

FOCUS

Newsletter of the Foster Family-based Treatment Association



Helping Girls with Sexual Behavior Problems —by Vickie Peyton, LIMHP, LCSW

For years, the treatment community has understood and addressed the treatment needs of girls who have been *victims* of sexual abuse. A new understanding has recently emerged regarding girls who *demonstrate* sexual abuse and how to address their treatment needs toward sexual health and abuse prevention. The treatment of sexual offending behavior was founded in addiction principals and thought to be relevant only to adult males, but over the past 30 years, the treatment community has defined differences in treating adolescent boys with this presentation. Within the past five to ten years, research and treatment recommendations have been defined for treating adolescent girls with this presentation. In addition, The Association for the Treatment of Sexual Abusers (ATSA) recently published recommendations for the treatment of boys and girls under the age of 12, which provides methods significantly different than working with adolescents or adults.

Promoting Healthy Relationships

The professional field specifically related to girls with sexual behavior problems has evolved tremendously. It has shifted from a confrontational and restrictive model to one of individualized assessment and strengths-based strategies that promote healthy relationships as a foundation for reparation.

While boys tend to be influenced by logic, rules, and consequences, girls tend to be influenced by intimacy in relationships and process learning in the context of those relationships. For this reason, girls are especially resistant to rigid and punitive approaches to treatment. It is universal that human beings are more responsive to good will than to shaming and punishment. This paradigm shift is much more conducive to hope and healing, and ultimately the prevention of further sexual misconduct.

Offering Reparation

Through experience, some professionals believe that the treatment of girls with Sexual Behavior Problems (SBP) has often been misguided. Many treatment providers have had training or experience in working with *victims* of sexual abuse, but not necessarily youth as the *abusers*. Research supports that most girls who act out sexually have been victims of sexual abuse. Therapists without training in sex offense-specific

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EDITOR'S COLUMN

— By Marianne Werth, LCSW

This issue of *FOCUS* is dedicated to “Working with Girls” in Treatment Foster Care (TFC). Although evidence shows girls represent a slightly larger majority of TFC placements, their personal pre-placement risks within their biological families are consistently higher: Girls in foster care are more likely to have been sexually or physically abused and research shows an annual increase of girls participating in juvenile justice programs. Overall, the types of past traumatic events that girls have been exposed to are different than boys. In addition, studies show that females respond differently to trauma than males and are more likely to develop mental health problems as a result (National Child Traumatic Stress Network, 2004).

In an effort to address the various ways in which female youth act out in response to trauma, Robert Stadolnik points out in his article, *Adolescent Girls and Firesetting*, that while at least 15% of all juvenile firesetting is done by females, only 1% of research focuses on the specific needs and characteristics of females who engage in this behavior. In an article about girls with sexual behavior problems, Vickie Peyton notes that girls and boys respond differently to traditional treatment strategies, and since professionals do not fully understand the specific needs of girls with sexual behavior problems, girls' treatments may often be misguided. Both authors point out the need for additional research, professional training, and coordinated consultations.

Despite the decreasing teen pregnancy rate in the last several years, sexual relations and pregnancy continue to be a particularly significant issue for youths in foster care. In her article, Kim Anderson illustrates the importance of giving pregnant youth the proper education about their options of parenting and adoption. The SISTA program in Virginia, as described in an article by Keanna Faircloth, enhances self-esteem and pride in order to promote safer sexual behaviors in African-American women.

Unfortunately, trauma and anxiety are a large part of a foster youth's life, and running away is a common problem. An article co-written by Heather Baker, Daniel Singleton, and Kara Gross outlines what steps should be taken to prevent runaways, what steps should be taken as soon as a runaway occurs, and what steps should be taken after a runaway incident is resolved.

Girls in TFC have different risks, different protective factors, and different responses to trauma and treatment. Knowing more about the differences and similarities of each gender helps us to tailor our programmatic and individual treatment strategies accordingly.

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work are often inclined to treat the victim issues and minimize the sexually abusive behavior, assuming that resolution of the trauma will resolve the sexual acting out. Not only does this approach compromise the girl's potential success in treatment, such as preventing further abuse and understanding sexual health, it also prevents the opportunity to provide reparation to the families who were harmed, including the victim(s). The opportunity to offer reparation is found to be the most healing component of a sexual abuser's treatment.

Careful Collaboration

A less common occurrence when treating a sex offending youth, but perhaps even more damaging, is when girls are treated with the same approach as boys, or as adults, who offend. The best possible treatment is provided by a professional with an understanding of gender differences, training in family therapy, and training for both victims and sexual offenders. Careful collaboration among all treatment providers working with the child/youth and his or her family, as well as the victim's family, will provide the best strategies to promote reparation for each impacted individual. Consultation with a supervising practitioner or experienced colleague can then assure a grounded approach to the ever-shifting perspective of each client's needs.

Unresolved Sexual Histories

Research supports that most children and youth who exhibit sexual behavior problems do not sexually offend in their adult lives (statistics are unavailable differentiating the issue between boys and girls). However, research supports that some girls do develop an entrenched pattern of poor relationship boundaries and can sexualize intimacy in dependent relationships. Women with this history can be found in psychiatric treatment and human service settings with unresolved sexual histories that result in partnering with men engaged in domestic violence or sexual perpetration of their children. Some of these women have been

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engaged in sexual perpetration, have colluded with their partners in sexual abuse, or have failed to protect their child when they were aware of the abuse. Because women are generally in a position of caring for children without scrutiny, this behavior can go undetected for long periods of time.

Maternal Incest

Author Julie Brand has published a book entitled, "A Mother's Touch: Surviving Mother-Daughter Sexual Abuse," which is a personally informed account relating the devastation of children who are abused by their mothers. Although, she found no specific data offering the frequency of maternal incest, the surveys report that nearly 20% of the sexually abusive acts toward prepubescent boys and 5% of the sexually abusive acts toward prepubescent girls involved a female partner. In addition, the 2003 Canadian Incidence Study of Reported Child Abuse and Neglect identified that "five percent of cases where sexual abuse was the primary substantiated maltreatment involved biological mothers as perpetrators." Similar references to maternal sexual abuse can be found in Bobbie Rosencrans' book "The Last Secret, Daughters Sexually Abused by Mothers," published in 1997.

Misunderstanding Girls' Needs

The National Center on Sexual Behavior of Youth (NCSBY) published a Fact Sheet in January 2004, which highlights research about girls with sexual behavior problems. The research indicates that girls with this presentation are under-reported and under-represented in sexual offender literature. This miscalculation may be due to misunderstanding the seriousness of girls' treatment needs, a socio-cultural tolerance for girls' sexual behavior as seemingly

less invasive, or a perception that girls are at lower risk for recidivism. It is true that the most common sexual offenses committed by girls are non-aggressive acts that often occur in the context of care giving. Yet, the context of this relationship can actually have a more damaging impact on the victim than the more invasive abuses inflicted by males.



The promotion of sexual health is the most important component for maximizing a girl's potential for developing mature and meaningful relationships in her future.

In 2002, Susan L. Robinson, LCSW, published "Growing Beyond, a Treatment Manual and a Workbook for Sexually Abusive Teenage Girls." This resource provides an excellent understanding of what we know about working with girls, which includes professional encouragement to expand research efforts to improve the treatment community's ability to meet girls' needs for treatment. Robinson's approach stresses the importance of how girls develop their identities through relationships. She advocates the impor-

tance of holding girls accountable for their behavior as a means of empowering them and maximizing their potential. Robinson also acknowledges that it is true that there are some universal components of treatment for any child or youth who commits a sexually invasive act. Yet, it is also critical to address any trauma history with respect to sexual victimization, physical abuse, neglect, loss and abandonment, identity, self-esteem, self-destructive behaviors, and any co-morbid diagnoses (i.e., PTSD, depression, anxiety).

Sexual Safety and Health

When fostering a girl with sexual behavior problems, it is extremely important to begin by formulating an understanding of her in the context of her personal history, including her sexual history. Safety plans should be developed with the assumption that there is the potential for further sexual acting out. This assumption allows for a preventive strategy that protects any vulnerable children, and protects the SBP child from any speculation or assumptions about her behavior in relation to others. Supervision for any interaction with vulnerable children provides a golden opportunity for role modeling healthy boundaries in relationships.

Promoting sexual health is often a difficult concept for parents and professionals to know how to approach. In her recent book, "Talking to Your Kids about Sex, Turning *"the talk"* Into a Conversation for Life," Dr. Laura Berman offers a complete guide to "teaching sexual truth." She addresses how to talk to children and youth about physical development, values, media influences, friends, romance, and safe sex. Dr. Berman outlines step-by-step recommendations for meaningful conversations between children and the significant adults who care for them.

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FFTA Editorial Committee Seeks New Members

The FFTA Editorial Committee, which is responsible for producing this newsletter and the "Tip of the Month," is seeking new committee members. Members meet by conference call and are responsible for developing newsletter themes pertinent to treatment foster care, suggesting authors, serving as a liaison with authors, and contributing valuable field-related "Tips." While most members contribute articles, it's not a requirement for committee membership. For more information, contact Marianne L. Werth, LCSW, FFTA Editorial Committee Chairperson, at m.werth@afgcinc.com.

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This book also provides an excellent study guide for use in foster parent training.

The promotion of sexual health is the most important component for maximizing a girl's potential for developing mature and meaningful relationships in her future. The development of healthy intimacy is the primary antecedent to positive sexual choices. Foster families can influence the development of healthy intimacy in many ways. They can provide a girl with positive role models for nurturing and for problem solving. Foster families can offer structure that is respectful of a girl's life experiences. Her foster family can honor her strengths and the personal gifts she has to offer them, as well as her biological family. Together, they can partner with treatment providers to hold her accountable, thereby communicating their belief in her ability to rise above her painful past and offer reparation to those she has harmed. Only by rising above her past can she let go of the shame and guilt associated with sexual abuse, and move forward to a new life.

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RUNAWAY BEHAVIOR IN FOSTER CARE GIRLS

—by Heather Baker, Daniel Singleton, MS, and Kara Gross, LCSW

Runaway is a very serious, high-risk behavior that is frequently exhibited by children in the foster care system. Several recent studies indicate that as many as 71% of youth in out-of-home care run away at some point during their placement (Biehal & Wade, 2000; Courtney & Barth, 1996; Fasulo et al., 2002; Nesmith, 2002). Obviously, this is a pervasive issue that providers and practitioners must plan for, and intervene in, appropriately, in order to mitigate safety risks for foster children. The goal of this article is to outline what steps should be taken to prevent runaways, what steps should be taken as soon as a runaway occurs, and lastly what steps should be taken after a runaway incident is resolved.

Establishing Safety

At Youth Villages, staff work to ensure that all potential safety concerns, in addition to the triggers and sequences of these safety concerns, are well-known and understood so that appropriate runaway interventions can be put into place. Prior to acquiring all of this information, a more generalized safety plan is established to ensure that the youth, caregiver, and other involved adults understand their roles to ensure safety.

The general safety plan addresses issues that are true across a great number of runaway cases. For example, the caregiver should ensure that an appropriate adult supervises children at all times. Further, children's access to means of communication (phone, internet, etc.) should be monitored and they should have limited access to money, including credit cards. Communication devices and money often aid youth in making runaway plans. Treatment parents and

counselors may choose to install alarms for windows and doors. While these devices do not prevent runaway, they allow caregivers to respond to a runaway attempt instantly. Caregivers should have a response plan in place that outlines the steps to be taken should a runaway attempt occur.

Triggers and Sequences

Assessment of triggers and sequences is perhaps the most significant factor in creating a case-specific plan for runaway behaviors. Youth often come into therapeutic foster care placements with a myriad of learned, often negative, responses to problems and a low sense of stability in any one particular placement. Common factors influencing runaway include conflict with caregivers or others in the home, involvement with negative peers, low sense of community and family belonging, a lack of positive replacement behaviors, desire for access to negative places or substances, etc. While the basic safety plan addresses general factors, each youth's plan must be addressed on an individualized level. It is crucial that staff are familiar with the youth's history in order to prepare for similar behaviors that may occur. Tools, such as the functional analysis of behavior, may be used to determine the function, or purpose, of the behavior. For example, has the youth historically run away from verbal abuse, or has the youth run to gain access to peers who use illegal substances? These details are imperative for effective treatment planning, since they allow clinicians to understand the core issues. Once these issues are unveiled, the clinician may use plans both to prevent triggering circumstances and to provide the youth with alternative or replacement behaviors for managing their triggers.

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The Safety Plan In and Away from Home

The counselor may also have more frequent sessions with a child who is likely to runaway to ensure that everyone is following the safety plan. The staff specifically meet with all involved persons, for example birth parents, treatment parents, school, pro-social activity directors, after-school care centers, DHR workers, etc., to ensure that these safety concerns, triggers, and sequences are known and continue to be assessed while the case is active. Involved adults will review the need for consistent monitoring of this youth with the counselor. Often, plans are put in place to address these behaviors in settings outside the treatment home. For example, treatment parents and staff may collaborate with the school to ensure that appropriate plans are in place. While these plans may be similar to plans in the treatment home, staff must be ready to assist in developing thorough, creative interventions that are feasible for the involved adults in a specific setting.

When Runaway Occurs

While clinicians must focus extensive energy toward preventing runaway, we must also be prepared to respond in the event that the runaway behavior does occur. If the youth runs away, the counselor, treatment parents, and other Youth Villages staff look for the child. The child's likely location will be known or can be assessed by contacting those involved with the child's case. The Youth Villages' counselor has most likely created a Peer Directory with the youth and those involved adults should know who the youth may run away to be with and/or the likely location of that youth. The counselor and possibly other Youth

Villages staff will follow up with those involved persons and will search the likely locations of that youth. If the child is not found within a short time, police will also be contacted to report the child as a runaway.

When the Youth is Located

Once the youth is located, he or she will be returned to the appropriate placement and safety plan revisions will be completed to address the current triggers and sequences that led to this run. More frequent sessions may begin/continue to ensure that all involved follow through with safety plans to prevent future runaway behaviors, that there are no barriers to following this safety plan, and that the issues driving that youth to run are being addressed. The Youth Villages' Counselor, Clinical Supervisor, and Consultant will continue to assess the reasons that this behavior continues and to ensure that treatment addresses coping skills or replacement behaviors. At the same time, the Treatment Parents, school, pro-social activities, etc., will provide vigilant supervision to prevent the youth from running away again.

Treatment Parent Response

Staff must be prepared to address treatment parent response to runaway behavior. Treatment parents may be reluctant to allow the youth back into the home due to having experienced fear or frustration because of the behavior. In such a scenario, it is imperative that staff demonstrate their support for treatment parents and make plans for how the treatment parent(s) will respond should they need additional assistance in managing the

behavior. Staff must remember that constant supervision of a youth is taxing, and should assist the parent in utilizing appropriate support.

Runaway Consequences

Further, consequences for the youth's behavior should be implemented. Ideally, a youth who has a history of runaway behaviors should be operating under a behavior plan (established by a caregiver and counselor) that addresses consequences for runaway behaviors. An active behavior plan assists in preventing consequences being implemented out of fear or anger. Rather, the consequences are predetermined and appropriate for the behavior. Consequences should effectively deter negative behavior, but should also protect the youth from further safety concerns. For example, a child with a history of runaway should not receive the consequence of unsupervised community service.

In summary, runaway is best prevented through thorough assessment of triggers and sequences, along with alignment of involved adults who are actively engaged in the safety planning process. In addition, staff should work extensively with the youth to identify appropriate replacement behaviors. Further, when runaway does occur, treatment parents and staff should act quickly to locate the youth and reassess safety needs. Like other referral issues, runaway behavior must be consistently monitored and addressed within the therapeutic context.

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Internalizing Disorders *Among* Girls in Foster Care

Findings from the Casey Field Office Mental Health Study — by Catherine Roller White, MA,

Kirk O'Brien, Ph.D., and

Peter J. Pecora, Ph.D.

A critical component of treatment foster care is to help youth deal with emotional and behavioral disorders. These disorders are sometimes experienced at different rates for girls and boys.



For example, girls in the general population are more likely to experience depression than boys. Girls are also more likely to have attempted suicide. In addition, girls are also more likely to have a negative body image in comparison to boys. This negative body image, according to the U.S. Center for Substance Abuse Prevention (1977) may result in anorexia or bulimia. Because anorexia and bulimia are internalizing (as opposed to externalizing) disorders, they can be more easily overlooked by parents, social workers, teachers, and others. Therefore, the results of the Casey Field Office Mental Health Study (CFOMH), which focused on the mental health of youth receiving foster care services from Casey Family Programs (Casey), provides the following recommendations for practice and provides a contrast in results for boys and girls.

In the CFOMH study, in-person interviews were conducted with 188 youth (between 14 and 17 years old) who were receiving foster care services at one of eight Casey field offices. A total of 188 youth participated in the study (88.7% response rate). The average age of the interviewed youth was 16.1 years, 32.3% were Caucasian, and just over half (51.1%) were female. The Composite International Diagnostic Interview (CIDI) was used to assess their mental health.

Across boys and girls, about three in five youth (63.3%) had a lifetime CIDI diagnosis, and over one in five (22.8%) had three or more lifetime diagnoses. Of the 22 lifetime diagnoses

assessed, six were diagnosed for 15% or more of the sample: oppositional defiant disorder (29.3%), conduct disorder (20.7%), major depressive disorder (19.0%), major depressive episode (19.0%), panic attack (18.9%), and attention-deficit hyperactivity disorder (15.1%). Over one third (35.8%) had at least one past-year diagnosis, and a much smaller percentage (7.7%) had three or more past-year diagnoses. The full technical report for the Casey Field Office Mental Health Study, which includes comparisons to the general population and to the Northwest Alumni Study (a study of alumni of foster care in Oregon and Washington), can be downloaded from www.casey.org.

Although males and females had similar rates for most mental health disorders, females experienced significantly higher rates of several internalizing mental health disorders compared to males. Controlling for demographics and foster care experiences, females had significantly more past-year diagnoses than males. In particular, females had significantly higher rates for three disorders: major depressive episode, panic attack, and PTSD (see Table 1). Females had particularly disproportionately high rates of PTSD, with eight times the rate of past-year PTSD (16.3% versus 2.0%) and four times the rate of lifetime PTSD (21.4% versus 5.1%) compared to males. Higher rates of PTSD among girls have been documented in other studies (Courtney, et al., 2007; Garland, et al., 2001).

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Thinking about, or attempting, suicide is an unfortunate consequence for some individuals struggling with emotional and behavioral disorders. Youth in foster care are almost four times more likely than youth in the general population to have attempted suicide (Pilowsky & Wu, 2006). In the CFOMH study, 12% of females (compared to 5% of males) have ever seriously thought about committing suicide. In addition, females (rather than males) were more likely to have attempted suicide in the past year (5% versus 0%).

Overall, while the rate of lifetime mental health diagnoses is high among youth in this study, it should be noted that nearly two-thirds of youth had no past-year mental health diagnosis. Partially, this may be due to stable placements, timely mental health services, and opportunities to heal. This finding highlights that not all youth in foster care have mental health problems. Given the high rate of lifetime diagnoses and evidence from alumni studies of struggles after emancipation, this study highlights the importance of ensuring that all foster care youth are regularly assessed for mental health problems (e.g., Pecora, et al., 2010). Recommendations related to mental health include the following:

1. Regularly screen youth in foster care for mental health disorders and provide effective mental health treatment to youth who need it.

Results indicate that a high number of youth have struggled with certain internalizing and externalizing disorders. While externalizing disorders, such as oppositional defiant disorder and conduct disorder, are more visible to others and, therefore, more likely to be identified, the high percentage of youth who have struggled with internalizing disorders, such as major depressive disorder, major depressive episode, panic attack, and PTSD, indicates that many youth in care may need treatment for these disorders.

2. Pay particular attention to internalizing disorders among female youth in care.

Females were significantly more likely to have internalizing disorders, including depression, panic attack, and PTSD.

Table 1
Mental Health Disorders with Significant Gender Differences in Prevalence Rates (p<.05)

Diagnosis	Female (%)	Male (%)
Two or more diagnoses (past-year)	24.1	8.2
Major Depressive Episode (lifetime)	26.9	10.7
Major Depressive Episode (past-year)	16.0	5.6
Panic Attack (lifetime)	26.0	11.5
Post-Traumatic Stress Disorder (lifetime)	21.4	5.1
Post-Traumatic Stress Disorder (past-year)	16.3	2.0
Sample size	96	92

While this is consistent with general population data (and may be partially due to gender differences in the reporting of mental health symptoms), it indicates that social workers may need to pay particular attention to these types of disorders when working with female youth.

3. Provide training about mental health disorders to foster parents and social workers (including warning signs for suicide).

Well-trained foster parents and social workers are able to discern typical from atypical adolescent behavior, and can be an ally in ensuring that youth receive mental health treatment, when needed.

4. Empower youth and foster parents to advocate for mental health services.

Informed and empowered youth and foster parents can more effectively advocate for mental health services.

Most youth in this study were doing well despite struggles they have endured related to maltreatment as children, removal from their biological families, and placement in foster care. In fact, the rates of most past-year, mental health



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diagnoses among the youth in this study were similar to those found in the general population of adolescents (although lifetime rates were higher for many disorders). This past-year rate suggests that placement into foster care may provide a nurturing, stable environment, which allows youth to recover from mental health disorders.

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Resources

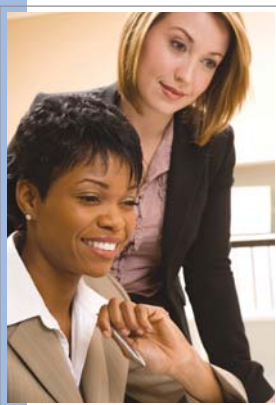
- **Mental Health Practices in Child Welfare Guidelines Toolkit, download from the REACH Institute (www.thereachinstitute.org)**
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- **National Child Traumatic Stress Network (www.nctsnet.org)**

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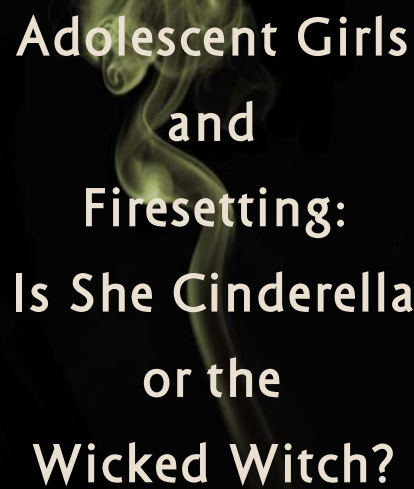
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Children and adolescents who are involved in firesetting and fire-play are a geographically, racially, socioeconomically, and diagnostically diverse population. Many come from family environments marked by violence, chaos, and abuse. They are often socially awkward, interpersonally powerless, isolated, and unsuccessful in school as a result of learning disabilities. Conversely, others may present with significant aggression, a history of engaging in a severe pattern of conduct problems, and significant personality concerns. They are the exact type of child and with a set of environmental circumstances that may require removal from a toxic home environment and benefit from placement in a treatment foster care setting.

Yet, most mental health, child welfare, juvenile justice, and foster care professionals remain entrenched in long held mythological beliefs about firesetting behavior among children and adolescents. This ignorance and lack of credible and accurate information on firesetting behavior often results in diagnostic, treatment, and placement decisions that either minimize the potential seriousness of the firesetting behavior or that result in responses that are overly harsh and contraindicated.

Thus, this population of some of our most needy and damaged children are either professionally underserved or grossly over pathologized by a system which then creates barriers to receiving necessary interventions and supports.

Firesetting is a behavior that occurs within a specific context for a specific child at a specific moment in time. The fact that a child has set a fire, or the size of the fire, reveals nothing to you about that child. There is almost universal agreement that approximately 15% of all child/juvenile firesetting involves



Adolescent Girls and Firesetting: Is She Cinderella or the Wicked Witch?

— by *Robert Stadolnik, Ed.D.*

20% to 25% among adolescent populations. However, less than 1% of all research on firesetting looks specifically at the qualities and characteristics of young females who engage in this behavior. What results is a current body of research on firesetting behavior and intervention that is characterized by a collection of studies that have focused almost exclusively upon male populations. In fact, a recent review of firesetting research (Beech, 2003) noted only one previously published study that was specifically designed to study adoles-

cent females engaged in firesetting (Saunders and Awad, 1991).

At the same time, girls, especially adolescent girls, have been described by some as the looming “third wave” of delinquency (Prothrow-Stith and Spivak, 2005) and recent statistics bear this out with one study noting that females represent 39% of all adolescents who meet the criteria for conduct disorder. Crime rates, including rates for more violent crimes, have risen dramatically among girls during the past decade. These girls are described as

coming from even more disturbed, abusive, and violent homes than their male counterparts and their prognosis into adulthood is especially poor with many of them facing domestic violence, homelessness, substance abuse, and incarceration. For many of these abused, neglected, and damaged girls, their delinquent behaviors are an effort to act out against a world or a person that has treated them harshly and neglectfully.

As a result of these two factors, there is the likelihood of an increasing number of neglected, traumatized, and angry adolescent females engaging in firesetting behavior within a base of reliable knowledge that has been developed primarily from managing and understanding the behavior of adolescent males. Girls who are placed into treatment foster care settings represent a high risk population for exhibiting conduct problems, inclusive of an irresponsible and reckless use of fire, and often require an evaluation of their appropriateness for this level of care. Foster care professionals are faced with the challenge of providing effective and appropriate treatment and placement settings for this vulnerable population while balancing public safety needs.

There is some evidence from recent research that suggests that the firesetting behavior profiles of adolescent girls are not as extensive or as complicated as those of their male counterparts. In a recent study, which compared 60 adolescent females to 60 adolescent males along a set of fire setting, aggression, behavior, and personality factors, girls were found to set significantly fewer fires, use less accelerants, cause fewer injuries, and pull fewer false alarms. On personality and behavioral measures, adolescent girls were equally aggressive, displayed less inattention and hyperactivity, and were more likely to distort

The fact that a child has set a fire, or the size of the fire, reveals nothing to you about that child.

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Adolescent Girls and Firesetting: Is She Cinderella or the Wicked Witch?

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reality to meet their own needs. Females were also more likely to exhibit an age delay in the onset of their firesetting, as compared to their male counterparts, and generally exhibited less curiosity and fascination with fire than males although this finding was not statistically significant.

Foster care professionals are encouraged to consider the following guidelines regarding proactive, responsible placement integrity while preserving public safety:

1. Establish a partnership with your local or county fire department by contacting the fire prevention office to provide regular home fire safety trainings and other resources to treatment foster families.

2. Develop a set of written guidelines and policies for children that address smoking, access/possession of ignition materials (lighters, candles, incense), and clear response definitions regarding verbal firesetting threats or an actual firesetting event.

3. Make an active connection with those professionals who are already working with juvenile firesetting behavior in the community. Visit www.sosfires.com and www.theideabank.com and complete a firesetting intervention program and resource search for your state and area. Arrange a meeting to discuss possible fire safety education services available to foster families and youth, and identify the mental health professional who they are currently working with.

4. Seek out training for all professional staff to receive the most accurate and up-to-date information on assessments and interventions for youth with firesetting tendencies in an effort to prevent responses that are inappropriate or unnecessary. If there is not a mental health professional in your area for assessment and intervention planning or referrals, then consider partnering with a professional who has experience in youth behavior problems and conduct disorders.

5. Identify a network of gender sensitive programs and professional individuals to whom you can refer to when significant concerns arise around behavioral or emotional functioning.

Editor's Note: Robert Stadolnik, Ed.D., is a psychologist for FirePsych, Inc., in Medway, MA.

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New Research on Girls in Out of Home Care

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Two recent studies funded by the National Institute of Justice are shedding light on long-term outcomes for girls who were in out-of-home care. The first study looked at administrative records of 499 girls discharged from the custody of the New York State Division of Youth



between 1991 and 1994. All of the girls were in custody for delinquent behavior and the majority of the girls were black with histories of repeated offenses. The study tracked the girls forward through time from age 16 to age 28. The findings show that by age 28, 81% of the girls had been rearrested, 68% were reconvicted, and 32% spent time in adult jail or prison. Examination of Child Protective Services reports revealed that four in ten of the girls (42%) were confirmed perpetrators of child abuse or neglect by age 28. Much of the research in criminology that compares offending patterns of boys and girls finds that boys are more persistent offenders (Cottle, Lee & Heilbrun, 2001). However, most of the research considers only criminal outcomes and does not examine child welfare outcomes. The New York State data shows that when criminal and child welfare outcomes are considered together, delinquent boys and girls demonstrate similar rates of deviant behavior as adults. Specifically, 89% of the boys and 87% of the girls were either arrested or identified as a confirmed perpetrator of child abuse and neglect by age 28.

The New York State study also examined whether girls' early experiences were associated with later functioning. Consistent with other findings in the field, girls who had been victims of child maltreatment had more problems than other girls as they moved into early adulthood. Specifically, girls who had been physically abused as children were more likely than girls without abuse histories to become high rate criminal offenders. Girls who experienced either sexual or physical abuse in childhood were also more likely to become perpetrators of child abuse and

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neglect. Prior contact with the child welfare system was also influential. Girls who received child preventive, protective or foster care services as adolescents (ages 12-16) were more likely than girls who never received such services to become high rate adult offenders and perpetrators of child abuse and neglect.

Data from the second study comes from administrative records and interviews with 732 youth (376 female) aging out of foster care from three states – Illinois, Iowa and Wisconsin. In order to be eligible for participation, youth had to have: (1) reached the age of 17 while in out-of-home care, (2) been in care for at least one year prior to age 17, and (3) been placed in care because they were abused or neglected. Participants were interviewed every two years between the ages of 17/18 and 21/22. The primary goal of this study was to determine if young adults coming out of foster care differ from the general population with respect to self-reported offending and official crime reports. Comparisons to the general population were made using the National Longitudinal Study of Adolescent Health (Add Health, Harris, Florey, Tabor, Bearman, Jones, & Udry, 2003). Another goal was to understand the characteristics that increase the risk for arrest during the transition to adulthood for youth coming out of foster care.

This study found that when compared to same-aged female peers from Add Health, female foster youth self-reported more criminal behavior in late adolescence and during the early transition to adulthood. Meanwhile, male foster youth and their male peers from Add Health reported more similar rates of criminal behavior. Even more striking, the percentage of

Among young adult females in the study, the risk for arrest increases for youth who experience multiple placements.

female foster youth reporting ever being arrested by age 19 was not only higher than females in the general population, but also higher than males from the general population. One third (34%) of female foster youth reported being arrested, compared to 20% of males and 3% of females in the Add Health sample (57% of male foster youth reported an arrest). The proportion of arrests to self-reports of criminal behavior is much higher for young adults coming out of foster care than for youth in the general population, especially for young women.

Among young adult females in the study, the risk for arrest increases for youth who experience multiple placements. Although bonds to education and employment predicted arrest for males, these factors were not related to the risk for arrest among females. Being close to one's mother increased the risk for arrest for females, while being close to another caregiver did not affect the risk for arrest.



Taken together, the two studies provide evidence that girls in out-of-home care are at high risk of arrest (and child maltreatment perpetration) as they move into young adulthood. The New York State study suggests that delinquent girls who are discharged from out-of-home placements would benefit from evidence-based programs and supportive services that have been shown to reduce rates of child abuse and neglect (e.g., home-visiting programs). The Midwest study highlights the need for: 1) renewed efforts to minimize instability for youth placed out of home, and 2) the provision of assistance to older females in foster care in navigating relationships with their biological mothers.

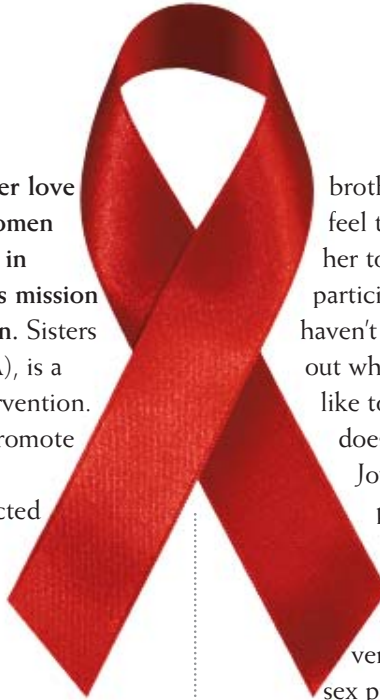
Note: The research presented in this article is based on two studies funded by the National Institute of Justice, Office of Justice Programs, and U.S. Department of Justice. The opinions, findings, and conclusions expressed in this publication are those of the authors and do not reflect those of the Department of Justice.

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SISTA: REDUCING HIV/AIDS AMONG YOUNG AFRICAN-AMERICAN WOMEN

— by Keanna Faircloth



"Sister love is strong! Sister love is safe! Sister love is surviving!" Four young African-American women at Adolescent Family Growth Center (AFGC) in Springfield, Virginia, collectively recite SISTA's mission and mantra at the start and end of each session. Sisters Informing Sisters about Topics on AIDS (SISTA), is a group-level, gender and culturally relevant intervention. It is used to enhance self-esteem and pride to promote safer sex behaviors in young, African-American women. Five peer-led group sessions are conducted once a week. They focus on ethnic and gender pride, HIV information and statistics, and skills training on sexual risk reduction behaviors and decision making.

SISTER CIRCLES LEAD TO SAFE DISCUSSIONS

Gail Dixon and Keanna Faircloth, of the Northern Virginia AIDS Ministry (NOVAM), a non-profit organization in Falls Church, Virginia, are the facilitators of a SISTA group at AFGC. NOVAM's SISTA program is part of the non-profit organization's Minority AIDS Project, funded by the Virginia Department of Health (VDH). Each week, Gail and Keanna meet with young ladies for a "Sister Circle" where thoughts and feelings about love, sex, guys, relationships, and self-image are the focus for the discussion. Each session brings something new and exciting, with topics that could be considered taboo in other arenas. SISTA is a safe place for young women to ask the questions that they may have been afraid to ask before—and they get answers.

ESTABLISHING SELF WORTH

At the close of each weekly session, participants are asked to write about a given topic in their journals. When participants were asked to write about the topic "What Makes My Life Worth Saving," everyone was seemingly thrown into a very pensive state. After what seemed like several minutes of staring into space, one by one they began to write. One participant said, "I don't really know what makes my life worth saving. I guess I need to be here to take care of my little

brother and sister. If it weren't for them, I wouldn't feel the need to exist." Gail and Keanna encouraged her to write about that need. In a previous group, a participant wrote, "My life is worth saving because I haven't lived my whole life [and] I would like to find out what God has stored for me for the future. I would like to go to college, probably have kids, and [that does not include] HIV... My life is worth saving."

Journaling is a key tool in "clearing space" for participants to absorb knowledge about HIV/AIDS, risky behaviors, and the things that are needed to make healthy lifestyle changes. If self worth is not established, then very little can be done or said to motivate safer sex practices, which ultimately lowers the rates of HIV among African-American women.

ESCALATING STATISTICS AND A STRENGTHS-BASED CURRICULUM

In Virginia, 62% (1,992) of the total 3,235 newly diagnosed HIV/AIDS cases between 2005 and 2007 were African American and 27% (878) were women. Of all new HIV/AIDS diagnoses among women, 77% were African American (www.cdc.gov). These HIV/AIDS statistics are the reason that SISTA was developed by Drs. Gina Wingood and R.J. DiClemente. The core elements of the curriculum include the following:

- Small-group sessions to discuss the session objectives, model skills development, role-play women's skills acquisition, and address the challenges and joys of being an African- American woman.
- Skilled African-American, female facilitators to implement SISTA group sessions.
- Cultural and gender appropriate materials to acknowledge pride, enhance self-worth in being an African-American woman (e.g., use of poetry by African-American women).

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- Teach women to communicate both verbally and nonverbally to show that they care for their partners and need to protect themselves (i.e., negotiation skills, assertive communication skills).
- Instructing women on how to effectively and consistently use condoms (i.e., condom use skills).
- Discuss cultural and gender-related barriers with facilitators about using condoms (e.g., provide information on African-American women's risk of HIV infection).
- Emphasize the importance of a partner's involvement in safer sex (i.e., enhance partner norms supportive of condom use).
[www.effectiveinterventions.org]

The goal of SISTA is to enhance self-esteem and pride in order to promote safer sex behaviors in African-American women. SISTA works to reduce HIV rates by boosting the self-esteem and the "inner" woman. NOVAM's Minority AIDS Project staff has worked to build upon the curriculum by incorporating activities like journaling to provide an additional aspect of self-healing. At the beginning of the cycle, the journal topic "What Makes Me a Beautiful Black Woman," forced the four young ladies at AFGC to dig deep within themselves for an answer. By the end of the fifth session, everyone could describe, without hesitation, just how beautiful they are and exactly why their lives are worth saving. Just like the Sankofa Bird* that serves as NOVAM's SISTA logo, SISTA enables young women to look back and use their past experiences as a teaching tool in order to positively influence their future.

SISTA is one of many youth-focused HIV prevention programs that the Northern Virginia AIDS Ministry offers. For more information about NOVAM, visit www.novam.org.

Editor's Note: Keanna Faircloth is the Manager of the Face-to-Face Program at NOVAM, in Falls Church, VA.

SISTA IS A SAFE PLACE FOR YOUNG WOMEN TO ASK THE QUESTIONS THAT THEY MAY HAVE BEEN AFRAID TO ASK BEFORE—AND THEY GET ANSWERS.

**The Concept of Sankofa is derived from King Adinkera of the Akan people of West Africa. Literally translated, it means "it is not taboo to go back and fetch what you forgot." "Sankofa" teaches us that we must go back to our roots in order to move forward. That is, we should reach back and gather the best of what our past has to teach us, so that we can achieve our full potential as we move forward. Whatever we have lost, forgotten, forgone, or been stripped of, can be reclaimed, revived, preserved, and perpetuated. Visually and symbolically "Sankofa" is expressed as a mythic bird that flies forward while looking backward with an egg in its mouth, which symbolizes the future. . .*

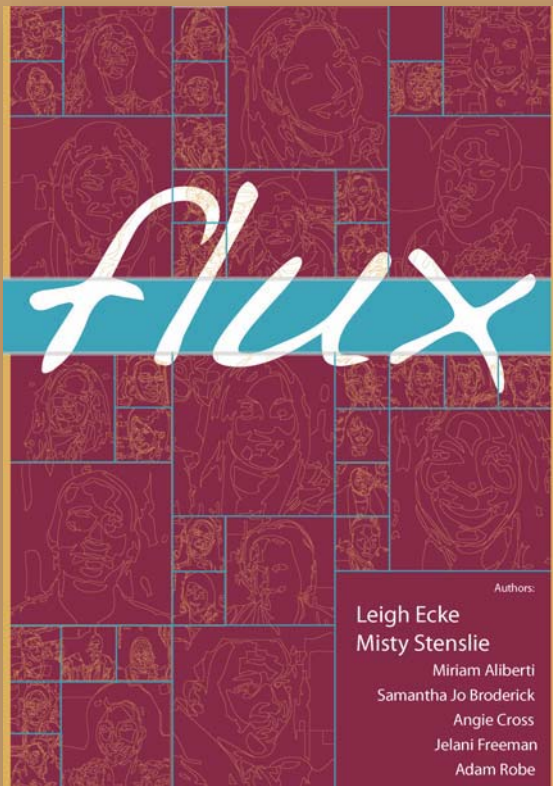
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Our lives, so far... Alumni Stories About Life After Foster Care

Chapter 1: The Transition Framework

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Chapter 6: Parenting

Chapter 7: Conclusion

About Foster Care Alumni of America

About the Authors

More than 100 alumni contributed to *FLUX: Life After Foster Care*, a book written to support young people in the emotional transition from foster care to adulthood. There are many books aimed at supporting youth in this transition, and you should refer to those for information about things like how to rent an apartment, apply for college financial aid, or fix a broken car.

FLUX brings a real-life expertise that only people from foster care hold about navigating bio family relationships, learning to parent when your own experiences of being parented have been through 'the system', building support networks, and developing truly intimate relationships. We are real alumni, with real struggles, who have figured out some real ways to succeed.

Join our effort! With this book, we're starting a conversation within our community, and you are invited to be part of it! Visit our website at www.FosterCareAlumni.org and find us on Facebook to be part of the discussions, to share your experiences and art – perhaps you will be featured in the next book!



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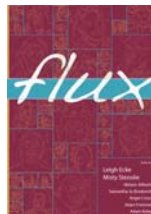
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Equipping Teens for Successful Parenting:

Accessing Services that Provide Pregnancy, Parenting, and Adoption Education — by Kim Anderson, LMHP

Very often, teens who experience an unplanned pregnancy are not given the opportunity to learn about the options of parenting and adoption. Knowledge can provide the first step in helping teens to make an educated decision. While the teen pregnancy rate has decreased in recent

years, the number of births to teens still continues to grow. According to the Centers for Disease Control and Prevention, there were 435,436 births to teen girls age 15 to 19 in 2006. Female youth between the ages of 18 to 19 accounted for 296,493 of those births.

Accessing Educated Options

Encouraging teens to access and engage in services that can provide assistance with parenting and/or adoption can be a challenge. One challenge for society, in general, may be in dispelling myths about agencies that provide adoption as one of their services. Agencies that provide pregnancy, parenting, and adoption services are often overlooked because society believes these agencies only work in adoption. Most of these agencies have a wide variety of programs that can assist teens in developing a parenting or adoption plan. Best practice demonstrates that when both options are provided, the teen has a better opportunity to make an informed decision regarding their plan to parent or to place for adoption.

Professionals who work with pregnant or parenting teens can act as the bridge between the teens and the available services. The first step is learning who in the community is experiencing an unplanned pregnancy and what agency provides counseling specific to their diverse needs. Primarily, there are ethical con-



Michael at 12 mos.

siderations that professionals need to be aware of before providing a referral for any services. Ethical agencies provide services at no cost to the client and with no obligation for choosing one plan or the other. Clients are encouraged to examine both options so that they can make an informed decision.

Un-biased Counseling

Teens who are experiencing an unplanned pregnancy can benefit from working with agencies in several ways. One benefit is the opportunity to receive un-biased counseling, education, and support on what it would look like to parent and what it would look like to choose adoption. This informed decision is based on what the teen

thinks is the best plan for his/her child. It is crucial that these services also work with fathers. Fathers play an important role in a child's life and engaging a father in the beginning is crucial. Teen fathers deserve the opportunity to learn about becoming a parent just as much as mothers. Agencies will often provide a father with his own counselor if the relationship between the father and the mother is counterproductive.

Assessing Readiness for Either Option

The work done with teens who are pregnant is focused on assessing decision-making skills, teaching decision-making skills, and providing opportunities for a realistic look at what it would mean to parent and what it would mean to choose adoption. The question that teens will be asked is, "Are you able to be the kind of parent you want for your child?" In order to assess this readiness, a teen could expect to receive education about pre-natal care, budgeting, decision-making

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Equipping Teens for Successful Parenting

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skills, how to access community resources for parents, developing support networks, maternal depression, grief and loss counseling (pertaining to parenting at a young age or choosing adoption), support groups, and other aspects tailored to teens. One of the most beneficial services that can be provided to teens is offering them the opportunity to meet with other teens who are parenting and with teens who have chosen adoption.

Expectant Foster Care Teens

Teens who are a part of the foster care system, however, often have another dimension that professionals will need to address. Foster care teens who are pregnant may be reluctant to receive counseling about the option of adoption. This reluctance, in part, may be due to their own feelings of abandonment or rejection by their birth family. These foster care teens may see parenting as a way of “not giving up” on their child. This is where professionals who have expertise in working with the grief and loss associated with foster care and adoption is necessary. Teens may not be able to identify, or articulate, that they have suffered losses. Professionals can validate the losses the teen has experienced and help the teen to process this. Often times, teens are not given the opportunity to express their grief regarding their own losses. This validation is one step in this process. The ultimate goal when working with teens is to have them begin to separate their own history and begin to think about what the best plan is for their child.

only an opportunity for education about what they may encounter, but the classes also provide an opportunity for teens to meet others who are in a similar situation. This type of setting promotes the beginning of building an informal support network for teens. Those who choose to parent may go on to attend similar classes on parenting toddlers.

Healthy Future Relationships

Providing teens with an opportunity to learn about healthy relationships, communication, and plans to prevent future pregnancies and/or sexually transmitted diseases is also an important step in working with teen parents. Depending on agency policies, the focus may be on abstinence education or contraception. Agencies will have different policies about providing information on the different methods of contraception. Teen mothers and fathers who have chosen either to parent or to place for adoption can benefit from an opportunity to learn about forming healthy relationships in a small group setting.

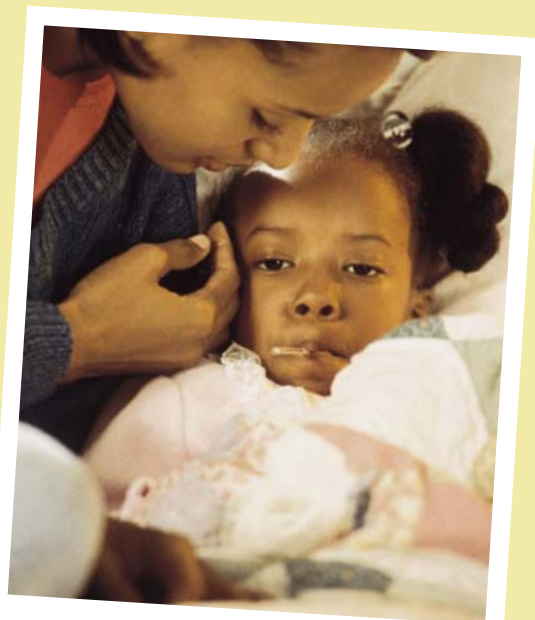
Teens who are provided with the educational venues to learn about becoming good parents and who have had the opportunity to make the best decisions for their children will do so with confidence. Agencies that provide these services, along with other options, help teens to gain a sense of control for their future.

Editor's Note: Kim Anderson is the Pregnancy and Adoption Program Director at the Nebraska Children's Home Society in Omaha, NE.

The ultimate goal when working with teens is to have them begin to separate their own history and begin to think about what the best plan is for their child.

Parenting Preparation Classes

Another successful step toward decision making is to provide teens with the opportunity to attend parenting preparation classes. One strategy for linking teens to services is accessing one-time parent training classes. An example of this may be a class that provides childbirth education in the format of one class that may last a couple of hours. This is an opportunity for an agency to provide a need for teens that may not otherwise access childbirth education. This same strategy can be pursued for newborn care. Teens that attend newborn care classes may or may not be provided with incentives for attending but they can be provided with information regarding the pregnancy, parenting, and adoption services that an agency has to offer. These classes provide not



Vicky...4 yrs old!

Program Reduces Girls' Delinquent Behavior

Reprinted from *NIDA Notes*,
Volume 22, Number 4 (October 2009)

—by *NIDA Notes Staff*

Adolescent girls can be treated for delinquent behaviors more effectively in a well-supervised family setting than in residential treatment programs. That is the conclusion of NIDA-funded researchers studying Multidimensional Treatment Foster Care (MTFC). During 6 months of treatment and 18 months of followup, girls in MTFC had fewer incidents of delinquency than a comparison cohort who were treated in group residences. The girls in foster care also attended school more regularly and spent more time on homework.

MTFC was previously shown effective in reducing delinquency among teenage boys. The protocols used in the new study, which was co-funded by the National Institute for Mental Health, enhanced the standard MTFC program to address mood and social problems that are common among delinquent girls. The need for such interventions is clear: A 2001 American Bar Association report described girls under 18 as the fastest growing segment of the U.S. juvenile justice population, citing an 83 percent increase in their rate of delinquency between 1988 and 1997.

"The study demonstrates that even severely delinquent girls can be treated in the community and that placement in family homes with caretakers who are well-trained and supervised can produce results that are superior to those of group care," says Dr. Patricia Chamberlain, who conducted the study with colleague Dr. Leslie Leve. Both are affiliated with the Oregon Social Learning Center in Eugene, Oregon.

Fostering Better Behavior

Girls in MTFC live with foster families and attend local public schools. The program trains the foster parents to provide positive reinforcement and encouragement to the girls while men-



toring their academic and living skills. The foster parents closely supervise the girls' whereabouts and provide a daily structure of clear expectations and limits, such as getting to class on time, doing homework, and complying with curfews. They also administer well-specified consequences—for example, loss of privileges for negative behaviors and gift cards for positive behaviors.

Dr. Chamberlain's team tailored the standard MTFC program to the needs of delinquent girls. For many of them, prior exposure to trauma and abuse had contributed to anxiety and mood problems, poor interpersonal relationships, and social aggression. The foster parents and therapists taught the girls how to reduce aggression in social situations and personal relationships. They also provided strategies enabling the girls to recognize and deal with emotional distress, generate options to solve problems, and make long-range plans.

The girls who participated in the study had been court-mandated to care away from their original homes because

of chronic delinquency. On average, they had been arrested 12 times, often for drug abuse. Three-quarters of the girls were of European descent, and all were between the ages of 13 and 17. Following an initial assessment, they were randomly placed in either MTFC or group care (GC). The GC girls lived in one of 19 group residences and attended school onsite. Their treatment programs varied. At the end of their time in MTFC or GC, which averaged 6 months, 56 percent of the girls returned to their biological or another family, and 23 percent began living independently. Others were detained for subsequent criminal offenses or remained in a treatment setting.

Both groups exhibited less delinquent behavior during and after treatment than they had before. The MTFC girls' average number of days spent in locked settings fell from 75 in the year prior to the initial assessment to 22 in the year following, while the GC group's average dropped from 89 days to 56 days. During the same period, scores on a delinquency measure that combined the number of criminal referrals, days locked up, and self-reports of delinquent behaviors dropped by about half among the MTFC girls and roughly a third among the GC girls. The MTFC girls' advantages on both measures widened as behavioral improvement continued during the next year.

The researchers linked MTFC's superior outcomes to the program's greater emphasis on homework. "Homework completion was an important factor in reducing the time girls spent in locked settings, and MTFC was better than GC at promoting homework completion," Dr. Leve explains. An analysis of the data found that time spent studying accounted for about 8 percent of

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Program Reduces Girls' Delinquent Behavior | continued from pg 18

both groups' reductions of time in locked settings in the first 12 months. The MTFC girls were given incentives to study at least 50 minutes per day in a quiet setting where adults could monitor and confirm their performance. The number of days per week during which they spent at least 30 minutes on homework increased from an average of 2 days to 3.5 days. The GC girls, without such incentives, slightly decreased their engagement with homework over the same period.

According to the researchers, completing homework was important for several reasons: It got the girls into a nightly routine of working on a task that would help them prepare for the next day, it required that they spend more of their time engaged in supervised activities at home rather than unsupervised activities outside the home, and the repeated exposure and practice made them feel more comfortable performing academic tasks.

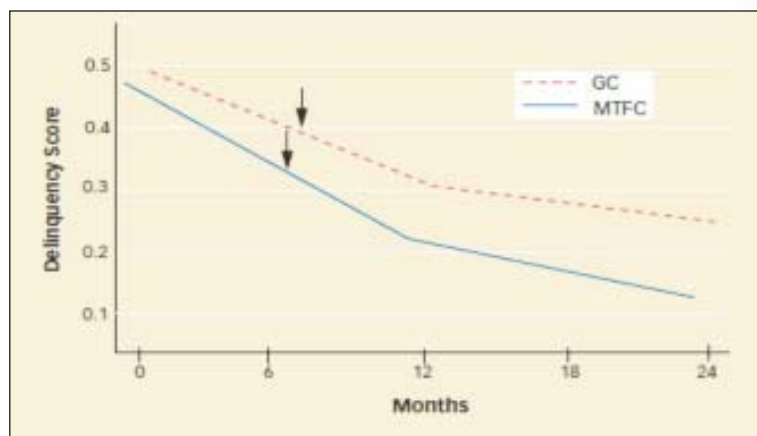
Power of the Family

In designing the MTFC intervention, Dr. Chamberlain hypothesized that life lessons learned in a family setting would be more directly applicable post-treatment than lessons learned in institutional environments. "The intervention also capitalizes on the power of the family environment," says Dr. Leve. Both the foster parents with whom the girls live during MTFC and the adult with whom they will live after treatment receive training in well-tested techniques to encourage and reinforce acceptable behavior. The foster parents also receive daily support via telephone from project staff.

Doing Better Sooner

Girls in Multidimensional Treatment Foster Care (MTFC) scored significantly lower on indicators of delinquency—number of criminal referrals, days locked up, and self-reports of delinquent behaviors—than girls in group care (GC) at their 1-year and 2-year assessments. Arrows indicate end of average intervention.

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Intervention Lowers Risk of Pregnancy

Adolescent girls who participated in Multidimensional Treatment Foster Care (MTFC), an intervention designed for young people with histories of arrest for illicit drug use and other crimes, were half as likely as their peers in standard residential treatment to get pregnant within 2 years of enrollment. This is the finding of a new study, funded by NIDA and the National Institute of Mental Health, by Dr. Patricia Chamberlain and Dr. Leslie Leve of the Oregon Social Learning Center.

Drs. Chamberlain and Leve had previously shown that the well-supervised foster care provided by MTFC reduced arrest and lockup rates and increased homework completion and school attendance among chronically delinquent 13- to 17-year-old girls (see article page 12). In their new study, with colleague Dr. David Kerr, the researchers randomly assigned 81 girls to MTFC and another 85 girls to group residences. At the 2-year followup, 27 percent of the MTFC girls had reported a pregnancy since enrollment, compared with 47 percent of the girls in group care.

The study was designed principally to compare the two interventions, but researchers also wanted to explore whether MTFC would produce better outcomes if it included a component that targeted risky sexual behaviors. Hence, half of the MTFC girls received counseling in how to avoid risky sexual behaviors and practice responsible dating, while the other half received no such counseling. Both of those MTFC groups had similar pregnancy results, which "suggests that the general approach of increasing supervision and reducing delinquent peer associations might be just as effective as programs that specifically focus on preventing sexual risk taking," says Dr. Leve. "Delinquency prevention programs, such as MTFC, that aim to increase supervision through positive relationships with caring adults and to reduce the amount of time that adolescents spend with delinquent peers may have an unexpected benefit of simultaneously reducing other risk behaviors, such as unplanned pregnancies," Dr. Leve adds.

Source: Kerr, D.C.R.; Leve, L.D.; and Chamberlain, P. Pregnancy rates among juvenile justice girls in two randomized controlled trials of Multidimensional Treatment Foster Care. *Journal of Consulting and Clinical Psychology* 77(3):558-593, 2009.



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Program Reduces Girls' Delinquent Behavior

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MTFC may also confer another major advantage: cost savings. Even though the current study did not analyze expenses, other research has shown that MTFC cost, depending on location, are one-half to two-thirds those of group care. MTFC for boys has saved about \$22,000 to \$88,000 per child in long-term costs. These costs were estimated by the Washington State Institute for Public Policy and included savings to taxpayers for victim and crime costs.

The MTFC model is now being implemented in more than 75 sites in the United States and Europe, including Latino and African-American communities in these areas. According to Dr. Eve Reider of NIDA's Division of Epidemiology, Services and Prevention Research, these studies address a growing need for research-based interventions that are effective for delinquent girls. "The next steps for this area of research can include examining

more ethnically diverse juvenile justice populations and performing effectiveness trials," Dr. Reider says.

Sources:

Chamberlain, P.; Leve, L. D.; and DeGarmo, D. S. (2007). Multidimensional Treatment Foster Care for girls in the juvenile justice system: 2-year follow-up of a randomized clinical trial. *Journal of Consulting and Clinical Psychology* 75(1),187-193.

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ONE-YEAR COMPARISONS

Girls in the Multidimensional Treatment Foster Care (MTFC) program did better than those receiving group care when assessed one year after study enrollment.

Characteristic (mean value)	MTFC	Group Care
School attendance	5.5*	4.9*
Days per week during which girls spent at least 30 minutes of homework	3.5	2.0
Days in locked settings**	22	56
Number of arrests	0.76	1.3
Caregiver reports of delinquency***	65	70

*Rated on a scale of 1-6, where 5 represents attending regularly and 6 represents attending 100% of the time.

**Includes juvenile detention or correctional facilities, jail, and prison.

***Score on the Child Behavior Checklist delinquency subscale.



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Destination ...Dad:

A Powerful Program for Incarcerated Fathers and their Children

—by Luanne Barr

Nearly 1.1 million parents are currently incarcerated and those parents have an estimated 2.3 million children; unfortunately, the numbers seem to be growing (Mumola, 2000). The most recent statistics report that 93% of these 1.1 million inmates are fathers.

Parental Incarceration and a Child's Development

Without question, the impact on a child who has an incarcerated parent is profound. There are many direct effects associated with paternal incarceration, but two factors stand out above all else: parent-child separation and enduring traumatic stress. Both of these factors can impact each stage of a child's development (Santana, 2009). Typically, a child faced with the social stigma of an incarcerated parent will also encounter embarrassment and shame, which may further inhibit their ability to adequately adjust to the anxieties resulting from parent-child separation. Fortunately, there are many agencies and organizations across the United States that are diligently working to develop and implement programs to alleviate the negative effects of parent incarceration upon children.

Destination...Dad

Christian Heritage, a member agency of the Foster Family-based Treatment Association (FFTA) and a KaleidaCare customer in Lincoln, Nebraska has a program for children of incarcerated parents called "Destination...Dad." This program is made possible by many volunteers in addition to a well-defined vision and plan developed by Christian Heritage and co-CEOs Gregg and Lisa Nicklas.

Operated without state or federal funding, Destination...Dad offers three main components to fathers who are incarcerated and their children: learning, connecting, and living.

Learning

Volunteers use a proven curriculum called InsideOut Dad™ developed by the National Fatherhood Initiative. This curriculum includes 12 weekly sessions that cover various topics including parenting skills, discipline, and a father's own physical and mental health. Volunteers lead the sessions, along with prison personnel, working with the fathers to improve their own self-image so that they can become better equipped to father their children. In many cases, this process helps fathers to deal with their own past and learn that they can create a different future for their children.

Connecting

Correctional facilities are often located in remote areas that are far from where children and caregivers live, which makes visitations extremely difficult. However, research has consistently shown that visiting an incarcerated parent can calm a child's fears about their parent's welfare and calm a child's concerns about their parent's feelings toward them. Christian Heritage's program understands the difficulties of providing visitation and uses the Messages Project model to help connect fathers with their children.

continued on last page

“Destination...Dad is critical to breaking the devastating cycle of fatherlessness and incarceration. Christian Heritage is concerned about the children of prisoners who are seven times more likely than their peers to experience incarceration in the future.”

— Gregg Nicklas, Co-CEO of Christian Heritage

Destination... Dad

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Through the Messages Project, volunteers visit fathers in prison and videotape them reading a book to their children. The DVDs are mailed to the child's caregivers, allowing a very personal connection to be made between the child and their father. Day visits are also coordinated by volunteers, when possible, to allow children to have face-to-face time with their fathers.

Living

Nearly all incarcerated fathers will eventually be released from prison. Destination...Dad trains volunteers to be part of a Reunification Team. A Team Leader meets with a father two months prior to his release and then continues to work with him upon release to obtain employment, reconnect with his family, and provide additional support, as needed. By continuing to support and encourage the father, this post-release aspect of the Destination...Dad program helps to increase the positive effect of the skills each father learned while in prison in an effort to strengthen his relationship with his children.

Program Expansion

Christian Heritage is currently working with six correctional facilities in Nebraska and hopes to expand its ability to support additional incarcerated fathers and their children. Since the

program's inception, over 200 fathers have successfully completed InsideOut Dad™ training. With the help of 34 active volunteers, the children of 92 fathers have received books and a DVD of their dads reading and talking to them through the Messages Project. By tracking their work in KaleidaCare Solutions, Christian Heritage is able to measure an inmate's progress through the program, track how many DVDs are sent out to children, and track volunteer hours. For more information, visit www.chchildrenshomes.com/fatherhood/.

Editor's Note: Luanne Barr is the Senior Account Manager for KaleidaCare in Austin, TX.

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