & Stone (1983)
	<p>Method: A case record review study of children who had more than four placements in foster care (n=30) compared to a group of children who had two or fewer placements (n=30). Data was gathered and analyzed.</p> <p>Findings: Rapport was a protective factor, but caseworker notes were sparse in this area.</p>	Wattenberg, et al. (2003)
	<p>Methods: This article examined the role of caseworkers in determining outcomes in the child welfare system. This study used administrative data from the Illinois Department of Children and Family Services (IDCFS), including allegation records, placement information and caseworker information. The sample included 5726 children entering a foster care placement in 1995. The impact of caseworker characteristics (turnover, racial match and graduate education – MSW), was examined on these two outcomes for children in foster care: length of stay (number of months) and family reunification.</p> <p>Findings: Children assigned to MSW level caseworkers spent significantly less time in care (on average 5.15 months less time) as compared with the children not associated with an MSW level caseworker. African American youth experienced significantly longer stays in foster care and were less likely to achieve reunification, and this held true regardless of race of caseworker. Hispanic</p>	Ryan, J. P., Garnier, P., Zyphur, M., & Zhai, F. (2006). Investigating the effects of caseworker characteristics in child welfare. <i>Children and Youth Services Review</i> , 28(9), 993-1006.

Factor	Method and Findings	Citation
	<p>children stayed in foster care longer than their African American and white peers when they are assigned to an African American caseworker.</p>	
	<p>Findings: The data indicated that foster children and foster parents were contacted less often when caseworker turnover happened. This suggests that service to foster children who were assigned multiple caseworkers may have been in double jeopardy because not only did they receive fewer services overall but they also may not have had the opportunity to establish strong relationships with any one worker.</p> <p>After 2 years in care, any casework services to these children were provided almost exclusively by foster parents, not by foster care staff.</p> <p>Compared to minority families, workers reported more foster parent contacts but fewer family of origin visits for Caucasian families. In contrast, mixed race and other minority families received more therapy, as well as more worker contact with both foster children and the family of origin. Many of the children in the mixed race group were also the children who experienced one or two foster home moves.</p>	<p>Unrau, Y. A., & Wells, M. A. (2005). Patterns of foster care service delivery. <i>Children and Youth Services Review</i>, 27(5), 511-531.</p>
<p>Caseworker turnover</p>	<p>Method: Extensive literature review on placement stability.</p> <p>Findings: Low turnover was correlated with lower number of disruptions Pardeck (1984) – one of studies cited in literature review.</p>	<p>Children and Family Research Center (2004)</p>
<p>Characteristics of Placement, Agency and/or System</p>		
<p>Type of placement - Kinship placements (more stability); Treatment Foster Care</p>	<p>Method: Extensive literature review on placement stability.</p> <p>Findings:</p> <ul style="list-style-type: none"> - Kinship care has shown greater placement stability, cited (Testa, 2001; Webster, Barth & Needell, 2000) - Predictors of stability in non-kin homes were linked to the following conditions based on the Center’s 1999 study: <ul style="list-style-type: none"> o Specialized or treatment foster care o Therapy (child or family?) o Foster parent empathy 	<p>Children and Family Research Center (2004) Cites: - Webster, Barth & Needell, 2000</p>

Factor	Method and Findings	Citation
	<p>Method:</p> <ul style="list-style-type: none"> - Foster and kinship parents of 246 children in California were interviewed by phone three times about the child’s behavior. - Survey tool used was the <i>Parent Daily Report (PDR)</i> checklist, which lists 30 problem behaviors. - Disruptions were tracked over the next 12 months after the first phone interview. <p>Findings: Children with kin were less likely to disrupt when problem behaviors were exhibited.</p>	<p>Chamberlain, et al. (2006)</p>
	<p>Method: Review of literature.</p> <p>Findings: Treatment foster care was linked to placement stability.</p>	<p>Reddy, L. A., & Pfeiffer, S. I. (1997). Effectiveness of treatment foster care with children and adolescents: A review of outcome studies. <i>Journal of American Academy of Child and Adolescent Psychiatry</i>, 36(5), 581-588.</p>
<p>Number of previous placements (Related to Policies such as emergency placements or transfer child to reunify sibling group).</p>	<p>Method: Explanatory research that studied the placement patterns for 90 youth referred to the Oregon Social Learning Center’s Treatment Foster Care program. Comparisons were made between groups on gender, pretreatment history and mental health factors and placement outcomes for the sample of youth.</p> <p>Findings:</p> <ul style="list-style-type: none"> – Number of previous placements was a predictor of future placement disruption. – Children in treatment foster care tended to have higher number of previous placements. 	<p>Smith, et al.(2001)</p>
	<p>Method: For this study, data was collected from both primary and secondary sources, including record abstraction from case files and interviews with foster parents and caseworks. A random sample of 302 children was drawn from the Illinois Integrated Database for which case studies were conducted. Two samples of children were drawn from the same population, but had different stability outcomes.</p> <p>Findings: Policies that transfer children, emergency placements, and sibling consolidation accounted for some of the placement disruptions.</p>	<p>Hartnett et al., (1999).</p>
	<p>Methods: Data gathered through selective sample of case files of 249 children in out-of-home placement in and around London for at least 12 months from April 1996 to April 1998.</p> <p>Findings: Majority of placement moves (54%) were due to agencies moving a child from one transitional placement to another. When age ranges were looked at, the age range most likely to experience frequent “planned moves” were children under the age of 1.</p>	<p>Webster, D., Barth, R. P., & Needell, B. (2000). Placement stability for children in out-of-home care: A longitudinal analysis. <i>Child Welfare</i>, 79(5), 614-632.</p>

Factor	Method and Findings	Citation
	<p>Method: This was study with a sample of 415 youth, age 3 and up, who had been in foster care in San Diego, California for at least 5 months. The Child Behavior Check List was completed by caregivers to assess problem behaviors at 5 months of placement and then again at 17 months of placement. Data for the number of placement changes was abstracted from case records.</p> <p>Findings:</p> <ul style="list-style-type: none"> - Even for children who did not exhibit behavior problems initially, an increased number of placements predicted an increase in behavior problems (independent of gender, age and ethnicity). - An increase in number of placements predicted an increase in internalizing behaviors (withdraw, depression, isolation). Authors felt that this group might represent an underserved group of children. 	<p>Newton, et al. (2000)</p>
	<p>Method: This case record review study analyzed data regarding placement history for a sample of 244 children, which represents all of the youth served by Casey Family Services from January 1987 to November 1991.</p> <p>Findings:</p> <ul style="list-style-type: none"> - A small number of children accounted for a disproportionate number of placement changes. - A history of multiple placement disruption was a predictor of future disruption. 	<p>Staff, I., & Fein, E. (1995). Stability and change: Initial findings in a study of treatment foster care placements. <i>Children and Youth Services Review, 17</i>(3), 379-389.</p>
	<p>Method: A case record review study of children who had more than four placements in foster care (n=30) compared to a group of children who had two or fewer placements (n=30). Data was gathered and analyzed.</p> <p>Findings:</p> <ul style="list-style-type: none"> - Sibling reunification accounted for a number of placement disruptions. - Kinship placements may underreport the number of actual moves, which raises questions about stability. 	<p>Wattenberg, et al. (2003)</p>
	<p>Method: This is an earlier review of research and literature on this topic.</p> <p>Findings: Cites Walsh & Matule (1989), having many prior placements was predictive of future disruption.</p>	<p>Proch & Taber (1985)</p>

Factor	Method and Findings	Citation
<p>Number of children in foster home</p>	<p>Method: Explanatory research that studied the placement patterns for 90 youth referred to the Oregon Social Learning Center’s Treatment Foster Care program. Comparisons were made between groups on gender, pretreatment history and mental health factors and placement outcomes for the sample of youth.</p> <p>Findings: Having more children in the home correlated to increased risk of placement disruption.</p>	<p>Smith, et al. (2001)</p>
	<p>Method: A case record review study of children who had more than four placements in foster care (n=30) compared to a group of children who had two or fewer placements (n=30). Data was gathered and analyzed.</p> <p>Findings: In more stable placements, the child was the only one in placement.</p>	<p>Wattenberg, et al. (2003)</p>
	<p>Method: This is an earlier review of research and literature on this topic.</p> <p>Findings: Cites Boyd & Remy (1978) – more children in placement correlated to increase risk of disruption.</p>	<p>Proch & Taber (1985)</p>
<p>Proximity and visitation with biological parents</p>	<p>Method: Review and synthesis of literature.</p> <p>Findings: Proximity of placement to biological parents was a protective factor.</p>	<p>Doran, L., & Berliner, L. (2001). <i>Placement decisions for children in long-term foster care: Innovative practices and literature review</i> No. 01-02-3902). Olympia, Washington: Washington State Institute for Public Policy.</p>

PART 2: Preventing Disruptions in Foster Care Placements

A. Foster/Adoptive Parents

Factor	Method and Findings	Citation
Foster Parent Recruitment		
	<p>Method: This study was part of a larger, one-year longitudinal study of potential foster parents who participated in the Preparation for Fostering training. These potential foster parents were tested, interviewed, or surveyed at four different times during the year: prior to training as a pre-test (n=491); 1 week after the training (Time 1, n= 313); 6 months following the completion of training (Time 2, n=264); and in a telephone interview addressing the usefulness of training (Time 3, n = 182).</p> <p>Findings: Results showed that foster parents were particularly interested in hearing the personal accounts of those having previous experience, and from foster care trainers demonstrating a positive attitude, effective speaking skills, and the ability to facilitate group discussion. Regarding their decision to foster, the majority of responses fell into the category called Nothing About Training, which indicated the pre-service training did not sway most people’s decision. The largest group of responses showed that an awareness of the need for foster care was the most influential in helping participants make the decision of whether or not to become a foster parent. This finding emphasized the importance of educating the community about the crucial need for foster homes.</p> <p>Many respondents stated that they received support from friends and families or observed others who had positive foster care experiences had strong implications for recruitment. An effort should be made to encourage current foster parents to recruit those they believe would provide high quality foster care. It may also be helpful for agencies to target their recruitment campaigns at families and friends of those currently providing foster care. It may be beneficial to involve experienced foster parents early in the recruitment process.</p>	<p>Baum, A. C., Crase, S. J., & Crase, K. L. (2001). Influences on the decision to become or not become a foster parent. <i>Families in Society-the Journal of Contemporary Human Services</i>, 82(2), 202-213.</p>
	<p>Method: This article describes the three phases of a Virginia based project “Strategies for Recruitment and Retention of Foster Care Families.” The first step of the research phase reviewed data from the Virginia Department of Social Services database of children in foster care. The second step in the research phase focused on assessing the current level and quality of the foster care resource. A ten percent random sample of foster homes approved for care was taken from the Virginia Department of Social Services mailing list</p>	<p>Rodwell, M. K., & Biggerstaff, M. A. (1993). Strategies for Recruitment and Retention of Foster Families. <i>Children and Youth Services Review</i>, 15(5), 403-419.</p>

Factor	Method and Findings	Citation
	<p>of foster care providers. The third step was a survey of foster care supervisors or administrators in each locality.</p> <p>Findings from the Research Phase: Step 1: Information from the data analysis was used to develop several aspects of the recruitment and retention strategy, such as: the types of children in need of foster care; the categories of care (emergency, short-term, long-term) needed; characteristics of children in care; areas of the state with different types of children in care; and, the concentration of children in foster care by geographic area. Step 2: Aspects of the recruitment and retention strategies included the types of families that existed and those that were needed, how families came into fostering (providing information for targeting recruitment), and families' perceptions of training needs (aimed at developing retention strategies). Step 3: The majority of the local area respondents asserted greater frustration than reported by foster families.</p> <p>Recommendations for Implementing Recruitment Plan:</p> <ul style="list-style-type: none"> - Speakers' bureau – professionals and foster parents as a team to speak to the need for foster parents; - Mass media – focus on radio and television efforts with goal to diversify base of resource families to meet needs of diverse children; - Foster family participants indicated that recruitment material focused on African-American families served to recruit both African American and white families. (to be considered if budget is limited); - Start plan only when agency is prepared to move interested families through application process; - Regularly scheduled information meetings for interested families; - Ask interested families about recruitment strategies to test effectiveness. <p>There are often more families licensed but not currently providing care, which indicates that agencies should recruit families that match the needs of children in need of foster care.</p>	
Foster Parent Retention		
<p>Relationship and fit with the child in care</p>	<p>Method: Extensive literature review on placement stability.</p> <p>Findings:</p> <ul style="list-style-type: none"> - Based on the Center's 1999 study, it was shown that foster parents who show empathy to child in care was predictive of stability. <p>Better matching of children with behavior problems with foster parents who are trained, (cited Dore & Eisner, 1993; Proch & Taber 1985).</p>	<p>Children and Family Research Center (2004)</p>

Factor	Method and Findings	Citation
	<p>Methods: This study used administrative data, applying data management and analytic methods to explore foster parent retention. Child welfare agencies from New Mexico, Oklahoma and Oregon contributed data for these analyses.</p> <p>Findings:</p> <ul style="list-style-type: none"> - Unsatisfactory interaction with workers was the reason for quitting (37%) or intention to quit (62%) as stated by foster parents, including lack of clear expectations from worker and treating foster parents as if they need help. <p>Foster parents cited lack of services, but this may be more of a concern of a perceived need than actual need according to data.</p>	<p>Gibbs, D. (2005). <i>Understanding foster parenting: Using administrative data to explore retention</i>. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.</p>
Financial support	<p>Methods: This study used administrative data, applying data management and analytic methods to explore foster parent retention. Child welfare agencies from New Mexico, Oklahoma and Oregon contributed data for these analyses.</p> <p>Findings: Lack of financial support was cited as a reason by foster parents who quit (8%) or are planning to quit (27%) but not as common as other reasons.</p>	<p>Gibbs (2005)</p>
	<p>Method: Randomly assigned study with three groups: 1) foster parents who received a small increase in stipend and additional intensive support services; 2) foster parents who only received a small increase in stipend; and 3) foster parents in traditional foster care setting.</p> <p>Findings: A small increase in stipends led to lower drop out rates and a decrease in reported child problem behaviors. There was an increase even in the group without added support services.</p>	<p>Chamberlain, P., Moreland, S., & Reid, K. (1992). Enhanced services and stipends for foster parents: Effects on retention rates and outcomes for Children. <i>Child Welfare, 71</i>(5), 387-401.</p>
General support for retaining foster parents	<p>Method: This study was based on data from an exploratory research project in Southern Ontario (Levasseur, 1999), that posed the question, "What do foster parents identify as the type of support they require to successfully maintain their foster home?" A 12-page questionnaire was mailed to every active, regular foster home listed by two participating agencies (N = 163). The response rate was 41% (n = 66).</p> <p>Findings: Of the respondents completing the questionnaire, 88% were foster mothers. Only 55% claimed that both parents shared equally in the foster care giving. The foster parents themselves said the most important supports they seek are respect, affirmation, and acknowledgment from caseworkers.</p>	<p>Hudson, P., & Levasseur, K. (2002). Supporting foster parents: Caring voices. <i>Child Welfare, 81</i>(6), 853-877.</p>

Factor	Method and Findings	Citation
	<p>Method: This study was conducted using an <i>ex post facto</i>, cross sectional design. Data were collected from active foster parents using survey methods. The random sample in this study consisted of 809 active, licensed homes. These homes were comprised from the eight largest counties in the state of Ohio. Data were collected through a mailed survey. Five hundred forty-four questionnaires were received, for a 68% return rate.</p> <p>Findings: Overall satisfaction with fostering clearly exerted the strongest influence on a parent’s intention to continue fostering. Having to deal with the difficult behavior of foster children was a motivational factor likely to undermine the intent to continue to foster. Also, “shared experiences with other foster parents” (increased social support) correlated with an increased intent to continue. More boys in the placement decreased the intent to continue.</p> <p>Implications: The greatest need to improve foster parent retention was improved foster parent training. Revised training curricula should focus on two areas: better preparation of foster parents to deal with increasingly more difficult behaviors exhibited by foster children; and an infrastructure of support for and between foster parents.</p>	<p>Denby, R., Rindfleisch, N., & Bean, G. (1999). Predictors of foster parent satisfaction and intent to continue to foster. <i>Child Abuse and Neglect</i>, 23(3), 287-303.</p>
	<p>Method: The chronic shortage of foster families was exacerbated by the fact that many families discontinue during the first year. This longitudinal study examined the effect of family resources and psychosocial problems on retention. Data was collected as part of a larger study of foster family applicants recruited during pre-service MAPP training in 3 counties in a southeastern state. A sub sample of 131 families was selected from the larger sample.</p> <p>Findings: Almost 50 percent of families who started pre-service training did not complete it. Of the 131 families who completed training, 46 percent had already discontinued or planned to discontinue at six-months. Families with more resources, especially income, were more likely to continue. African American and single-parent families were less likely to continue, but not when controlling for income. Families with more psychosocial problems and fewer resources were more likely to express uncertainty about continuing. These results have important implications for recruitment and retention of foster families.</p>	<p>Rhodes, K. W., Orme, J. G., Cox, M. E., & Buehler, C. (2003). Foster family resources, psychosocial functioning, and retention. <i>Social Work Research</i>, 27(3), 135-150.</p>
	<p>Method: This study included 40 specialized foster parents who participated in 2 hour focus-group interviews, with 9 to 13 participants each. The interview guide focused the interview around ways in which children enter specialized foster homes, issues that emerge in the process of providing treatment and care, and ways in which children leave these homes.</p>	<p>Wells, K., & Dangelo, L. (1994). Specialized foster-care - Voices from the field. <i>Social Service Review</i>, 68(1), 127-144.</p>

Factor	Method and Findings	Citation
	<p>Findings:</p> <ul style="list-style-type: none"> - Lack of information upfront about child in placement can be problematic for foster parents. - Role is very complex in acting as both a foster parent and agency employee. - Lack of acknowledgement of caring relationship. - Uncertainty about relationship with biological parents. - Perceived lack of commitment of some caseworkers, especially when they don't agree with a decision (i.e., return home). - Importance of agency support in supplying needed information and resources to help child and family. - Foster parents' doubt in their ability to care for the children. - Concerns about their own children's adjustment. 	
	<p>Methods: This study used administrative data, applying data management and analytic methods to explore foster parent retention. Child welfare agencies from New Mexico, Oklahoma and Oregon contributed data for these analyses.</p> <p>Findings:</p> <ul style="list-style-type: none"> - 20% of foster parents provided between 60-72% of all days of foster care, suggesting that a small group of foster parents are being utilized/overutilized while the other 80% may be underutilized. An implication for programs is that recruitment campaigns may be reaching parents that are unable or unwilling to care for the children that are in need of placement. - Length of service by foster parents is generally short, with a median of 8 to 14 months; 47-62% exit within one year of first placement. - This study showed no evidence of burnout. Foster parents with higher occupancy and with children who had greater needs was associated with greater length of service. 	Gibbs (2005)
	<p>Method: Review of literature and promising practices in foster parent retention.</p> <p>Findings: Highlighted the importance of training and support services to foster parents that are being implemented in several states, including:</p> <ul style="list-style-type: none"> - Foster Parent Rights – Illinois, Maryland, Oklahoma, Tennessee, Washington - Participation in case planning – Virginia and Washington - Information Sharing - Increased access to respite care. - Protection against liability (includes Wisconsin). - Mentoring and Peer Support - Training – Casey Family Programs prescribes the following elements: <ul style="list-style-type: none"> o Behavior Management; 	Christian, S. (2002). Supporting and Retaining Foster Parents [Electronic Version]. <i>NCSL State Legislative Report</i> , 27, 1-12. Retrieved Nov. 18, 2007 from http://www.ncsl.org/programs/cyf/slr2711.htm .

Factor	Method and Findings	Citation
	<ul style="list-style-type: none"> ○ Dealing with attachment, grief and loss; ○ Involvement of birth and foster families in training; ○ Teamwork and shared decision-making; and ○ Cross-training of foster parents and agency staff. <p>- Professional Foster Care</p> <ul style="list-style-type: none"> ○ Florida – Neighbor to Family – promising- 95% retention rate ○ Chicago – Neighbor to Neighbor – 1999 study showed increased placement stability, more sibling groups intact, and increased reunification with family. 	
	<p>Methods: Participants were selected at random from the 274 members of the Alberta Foster Parent Association. Data were collected until a point of redundancy, where there were no more original responses made; 27 females and 22 males from 30 families made up the final sample. Researchers did a telephone interview that asked the open-ended question: "What do you need to be a good foster parent?"</p> <p>Concept mapping was used, a method in which multiple participants generate, view and sort all of the ideas, which are statistically analyzed. All participants were again contacted by telephone and asked to participate in the sorting task. Of the sample of 49 participants, 20 consented to participate.</p> <p>Findings: Five themes were apparent in the foster parents' answers: (1) good working relationships; (2) cultural sensitivity; (3) harmonious and stable family relationships; (4) adequate payment for services; and (5) a range of personality characteristics and parenting skills. The needs that the foster parents identified were generally consistent with the existing foster parent literature, except the noted absence of need for respite care.</p>	<p>Brown, J., & Calder, P. (2000). Concept mapping the needs of foster parents. <i>Child Welfare</i>, 79(6), 729-746.</p>
<p>Foster Parent Training</p>		
	<p>Methods: This study looked at the effects on foster parent training. In this descriptive study, data were analyzed from the files of 168 foster placements in California, and focused on these two groups:</p> <ul style="list-style-type: none"> - Placements which were 2 year or less and foster parents were trained prior to placement (N=55) - Comparison group of placement which were two years or less and foster parents had not been trained (N=113) 	<p>Boyd, L. H., & Remy, L. L. (1978). Is Foster-Parent Training Worthwhile. <i>Social Service Review</i>, 52(2), 275-296.</p>

Factor	Method and Findings	Citation
	<p>Findings: Results of the analysis suggested that foster-parent training had a decisive impact on all placement outcomes and foster parents were better able to handle high risk children, independent of other factors such as foster-parent experience, environmental stress, and characteristics of the children in placement. Training before placement appeared to prepare foster parents to better handle stress and high-risk foster children. To the extent that training helped foster parents stay in the system long enough to gain experience, the role of training was even more important. The negative effects of multiple placements were observed when foster parents were new, untrained and children had difficult behaviors.</p>	
	<p>Methods: This study used administrative data, applying data management and analytic methods to explore foster parent retention. Child welfare agencies from New Mexico, Oklahoma and Oregon contributed data for these analyses.</p> <p>Findings: Initial foster parent training correlated with later satisfaction, (cites Fees et al., 1998).</p>	<p>Gibbs (2005)</p>
	<p>Method and Findings: This article reviewed literature on foster parent training and presents a model for a training curriculum for foster parents, and provides indicators of success in the 12 areas listed below. The potential to foster successfully involved developing, supporting and maintaining competencies in these 12 domains: safety; nurturing; educational, physical and mental health; social development; value diversity; support permanency; manage loss; own skill development; personal well-being; supporting child relationship; work as a team member.</p>	<p>Buehler, C., Rhodes, K. W., Orme, J. G., & Cuddeback, G. (2006). The potential for successful family foster care: Conceptualizing competency domains for foster parents. <i>Child Welfare</i>, 85(3), 523-558.</p>
	<p>Method: This is an earlier review of research and literature on this topic.</p> <p>Findings: Cites Boyd and Remy (1978) - training increases retention and reduces disruption.</p>	<p>Proch & Taber (1985)</p>
	<p>Method: Review of research findings on the characteristics of the foster child, the biological family, the foster family, and the agency that are correlated with successful foster placements, (i.e., stable placements, satisfaction of child and foster parents and measures of child well-being).</p> <p>Findings: Studies have found that training reduced the number of unsuccessful placements and increased the retention of TFC parents in the program, with the probability of a desired outcome increasing in direct relation to the amount of specialized training received (Bryant, 1981; Webb, 1989). Research showed that on-the-job training and 24-hour supervision was a more effective way to teach skills to caregivers than classroom-style teaching (Daly & Dowd, 1992). Training to help foster parents manage reactions to the</p>	<p>Redding et al (2000)</p>

Factor	Method and Findings	Citation
	<p>foster child, avoid stress and burnout, and cope with difficult times were important in promoting sustained placements (Baker, 1989). In particular, parents must be taught effective parenting techniques (primarily communication skills and behavior modification) that effect rapid behavior change (Baker, 1989).</p>	
	<p>Methods: This article summarized what has been found in the few controlled studies of the effects of foster parent training and reported on an evaluative research project that examined one such program.</p> <p>Pilot Study: Model Approach to Partnerships in Parenting (MAPP) program drew heavily from the NOVA training model, and was widely used by foster programs. It emphasizes shared decision making among foster parents, agency staff, and birth parents; and mutual selection of the foster parents by the agency and the agency by the foster parents. This small pilot study of the project in two sites, made use of a pretest/posttest comparison-group design in order to allow some preliminary assessment of its potential impacts on parents. There were two training groups with a total of 17 foster parents who were trained in MAPP to comprise the experimental group, and 12 non-trained foster parents in the comparison group. The measurement used was Form B of the Adolescent/Adult Parenting Inventory (AAPI). The AAPI is a standardized index recommended for use as a screening tool for prospective foster parents needs.</p> <p>Findings: There were no significant differences in trainees’ scores on any scale after completion of the program when compared with their scores prior to entry or between trainees and comparison-group members either before or following intervention.</p>	<p>Lee, J. H., & Holland, T. P. (1991). Evaluating the effectiveness of foster parent training. <i>Research on Social Work Practice, 1</i>(2), 162-174</p>
	<p>This article highlighted one program, Pressley Ridge Youth Development Extension (PRYDE), and discussed the program model and some evaluation information on its effectiveness, including measures of success: 82% success placement outcomes for youth and high performance scores and low levels of turnover for “treatment parents” (19% dropout rate for parents mostly due to life changes such as moving or having a baby.)</p>	<p>Hawkins, R. P., Meadowcroft, P., Trout, B. A., & Luster, W. C. (1985). Foster family-based treatment. <i>Journal of Clinical Child Psychology, 14</i>(3), 220-228.</p>
	<p>Method: Review of literature.</p> <p>Findings: Results showed that specialized training led to increases in placement permanency, as well as improvements in children’s social skills and psychological adjustment.</p>	<p>Reddy & Pfeiffer (1997)</p>

Factor	Method and Findings	Citation
	<p>Method: Randomly assigned study with three groups: 1) foster parents who received a small increase in stipend and additional intensive support services; 2) foster parents who only received a small increase in stipend; and 3) foster parents in traditional foster care setting.</p> <p>Findings: Increased services and support (i.e., 2 hour weekly meeting with facilitator and other foster parents to address child behavior; follow up phone calls 3 times per week) and small stipend increase resulted in lower drop out rate (9%) compared to general population (40%), as well as increased stability and less reported behavior problems.</p>	<p>Chamberlain, et al. (1992).</p>
	<p>Methods: Sample included 69 kinship foster parents and 159 nonkinship foster parents who enrolled in the Foster PRIDE/Adopt PRIDE pre-service training. There was a pre and post test survey on the competency categories covered in the training.</p> <p>Findings: The evaluation results from the pre and post test after the 27-hour pre-service training (Foster PRIDE/Adopt PRIDE) indicated improved competence for non-kinship participants, but not for kinship foster parents. These results also showed that the training may not be effective in preparing kinship caregivers for foster care.</p> <p>Key findings report that 66.7% of kinship participants, lack medical, spiritual, and mental health services and support compared to 56.6% of nonkinship participants who lack medical, spiritual, and mental health services and support.</p>	<p>Christenson, B., & McMurtry, J. (2007). A comparative evaluation of pre-service training of kinship and nonkinship foster/adoptive families. <i>Child Welfare, 86</i>(2), 125-140.</p>
	<p>Background: Resource families need training to deal with behavior of child, but there is currently a lack of adequate training available. Conventional parenting approaches that deal with typical problem behaviors are not effective with children in specialized homes. Some nationally known training programs are PRIDE (Deluca & Spring, 1993), MAPP (Lillie, 1991), or PATH (Jackson & Wasserman, 1997). Accessibility to training, especially in rural areas, can be an issue for resource families.</p> <p>Delaney (1998), the primary clinical expert for Foster Parent College, integrated four theoretical components on attachment-sensitive interventions dealing with children's serious behavior problems into the course content: 1) curbing, reducing, or eliminating the child's problem behavior; 2) improving a child's capacity to identify, label, and verbalize his/her feelings and thoughts; 3) improving negotiation skills by instructing, prompting, and rewarding the child for appropriately stating his/her needs; and 4) encouraging interactions between the child and parent that build healthier attachments and reduce the child's anxieties, insecurities, and negative exchanges with parents.</p>	<p>Pacifici, C., Delaney, R., White, L., Nelson, C., & Cummings, K. (2006). Web-based training for foster, adoptive, and kinship parents. <i>Children and Youth Services Review, 28</i>(11), 1329-1343.</p>

Factor	Method and Findings	Citation
	<p>Method: The current study examined the effectiveness of two online courses —on lying and sexualized behavior—with a sample of 97 foster parents from the Foster and Kinship Care Education Program of California Community Colleges. Parents were randomly assigned to one of two intervention groups that completed the two courses in opposite order. Group A at each college received the course on lying first, and Group B received the course on sexualized behavior first. All participants completed the same set of questionnaires (course knowledge for both courses, parent self-perceptions for both courses, and background information) at pre-intervention before they could take their first respective course. The period of training for each course was one week.</p> <p>Findings: Findings showed significant gains in parent knowledge for both courses, and in competency-based parent perceptions for the course on lying, with findings for the other course in the expected direction. Overall, user satisfaction and implementation fidelity were very high.</p>	
	<p>Methods: The final sample consisted of 74 foster parents affiliated with either the National Foster Parent Association (NFPA) or the Colorado Coalition of Adoptive Families (COCAF), who were providing care for a foster or adopted child five years of age or older and had access to a DVD player. Qualified participants were randomly assigned to either an intervention or a control group and to one of two trained phone interviewers. Following an introductory call, interviewers administered a demographics questionnaire and pretest measures on parents' knowledge and perceptions of children's anger outbursts. The intervention period began the following week and continued for two weeks. Parents in the intervention group received the <i>Anger Outbursts</i> DVD and were instructed to view the training materials at least once a week. Parents in the control group received no materials during this time. To check the fidelity of treatment, callers phoned parents in the intervention group once each week to make sure they were viewing the DVD. During the third and final week of the study, all parents were again administered the parent knowledge (PK) and parent perceptions (PP) questionnaires. In addition, parents in the intervention group completed a user satisfaction questionnaire on the relevance and quality of the DVD materials.</p> <p>Findings: The results of this evaluation supported the efficacy of DVD as a means of providing in-service training to foster parents at home. Another important finding was that parents gained confidence in their ability to understand and handle their child's anger outbursts.</p> <p>Implications: Electronic training offers some practical benefits, including cost-effectiveness, ease of delivery and access for foster parents.</p>	<p>Pacifici, C., Delaney, R., White, L., Cummings, K., & Nelson, C. (2005). Foster parent college: Interactive multimedia training for foster parents. <i>Social Work Research, 29</i>(4), 243-251.</p>

Factor	Method and Findings	Citation
	<p>Methods: This study examined the effectiveness of the <i>Model Approach to Partnerships in Parenting/Group Selection and Participation of Foster and/or Adoptive Families (MAPP/GPS)</i> foster parent training program in teaching potential foster parents parenting skills. Samples included 62 parents in the experimental group, who received the training, and 20 parents in the control group who did not receive the training. Statistical analyses were done to ensure that the two groups were comparable. Parents were tested on 3 measures assessing goals and objectives of the training program as well as parenting skills necessary to address children’s problem behaviors.</p> <p>Findings: Results indicated that the MAPP/GPS program did not adequately prepare foster parents according to its own program identified goals (only meeting 4 of 12 goals), nor did it prepare foster parents adequately to manage behavior problems of the foster children (improvements made on only 3 of 22 skills). The MAPP/GPS served as more of a decision-making tool for potential foster parents who were deciding to foster or not.</p>	<p>Puddy, R. W., & Jackson, Y. (2003). The development of parenting skills in foster parent training. <i>Children and Youth Services Review</i>, 25(12), 987-1013.</p>
	<p>Methods: The trial was designed to give a pragmatic evaluation of foster carer training within “mainstream” foster care. 160 families were randomly assigned to the intervention group and the control group, of which 42 families (62 children) completed the study from the intervention group and 64 families (88 children) completed the study from the control group. Before and nine months after the training program, foster parents, teachers, and children completed several measures of child behavior and mental health disorders.</p> <p>Findings: Children in the sample had overwhelmingly suffered abuse and neglect, and over 60% had some degree of psychopathology. The trial showed no statistically significant impact on child psychopathology or on costs, despite foster carers perceiving benefit to themselves and the children they were looking after. The intervention was not sufficient to make a substantial impact on the children. More intensive interventions may have to be considered.</p>	<p>Minnis, H., Pelosi, A. J., Knapp, M., & Dunn, J. (2001). Mental health and foster carer training. <i>Archives of Disease in Childhood</i>, 84(4), 302-306.</p>
	<p>Method: This article describes the results of a review of final reports on Foster Parent Training from 32 states from their Child and Family Service Reviews. Since the final reports often provide few details, the authors also consulted additional sources for the information and analysis that follows. These include CFS Reviews statewide self-assessments, Child and Family Service State Plans, Annual Progress and Services Reports, state statutes, regulations, and policy manuals, and foster parent association handbooks. The authors also conducted brief interviews with or submitted questions via e-mail to representatives of foster parent associations, agency program managers in several states,</p>	<p>Grimm, B. (2003). Child & Family Services Reviews: What the CFS Reviews do and don’t tell us. <i>Youth Law News: Journal of the National Center for Youth Law</i>, April – June 1-29.</p>

Factor	Method and Findings	Citation
	<p>and representatives of the organizations that publish the pre-service training curricula in wide use around the country.</p> <p>Findings: Many states use one of two major pre-service training packages—MAPP/GPS or PRIDE. Several states also use the training curriculum from Institute of Human Services (IHS). Generally, comments from foster parents and agency staff about these courses were positive and complimentary.</p> <p>In 1999, federal law included an amendment to mandate foster parent pre-licensing and in-service training, although states have wide discretion in designing training programs. Virtually all states mandate some type of pre-service and in-service training, except Virginia and Wisconsin. Very few states require that foster parents have an individualized training plan, one that takes into account their existing knowledge and skills, the needs of the children placed in their home, and the additional education and techniques that would help in the care of that child.</p> <p>IHS describes its curriculum as different from other pre-service training in several ways, including: (1) IHS has placed greater emphasis on this cultural diversity and competency, and (2) the IHS curricula was developed with foster, adoptive, and kinship providers all in mind.</p>	
	<p>Method: The British Columbia Federation of Foster Parent Associations (BCFFPA) received funding from the National Grants Division of Health and Welfare Canada for a three-year demonstration project, designed to illustrate how a networking model can provide increased support and training for participating foster parents. From 1984 to 1987, the training program provided non-formal skills and knowledge and determined network support opportunities. This report outlines the objectives of the project, the conceptual model that guided the delivery, the results, and finally, the project's implications.</p> <p>Findings: The baseline and the post-intervention data for the communities that participated in both measurement periods were compared. In those communities where the level of participation in local association activities and in the training sessions was high, there was a significant (31%) increase in the level of contact with other foster parents, and a corresponding decrease (12%) in the level of contact with social workers. In the communities where the level of participation was low, changes occurred in the opposite direction. The author suggests that this networking model could be adapted for use as a method of recruitment. Key leaders within existing community groups could be identified</p>	<p>Titterington, L. (1990). Foster care training: a comprehensive approach. <i>Child Welfare, 69</i>(2), 157-165.</p>

Factor	Method and Findings	Citation
	and a network for recruitment put in place. Networking may also help increase the retention of foster homes, by increasing support of foster parents.	
	<p>Method: This was a presentation at the FFTA national conference of an evaluation project through the University of Florida</p> <p>Findings: This program is a behaviorally-based caregiver training that teaching the following methods: (1) reduce the use of aversive interactions; (2) increase positive feedback; (3) minimize attention for minor inappropriate behavior; (4) target one or two critical behaviors for reduction; and (5) teaching child a new skill.</p>	<p>Van Camp, C., Whitehouse, C., & Witherup, L. (2007). <i>Behavior analysis in child welfare: Methods of assessment and program evaluation</i>. Paper presented at the Foster Family-Based Treatment Association 2007 National Conference.</p>
	<p>Method: This report was an extensive review of best practices in child maltreatment prevention and intervention. Authors discussed the efficacy of many types of interventions, including child-focused and family-focused, but not interventions that have been evaluated with foster parents or foster families.</p> <p>Findings: In its recommendations, the report suggested that Foster Parent Training needs to have a standardized curriculum based on type of license. A system to assess foster parents' learning needs should be implemented so that learning needs can be identified and training can be scheduled as needed. More consistent training delivery should be implemented. The recommendation was based on research that finds training of foster parents results in better care for foster children, reduced disruption in placement, improved foster parent retention and promotes reunification (Vieth, et al, 2005).</p>	<p>Bureau of Legislative Research. (2006). <i>Best Practices in Child Maltreatment Prevention and Intervention</i>. Little Rock, AR: Bureau of Legislative Research.</p>
<p>Initial Assessment or Screening of Foster/Adoptive Parents</p>		
	<p>Method: Extensive literature review on placement stability.</p> <p>Findings: Better matching of children with behavior problems with foster parents who are trained was predictive of placement stability, cited Dore & Eisner, 1993; Proch & Taber 1985, Proch & Taber, 1987</p>	<p>Children and Family Research Center (2004)</p>
	<p>Methods: This described the third part of a report that included three studies: Observational study in Montana, in which two trained and experienced observers who knew neither the child nor the foster family were placed in a sample of 22 foster homes in the Montana and Idaho divisions for brief periods — generally 15 to 16 hours over a period</p>	<p>Walsh & Walsh (1990)</p>

Factor	Method and Findings	Citation
	<p>of one week — to gather this information by means of (1) structured time-sampling techniques and (2) summary ratings.</p> <p>Finding from third study: To determine whether predictions of placement outcomes could be based upon brief assessments of factors that could be evaluated at the time placements were made, a third study was undertaken. The results of that study implied that ratings of salient characteristics of foster children and foster families based upon as little as a single day's observation could be used to effectively predict placement outcomes.</p>	
SAFE	<p>Method and Findings: This article examined the history of home studies, presented results from expert interviews on the changing processes and purposes of home studies, and explored current challenges for the field. The article also introduced the Structured Analysis Family Evaluation (SAFE), a uniform home study format that encourages consistent family evaluations across workers, agencies, and jurisdictions. The article clarified how SAFE may address challenges facing foster care and adoption practice.</p>	<p>Crea, T.M., Barth, R.P., & Chintapalli, L.K. (2007) Home study methods for evaluating prospective resource families: History, current challenges, and promising approaches, <i>Child Welfare</i>, 86 (2): 141-159.</p>
Georgia's model	<p>Method: Review and synthesis of literature.</p> <p>Findings: Initial placement decisions as predictive of placement disruption. Talked about demonstrated outcomes in Georgia.</p>	<p>Doran, L., & Berliner, L. (2001).</p>
Casey Foster Applicant Inventory	<p>Methods: Retrospective case-control study, in which workers were surveyed and asked to think back to previous cases, including their “best” and “worst” foster homes. Authors used the Casey Foster Applicant Inventory to test reliability and validity for this tool.</p> <p>Findings: Analysis of the comparison showed that there was high reliability and validity for the Casey Foster Applicant Inventory for the following characteristics: general foster parenting, two-parenting families, and integrating with birth children in home. A limit of this inventory is that it may not inform a worker about which areas a foster parent needs to work on.</p>	<p>Cuddeback, G. S., Buehler, C., Orme, J. G., & Le Prohn, N. S. (2007). Measuring Foster Parent Potential: Casey Foster Applicant Inventory-Worker Version (CFAI-W). <i>Research on Social Work Practice</i> 17(1), 93-109.</p>
	<p>Method: The Casey Foster Applicant Inventory–Applicant Version (CFAI-A) is a standardized self-report measure designed to assess the potential to foster parent successfully. The CFAI-A is described, and results concerning its psychometric properties are presented. Data from a sample of 304 foster mothers from 35 states are analyzed.</p>	<p>Orme, J. G., Cuddeback, G. S., Buehler, C., Cox, M. E., & Le Prohn, N. S. (2007). Measuring foster parent potential: Casey Foster Parent Inventory–Applicant Version. <i>Research on Social Work Practice</i>, 17(1), 77-92.</p>

Factor	Method and Findings	Citation
	<p>Findings: Excellent reliability and validity for certain sample of foster parents</p> <p>In developing the CFAI – A the following 12 domains were included based on relevant research in this area: (Buehler, Rhodes, Orme, & Cuddeback, in press): safety; nurturing; educational, physical and mental health; social development; value diversity; support permanency; manage loss; own skill development; personal well-being; supporting child relationship; work as a team member.</p>	
<p>Foster Parent Potential Scale</p>	<p>Method: A new measure of the potential of foster family applicants to provide quality family foster care is described and field tested in this study. The measure is titled the Foster Parent Potential Scale (FPPS). Data from 105 foster applicant families are analyzed.</p> <p>Findings: The internal consistency reliability and construct validity of the FPPS is supported by the findings of this study, with one exception that applicants of African American and other races had higher scores than did European American applicants, although the effect of race was small. This study did not include kinship or therapeutic foster homes.</p>	<p>Orme, J. G., Buehler, C., McSurdy, M., Rhodes, K. W., & Cox, M. E. (2003). The Foster Parent Potential Scale. <i>Research on Social Work Practice, 13</i>(2), 181-207.</p>

B. Treatment Foster Care Services

Factor	Related Studies	
<p>Foster Family Services</p>		
<p>Wraparound Services</p>	<p>Method: Longitudinal, controlled, randomly assigned study of children with emotional/behavioral problems. Looked at two groups of children, over 2 ½ years, one receiving regular foster care services (control group) and the other group receiving wraparound services. Fostering Individualized Assistance Program (FIAP) is a model that included strengths based assessment, life-domain planning, clinical case management, follow-along supports and services. (This is a later study of the same program listed below.)</p> <p>Findings: Rates of placement change for the wraparound group decreased, while the rate for regular foster care increased.</p>	<p>Clark, H. B., Lee, B., Prange, M. E., & McDonald, B. A. (1996). Children lost within the foster care system: Can wraparound service strategies improve placement outcomes? <i>Journal of Child and Family Studies, 5</i>(1), 39-54.</p>

Factor	Related Studies	
	<ul style="list-style-type: none"> - decreased runaways for this wraparound group compared to increased rate for regular group - wraparound group more likely to be in permanent placement than regular group 	
	<p>Method: Community-based, controlled experiment to evaluate the efficacy of the Fostering Individualized Assistance Program (FIAP) comparison of 132 children in foster care with, or at risk for, emotional and behavioral disorders, who were randomly assigned to the FIAP program or to a group that received standard-practice foster care. An at-risk screening form instructed the caseworkers to indicate the presence or absence of behavioral and situational indicators. Data collection included CBCL, review of case file records and interviews with child and caregivers.</p> <p>Findings: This study's interim results showed moderate increases in FIAP group on measures of psychological functioning, runaways, severe criminal activities, incarceration, and adjustment in stable home placements. This type of intervention could be used to support children who may be in need of therapeutic foster homes, but remain in their current foster care placement due to lack of available placement.</p>	<p>Clark, H. B., Prange, M. E., Lee, B., Boyd, L. A., McDonald, B. A., & Stewart, E. S. (1994). Improving adjustment outcomes for foster children with emotional and behavioral disorders: Early findings from a controlled study on individualized services. <i>Journal of Emotional and Behavioral Disorders, 2</i>, 207–218.</p>
	<p>Method: Controlled study, in which children who were referred to Family Based Treatment (FBT - treatment foster care) were randomly assigned to FBT or Family-centered Intensive case management (FCICM – child remains at home). This study only looked at a small group of children (n=17). One noted difference that appeared between these two groups, was that the FCICM group had children who more impaired in their functioning.</p> <p>Findings:</p> <ul style="list-style-type: none"> - Preliminary findings that show increased functioning and fewer symptoms for FCICM children. - Family outcomes showed no difference for groups. - There preliminary findings showed some support for the effectiveness of FCICM, but not yet statistically significant. - Recommendations for implementation of FCICM included flexibility in funding to provided individualized services, parent advocates and utilizing the strengths and assets of each family. 	<p>Evans, M. E., Armstrong, M. I., & Kuppinger, A. D. (1996). Family-centered intensive case management: A step toward understanding individualized care. <i>Journal of Child and Family Studies, 5</i>(1), 55-65.</p>
<p>Multisystemic Therapy</p>	<p>Method: The observational study followed three treatment groups: 1) Multisystemic Therapy (MST) only; 2) Wraparound services only; and 3) MST and wraparound. The groups were followed from enrollment through three consecutive 6-month follow-up using these assessments: <i>Child and Adolescent Functional Assessment Scale; Multisector Service</i></p>	<p>Stambaugh, L. F., Mustillo, S. A., Burns, B. J., Stephens, R. L., Baxter, B., Edwards, D., et al. (2007). Outcomes from wraparound and multisystemic therapy in a Center for Mental Health</p>

Factor	Related Studies	
	<p><i>Contact Questionnaire; Child Behavior Checklist.</i> The sample included 320 children and adolescents ranging in age from 4 to 17.5 years at study intake.</p> <p>Findings: Results from the study suggested that youth in all groups improved over time on both clinical symptoms and more generalized functioning, including maintaining youth in less restrictive placements. Youth receiving only MST demonstrated more improvement in clinical symptoms than did those who received only wraparound over the 18-month follow-up assessment. Findings from the study were in line with past literature that suggests MST is effective for emotionally and behaviorally disturbed youth, while wraparound is promising but has not yet gained the same level of empirical support as MST.</p> <p>Number of out-of-home placements was highly predictive of functional change, with more placements predicting less positive change. Moving a child in and out of placements may be severely damaging to his or her functioning, perhaps due to a repeated need to readjust and a lowered sense of personal security resulting from instability. Out-of-home placements were also more likely to expose youth to contagion (Dishion & Dodge, 2005), a process in which placing youth with behavior problems together is thought to exacerbate their problems.</p>	<p>Services system-of-care demonstration site. <i>Journal of Emotional and Behavioral Disorders</i>, 15(3), 143-155.</p>
	<p>Method: This study was a treatment development project in which 124 runaway youth were randomly assigned to (1) ecologically based family therapy (EBFT) or (2) service as usual (SAU) through a shelter. Youth completed an intake, post-treatment, 6 and 12 months follow-up assessment.</p> <p>Findings: Youth assigned to EBFT reported greater reductions in overall substance abuse compared to youth assigned to SAU while other problem areas improved in both conditions. Findings suggest that EBFT was an efficacious intervention for this relatively severe population of youth.</p>	<p>Slesnick, N., & Prestopnik, J. L. (2005). Ecologically based family therapy outcome with substance abusing runaway adolescents. <i>Journal of Adolescence</i>, 28(2), 277-298.</p>
	<p>Methods: Long-term follow-up to earlier study (randomized clinical trial - Bourdain, et al. 1995) of 176 youth who participated in either MST (n=92) or individual therapy (n=84). Arrest and incarceration data were obtained on average 13.7 years later when participants were of average age of 28.8.</p> <p>Findings: Results showed that the overall recidivism rate for the MST participants was significantly lower than the overall rate for the control group.</p>	<p>Schaeffer, C. M., & Bourdin, C. M. (2005). Long-term follow-up to a randomized clinical trial of multisystemic therapy with serious and violent juvenile offenders. <i>Journal of Consulting and Clinical Psychology</i>, 73(3), 445-453.</p>
	<p>Method: Reviewed current research on intensive home and community interventions for youth in foster care, and highlighted promising and evidence based practices.</p>	<p>Farmer, E. M. Z., Dorsey, S., & Mustillo, S. A. (2004). Intensive home and community</p>

Factor	Related Studies	
	<p>Findings:</p> <ul style="list-style-type: none"> - Multi-systemic therapy and Treatment Foster Care were two of the most effective evidence-based practices serving youth in out-of-home care. - Wraparound services lacked research to show effectiveness. - Case management services showed some evidence of effectiveness. 	<p>interventions. <i>Child and Adolescent Psychiatric Clinics of North America</i> 13(4), 857-884, vi.</p>
	<p>Method: Literature review of empirical studies of Multi-systemic Therapy (MST) - Two reviewers independently reviewed 266 titles and abstracts; 95 full-text reports were retrieved, and 35 unique studies were identified. Two reviewers independently read all study reports for inclusion. Eight studies were eligible for inclusion, from US, Canada and Norway. Two reviewers independently assessed study quality and extracted data from these studies, and used meta-analysis to describe the data.</p> <p>Findings: The most rigorous (intent-to-treat) analysis found no significant differences between MST and usual services in restrictive out-of-home placements and arrests or convictions. Pooled results that included studies with data of varying quality tend to favor MST, but these relative effects were not significantly different from zero. The study sample size was small and effects were not consistent across studies; hence, it was not clear whether MST had clinically significant advantages over other services.</p> <p>Implications for Practice: MST had several advantages over other services for troubled youth and families. It was a comprehensive intervention, based on current knowledge and theory about the problems and prospects of youth and families. MST was documented and studied more than many services for youth and families. There was no evidence that any known interventions are more effective than MST. Further, MST was costly (about \$5,000 USD per case, Aos 2001); if MST does not reduce the long-term costs of incarceration, hospitalization, recidivism, and costly problem behaviors in the long-run, it may not be cost-effective compared with less expensive alternatives.</p> <p>There was inconclusive evidence of the effectiveness of MST compared with other interventions with youth. There was no evidence that MST has harmful effects.</p>	<p>Littell, J. H., Popa, M., & Forsythe, B. (2005). Multisystemic Therapy for social, emotional, and behavioral problems in youth aged 10-17. <i>Cochrane Database of Systematic Reviews</i>(4).</p>
	<p>Methods: A systematic review of the treatment interventions for children who had experienced neglect. The study that was highlighted here was a randomized controlled study by Brunk, Hengeller, and Wheelan (1987), and the authors gave this study a quality rating of fair. The sample included 33 families where one or more incidents of abuse or neglect had occurred. , based on investigation by state social service investigative team. Families were</p>	<p>Allin, H., Wathen, C. N., & MacMillan, H. (2005). Treatment of child neglect: A systematic review. <i>Canadian Journal of Psychiatry-Revue Canadienne De Psychiatrie</i>, 50(8), 497-504.</p>

Factor	Related Studies	
	<p>assigned to two different treatments: the multi-systemic therapy group (n = 16) and the parent training group (n = 17).</p> <p>Findings: Both treatments effectively decreased parent-reported psychiatric symptoms and stress; improved identified individual and family problems. Multisystemic therapy was more effective at improving parent-child interactions, that is, parents were better able to control and more responsive to child's behavior; children showed less noncompliance. Parent training was more effective at decreasing social problems.</p>	
	<p>Method: Participants were 1,711 youths and families referred for MST treatment and the 405 therapists who served them. Participating sites were all community-based MST programs operating at the time the study began (N = 45 provider organizations). A research assistant administered all measures by telephone, with assessments occurring pretreatment, immediately post-treatment, and 6 months post-treatment. The research assistant telephoned the caregiver every 4 weeks during treatment to obtain therapist adherence ratings.</p> <p>Findings: Consistent with hypotheses, findings confirmed that youths whose caregivers were ethnically matched with their MST therapists demonstrated greater decreases in symptoms, longer times in treatment, and increased likelihood of discharge for meeting treatment goals relative to youths whose caregivers and therapists were not ethnically matched. The finding that successful discharge and treatment length were partially mediated by therapist adherence to MST model suggested therapists might be especially vigilant about trying to achieve adherence with ethnically dissimilar families.</p>	<p>Halliday-Boykins, C. A., Schoenwald, S. K., & Letourneau, E. J. (2005). Caregiver-therapist ethnic similarity predicts youth outcomes from an empirically based treatment. <i>Journal of Consulting and Clinical Psychology, 73</i>(5), 808-818.</p>
	<p>Method: 116 youth approved for emergency psychiatric hospitalization were randomly assigned to home-based MST or inpatient hospitalization. Assessments examining symptomatology, antisocial behavior, self-esteem, family relations, peer relations, and school attendance were conducted at 3 times within 24 hours of recruitment into the project, shortly after the hospitalized youth was released from the hospital and at the completion of MST home-based services (avg. 4 months after initial testing).</p> <p>Findings: MST was more effective than emergency hospitalization at decreasing youths' externalizing symptoms and improving their family functioning and cohesion, and school attendance. Hospitalization was more effective than MST at improving youth's self-esteem. Note: Youth in the MST had access to hospitalization services, if needed, and those in the control group had access to some community-based services. Fidelity to treatment model impacted research studies..</p>	<p>Henggeler, S. W., Rowland, M. D., Randall, J., Ward, D. M., Pickrel, S. G., Cunningham, P. B., et al. (1999). Home-based multisystemic therapy as an alternative to the hospitalization of youths in psychiatric crisis: Clinical outcomes. <i>Journal of the American Academy of Child and Adolescent Psychiatry, 38</i>(11), 1331-1339.</p>

Factor	Related Studies	
	<p>Method: The primary purpose of this report was to examine the 4-year outcomes of an evidence-based treatment of substance-abusing juvenile offenders. Eighty of 118 substance-abusing juvenile offenders participated in a follow-up 4 years after taking part in a randomized clinical trial comparing multisystemic therapy (MST) with usual community services. A multimethod (self-report, biological, and archival measures) assessment battery was used to measure the criminal behavior, illicit drug use, and psychiatric symptoms of the participating young adults.</p> <p>Findings: Analyses demonstrated significant long-term treatment effects for aggressive criminal activity (0.15 versus 0.57 convictions per year) but not for property crimes. Findings for illicit drug use were mixed, with biological measures indicating significantly higher rates of marijuana abstinence for MST participants (55% versus 28% of young adults). Long-term treatment effects were not observed for psychiatric symptoms. These findings provided some support for the long-term effectiveness of an evidenced-based family-oriented treatment of substance-abusing juvenile offenders.</p> <p>Limits: Only 68% of original sample was available for 4-year follow-up, so this sample may have differed from original sample on variable not measured or accounted for.</p>	<p>Henggeler, S. W., Clingempeel, W. G., Brondino, M. J., & Pickrel, S. G. (2002). Four-year follow-up of multisystemic therapy with substance-abusing and substance-dependent juvenile offenders. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i>, 41(7).</p>
<p>Attachment-related services</p>	<p>Methods: Children who enter foster care have usually experienced maltreatment as well as disruptions in relationships with primary caregivers. There are few evidence-based interventions that target foster children. This article presented preliminary data testing the effectiveness of an intervention, Attachment and Biobehavioral Catch-up, to target relationship formation in young children in the foster care system. Children were randomly assigned to the experimental intervention that was designed to enhance regulatory capabilities or to a control intervention. In both conditions, the foster parents received in-home training for 10 weekly sessions. Post-intervention measures were collected 1 month following the completion of the training. Outcome measures included children's diurnal production of cortisol (a stress hormone), and parent report of children's problem behaviors.</p> <p>Findings: Children in the experimental intervention group had lower cortisol values than children in the control intervention. Also, the experimental intervention parents reported fewer behavior problems for older versus younger foster children. Results provided preliminary evidence of the effectiveness of this intervention that targeted children's regulatory capabilities and served as an example of how interventions can effectively target foster children in the child welfare system.</p>	<p>Dozier, M., Peloso, E., Lindhiem, O., Gordon, M. K., Manni, M., Sepulveda, S., et al. (2006). Developing evidence-based interventions for foster children: An example of a randomized clinical trial with infants and toddlers. <i>Journal of Social Issues</i>, 62(4), 767-785.</p>

Factor	Related Studies	
	<p>Methods: This was a review of the literature of foster parent interventions based on developmental theory.</p> <p>Findings: Findings of Dozier, Levine, et al. (2001) suggest that dysregulated patterns emerge in the first weeks or months of life, and are likely to persist without intervention. Ashman, Dawson, Panagio, Yamada, and Wilkinson’s (2002) findings suggest that the first two years of life are particularly important for developing normative patterns of neuroendocrine regulation. Study recommends the following interventions for foster parents at each developmental stage, focusing on attachment, self-regulation and behavior change.</p> <ol style="list-style-type: none"> 1) Infant: Minimizing disruptions in care; Enhancing attachment quality and regulatory capabilities; Psychoeducation of foster parents; Increasing resource usage. 2) Preschool: Early Intervention Foster Care program (EIFC, Fisher et al., 1999) 3) School –age: Behavioral strategies; Enhancing communication and insight of foster parents. 4) Adolescents: <i>Focus on coordination of services- Tennessee study</i> (Glissen, 1994) and FIAP (Clark, Prange, Lee, Stewart, McDonald, & Boyd, 1998). 	<p>Dozier, M., Albus, K., Fisher, P. A., & Sepulveda, S. (2002). Interventions for foster parents: implications for developmental theory. <i>Dev Psychopathology</i>, 14(4), 843-860.</p>
	<p>Method: 50 foster infant-mother pairs participated in this study. This article describes the findings before a foster parent intervention was introduced. Foster mothers completed the Adult Attachment Interview, and the pairs participated in the “strange Situation between the ages of 12 and 24 months, at least 3 months after placement.</p> <p>Findings: The two-way communication between maternal state of mind and infant attachment quality was 72%, similar to the level seen in biological mother-infant pairs. Age at time of placement was not related to attachment quality. Concordance between maternal state of mind and infant attachment was seen for late –placed babies and well as early placed babies. This implies that even with a disruption in care in the first 1 ½ years of life, babies may be capable of organizing their behavior around new caregivers. This study also suggests that there is a non-genetic mechanism for intergenerational transmission of attachment.</p>	<p>Dozier, M., Stovall, K. C., Albus, K. E., & Bates, B. (2001). Attachment for infants in foster care: The role of caregiver state of mind. <i>Child Development</i>, 72(5), 1467-1477.</p>
	<p>Background: Although the term attachment disorder is ambiguous, attachment therapies are increasingly used with children who are maltreated, particularly those in foster care or adoptive homes. Some children described as having attachment disorders show extreme disturbances. The needs of these children and their caretakers are real. How to meet their needs is less clear. A number of attachment-based treatment and parenting approaches purport to help children described as attachment disordered. Attachment therapy is a young and diverse field, and the benefits and risks of many treatments remain scientifically</p>	<p>Chaffin, M., Hanson, R., Saunders, B. E., Nichols, T., Barnett, D., Zeanah, C., et al. (2006). Report of the APSAC task force on attachment therapy, reactive attachment disorder, and attachment problems. <i>Child Maltreatment</i>, 11(1), 76-89.</p>

Factor	Related Studies	
	<p>undetermined. Controversies have arisen about potentially harmful attachment therapy techniques used by a subset of attachment therapists.</p> <p>Methods: In this report, the Task Force reviewed the controversy and made recommendations for assessment, treatment, and practices. The report reflected the American Professional Society on the Abuse of Children’s (APSAC) position and also was endorsed by the American Psychological Association’s Division 37 and the Division 37 Section on Child Maltreatment.</p> <p>Findings: Attachment problems, including but extending beyond RAD, were a real and appropriate concern for professionals working with children who are maltreated and should be carefully considered when these children are assessed. Recommendations for child welfare included the following:</p> <ul style="list-style-type: none"> a. Treatment provided to children in the child welfare and foster care systems should be based on a careful assessment conducted by a qualified mental health professional with expertise in differential diagnosis and child development. Child welfare systems should guard against accepting treatment prescriptions based on word-of-mouth recruitment among foster caregivers or other lay individuals. b. Child welfare systems should not tolerate any parenting behaviors that normally would be considered emotionally abusive, physically abusive, or neglectful simply because they are, or are alleged to be, part of attachment treatment. 	
	<p>Methods: Systematic review of different treatment models for children in foster care.</p> <p>Findings: Attachment Therapy: In summary, attachment therapies are based upon the theory that disrupted caretaking relationships are the underlying cause of later emotional and behavioral disorder. Interventions are focused upon re-establishing the child’s ability to trust nurturing adults, helping the child achieve better affective self-control and supporting the child’s coping with past losses. Interventions may be directed primarily towards the therapist–child relationship, primarily towards the parents (biological, adoptive or foster), primarily towards the parent-child relationship. There are no controlled clinical trials demonstrating the efficacy of a specific treatment for child formally assessed for attachment disorders.</p>	<p>Racusin, R., Maerlender, A. C., Sengupta, A., Isquith, P. K., & Straus, M. B. (2005). Psychosocial treatment of children in foster care: A review. <i>Community Mental Health Journal, 41</i>(2), 199-221.</p>
	<p>Method: This study investigated the development of attachment relationships in 38 foster infant–caregiver dyads over the first 2 months of placement. We used the Parent Attachment Diary to measure foster infants’ daily attachment behaviors and Ainsworth’s</p>	<p>Stovall-McClough, K. C., & Dozier, M. (2004). Forming attachments in foster care: Infant attachment behaviors during the first 2 months of</p>

Factor	Related Studies	
	<p>Strange Situation to capture attachment classifications. The Adult Attachment Interview was used to examine foster parents' attachment states of mind, from which parents can be classified as having autonomous, dismissing, preoccupied, or unresolved states of mind.</p> <p>Findings: The findings suggest that during the first 2 months of placement, younger infants more consistently reach out to foster parents when they are distressed and are comforted by the foster parents' responses, compared to older infants. Older infants seem to be more likely to withdraw from a new caregiver when they are distressed. For these reasons, it may be easier to care for younger infants early in placement compared to older infants. The results suggest that infants placed with autonomous foster parents show higher levels of secure behavior and lower levels of avoidant behavior early in the placement.</p>	<p>placement. <i>Development and Psychopathology</i>, 16(2), 253-271.</p>
	<p>Method: This study presents single-subject analyses of newly developing attachment relationships in 10 foster infant-caregiver dyads. Using a diary methodology, at least 2 months of daily data were provided by foster parents on infants' attachment behaviors. Foster infant attachment was also assessed using the Strange Situation, and foster mother state of mind regarding attachment was measured using the Adult Attachment Interview.</p> <p>Results: For eight infants, diary data revealed predominant patterns of attachment behavior emerging within 2 months of placement. Both Strange Situation and diary data indicated that the three children placed in foster care before 12 months of age with foster parents having primary or secondary autonomous states of mind were classified as having secure attachments. The five children placed after 12 months of age showed predominantly insecure attachment behavior in the diary and were classified as insecure in the Strange Situation. These findings suggest that foster parents need to challenge foster infants' alienating behaviors (such as avoidant or resistant attachment behaviors), in order to develop a secure attachment with their foster child.</p>	<p>Stovall, K. C., & Dozier, M. (2000). The development of attachment in new relationships: Single subject analyses for 10 foster infants. <i>Development and Psychopathology</i>, 12(2), 133-156.</p>
	<p>Method: Review of literature and recommendations for child welfare agencies.</p> <p>Recommendations: The author states that it is important to recognize, particularly when working with diverse communities that while attachment is a cross-cultural phenomenon, the ways in which the attachment behaviors are manifested has cultural variations. Attachment theory can provide caseworkers direction on how to proceed when a decision has been made to place a child in care, both in the choice of a foster placement and the dynamics of the actual placement. Choosing a placement should be guided by two factors in addition to availability, including (1) an understanding of the foster parent's own attachment style; and (2) preparing the child for placement.</p>	<p>Mennen, F. E., & O'Keefe, M. (2005). Informed decisions in child welfare: The use of attachment theory. <i>Children and Youth Services Review</i>, 27(6), 577-593.</p>

Factor	Related Studies	
<p>Cognitive Behavioral Interventions</p>	<p>Method: Systematic review for the <i>Campbell Collaborative</i> of behavioral and cognitive behavioral training interventions for assisting foster parents in the management of difficult behavior. Although training programs for foster parents have increased, there has been minimal evaluative research to determine whether they are effective. This review attempted to determine the effectiveness of cognitive-behavioral training interventions. Only six trials involving 463 foster parents were included.</p> <p>Findings: Results of this systematic review show suggest little evidence of an effect of cognitive-behavioral training on foster children, foster parents or on foster agency outcomes.</p>	<p>Turner, W., MacDonald, G. M., & Dennis, J. A. (2005). Behavioural and cognitive behavioural training interventions for assisting foster carers in the management of difficult behaviour. [Electronic Version]. <i>Campbell Collaborative</i>. Retrieved 12/17/07 from http://www.campbellcollaboration.org/doc-pdf/070720_foster_carers_final.pdf.</p>
	<p>Methods: Systematic review of different treatment models for youth. However, these studies listed here do not look at the impact of CBT on youth in foster care settings, and how it might be applied to foster parents.</p> <p>Findings: Behavioral family intervention was superior to either standard psychodynamic therapy, client-centered therapy, or no treatment (Alexander & Parsons, 1973; Bernal, Klinnert, & Schultz, 1980; Firestone, Kelly, & Fike, 1980; Wiltz & Patterson, 1974). A recent review of evidenced-based treatments for mental health problems in youth suggests that there is empirical support for cognitive behavioral therapies (CBT) to address depressive symptoms, anxiety disorders, including post-traumatic stress disorder, and conduct problems (Asarnow, Jaycox, & Tompson, 2001; Clarke, Rohde, Lewinsohn, Hops, & Seeley, 1999; Kaslow & Thompson, 1998; McLellan & Werry, 2003). Trauma-focused CBT has been shown with randomized controlled trials (RCT) to be effective in treating PTSD in sexually abused children and adolescents (Celano & Rothbaum, 2002; Cohen, Deblinger, Mannarino, & Steer, 2004; King, Tonge, Mullen, Myerson, Heyne, Rollings et al., 2000; Pine & Cohen, 2002).</p>	<p>Racusin, Maerlender, Sengupta, Isquith, & Straus, (2005)</p>
<p>Parent-Child Interaction Theory</p>	<p>Method: This research includes a review and meta-analyses of 24 studies to evaluate and compare the outcomes of two widely disseminated parenting interventions—Parent-Child Interaction Therapy, and individualized approach; and Triple P-Positive Parenting Program, a group process delivery model. Participants in all studies were caregivers and 3- to 12-year-old children.</p> <p>Findings: In general, our analyses revealed positive effects of both interventions, but effects varied depending on intervention length, components, and source of outcome data. Both interventions reduced parent-reported child behavior and parenting problems. The effect sizes for PCIT were large when outcomes of child and parent behaviors were assessed with parent-report, with the exclusion of Abbreviated PCIT, which had moderate effect sizes. All</p>	<p>Thomas, R., & Zimmer-Gembeck, M. J. (2007). Behavioral outcomes of parent-child interaction therapy and triple p-positive parenting program: A review and meta-analysis. <i>Journal of Abnormal Child Psychology</i>, 35(3), 475-495.</p>

Factor	Related Studies	
	<p>forms of Triple P had moderate to large effects when outcomes were parent-reported child behaviors and parenting, with the exception of Media Triple P, which had small effects. PCIT and an enhanced version of Triple P were associated with improvements in observed child behaviors. These findings provide information about the relative efficacy of two programs that have received substantial funding in the USA and Australia, and findings should assist in making decisions about allocations of funding and dissemination of these parenting interventions in the future.</p>	
	<p>Method: This study describes the effectiveness of parent-child interaction therapy (PCIT), an evidence-based treatment for abused children, for 75 non-relative foster parents and their foster children compared with 98 non-abusive biological parent-child dyads referred for treatment because of the children's behavior problems.</p> <p>Findings: Results showed decreases in child behavior problems and caregiver distress from pre- to post-treatment for both foster and biological parent-child dyads, revealing no differences in the effectiveness of this treatment for foster parents compared with non-abusive biological parents. This suggests that PCIT had beneficial effects for foster parents who completed treatment with their foster children.</p>	<p>Timmer, S. G., Urquiza, A. J., & Zebell, N. (2006). Challenging foster caregiver-maltreated child relationships: The effectiveness of parent-child interaction therapy. <i>Children and Youth Services Review</i>, 28(1), 1-19.</p>
	<p>Method: Parent-Child Interaction Therapy (PCIT) is an empirically supported, parent-training program designed to teach parents specific techniques to manage the behavior of children between the ages of two and seven exhibiting extreme disruptive behavior. This paper reports on the effectiveness of and reported satisfaction with a modified procedure for training foster parents in PCIT skills. Thirty children exhibiting behavior problems along with one of their foster parents served as participants. Psychologists provided parent training to foster parents through two-day early intervention workshops. These workshops included one full day of didactic sessions in which parents were instructed in the use of specific play therapy skills followed by a second day of training in which parents were asked to bring their foster child with them. They were instructed in the use of specific discipline skills and were then coached in the use of these skills by a therapist.</p> <p>At the beginning of the workshop parents were asked to complete the Eyberg Child Behavior Inventory (ECBI). Immediately following the training, parents were asked to complete a Foster Parent Training Satisfaction Survey (FPTSS). Of the 30 families who participated in training, 27 were available one month after the training to provide information. Only eight families were available to participate five-months after training completion.</p>	<p>McNeil, C. B., Herschell, A. D., Gurwitch, R. H., & Clemens-Mowrer, L. (2005). Training foster parents in parent-child interaction therapy. <i>Education and Treatment of Children</i>, 28(2).</p>

Factor	Related Studies	
	<p>Findings: Preliminary evidence suggests that a two-day intensive PCIT workshop may be an effective way to train foster parents to better manage disruptive child behavior. At the time of the workshop, parents reported their foster child to be exhibiting behavior problems that were intense and severe enough to warrant clinical concern. One month after completing the two-day training, on average, parents reported their same child's behavior to be improved to the point that it was no longer in range of clinical concern. For the eight families at the five-month follow-up, there were fewer behavior issues reported overall.</p> <p>These preliminary results are promising, but several limitations such as lack of comparison conditions with randomization to groups, reliance on parent-report data, and use of a small sample size preclude definitive conclusions about the effectiveness of this PCIT adaptation with foster parents.</p>	
<p>Family Group Decision Making</p>	<p>Methods: Few studies have examined the impact of family group decision-making (FGDM) on child welfare outcomes. This study utilized sibling data from California's Title IV-E Waiver Demonstration Project Evaluation in Fresno and Riverside Counties to compare child welfare outcomes for children of families randomly assigned to receive FGDM(Fresno County, n=110; Riverside County, n=87) to children of families assigned to receive traditional child welfare services (Fresno County, n=74; Riverside County, n=52).</p> <p>Findings: Group differences in child maltreatment, placement stability, and permanence were modeled using linear and logistic regression. Outcomes from both counties suggested no group differences. Though neutral outcomes on child welfare indicators may bring into question FGDM's efficacy for changing child welfare outcomes, but it may also suggest that other more immediate measures to assess FGDM's effectiveness would be more appropriate, such as family engagement, improved relationship between county and family, and improved family communication) . FGDM may not be a strong enough intervention to effectively improve child welfare outcomes or may be just one step in improving these larger outcomes. Also impacting the results could have been some level of contamination of FGDM principles and ideals on the control group, since social workers in Fresno County served families in both treatment conditions.</p>	<p>Berzin, S. C. (2006). Using sibling data to understand the impact of family group decision-making on child welfare outcomes. <i>Children and Youth Services Review</i>, 28(12), 1449-1458.</p>
	<p>Method: A sample of 97 children involved in 66 Family Group Conferences (FGCs) between November 1996 and October 1997 were compared with 142 children from a random sample of 104 traditional child protection investigations by the Child Protective Services (CPS). All children were followed for exactly 3 years for future child maltreatment</p>	<p>Sundell, K., & Vinnerljung, B. (2004). Outcomes of family group conferencing in Sweden - A 3-year follow-up. <i>Child Abuse & Neglect</i>, 28(3), 267-287.</p>

Factor	Related Studies	
	<p>events reported to CPS. Effects were modeled using multiple regressions, controlling for the child's age, gender, family background, and type and severity of problems.</p> <p>Results: FGC children were more often re-referred due to abuse, were more often re-referred by the extended family, were longer in out-of-home placements than traditional cases, but tended over time to get less intrusive support from the CPS. FGCs were not related to re-referrals of neglect, of case-closure after 3 years or number of days of received services. The results suggest that the impact of the FGC was scant, accounting for 0–7% of the statistical variance of outcome variables. The findings did not support the effectiveness of the FGC model compared to traditional investigations in preventing future maltreatment cases.</p>	
Self Regulation	<p>Method: Review of the current literature on emotional regulation (ER) of children and adolescents.</p> <p>Findings: ER is defined and operationalized in many different ways. The article defines ER in the following way: "Emotion regulation consists of internal and external processes involved in initiating, maintaining, and modulating the occurrence, intensity and expression of emotions" (p. 363). This review indicates that there are many factors that influence the development of ER in children, which include the following components: observing/modeling regulation in the family; emotional contagion; social referencing and modeling; emotion-related parenting practices; emotion-coaching; parents' reactions to emotions; parental encouragement of and perceived control over emotions; teaching about emotion regulation strategies; emotional climate of the family and parent-child attachment.</p>	<p>Morris, A. S., Silk, J. S., Steinberg, L., Myers, S. s., & Robinson, L. R. (2007). The role of the family context in the development of emotion regulation. <i>Social Development, 16</i>(2), 361-388.</p>
	<p>Post Institute Information: Developed theories of building self regulation capacity for children who have experienced trauma, based on research by others in Attachment theory. The Stress Model has not been researched or evaluated to date, to show the effectiveness of this therapy model.</p>	<p>Post, B. (2005). The stress model [Electronic Version]. <i>Post Institue</i>. Retrieved 12/4/07 from http://www.bryanpost.com/stress.html.</p>
General Supportive Services	<p>Method: This was a descriptive study, with a sample that was drawn from children ages 6 to 12 living in out-of-home placement In Los Angeles County between July 1996 and March 1998. Two home interviews of the foster parents and child and telephone interview of the child's teacher were conducted surveys to assess help-seeking and service use.</p> <p>Findings:</p> <ul style="list-style-type: none"> - Different factors impacted help-seeking for foster parents and children in care, such as mental health services, services and education for ADHD. 	<p>Zima, B. T., Bussing, R., Yang, X., & Belin, T. R. (2000). Help-seeking steps and service use for children in foster care. <i>Journal of Behavioral Health Services and Research, 27</i>(3), 271-285.</p>

Factor	Related Studies	
	<ul style="list-style-type: none"> - Boys were more likely to be identified as needing help for ADHD. - Services received in prior year led to more help seeking. - Less awareness about ADHD. 	
	<p>Method: Explanatory research that studied the placement patterns for 90 youth referred to the Oregon Social Learning Center’s Treatment Foster Care program. Comparisons were made between groups on gender, pretreatment history and mental health factors and placement outcomes for the sample of youth.</p> <p>Findings: This study showed that older girls were at highest risk for disruption, and the authors suggested targeting this population with services to deal with relational aggression.</p>	Smith, et al. (2001).
	<p>Method: The authors examined the psychosocial dimensions of child functioning that are associated with placement stability and outcomes in treatment foster care, through a review of the current literature. They also offered practice examples to support that supports current research.</p> <p>Findings: Need for careful matching with child with TFC homes and in developing treatment plans with special attention to these behaviors:</p> <ul style="list-style-type: none"> - Distancing behaviors and attachment issues; - Impulsive behavior and lack of self-regulation; - Fear of rejection; - Aggression; and Self-esteem- single most predictive dimension. 	Dore & Eisner (1993).
	<p>Method: This study examined the role expectations among 161 foster/adoptive applicants and 67 workers. The Foster Parent Role Performance (FPRP) scale was used to measure perceived responsibility.</p> <p>Findings: Results indicated that there was disagreement between workers and parents about responsibility for working with the agency and parenting. African-American mothers and workers believed that parents had more responsibility. Parents who had more education and workers who did foster parent training believed that parents had less responsibility.</p>	Rhodes, K. W., Orme, J. G., & McSurdy, M. (2003). Foster parents' role performance responsibilities: Perceptions of foster mothers, fathers, and workers. <i>Children and Youth Services Review</i> , 25(12), 935-964.
	<p>Method: Review of recent studies that highlight well-supported evidence based practices in child abuse and neglect.</p>	Chaffin, M., & Friedrich, B. (2004). Evidence-based treatments in child abuse and neglect. <i>Children and Youth Services Review</i> , 26, 1097-1113.

Factor	Related Studies	
	<p>Findings: Several parent training models are now being applied into foster care settings. Child behavior problems are a common cause of foster care disruption. Early results from an ongoing Parent Management Training (PMT) study appear encouraging (Landsverk & Chamberlain, personal communication). Other parenting programs that appear promising for child welfare service settings include The Incredible Years series (Webster-Stratton & Reid, 2003) and the Triple-P model (Sanders, Cann, & Markie-Dadds, 2003).</p>	
<p>Efficacy of Treatment Foster Care</p>		
	<p>Method: Review of existing data from an ongoing longitudinal study of TFC in North Carolina (Farmer, Burns, Dubs, & Thompson, in press). The sample included youth with both psychiatric disorders and aggressive behavior who resided in TFC during a two-year period (June 1999 – May 2001). Data was also collected via interviews with treatment parents at the time of study entry, and then a phone interview every four months interviews as long as the child remained in their home. Another set of in-person interviews was completed near the time of the youth’s discharge from the home, and then telephone interviews were conducted at 6, 12, and 18 months post-discharge with the youth’s new primary caregiver.</p> <p>Findings: Overall, the results supported the view of TFC as a step-down service from more restrictive placements. The majority of youth moved into TFC from more restrictive placements in group homes or residential treatment. The majority of youth (64%) remained in their TFC placement throughout the 12-month follow-up period. For those that did move, there was an increased risk of leaving TFC for youth who were older at placement, those who had fewer strengths, and had higher levels of behavior problems. Data across the months following discharge suggested escalating use of group homes in subsequent months. By the end of the 12-month post placement period, rates of group home use by discharged youth were comparable to those seen prior to TFC placement.</p>	<p>Farmer, E. M. Z., Wagner, H. R., Burns, B. J., & Richards, J. T. (2003). Treatment foster care in a system of care: Sequences and correlates of residential placements. <i>Journal of Child and Family Studies</i> 12(1), 11-25.</p>
	<p>Methods: The placement movements of 235 children entering foster care over a 12-month period were followed up 4 months after referral into care. Baseline and follow-up measures of the 170 children who were still in care at follow-up were also compared.</p> <p>Findings: Results indicated that adolescents with mental health or behavioral problems were the least likely to achieve placement stability or to display improved psychological adjustment in care. In fact, unsatisfactory transition to foster care was found to be so</p>	<p>Barber, J. G., Delfabbro, P. H., & Cooper, L. L. (2001). The Predictors of Unsuccessful Transition to Foster Care. <i>Journal of Child Psychology & Psychiatry</i> 42(6), 785-790.</p>

Factor	Related Studies	
	<p>prevalent among these children that conventional foster care should be considered unsuitable for them. The paper concluded that there was an urgent need for a wider range of alternative care options for the adolescent population, such as Treatment Foster Care.</p>	
	<p>Methods: This study looked at data from specialized foster care (SPC) in the Family Reunification Network (FRN), a managed service delivery system providing services to youth in child protective services in Boston, which is part of a collaborative interagency effort. The sample consisted of all children (N=384) who were discharged from SPC from July 1995 to March 2000. Data collected from surveys of caseworkers on client baseline, services and outcome data were used, as well as data from case records.</p> <p>Findings: This was not an efficacy study, but results suggested there was value of SFC in this network. Most types of problems for youth showed improvement in SFC, and there was overall global improvement for nearly half of this group of youth. Longer stays in FC were related to higher global improvement up to two years, five months, and global improvement scores tended to be lower for the small number of children who exceeded this length. Younger children and children with fewer problems tended to have higher global improvement scores. Most children were able to move to permanent placement or less restrictive settings. However, findings also showed that some children did poorly in SFC and runaways were still a significant problem.</p>	<p>Cross, T. P., Leavey, J., Mosley, P. R., White, A. W., & Burdzovic, A. (2004). Outcomes of specialized foster care in a managed child welfare services network. <i>Child Welfare</i>, 83(6), 533-564.</p>
	<p>Method: Review of literature and studies of Treatment Foster Care (TFC).</p> <p>Findings:</p> <ul style="list-style-type: none"> - Current limitation of TFC was the lack of proven effectiveness and lack of controlled studies. - Studies that have been done indicated that Treatment Foster Care is more effective at stabilizing children and keeping children in less restrictive environments. 	<p>Dore, M. M., & Mullin, D. Treatment family foster care: Its history and current role in the foster care continuum. <i>Source: Families in Society</i> 87(4), pp.475-482; 2006, 87(4), 475-482. –</p>
Biological Parents' Role		
	<p>Methods: The purpose of this study was to evaluate the effectiveness of a two-component intervention for biological and foster parent (pairs) to improve parenting practices, co-parenting, and child externalizing problems. Participants were biological and foster parents (N = 128) of primarily neglected children (ages 3 to 10 years) placed in regular foster homes. Biological and foster parents were randomly assigned in pairs to the intervention (n</p>	<p>Linares, L. O., Montalto, D., Li, M. M., & Oza, V. S. (2006). A promising parenting intervention in foster care. <i>Journal of Consulting and Clinical Psychology</i>, 74(1), 32-41.</p>

Factor	Related Studies	
	<p>= 80) or a usual care ($n = 48$) condition. Intervention families received a 12-week parenting course (Incredible Years) and a newly developed co-parenting component.</p> <p>Findings: Key findings included significant gains in positive parenting and collaborative co-parenting for both biological and foster parents at the end of the intervention. At follow-up, intervention parents sustained greater improvement in positive parenting, showed gains in clear expectations, and reported a trend for fewer child externalizing problems. Findings supported the feasibility of offering joint parenting training to meet the needs of participating families and demonstrated that the co-parenting construct applied to families in the foster care system was amenable to intervention.</p>	
	<p>Methods: This was a qualitative study of family involvement from the perspectives of parents whose children were placed in therapeutic foster care (TFC), in four counties in Oregon. Each of the 10 parents who agreed to be a study respondent participated in a semi-structured in-depth interview lasting one and a half to two hours. All interviews were conducted by two graduate-level social work students. Questions focused on aspects of family involvement and basic demographic data were noted. Data from the in-depth interviews were tape-recorded, and transcribed and analyzed with the assistance of the Ethnograph computer software program.</p> <p>Findings: Even with these troubled families dealing with many issues, there was evidence that child welfare professionals could facilitate family involvement in TFC. In general, the parents wanted regular contact with their children, information about their progress, and involvement in decision making related to their care. In cases where parents were excluded from decision making, they expressed resentment. Parents appreciated child welfare and mental health professionals who communicated understanding of the challenges they faced, who advocated for them and their children, and who facilitated their involvement.</p>	<p>Jivanjee, P. (1999). Parent perspectives on family involvement in therapeutic foster care. <i>Journal of Child and Family Studies</i>, 8(4), 451-461.</p>
	<p>Methods: In a follow up to the study listed above, 10 parents responded agreed to be interviewed. Following these interviews, there were 12 interviews with the professionals who were working with those families and 12 interviews with the TFC providers who were caring for their children. Of the professionals, 10 were child welfare caseworkers; the mental health therapist in two cases was also interviewed. Each respondent participated in one semi-structured interview lasting approximately one and a half hours.</p> <p>Findings: Professionals believed that family reunification occurs more quickly and more successfully when families were involved and that family involvement contributes to continuity and stability of family relationships. There were positive examples of family</p>	<p>Jivanjee, P. (1999). Professional and provider perspectives on family involvement in therapeutic foster care. <i>Journal of Child and Family Studies</i>, 8(3), 329-341.</p>

Factor	Related Studies	
	involvement, even with families who were challenged by serious problems of mental illness and substance abuse. However, family involvement was constrained by caseworkers' lack of time due to large caseloads, organizational factors, and some TFC providers' lack of training to work with families. Some respondents in this study noted a lack of attention to working with families in the recruitment and training of TFC providers.	
Caseworker Training and Retention		
	<p>Method: This article highlighted a new training for caseworkers that focuses on the following:</p> <ul style="list-style-type: none"> - Connection of rapport to placement stability. - Training on caseworker interaction on family. 	Hunter College School of Social Work & National Resource Center for Family-Centered Practice and Permanency Planning. (2004). <i>Promoting placement stability and permanency through caseworker/child visits: A one day training program.</i>
	<p>Two experiments were done to evaluate two methods of training caseworkers of a state child protection agency to manage visits between parents and their children in foster care.</p> <p>Experiment 1 Method: In the first experiment, the training of managing visits was done with two caseworkers.</p> <p>Experiment 1 Results: These caseworkers subsequently participated in an individual training program that improved their ability to manage visits as assessed in role-play.</p> <p>Experiment 2 Method: In the second experiment, modifications in the training program were made to allow for group training, which included 2 caseworkers and 1 supervisor.</p> <p>Experiment 2 Results: The group training program was as effective as individual training at enabling two caseworkers and their supervisor to conduct visits. However, data collected during actual visits were limited; they suggested that the effects of training did not fully generalize.</p>	Kessler, M.L. & Greene, B.F. (1999). Behavior analysis in child welfare: Competency training caseworkers to manage visits between parents and their children in foster care. <i>Research on Social Work Practice</i> , (9) 2, 148-170.
	<p>Method: Review of literature.</p> <p>Findings: A content analysis of workforce research showed that the factors most closely linked to job retention and improved job performance for child welfare caseworkers were social work education, supportive supervision, and job flexibility. These findings tended to be most consistent with regard to graduates of specialized education programs offering enhanced child welfare content and internships in child welfare settings. Such agency-university partnerships have the potential to improve employee retention and performance. There was evidence that at least for some jobs in child welfare, employees with BSWs may</p>	Child Welfare League of America. (2002). Child welfare workforce [Electronic Version]. <i>Research Roundup</i> , September. Retrieved 11/13/07 from http://www.cwla.org/programs/r2p/rrnews0209.pdf .

Factor	Related Studies	
	<p>be better suited than those with master’s degrees. This finding may be related to the increased regimentation that has come to characterize child welfare jobs over the past 20 years. If agencies are to attract and maintain people with MSWs, they will need to create jobs that provide a greater degree of autonomy and make use of the employees’ advanced skills.</p>	
	<p>Method: This study expanded understanding of personal and organizational factors related to retention among public child welfare workers and supervisors from the personal experiences of highly competent, long-term employees, following the original terminology used by Ellett and Ellett (1997), and we termed the <i>committed survivors</i>. A series of focus group interviews was completed with child welfare employees in urban, suburban, and rural settings.</p> <p>Findings: The results of the study were described in six sections: (a) Engagement and Involvement of Participants; (b) Reminiscence: Organizational; (c) Reminiscence: Societal; (d) Personal Characteristics; (e) Core Themes; and (f) Group Differences.</p>	<p>Westbrook, T. M., Ellis, J., & Ellett, A. J. (2006). Improving retention among public child welfare workers: What can we learn from the insights and experiences of committed survivors? <i>Administration in Social Work, 30</i>(4), 37-62.</p>
	<p>Methods: This study used a social exchange framework to address child welfare job retention. Data collected from an in-person survey of child welfare staff (Time 1) and staff retention information collected 15–17 months later (Time 2) were used to test hypotheses regarding the effects of extrinsic rewards, perceived organizational support, supervisor support, and intrinsic job value on job retention. Logistic regression and multilevel logistic regression models were conducted to assess the relative effects of individual- and organization-level influences on maintaining a child welfare job.</p> <p>Findings: Factors positively associated with job retention included the perceptions that an employer promoted life–work balance, that a supervisor was supportive and competent, and that few other job alternatives were available. In addition, organization-level turnover rates and unmeasured organizational characteristics affected the likelihood of job retention.</p>	<p>Smith, B. D. (2005). Job retention in child welfare: Effects of perceived organizational support, supervisor support, and intrinsic job value. <i>Children and Youth Services Review, 27</i>(2), 153-169.</p>
	<p>This document is the report of the workgroup as presented to Children’s Bureau of the U.S. Department of Health and Human Services, Director, Nancy Carlson.</p> <p>Method: Data on caseworker turnover was analyzed by the DHS Bureau of Personnel for the period 1995 to 1997. They also conducted a telephone survey of caseworkers that have left the Bureau since January 1995 to determine their reasons for leaving and to identify factors that would have encouraged them to stay (n=18).</p>	<p>Bernotavicz, F. (n.d.). Retention of child welfare caseworkers: A report. [Electronic Version]. <i>National Child Welfare Resource Center for Organizational Improvement</i>. from http://muskie.usm.maine.edu/helpkids/pubstext/retention.htm.</p>

Factor	Related Studies	
	<p>Findings: Personal characteristics of caseworkers:</p> <ul style="list-style-type: none"> • Length of time on the job (people who stay more than two years, tend to stay for several years longer). • Prior experience of child welfare work (people with prior experience tend to stay longer). • Relevant education (people with degrees in child welfare tend to stay longer). • Sense of mission (people with a commitment to working with children and families tend to stay). • Sense of efficacy (people who feel that they are making a difference tend to stay). <p>Workload: Current staff had four types of recommendations related to the workload: reducing the caseload, delegation of tasks and activities to case aides, increasing clerical support and reducing the paperwork.</p> <p>Agency:</p> <ul style="list-style-type: none"> • While peers are a great source of support, Department administration and supervisors can do more to provide a supportive work environment to encourage people to stay. • Personnel can encourage retention through a number of supportive policies including recognition and rewards for longevity, promoting professional growth, more flexible working conditions (flex-time, job rotation and respite) and by providing compensation and benefits competitive with private and non-profit agencies. • Opportunities for training and professional development can promote retention both through the content of the offerings (stress reduction) and through the recognition and respite of the experience. 	
<p>Program Models and Policies</p>		
<p>Multidimensional Treatment Foster Care (MTFC)</p>	<p>Method and Findings: Summarized the findings that illustrate the efficacy of Oregon Multidimensional Treatment Foster Care Model (MTFC) in 3 studies:</p> <p>1) Children ready to be discharged from mental health institution:</p> <ul style="list-style-type: none"> - Used Parent Daily Report (PDR) to look at child's behavior - Greater proportion of the children referred to MTFC was placed in the community than those in the control group. 	<p>Chamberlain, P. (2003). The Oregon multidimensional treatment foster care model: Features, outcomes, and progress in dissemination. <i>Cognitive and Behavioral Practice, 10</i>(4), 303-312.</p>

Factor	Related Studies	
	<p>2) Second study looked at MTFC compared to regular foster care. - Looked at rates of disruption and foster parent retention (1992 study)</p> <p>3) Third looked at juvenile offenders – results showed that those in MTFC were less likely to runaway and more likely to finish their program compared to youth in group care</p> <p>Highlighted some adoptions of the program:</p> <ul style="list-style-type: none"> - Youth Villages in Tennessee – no formal outcome studies, but informal feedback shows that youth were more successful in placement with this model. - Laurel Hill Youth Services in PA – preliminary data were promising. - Lund, Sweden – promising. 	
	<p>Method: In this randomly assigned, controlled study, the efficacy of MTFC on school attendance and homework completion was examined in juvenile justice girls who were referred to out-of-home care (N=81).</p> <p>Findings: Results from this randomized clinical trial suggest that MTFC was more effective than group care in increasing girls’ school attendance and homework completion while in treatment and at 12 months post-baseline.</p>	<p>Leve, L. D., & Chamberlain, P. (2007). A Randomized evaluation of multidimensional treatment foster care: Effects on school attendance and homework completion in juvenile justice girls. <i>Research on Social Work Practice, 17</i>(6), 657-663.</p>
	<p>Method: This study examined data from two randomized intervention trials (one male sample and one female sample) with delinquent adolescents placed either in MTFC or in group care.</p> <p>Findings: Analyses of the data suggested that the MTFC youth had fewer associations with delinquent peers at 12 months than did the group care youth. Associating with delinquent peers during the course of the intervention mediated the relationship between group condition and 12-month delinquent peer association.</p>	<p>Leve, L. D., & Chamberlain, P. (2005). Association with delinquent peers: Intervention effects for youth in the juvenile justice system. <i>Journal of Abnormal Child Psychology, 33</i>(3), 339-347.</p>
	<p>Method: This study examined the impact of youth and family pre-placement risk factors on multidimensional treatment foster care (MTFC), including parent–youth interactions, youth treatment completion, and chronic delinquency</p> <p>Findings: Results indicated higher levels of pre-placement risk for girls compared with boys. However, levels of pre-placement risk were not found to have a significant impact on MTFC parent–youth interactions. MTFC parent–youth interactions were significantly related to treatment completion, and treatment completion was significantly related to lower rates of reoffending behavior for both boys and girls.</p>	<p>Smith, D. K. (2004). Risk, reinforcement, retention in treatment, and reoffending for boys and girls in multidimensional treatment foster care. <i>Journal of Emotional and Behavioral Disorders, 12</i>(1), 38-48.</p>

Factor	Related Studies	
	<p>Method and Findings: This article outlines the goals, objectives, and philosophy of Multidimensional Treatment Foster Care (MTFC), and highlights the findings from several previous outcome studies that show the effectiveness of MTFC. Three components of MTFC are described, including the following: (1) a proactive approach to reducing problem behavior; (2) the creation and maintenance of a consistent and reinforcing environment for the participating youth; and (3) the separation and stratification of staff roles.</p>	<p>Fisher, P. A., & Chamberlain, P. (2000). Multidimensional treatment foster care: A program for intensive parenting, family support, and skill building. <i>Journal of Emotional and Behavioral Disorders</i>, 8(3), 155-164.</p>
	<p>Method: Descriptive study that explored the implementation of the Multidimensional Treatment Foster Care model in 3 locations in Sweden. All 28 foster parents who worked within the MTFC program during 2004 participated in the study, and completed a structured questionnaire and a semi-structured interview.</p> <p>Findings:</p> <ul style="list-style-type: none"> - Foster parents felt positive about working with manuals, and had confidence in structure of program and treatment methods - Foster parents gave PDR tool lowest rating - 3 groups of foster parents emerged, including (1) those who saw themselves as professionals and adhered to model; (2) those who had professional attitudes, but did not accept structured methods of program; and (3) those who saw foster parenting as “way of life” and were fine with structured model. - Many foster parents in this study liked the short term aspect of MTFC and did not want to go back to long-term traditional foster care. - Foster parents reported that 24 hour access to treatment tools very helpful. - Foster parents viewed the manual that prescribes structure for everyday life, as a source of great support when working with youth with behavior problems. - Authors suggested that this may have implications for professional foster care and its success. 	<p>Westermark, P. K., Hansson, K., & Vinnerljung, B. (2007). Foster parents in Multidimensional Treatment Foster Care: How do they deal with implementing standardized treatment components? <i>Children and Youth Services Review</i>, 29(4), 442-459.</p>
	<p>Method: This study was a randomized clinical trial of 79 adolescent males involved in the juvenile justice system, that examined the ability of multidimensional treatment foster care (MTFC) to prevent subsequent violent offending compared group home care (GC). Data on offending were collected every 6 months for a 2-year period following entry into the study.</p> <p>Findings: Results indicate that MTFC youth were significantly less likely to commit violent offenses than youth placed in group care. The group effect held even after control variables, including age at placement, age at first arrest, official and self-reported prior offenses. Twenty-four percent of GC youth had two or more criminal referrals for violent offenses in the 2 years following baseline versus only 5% of MTFC youth. The rates of self-reported</p>	<p>Eddy, M. J., Bridges Whaley, R., & Chamberlain, P. (2004). The prevention of violent behavior by chronic and serious male juvenile offenders: A 2-year follow-up of a randomized clinical trial. <i>Journal of Family Psychology</i>, 12(1), 2-8.</p>

Factor	Related Studies	
	<p>violent offending for MTFC youth were in the normative range following baseline, whereas rates for GC youth were 4 to 9 times higher. MTFC youth were also significantly less likely to report incidents of common violence, such as hitting.</p>	
<p>Early Intervention Foster Care (EIFC)</p> <p>Also called Multidimensional Treatment Foster Care for Preschool (MTFC-P)</p>	<p>Method: This was an experimental study in which children aged 3 to 6 were randomly assigned to the intervention (Early Intervention Foster Care-EIFC; n=47) or to the regular foster care comparison group (RFC; n=43). Children were first assessed within a month of placement, and were assessed at 3-month intervals over 24 months, using a variety of cognitive and behavioral measures. Placement data was gathered from the Oregon Department of Human Services database.</p> <p>Findings:</p> <ul style="list-style-type: none"> - EIFC: Program focused on preschoolers, adapted from the MTFC - Participation in EIFC improved success rates of permanent placements to 90% compared to 64% in regular foster care. - Placements for EIFC and regular foster care were close until 8 months, at which time many more children in regular foster care disrupted. <p>No association was present for kids in EITC for number of previous placements and likelihood for disruption, as was the case for the kids in regular foster care. This is very promising.</p>	<p>Fisher, P. A., Burraston, B., & Pears, K. (2005). The Early Intervention Foster Care Program: Permanent placement outcomes from a randomized trial. <i>Child Maltreatment</i> 10(1), 61-71.</p>
	<p>Method: This study examined change in attachment-related behaviors among foster preschoolers participating in a randomized trial of the Multidimensional Treatment Foster Care Program for Preschoolers (MTFC-P). Measures of secure, resistant, and avoidant behaviors were collected using a caregiver-report diary at 3-month intervals during the 12 months following a new foster placement.</p> <p>Findings: Children randomly assigned to the MTFC-P intervention condition (n=57) showed significant increases in secure behavior and significant decreases in avoidant behavior relative to children assigned to a regular foster care condition (n=60). Both groups showed significant decreases in resistant behavior over time.</p>	<p>Fisher, P. A., & Kim, H. K. (2007). Intervention effects on foster preschoolers' attachment-related behaviors from a randomized trial. <i>Prevention Science</i>, 8(2), 161-170.</p>
<p>Other Promising Models</p>	<p>Method: Review of research findings on the characteristics of the foster child, the biological family, the foster family, and the agency that are correlated with successful foster placements, (i.e., stable placements, satisfaction of child and foster parents and measures of child well-being).</p>	<p>Redding, et al. (2000)</p>

Factor	Related Studies	
	<p>Findings: A benefits of having a clearly defined model is that it can be replicated. Authors highlight several programs including the following:</p> <ul style="list-style-type: none"> - People Places, a family-based treatment program in Virginia uses social learning model to reinforce positive behaviors. - Chicago Services Project works with teens who have experienced multiple placements. Only small percentage of disruptions are explained by foster child (Fanshel & Shinn, 1978), causes this group to take a closer look at other agency and system factors. Youth has a say in case plans. Outcomes – before CSP 4.8 average number of moves, compared after CSP only 1.8 average number of moves. 	
	<p>Method: Pilot study with a total of 11 youth in the Special Youth Carer program in Australia, but only 8 finished the study. Data was gathered from existing case files, surveys on services provided completed by caseworkers, and qualitative data on the program was gathered from agency staff (including carers) and two of the carers who left the program.</p> <p>Findings: This was a pilot study with a very small sample size, so the results are not generalizable. Reported outcomes were positive behavior change (i.e., return to school, improved attendance, vocational training, improved interpersonal skills) and positive change in problem areas. Preliminary findings here suggested that this program holds promise in stabilizing placements and improving continuity of care, and in reducing high risk behaviors.</p>	<p>Gilbertson, R., Richardson, D., & Barber, J. (2005). The Special Youth Carer program: An innovative program for at-risk adolescents in foster care. <i>Child & Youth Care Forum</i>, 34(1), 75-89.</p>
	<p>Method: This study was part of a full evaluation of a professional sibling foster care (SFC) program, later titled Neighbor to Neighbor which was designed to keep sibling groups together. Data from existing case records were gathered and outcomes for youth were analyzed.</p> <p>Findings: Professional and kinship foster care consistently outperformed the specialized programs and the non-relative care in terms of stability, sibling placement, restrictiveness of care, and proximity to the child's community of origin. While the former two program types also do slightly better than the latter in achieving permanent living situations, the professional foster care program had difficulty moving children to adoptive homes or subsidized guardianship.</p>	<p>Testa, M. F., & Rolock, N. (1999). Professional Foster Care: A Future Worth Pursuing? <i>Child Welfare</i> 78(1), 108-124.</p>
	<p>Method: This article describes a group process model for serving biological parents of youth in placement and an evaluation of this process.</p> <p>Findings: A partial evaluation of this program, shows that the group process model, in conjunction with one-on-one interactions with professionals, appears to have a positive</p>	<p>Hawkins, R. P., Meadowcroft, P., Trout, B. A., & Luster, W. C. (1985). Foster Family-based Treatment. <i>Journal of Clinical Child Psychology</i>, 14(3), 220-228.</p>

Factor	Related Studies	
	<p>impact on these families and on youths' return home. Group components that seem particularly important are described, including attendance by invitation only, public commitment to attend and concrete support for participants, including reminder prompts, transportation support, babysitting support, refreshments, opportunity to visit with their child, defined staff roles, an "empowering" approach, and starting where the parent is." The group process maintained a relatively high level of both attendance and participation by the targeted parents. Participants tended to achieve most goals that they set in the group. The preliminary evaluation of this program indicates that interventions with parents of troubled youth may help even a very dysfunctional family to improve enough to receive youth back into their home.</p>	
<p>Pressley Ridge Development Extension</p>	<p>Method: This article describes an alternative to institutionalized settings for troubled youth. The program is the Pressley Ridge Youth Development Extension (PR YDE), a foster family based treatment program. This article also highlights evaluation and outcome results from this program.</p> <p>Findings:</p> <ul style="list-style-type: none"> - 82% of the youth discharged from PYDE successfully returned to a less restrictive setting, such as return to their family, regular foster care, etc. - Only 1 of 28 youth discharged between 1982 and 1985 went to a more restrictive setting. 	<p>Grealish, E. M., Hawkins, R. P., Meadowcroft, P., Weaver, P., Frost, S. S., & Lynch, P. (1989). A behavioral group procedure for parents of severely troubled and troubling youth in out-of-home care: Alternative to conventional parent training. . <i>Child & Youth Care Quarterly</i>, 18(1), 49-61.</p>
<p>Day Treatment for Preschoolers</p>	<p>Method: This study evaluated the immediate and long-term outcomes of a day treatment and proctor care model for preschool-aged children. Seventy-seven boys and 52 girls completed the program which combined day treatment, case management, individual and family therapy. Also, 60% of these clients were placed in proctor care homes which short-term family placements are providing in-home treatment.</p> <p>Findings: Results showed there was increased stabilization in family placements, with 67% of participants still living in a permanent family placement at the 4-year follow-up. Also, 69% of participants transitioned to a less-restrictive academic placement and remained in regular classroom placements at follow-up. Participants showed significant behavioral improvement at discharge and follow-up on the Child Behavior Checklist. The results suggest that this treatment modality is effective in maintaining these children in the community and in producing positive long-term outcomes.</p>	<p>Whitemore, E., Ford, M., & Sack, W. H. (2003). Effectiveness of day treatment with proctor care for young children: A four-year follow-up. <i>Journal of Community Psychology</i>, 31(5), 459-468.</p>

Factor	Related Studies	
Cycle of Instability: Policy Implications for Preventing Placement Disruptions		
	<p>Method: Reviewed literature about the effects of peer contagion and made recommendations.</p> <p>Findings:</p> <ul style="list-style-type: none"> - Dishion and Andrews (1995) found that the cognitive behavioral peer group intervention improved observed family interactions but had a harmful effect on tobacco use and delinquent behavior. - In a study of an intervention with adolescents, the analyses revealed that peer contagion in the groups was associated with increases in aggressive behavior (Lavalley, Bierman, Nix, & The Conduct Problems Prevention Research Group, 2005). - One hypothesis based on these findings was that peer contagion effects may be strongest among those youth who are either only moderately deviant or are still developing deviant behavior patterns. Among those youth who are not at all deviant, the incremental effect of the peer group may be minor. This hypothesis awaits future inquiry. 	<p>Dishion, T. J., & Dodge, K. A. (2005). Peer contagion in interventions for children and adolescents: Moving towards an understanding of the ecology and dynamics of change. <i>Journal of Abnormal Child Psychology</i>, 33(3), 395-400.</p>
	<p>Method: This was a report for Child and Family Services Agency (CFSA), that highlighted evidence based measurements and outcomes for increasing placement stability.</p> <p>Findings:</p> <ul style="list-style-type: none"> - Highlighted successes of CFSA initiatives, including those that made progress on the following: eliminating transitional placements, strong matching with foster homes and preparing child for placement change. - Emphasized the need for improved measures to include accurate count of moves. - Placement decisions were based on availability rather than needs, due to lack of placements. - Included tools for measuring some of these items in the appendices. 	<p>Ahluwalia, S., & Zemler, M. (2003). <i>Stability in foster care: Measuring and promoting placements that lead to permanent homes</i> (Report).</p>
	<p>Method: Recommendations for policy and program changes in child welfare systems were made based on review of current research and included the following:</p> <ul style="list-style-type: none"> - Program policies that are sensitive to child's needs at each stage of development; - Shorter stays in care, working towards permanency; - Return home or to extended family should include supportive services for family; and - Therapeutic support for transitions, including therapeutic visitations between youth and biological parents. - 	<p>Harden, B. J. (2004). Safety and stability for foster children: A developmental perspective. <i>The Future of Children</i>, 14(1), 31-32-47.</p>

Factor	Related Studies	
	<p>Method: For the present study, administrative data were examined which were collected by Foster Care Mental Health (FCMH) research project conducted in San Diego County in the early 1990s. The participants were 430 participants in out-of-home placement in San Diego, California between May 1990 and October 1991, and had been in placement for at least 5 months. Information on maltreatment type was originally collected from case records. The degree of behavioral problems was determined through scores obtained from the Child Behavior Checklist which was administered to foster caregivers on average 8 months after the child had entered care.</p> <p>Findings: Despite significant placement movement, more than one-third of the children (35.6%) stabilized into a permanent setting within 45 days or as intended by the system, and another 28.6% found a stable placement within the first 9 months. Children who stabilized early experienced fewer placement moves, fewer stays in residential care settings, fewer AWOL incidences, were more often placed with relatives, and most importantly had the lowest level of behavior problems. This suggested that foster children experience very different patterns of movement through care, and that stability might be possible for some children in longer-term care. The odds of experiencing delayed entries into stable placements (Later Stability), late disruptions (Variable Pattern), and multiple short stays in care (Unstable Pattern) increased with progressively higher levels of externalizing behaviors.</p>	<p>James, S., Landsverk, J., Slymen, D. J., & San Diego State, U. (2004). Placement movement in out-of-home care: patterns and predictors. <i>Children and Youth Services Review</i>, 26(2), p. 185-206.</p>

PATH Bremer Project Final Report

Preventing Placement Disruptions in Foster Care

Section II: User's Guide on Evidence-Based Practice

The PATH Bremer Project consists of a comprehensive review of the literature on preventing placement disruptions in foster care conducted between August 27, 2007 and January 10, 2008. This section of the Final Report is a User's Guide on Evidence-based Practice in preventing disruptions in foster care. This User's Guide represents a subset of the larger literature review on this topic and focuses on the studies that examine the effectiveness of interventions and models that may help prevent placement disruptions. The User's Guide begins with a brief outline of evidence-based practices in this area followed by a table of references from which the outline was derived.

The information in the User's Guide is based on studies found in the larger literature review in Section I of this report. In the review of the literature on preventing placement disruptions in foster care, the following databases were searched through the University of Minnesota Libraries: Child Abuse, Child Welfare & Adoption Database; Family & Society Studies Worldwide Database; Sociological Abstracts; Social Sciences Citations Index; and MEDLINE. The World Wide Web search also included the following: Cochrane Library; Campbell Collaboration; and Google Academic. For the User's Guide, the California Evidence Based Clearinghouse (CEBC, 2008) and a report for the California Institute of Mental Health (Marsenich, 2002) were also used to search evidence-based practices in child welfare.

The full comprehensive literature review and annotated bibliography of pertinent research can be found in Section I of the PATH Bremer Final Report.

PATH Bremer
Preventing Placement Disruptions in Foster Care
Outline of Evidence Based Practice

For this project, the following categories will be used, adapted from the California Evidence Based Clearinghouse for Child Welfare (CEBC, 2008):

- 1) Effective practice – supported by multiple studies**
- 2) Promising Practice – supported by at least one study**
- 3) Emerging Practice – effectiveness is unknown**
- 4) Evidence Fails to Demonstrate Effect – research shows no effect**
- 5) Concerning Practice – research shows negative effect**

The criteria for these categories are as follows:

1. Effective Practice

- Multiple site replication: At least two rigorous randomized controlled trials (RCTs) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
- In at least two of the RCTs, the practice has shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice.

2. Promising Practice

- At least one study utilizing some form of control (e.g., [untreated group](#), placebo group, matched wait list) has established the practice's efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison practice. The study has been reported in published, peer-reviewed literature.
- If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.

3. Emerging Practice – Effectiveness is Unknown

- The practice is generally accepted in clinical practice as appropriate for use with children receiving services from child welfare or related systems and their parents/caregivers.
- The practice lacks adequate research to empirically determine [efficacy](#).

4. Evidence Fails to Demonstrate Effect

- Two or more randomized controlled trials (RCTs) have found the practice has not resulted in improved outcomes, when compared to usual care.
- If multiple outcome studies have been conducted, the overall weight of evidence does not support the [efficacy](#) of the practice.

5. Concerning Practice

- If multiple outcome studies have been conducted, the overall weight of evidence suggests the intervention has a negative effect upon clients served; and/or
- There is a reasonable theoretical, clinical, empirical, or legal basis suggesting that the practice constitutes a risk of harm to those receiving it, compared to its likely benefits.

Cornerstones of Evidence-Based Practice (Gilgun, 2005):

- Research and theory;
- Practice wisdom;
- The person of the practitioner (personal assumptions, values, biases and world views); and
- What the clients bring to the situation.

Evidence-Based Practice Factors Related to Placement Disruption in Foster Care

Foster Parent Retention and Recruitment

Promising Practice

- Model Approach to Partnerships in Parenting (PS-MAPP) – *as a selection and decision-making tool for prospective foster and adoptive parents.*
- Virginia-based model for strategies of recruitment and retention of foster care families, that include the following
 - Foster parents and professionals speak as a team to potential foster parents;
 - Mass media – focus on radio and television efforts with goal to diversity base of resource families to meet needs of diverse children; and
 - Recruit families that match the needs of children in foster care.
- Casey Foster Family Assessments

Emerging Practice

- Preparation for Fostering Training – focus on personal accounts of those with previous experience have high impact and increased awareness of the need in the community for foster care providers.

Foster Parent Training

Promising Practice

- Model Approach to Partnerships in Parenting (PS-MAPP) – *as a selection and decision-making tool for prospective foster and adoptive parents.*
- Web-based Training from the Foster Parent College
- Foster Parent Training on DVD, *Anger Outburst*
- Triple P Parenting – parenting program for biological parents, preliminary studies in applying this program to foster parents
- The Incredible Years – tested this parenting program when completed by co-parenting team of biological parents and foster parents

Emerging Practice

- PRIDE (Parent Resources for Information, Development, and Education-standardized, structured process for recruiting, training, and selecting foster parents and adoptive parents
- Model for a training curriculum for foster parents that includes competencies in these 12 domains: safety; nurturing; educational, physical and mental health; social development; value diversity; support permanency; manage loss; own skill development; personal well-being; supporting child relationship; work as a team member

Foster Parent Training (continued)

Evidence Fails to Demonstrate Effect

- Model Approach to Partnerships in Parenting (PS-MAPP) - *for helping parents be prepared to foster and deal with child behavioral issues.*
- Cognitive-Behavior Training with Foster Parents.

Caseworker Retention and Training

Emerging Practice

- Based on content analysis of child welfare casework workforce research by Child Welfare League of America, the following findings emerged:
 - Strongest empirical support for social work education, supportive supervision, and job flexibility as factors positively associated with either performance or retention in child welfare.
 - Graduates of specialized education programs offering enhanced child welfare content and internships in child welfare settings show highest retention.
 - For some jobs in child welfare, employees with BSWs have higher retention than those with master's degrees.
 - Implication - if agencies are to attract and maintain people with MSWs, they will need to create jobs that provide a greater degree of autonomy and make use of the employees' advanced skills.
- Caseworker Training at Hunter College School of Social Work, focusing on building rapport with the family.

Program Models and Interventions

Effective practice

- Multidimensional Treatment Foster Care
- Parent-Child Interaction Therapy – intervention for youth and biological parents

Program Models and Interventions (continued)

Promising Practice

- Wraparound – *Promising to Effective Practice*
- Early Intervention Foster Care
- Project Keep – foster parent training and support curriculum (used in MTFC)
- Neighbor to Neighbor – maintaining large sibling groups in one placement
- Day Treatment – for preschool children with severe emotional or behavioral issues
- Attachment-related Services – Attachment and Biobehavioral Catch-up – training for foster parents of young children

Evidence Fails to Demonstrate Effect

- Family Group Conferencing
- Multi-systemic Therapy (Campbell Collaborative, Littell, 2006) – *other single studies found effects.*

PATH Bremer Project Final Report Preventing Placement Disruptions in Foster Care

SECTION II: User’s Guide on Evidence-Based Practice

Citation	Key Findings	Level Of Evidence-Based Support
Foster Parent Recruitment and Retention		
<p>Chamberlain, P., Moreland, S., & Reid, K. (1992). Enhanced Services and Stipends for Foster Parents: Effects on Retention Rates and Outcomes for Children. <i>Child Welfare</i>, 71(5), 387-401.</p>	<p>Randomly assigned, controlled study.</p> <ul style="list-style-type: none"> • Increased services and support (i.e., 2 hour weekly meeting with facilitator and other foster parents to address child behavior; follow up phone calls 3 times per week) and small stipend increase resulted in lower drop out rate of foster parents (9%) compared to general population (40%) • Increased services and support correlated with increased stability of placement and fewer reported behavior problems for the youth. 	<p>Multidimensional Treatment Foster Care (Lite): Enhanced Services and Stipends for Foster Parents: Effective Practice</p>
<p>Rodwell, M. K., & Biggerstaff, M. A. (1993). Strategies for Recruitment and Retention of Foster Families. <i>Children and Youth Services Review</i>, 15(5), 403-419.</p>	<p>Description of three phases of a Virginia based project “Strategies for Recruitment and Retention of Foster Care Families,” including an evaluation of the research phase, the planning phase and the development of multi-media models for recruitment and retention.</p> <ul style="list-style-type: none"> • To develop the recruitment and retention strategy and to assess existing resources and needs, such as: the types of children in need of foster care; the categories of care (emergency, short-term, long-term) needed; characteristics of children in care; and the concentration of children in foster care by geographic area. <p>Recommendations for implementing recruitment plan:</p> <ul style="list-style-type: none"> • Foster parents and professionals speak as a team to potential foster parents; • Mass media – focus on radio and television efforts with goal to diversify base of resource families to meet needs of diverse children; • Start plan only when agency is prepared to move interested families through application process; • Recruit families that match the needs of children in foster care. 	<p>Virginia Project: Strategies for Recruitment and Retention of Foster Care Families: Promising Practice</p>

Citation	Key Findings	Level Of Evidence-Based Support
<p>Cuddeback, G. S., Buehler, C., Orme, J. G., & Le Prohn, N. S. (2007). Measuring Foster Parent Potential: Casey Foster Applicant Inventory-Worker Version (CFAI-W). <i>Research on Social Work Practice</i> 17(1), 93-109.</p>	<p>Retrospective case-review study.</p> <ul style="list-style-type: none"> • Analysis showed there was high reliability and validity for the Casey Foster Applicant Inventory for the following characteristics: general foster parenting, two-parenting families, and integrating with birth children in home. • A limit of this inventory is that it may not inform a worker about which areas a foster parent needs to work on. 	<p>Casey Foster Applicant Inventory: Promising Practice</p>
<p>Orme, J. G., Cuddeback, G. S., Buehler, C., Cox, M. E., & Le Prohn, N. S. (2007). Measuring foster parent potential: Casey Foster Parent Inventory-Applicant Version. <i>Research on Social Work Practice</i>, 17(1), 77-92.</p>	<p>Descriptive study, in which data from a sample of 304 foster mothers from 35 states are analyzed to assess the reliability and validity of the Casey Foster Parent Inventory-Applicant Version (CFAI-A).</p> <ul style="list-style-type: none"> • Excellent reliability and validity for certain sample of foster parents • In developing the CFAI the following 12 domains were included based on current research on foster parent competencies: (Buehler, Rhodes, Orme, & Cuddeback, in press): safety; nurturing; educational, physical and mental health; social development; value diversity; support permanency; manage loss; own skill development; personal well-being; supporting child relationship; work as a team member. 	<p>Casey Foster Applicant Inventory: Promising Practice (continued)</p>
<p>Baum, A. C., Crase, S. J., & Crase, K. L. (2001). Influences on the decision to become or not become a foster parent. <i>Families in Society-the Journal of Contemporary Human Services</i>, 82(2), 202-213.</p>	<p>One-year longitudinal study.</p> <ul style="list-style-type: none"> • Foster parents were interested in hearing the personal accounts of those with previous experience. • Pre-service training did not sway most people’s decision of whether or not to foster. • An awareness of the need for foster care was the most influential factor in helping participants make the decision of whether or not to become a foster parent. • This finding emphasizes the importance of educating the community about the crucial need for foster homes. 	<p>Preparation for Fostering Training: Emerging Practice</p>
Foster Parent Training		
<p>Rhodes, K. W., Orme, J. G., Cox, M. E., & Buehler, C. (2003). Foster family resources, psychosocial functioning, and retention. <i>Social Work Research</i>, 27(3), 135-150.</p>	<p>Longitudinal study of pre-service training.</p> <ul style="list-style-type: none"> • Almost 50 percent of families who started pre-service training did not complete it. • Of the 131 families who completed training, 46 percent had already discontinued or planned to discontinue at six-months. • Families with more resources, especially income, were more likely to continue. • Families with more psychosocial problems and fewer resources were more likely to express uncertainty about continuing. 	<p>MAPP – <i>Model Approach to Partnerships in Parenting</i>: Pre-service Training Mixed results.</p> <p>Goal: Decision-making tool for potential foster parents:</p>

Citation	Key Findings	Level Of Evidence-Based Support
<p>Puddy, R. W., & Jackson, Y. (2003). The development of parenting skills in foster parent training. <i>Children and Youth Services Review, 25</i>(12), 987-1013.</p>	<p>Randomly assigned, controlled study.</p> <ul style="list-style-type: none"> Results indicated that the MAPP/GPS program did not adequately prepare foster parents according to its own program identified goals (only meeting 4 of 12 goals), nor did it prepare foster parents adequately to manage behavior problems of the foster children (improvements made on only 3 of 22 skills). The MAPP/GPS serves as a decision-making tool for potential foster parents who are deciding to foster or not. 	<p>Promising Practice</p> <p>Goal: Preparing foster parents to foster and deal with child's behavior: Evidence Fails to Demonstrate Effect</p>
<p>Lee, J. H., & Holland, T. P. (1991). Evaluating the effectiveness of foster parent training. <i>Research on Social Work Practice, 1</i>(2), 162-174</p>	<p>Pilot study of the MAPP project in two sites, using a pretest/posttest comparison-group design.</p> <p>There were no significant differences in trainees' scores on the foster parent screening tool (measuring foster parent ability) after completion of the program when compared with their scores prior to entry or between trainees and comparison-group members either before or following intervention.</p>	
<p>Christenson, B., & McMurtry, J. (2007). A comparative evaluation of pre-service training of kinship and nonkinship foster/adoptive families. <i>Child Welfare, 86</i>(2), 125-140.</p>	<p>Pre and post test survey on the competency categories covered in the training, Foster PRIDE/Adopt PRIDE pre-service training</p> <p>The evaluation results indicate improved competence for non-kinship participants, but not for kinship foster parents after completing the training.</p>	<p>Foster PRIDE/Adopt PRIDE Pre-service training: Promising Practice (for non-kin foster parents)</p>
<p>Thomas, R., & Zimmer-Gembeck, M. J. (2007). Behavioral outcomes of parent-child interaction therapy and triple p-positive parenting program: A review and meta-analysis. <i>Journal of Abnormal Child Psychology, 35</i>(3), 475-495.</p>	<p>Meta-analysis of 24 randomly assigned studies to evaluate and compare the outcomes of two widely disseminated parenting interventions—Parent-Child Interaction Therapy, an individualized approach; and Triple P-Positive Parenting Program, a group process delivery model. Participants in all studies were caregivers and 3- to 12-year-old children.</p> <ul style="list-style-type: none"> All models of Triple P showed reduced parent-reported child behavior and parenting problems. Media Triple P (not in-person training) showed only small effects for participants. 	<p>Triple P Parenting Curriculum: Promising Practice</p>

Citation	Key Findings	Level Of Evidence-Based Support
<p>Linares, L. O., Montalto, D., Li, M. M., & Oza, V. S. (2006). A promising parenting intervention in foster care. <i>Journal of Consulting and Clinical Psychology, 74</i>(1), 32-41.</p>	<p>Randomly assigned, comparison group study of Incredible Years parenting program for biological and foster parent (pairs) to improve parenting practices, co-parenting, and child externalizing problems.</p> <ul style="list-style-type: none"> • Key findings included significant gains in positive parenting and collaborative co-parenting for both biological and foster parents at the end of the intervention. • At follow-up, intervention parents sustained greater improvement in positive parenting, showed gains in clear expectations, and reported a trend for fewer child externalizing problems. 	<p>Incredible Years Co-Parenting Curriculum for Biological and Foster Parents: Promising Practice</p>
<p>Pacifici, C., Delaney, R., White, L., Nelson, C., & Cummings, K. (2006). Web-based training for foster, adoptive, and kinship parents. <i>Children and Youth Services Review, 28</i>(11), 1329-1343.</p>	<p>Randomly assigned, comparison-group study to examine the effectiveness of two online foster parent training course—on lying and sexualized behavior.</p> <ul style="list-style-type: none"> • Findings showed significant gains in parent knowledge for both courses, and in competency-based parent perceptions for the courses. • Overall, user satisfaction and implementation fidelity were very high. 	<p>Web-based Training from the Foster Parent College: Promising Practice</p>
<p>Pacifici, C., Delaney, R., White, L., Cummings, K., & Nelson, C. (2005). Foster parent college: Interactive multimedia training for foster parents. <i>Social Work Research, 29</i>(4), 243-251.</p>	<p>Randomly assigned, control group study on multimedia foster parent training, <i>Anger Outbursts</i> DVD.</p> <ul style="list-style-type: none"> • The results of this evaluation supported the efficacy of DVD as a means of providing in-service training to foster parents at home. • Parents gained confidence in their ability to understand and handle their child's anger outbursts. • Electronic training offers some practical benefits, including cost-effectiveness, ease of delivery and access for foster parents. 	<p>DVD Foster Parent Training, <i>Anger Outbursts</i>: Promising Practice</p>
<p>Buehler, C., Rhodes, K. W., Orme, J. G., & Cuddeback, G. (2006). The potential for successful family foster care: Conceptualizing competency domains for foster parents. <i>Child Welfare, 85</i>(3), 523-558.</p>	<p>Model for a training curriculum for foster parents.</p> <p>The potential to foster successfully involved developing, supporting and maintaining competencies in these 12 domains: safety; nurturing; educational, physical and mental health; social development; value diversity; support permanency; manage loss; own skill development; personal well-being; supporting child relationship; work as a team member.</p>	<p>Model for Training Curriculum: Emerging Practice</p>

Citation	Key Findings	Level Of Evidence-Based Support
<p>Turner, W., MacDonald, G. M., & Dennis, J. A. (2005). Behavioural and cognitive behavioural training interventions for assisting foster carers in the management of difficult behaviour. [Electronic Version]. <i>Campbell Collaborative</i>. Retrieved 12/17/07 from http://www.campbellcollaboration.org/doc-pdf/070720_foster_carers_final.pdf.</p>	<p>Systematic review to determine the effectiveness of cognitive-behavioural training interventions in addressing difficult behavior. Only six trials involving 463 foster carers were included.</p> <p>Results suggest little evidence of effect from the cognitive-behavioral training on youth in care, foster parents or fostering agency outcomes.</p>	<p>Cognitive-Behavior Training with Foster Parents: Evidence Fails to Demonstrate Effect</p>
Caseworker Retention		
<p>Child Welfare League of America. (2002). Child Welfare Workforce [Electronic Version]. <i>Research Roundup</i>, September. Retrieved 11/13/07 from http://www.cwla.org/programs/r2p/rnrnws0209.pdf.</p>	<p>Content analysis of child welfare casework workforce research.</p> <ul style="list-style-type: none"> • Strongest empirical support for social work education, supportive supervision, and job flexibility as factors positively associated with either performance or retention in child welfare. • Graduates of specialized education programs offering enhanced child welfare content and internships in child welfare settings show highest retention. • For some jobs in child welfare, employees with BSWs have higher retention than those with master’s degrees. • Implication - if agencies are to attract and maintain people with MSWs, they will need to create jobs that provide a greater degree of autonomy and make use of the employees’ advanced skills. 	<p>Recommendations for caseworker retention: Emerging Practices</p>
<p>Smith, B. D. (2005). Job Retention in Child Welfare: Effects of Perceived Organizational Support, Supervisor Support, and Intrinsic Job Value. <i>Children and Youth Services Review</i>, 27(2), 153-169.</p>	<p>Descriptive study of in-person surveys of child welfare staff</p> <ul style="list-style-type: none"> • Factors positively associated with job retention included the perceptions that an employer promoted life–work balance, that a supervisor was supportive and competent, and that few other job alternatives were available. • In addition, organization-level turnover rates and unmeasured organizational characteristics affected the likelihood of job retention. 	<p>Recommendations for caseworker retention: Emerging Practices</p>
<p>Bernotavicz, F. (n.d.). Retention of child welfare caseworkers: A report. [Electronic Version]. <i>National Child Welfare Resource Center for Organizational Improvement</i>. from http://muskie.usm.maine.edu/helpkids/pubstext/retention.htm.</p>	<p>Telephone survey of caseworkers who have left to determine their reasons for leaving and to identify factors that would have encouraged them to stay (n=18).</p> <ul style="list-style-type: none"> • Length of time on the job (people who stay more than two years, tend to stay for several years longer). • Prior experience of child welfare work (people with prior experience tend to stay longer). • Relevant education (people with degrees in child welfare tend to stay longer). 	<p>Recommendations for caseworker retention: Emerging Practices</p>

Citation	Key Findings	Level Of Evidence-Based Support
	<ul style="list-style-type: none"> • Sense of mission (people with a commitment to working with children and families tend to stay). • Sense of efficacy (people who feel that they are making a difference tend to stay). • Workload: Current staff had four types of recommendations related to the workload: reducing the caseload, delegation of tasks and activities to case aides, increasing clerical support, and reducing the paperwork. • Supervisory support and opportunities for training and professional development can promote retention. 	
Caseworker Training		
<p>Hunter College School of Social Work & National Resource Center for Family-Centered Practice and Permanency Planning. (2004). <i>Promoting placement stability and permanency through caseworker/child visits: A one day training program.</i></p>	<p>Description of caseworker training that focuses on improving skills in following areas:</p> <ul style="list-style-type: none"> • Caseworker’s ability to make a connection and build rapport with family; • Increase understanding of link between rapport with foster family and placement stability; • Skills training on caseworker interaction with family. 	<p>Caseworker Training at Hunter College School of Social Work: Emerging Practice</p>
FOSTER FAMILY SERVICES AND MODELS		
Multidimensional Treatment Foster Care		
<p>Westermarck, P. K., Hansson, K., & Vinnerljung, B. (2007). Foster parents in Multidimensional Treatment Foster Care: How do they deal with implementing standardized treatment components? <i>Children and Youth Services Review</i>, 29(4), 442-459.</p>	<p>Descriptive study that explored the implementation of the Multidimensional Treatment Foster Care model in 3 locations in Sweden.</p> <ul style="list-style-type: none"> • Many foster parents in this study liked the short term aspect of MTFC and did not want to go back to long-term traditional foster care. • Foster parents reported that 24 hour access to treatment tools very helpful. • Foster parents viewed the manual that prescribes structure for everyday life, as a source of great support when working with youth with behavior problems. 	<p>Multidimensional Treatment Foster Care Model: Effective Practice</p>

Citation	Key Findings	Level Of Evidence-Based Support
<p>Leve, L. D., & Chamberlain, P. (2007). A Randomized evaluation of multidimensional treatment foster care: Effects on school attendance and homework completion in juvenile justice girls. <i>Research on Social Work Practice, 17</i>(6), 657-663.</p>	<p>Randomly assigned, controlled study of the efficacy of MTFC on school attendance and homework completion was examined in juvenile justice girls who were referred to out-of-home care (N=81).</p> <p>Results from this randomized clinical trial suggest that MTFC was more effective than group care in increasing girls' school attendance and homework completion while in treatment and at 12 months post-baseline.</p>	
<p>Eddy, M. J., Bridges Whaley, R., & Chamberlain, P. (2004). The prevention of violent behavior by chronic and serious male juvenile offenders: A 2-year follow-up of a randomized clinical trial. <i>Journal of Family Psychology, 12</i>(1), 2-8.</p>	<p>Randomized clinical trial of 79 adolescent males involved in the juvenile justice system, that examined the ability of multidimensional treatment foster care (MTFC) to prevent subsequent violent offending compared group home care.</p> <p>MTFC youth were significantly less likely to commit violent offenses than youth placed in group care, as well as common violence, such as hitting.</p>	
<p>Chamberlain, P. (2003). The Oregon multidimensional treatment foster care model: Features, outcomes, and progress in dissemination. <i>Cognitive and Behavioral Practice, 10</i>(4), 303-312.</p>	<p>Summarizes the findings that illustrate the efficacy of Oregon Multidimensional Treatment Foster Care Model (MTFC) in 3 randomly assigned, comparison group studies:</p> <ol style="list-style-type: none"> 1) Children ready to be discharged from mental health institution were randomly assigned to MTFC or treatment as usual. Results showed that a greater proportion of the children referred to MTFC were placed in the community than those in the control group (1991 study). 4) Second study looked at a group of youth randomly assigned to MTFC compared to regular foster care (1992 study). Results indicated there were lower rates of disruption and increased foster parent retention for the youth in MTFC. 5) Third study looked at juvenile offenders. Results showed that those in MTFC were less likely to runaway and more likely to finish their program compared to youth in group care 	
Early Intervention Foster Care Program		
<p>Fisher, P. A., & Kim, H. K. (2007). Intervention effects on foster preschoolers' attachment-related behaviors from a randomized trial. <i>Prevention Science, 8</i>(2), 161-170.</p>	<p>Randomly assigned comparison group study examined change in attachment-related behaviors among foster preschoolers participating in Multidimensional Treatment Foster Care Program for Preschoolers (MTFC-P; aka EIFC).</p> <p>Children in MTFC-P showed significant increases in secure behavior and significant decreases in avoidant behavior compared to children in regular foster care condition (n=60). Both groups showed significant decreases in resistant behavior over time.</p>	<p>Early Intervention Foster Care: Promising to Effective Practice</p>

Citation	Key Findings	Level Of Evidence-Based Support
<p>Fisher, P. A., Burraston, B., & Pears, K. (2005). The Early Intervention Foster Care Program: Permanent Placement Outcomes From a Randomized Trial. <i>Child Maltreatment</i> 10(1), 61-71.</p>	<p>Randomly assigned, comparison group design.</p> <ul style="list-style-type: none"> • EIFC: Program focused on preschoolers, adapted from the MTFC • Participation in EIFC improved success rates of permanent placements to 90% compared to 64% in regular foster care. • Placement stability for EIFC and regular foster care were similar until first 8 months, at which time many more children in regular foster care disrupted. • No association was present for kids in EITC for number of previous placements and likelihood for disruption, as was the case for the kids in regular foster care. This is very promising. 	
<p>Project Keep – Training Curriculum used in MTFC</p>		
<p>Chamberlain, P., Moreland, S., & Reid, K. (1992). Enhanced services and stipends for foster parents: Effects on retention rates and outcomes for Children. <i>Child Welfare</i>, 71(5), 387-401.</p>	<p>Randomly assigned comparison group study with three groups: 1) foster parents who received a small increase in stipend and additional intensive support services (i.e., completed Project Keep training); 2) foster parents who only received a small increase in stipend; and 3) foster parents in traditional foster care setting.</p> <p>Increased services and support and small stipend increase resulted in lower drop out rate (9%) compared to general population (40%), as well as increased stability and less reported behavior problems for youth.</p>	<p>Project Keep Training Curriculum for MTFC foster parents: Promising Practice</p>
<p>Day Treatment with Treatment Foster Care</p>		
<p>Whitemore, E., Ford, M., & Sack, W. H. (2003). Effectiveness of day treatment with proctor care for young children: A four-year follow-up. <i>Journal of Community Psychology</i>, 31(5), 459-468.</p>	<p>Outcome study of day treatment program for preschool children with severe emotional or behavioral issues, in combination with treatment foster care. No comparison group was used.</p> <ul style="list-style-type: none"> • Increased stabilization in family placements, with 67% of participants still living in a permanent family placement at the 4-year follow-up. • 69% of participants transitioned to a less-restrictive academic placement and remained in regular classroom placements at follow-up. • Participants showed significant behavioral improvement at discharge and follow-up on the Child Behavior Checklist. • The results suggest that this treatment modality is effective in maintaining these children in the community and in producing positive long-term outcomes. 	<p>Day Treatment for Preschoolers with Emotional/Behavioral Issues: Promising Practice</p> <p>Limitation of study: No comparison group was used.</p>

Citation	Key Findings	Level Of Evidence-Based Support
Parent-Child Interaction Therapy		
<p>Thomas, R., & Zimmer-Gembeck, M. J. (2007). Behavioral outcomes of parent-child interaction therapy and triple p-positive parenting program: A review and meta-analysis. <i>Journal of Abnormal Child Psychology</i>, 35(3), 475-495.</p>	<p>Meta-analysis of 24 randomly assigned studies to evaluate and compare the outcomes of two widely disseminated parenting interventions—Parent-Child Interaction Therapy, an individualized approach; and Triple P-Positive Parenting Program, a group process delivery model.</p> <ul style="list-style-type: none"> • Reduced parent-reported child behavior and parenting problems. • Abbreviated PCIT, showed only moderate effect sizes. • PCIT is associated with improvements in observed child behaviors. 	<p>Parent-Child Interaction Therapy: Effective Practice</p>
<p>Timmer, S. G., Urquiza, A. J., & Zebell, N. (2006). Challenging foster caregiver-maltreated child relationships: The effectiveness of parent-child interaction therapy. <i>Children and Youth Services Review</i>, 28(1), 1-19.</p>	<p>Quasi-experimental design with comparison group that was not randomly assigned, studying the effectiveness of parent-child interaction therapy (PCIT), for non-relative foster parents and their foster children compared with a group of non-abusive biological parent-child dyads.</p> <ul style="list-style-type: none"> • PCIT incorporates the parent and child within the treatment session and uses live, one-on-one therapist coaching to tailor the process of changing the dysfunctional parent-child relationship. • Results of this study showed decreases in child behavior problems and caregiver distress from pre- to post-treatment for both foster and biological parent-child dyads. • This suggests that PCIT, which has traditionally been used with biological parents, may also have beneficial effects for foster parents who completed treatment with their foster children. 	<p>Parent-Child Interaction Therapy with Foster Parents: Promising Practice</p>
<p>McNeil, C. B., Herschell, A. D., Gurwitsch, R. H., & Clemens-Mowrer, L. (2005). Training foster parents in parent-child interaction therapy. <i>Education and Treatment of Children</i>, 28(2).</p>	<p>Outcome study of training for foster parents in Parent-Child Interaction Therapy (PCIT) for children ages two to seven with extreme disruptive behavior in foster care. No comparison group was used.</p> <ul style="list-style-type: none"> • Training was provided by psychologists to foster parents through two-day early intervention workshops. The first day foster parents came alone, and the second day foster parents brought the child in care with them and were coached in the use of discipline skills by a therapist. • Preliminary evidence suggests that a two-day intensive PCIT workshop may be an effective way to train foster parents to better manage disruptive child behavior. • Foster parents reported improvements in the disruptive behavior to the point that it was no longer in range of clinical concern. • These results are promising, but several limitations such as lack of comparison conditions with randomization to groups and use of a small sample size preclude definitive conclusions about the effectiveness of this PCIT adaptation with foster parents. 	<p>Parent-Child Interaction Therapy with Foster Parents: Promising Practice</p>

Citation	Key Findings	Level Of Evidence-Based Support
Wraparound Services		
Clark, H. B., Lee, B., Prange, M. E., & McDonald, B. A. (1996). Children Lost Within the Foster Care System: Can Wraparound Service Strategies Improve Placement Outcomes? <i>Journal of Child and Family Studies</i> , 5(1), 39-54.	<p>Randomly assigned, comparison group design study of children with emotional/behavioral problems in the Fostering Individualized Assistance Program (FIAP).</p> <ul style="list-style-type: none"> • Rates of placement change for the wraparound group decreased, while the rate for regular foster care increased. • Decreased runaways for this wraparound group compared to increased rate for regular group. • Wraparound group more likely to be in permanent placement than regular group. 	<p>Wraparound Services: Effective Practice</p> <p>Limitation: Fidelity to one model of services.</p>
Evans, M. E., Armstrong, M. I., & Kuppinger, A. D. (1996). Family-Centered Intensive Case Management: A Step Toward Understanding Individualized Care. <i>Journal of Child and Family Studies</i> , 5(1), 55-65.	<p>Randomly assigned, comparison group study in which children, who were referred to Family Based Treatment (FBT - treatment foster care), were randomly assigned to FBT or Family-centered Intensive Case Management (FCICM – child remains at home).</p> <ul style="list-style-type: none"> • Preliminary findings that show increased functioning and fewer symptoms for FCICM children. • Family outcomes showed no difference for groups. • There preliminary findings show some support for the effectiveness of FCICM but not yet statistically significant. • Recommendations for implementation of FCICM include flexibility in funding to provided individualized services, parent advocates and utilizing the strengths and assets of each family. 	<p>Family-centered Intensive Case Management for intact families: Promising Practice</p>
Attachment-related services		
Dozier, M., Peloso, E., Lindhiem, O., Gordon, M. K., Manni, M., Sepulveda, S., et al. (2006). Developing evidence-based interventions for foster children: An example of a randomized clinical trial with infants and toddlers. <i>Journal of Social Issues</i> , 62(4), 767-785.	<p>Randomly assigned, comparison group study of Attachment and Biobehavioral Catch-up intervention to aid in relationship formation in young children in the foster care system.</p> <ul style="list-style-type: none"> • Children in the experimental intervention group had lower cortisol values than children in the control intervention, which is an indicator of self-regulation. • Parents that completed the 10-week intervention reported fewer behavior problems for older versus younger foster children. 	<p>Attachment and Biobehavioral Catch-up for young children in foster care: Promising Practice</p>

Citation	Key Findings	Level Of Evidence-Based Support
Professional Sibling Foster Care Program		
Testa, M. F., & Rolock, N. (1999). Professional Foster Care: A Future Worth Pursuing? <i>Child Welfare</i> 78(1), 108-124.	<p>Case-record review study which was part of a full evaluation of a professional sibling foster care (SFC) program, later titled Neighbor to Neighbor which was designed to keep sibling groups together. Data from existing case records were gathered and outcomes for youth were analyzed.</p> <p>Findings: Professional and kinship foster care consistently outperformed the specialized programs and the non-relative care in terms of stability, sibling placement, restrictiveness of care, and proximity to the child's community of origin. While the former two program types also do slightly better than the latter in achieving permanent living situations, the professional foster care program had difficulty moving children to adoptive homes or subsidized guardianship.</p>	Professional Sibling Foster Care Program – Neighbor to Neighbor: Promising Practice
Multi-systemic Therapy (MST)		
Littell, J. H., Popa, M., & Forsythe, B. (2005). Multisystemic Therapy for social, emotional, and behavioral problems in youth aged 10-17. <i>Cochrane Database of Systematic Reviews</i> (4).	<p>Systematic review of empirical studies of Multi-systemic Therapy (MST).</p> <ul style="list-style-type: none"> • The most rigorous analysis found no significant differences between MST and usual services in restrictive out-of-home placements and arrests or convictions. • Pooled results that include studies with data of varying quality tend to favor MST, but these relative effects are not significantly different from zero. • The study sample size is small and effects are not consistent across studies; hence, it is not clear whether MST has clinically significant advantages over other services. • There is inconclusive evidence of the effectiveness of MST compared with other interventions with youth. There is no evidence that MST has harmful effects. 	Results from this systematic review of MST: Evidence Fails to Demonstrate Effect Several individual randomly assigned, controlled studies showed significant effects for certain populations. These are listed below.
Schaeffer, C. M., & Bourdin, C. M. (2005). Long-term follow-up to a randomized clinical trial of multisystemic therapy with serious and violent juvenile offenders. <i>Journal of Consulting and Clinical Psychology</i> , 73(3), 445-453.	<p>Long-term follow-up to earlier randomized clinical trial (Bourdain, et al. 1995) of 176 youth who participated in either MST (n=92) or individual therapy (n=84).</p> <p>Results showed that the overall recidivism rate for violent offenses for the MST participants was significantly lower than the overall rate for the control group.</p>	MST for violent juvenile offenders in reducing recidivism: Promising Practice

Citation	Key Findings	Level Of Evidence-Based Support
Slesnick, N., & Prestopnik, J. L. (2005). Ecologically based family therapy outcome with substance abusing runaway adolescents. <i>Journal of Adolescence</i> , 28(2), 277-298.	<p>Randomly assigned comparison group study of runaway youth.</p> <p>Youth assigned to EBFT reported greater reductions in overall substance abuse compared to services as usual.</p>	<p>MST for runaway adolescents in reducing substance abuse: Promising Practice</p>
Henggeler, S. W., Rowland, M. D., Randall, J., Ward, D. M., Pickrel, S. G., Cunningham, P. B., et al. (1999). Home-based multisystemic therapy as an alternative to the hospitalization of youths in psychiatric crisis: Clinical outcomes. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 38(11), 1331-1339.	<p>Randomly assigned, comparison group study for youth in home based MST or inpatient hospitalization.</p> <ul style="list-style-type: none"> • MST was more effective than emergency hospitalization at decreasing youths' externalizing symptoms and improving their family functioning and cohesion, and school attendance. • Hospitalization was more effective than MST at improving youth's self-esteem. • Limitation: Fidelity to treatment model. 	<p>Home-based MST as an alternative to the hospitalization of youth in psychiatric crisis: Promising Practice</p>
Henggeler, S. W., Clingempeel, W. G., Brondino, M. J., & Pickrel, S. G. (2002). Four-year follow-up of multisystemic therapy with substance-abusing and substance-dependent juvenile offenders. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 41(7).	<p>4-year outcomes of a randomized clinical trial comparing MST with usual community services.</p> <ul style="list-style-type: none"> • Analyses demonstrated significant long-term treatment effects for aggressive criminal activity but not for property crimes. • Findings for illicit drug use were mixed with biological measures indicating significantly higher rates of marijuana abstinence for MST participants (55% versus 28% of young adults). • Long-term treatment effects were not observed for psychiatric symptoms. • Limits: Only 68% of original sample was available for 4-year follow-up, so this sample may have differed from original sample on variable not measured or accounted for. 	<p>MST for juvenile offenders in reducing substance abuse: Evidence Failed to Show Effect</p> <p>For reducing aggressive criminal activity: Promising Practice</p>

For this project, the following categories will be used, adapted from the California Evidence Based Clearinghouse for Child Welfare:

- 1) **Effective practice – supported by multiple studies**
- 2) **Promising Practice – supported by at least one study**
- 3) **Emerging Practice – effectiveness is unknown**
- 4) **Evidence Fails to Demonstrate Effect – research shows no effect**
- 5) **Concerning Practice – research shows negative effect**

For a full definition of this criteria, please see the Introduction to Section II: User's Guide on Evidence Based Practice.

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